**Support materials for reflective writing**

**(Using ‘GP’s Story’ exercise)**

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**You will need to write a 200 word reflective account of you Microteaching sessions from your own reflection and feedback from peers and tutors.**

**This exercise will help you understand what good reflective writing looks like.**

**Reflective writing**

We learn from reflecting on what has happened. We can reflect on what went wrong or right and why, what we might do to improve the situation next time.

This handout will take you through an exercise that will help you to understand what reflective learning is, what it looks like on the page, and how to deepen it. When first asked to do reflective writing, many people do not know what is meant – and that can apply to anyone. Once that is overcome, the next issue is usually that the reflective writing is descriptive and superficial and as such it does not help a great deal with learning. The exercise below is designed to overcome both issues. It is not an exercise just to do and throw away. It is one to come back to a number of times. As you learn more about reflective learning, there is more to learn from the exercise.

**Definitions of reflection**

Reflection is a form of mental processing - like a form of thinking - that we may use to fulfill a purpose or to achieve some anticipated outcome. Alternatively we may simply ‘be reflective’, and then an outcome can be unexpected. The term ‘reflection’ is applied to relatively complex or ill-structured ideas for which there is not an obvious solution and it largely refers to the further processing of knowledge and understanding that we already possess. Emotion is involved in various ways.

**The exercise**

**The ideal way** to do this exercise is in a small group so that you can learn from the discussions that are involved. If you do it on your own, the discussions will have to be with yourself. The **basis of the exercise** is a story that is reiterated in four accounts. Each of the accounts is written at a deeper level of reflection – you could say that they become progressively more profound in the level of thinking. The concept of ‘depth’ is based on research (Moon, 2004 – see website for reference). In terms of **equipment,** each person will need these pages. If you are doing the exercise on paper, a highlighter pen would be useful.

**The process**

* **Read Account A, B, C & D** of The GP’s Story (below).
* If you are in a group, you need to be very clear that when you are reading, no-one talks. When you have finished reading Account A, go back over it and think again where it is or is not reflective. If you are working with a group, you will need to agree when you have all read it and are ready to talk (don’t be tempted to read the next account as you wait!).
* **Then read Account B**, again in silence – and then think about / discuss how reflective it is and where it is reflective.
* Then do the same with **Accounts C and D**.
* Put the accounts into order of reflectiveness

**The next stage**: when you have read through to Account D and have discussed it, think about or discuss (if you are in a group) what it is that changes in the nature of the writing and thinking of this person in the four accounts. Clearly it is not just one thing that changes – there are a number of things that make that make one account a deeper level of reflection than another.

**The General Practitioner’s story - Account A**

There was a recent event that made me think a bit about the way I see patients and the manner in which I work with them. I’d had a short night and there were some bad feelings around at home. It was difficult to feel on top of the job and to cap it, was also early January. We tend to get into the surgery lots of patients with the after effects of the Christmas period then – the colds, the ‘flu’s and those who do not want to go back to work. All this makes me irritable when the lists of genuinely ill patients are almost too long to manage. I am not sure how much this generally bad start had to do with the event – how much has my own state to do with how I function?

So it was the end of this particularly long morning when Marissa walked in. Marissa had not been on the list that I had seen earlier and I was surprised that Trisha (the receptionist) had added her – since it is the ‘genuinely’ ill patients who are added once the list has been made up. Marissa is a regular with minor aches and pain. Sometimes there is just not time for these patients - but how do we solve that? I welcomed Marissa. She was pale and hunched as usual. She told me that she had a wrenched shoulder from when she had been moving a bed in her mother’s house. I had a quick look: I had probably diagnosed a simple muscular sprain even before I examined her shoulder. I made out prescription for painkillers. When I looked up, she was still looking at me and asked if the painkillers would really take the pain away. I was surprised at her question – and clearly should have taken more note of it. Instead, I launched into a little bit of conversation, hoping to shift on to the next patient quite quickly. I asked her why she had been moving furniture and she started to tell me how she could not cope alone any more and had decided to move back in with this mother who did not seem to care for her. As she talked, I thought that she seemed to brighten up and I felt that I must be on a helpful track. I wonder now if I brightened up because I thought I was being helpful for this patient. We ran out of time and she agreed to come back the following week to discuss it all further. I was hoping after that to pass her on the counsellor and we might be able to sort something out that would prevent the recurrent visits.

I felt better in myself after the session. It felt like one of those times when the professional work is going well. Trisha even commented that I looked brighter. ‘Yes’, I said, ‘I did some good work this morning with Marissa’. I wished I had not said that.

Marissa did come back, but she came back at a time when Geoff, the senior partner, was on. She said to Geoff that I had been asking her all sorts of questions about her family and that what she wanted was help for her shoulder. She said that the painkillers were no good – and she had known that at the time I had prescribed them - hence, I suppose, the comment that she had made. Geoff had another look at her shoulder and was not happy about it. He referred her for physiotherapy. And then he told me all about the session with her and I felt very responsible for my mistake. I did not say anything to Geoff about how I had been feeling that morning. It felt relevant but perhaps I should be superhuman. When I look back on this incident, I can see that there are things that I can learn from it. There are all sorts of intersecting issues and feelings tangled up in there. Life is so difficult sometimes.

**The General Practitioner’s story - Account B**

I write about an incident that continues to disturb me. I have gone over it several times and my perspectives seem to change on it – so I talked it over with Steve (one of the other partners) to see how he saw it. The incident concerns Marissa, a thirty year old woman who visits the surgery frequently with various aches and pains (mostly tummyaches and headaches). The symptoms have never been serious, though she never looks well, nor does she seem happy. On this visit she presented with a wrenched shoulder which she said resulted from moving a bed. I did a brief examination and prescribed painkillers. There still seemed to be something bothering her so I engaged her in conversation about her family relationships (this arose from the circumstances of moving the bed). I thought she was responding well and we might be getting somewhere. Time ran out and I invited her to continue the conversation next week. I wanted to get her to a point where I could easily refer her to the practice counsellor. She agreed to come back - but came back to see Geoff, the senior partner, still complaining about the shoulder. He gave her a more detailed examination and referred her for physiotherapy. He told me that she said that I thought that her family was the problem when it really was her shoulder.

I can see that the shoulder was a problem and I missed it and misconstrued the situation, engaging in the talk about her family. This was a multiple mistake. I did not pay attention to Trisha’s judgement in adding Marissa to the list, I missed the shoulder problem itself when I examined it, but I also missed the cues that Marissa gave me when she was not happy with the prescription. But I was tired and out of sorts – not as sharp as I need to be when I am with patients. I am human, but I am a professional human and professionalism dictates that I should function well. I suppose that the problem was not so much that I missed one – or even two cues – then I could have put things right. I missed all three at the same time.

I then headed off on the wrong track – getting into the discussion that I assumed was relevant about her family. I think of a consultation with our local GP when I was 14. I did not agree with his diagnosis about my foot - he just said I should come back in four weeks if it was not better. I did not say anything then, though I knew in myself that it needed treatment. I ended up in plaster for six weeks. There is a power thing there. Looking at it from Marissa’s point of view, she may have known that I was on the wrong track, but she probably would not have been able to do anything about it because I am a doctor. Someone like Marissa would not question a doctor’s judgement at the time. How often were principles like this drummed into us at medical school – and yet it seems so easy to ignore them.

There is something more there too, though – this is what Steve suggested. That day, maybe I needed to feel helpful even more than usual – I needed more satisfaction from the situation so I was looking for cues from Marissa that suggested that she was pleased with me. I had to make do with the cue that suggested that she was no longer unhappy and I suppose I made up the rest – thinking that the conversation about her family was helpful. Maybe I can be more self critical when I am in a better mood and less tired. Maybe I need less and can give more then.

It is possible, of course, that the conversation was not wrong in general, but wrong for that time. It may be helpful to her in the longer term – I just need to wait and handle the situation more mindfully when she comes back.

I can see that there are lots more issues in this – for example, I need to consider why I was so disturbed by the incident. I know I made a mistake, but I think if it had been Steve whom Marissa had consulted, I would not have been so bothered. It was worse because it was Geoff. Steve would have mentioned it and laughed. Once we have discounted serious symptoms it is not unusual to rely on patients returning quite quickly if they feel that a symptom is not disappearing in response to initial treatment. Geoff preached a bit and I responded by getting into my ‘I am only junior’ mode.

So what have I learnt?

* I am apt to see things differently when I am tired.
* I should pay attention to Trisha’s judgements. She is the point of first contact and is pretty experienced in perceiving a patient’s needs.
* I should be more aware about the power issues and how they silence patients. Maybe there are ways in which I can deal with this better. I will think on this.
* It was really useful talking the matter through with Steve. Hearing what I said to him enabled me to get it better into perspective and to see the issues in different ways.
* ………Etc etc etc (more issues listed).

**The General Practitioner’s story - Account C**

A particular incident in the surgery has bothered me. It concerns Marissa, a thirty year old woman who visits the surgery regularly for minor complaints (abdominal discomfort / headaches). She presented with a wrenched pain that was incurred when she was moving a bed in her mother’s house. I diagnosed a muscular strain and prescribed painkillers. I suppose that I assumed that because it was Marissa, it was likely to be similar to her usual visits and that she may need little more than a placebo. She came back to the senior partner, Geoff, a few days later saying that I had not taken her shoulder seriously enough. He examined her and referred her for physiotherapy, as I can now see as appropriate management.

The event stirred up a lot of other things. The context was important. It was a January morning with the surgery full of worried well with ‘flu’s and the post-Christmas traumas. I came in tired and irritable because of family issues at home. Marissa was not on the list to start with. Trisha (our receptionist) added her because she judged that she needed to be seen that morning. Instead of taking note of Trisha’s excellent judgement, I took this as a usual visit. This was a cue that I missed. Trisha knows Marissa and knows her behaviour when she books an appointment. She recognised this as different. This is an aspect of the teamwork that we aspire to in the practice.

Marissa came in and I did look at her shoulder – but I know that I had already made a judgement about it before I examined her. This was Marissa, looking, as usual, pale and hunched – and I saw any symptom as an expression of her state and nothing else. My look at the shoulder was an irrelevant act in the circumstances. I think about the many discussions of how easy it is to get misled by preconceptions and there was I doing just that. I can see that I should have taken the shoulder more seriously. Marissa, herself, asked if the painkillers were all she needed. What would it have taken for Marissa to have said to me that I was on the wrong track that day, and to have brought my attention back to her shoulder? I wonder if she knew that I was feeling ‘off’ that day. I suppose I did respond to Marissa’s persisting discontent by launching into questions about her family situation – in particular her relationship with her mother and why she was going back to live there – things that later Marissa said were irrelevant.

When I stand back now and think of the event like a film, I can see how I was wrong-footed when Marissa questioned the initial prescription and did not seem any happier as a result of getting it. I just grabbed at the story she had given me. When she seemed willing to talk more about her family, I turned it to my favour – seeing myself as ‘obviously’ being helpful. That day, I think I needed to feel successful. If I am utterly cynical, I would say that I used Marissa’s situation to alter my mood. But then again, I suppose, that in turn might have helped the patients whom I saw after her that day.

I need to think, too, about Geoff’s role in this and about my relationships with him and the rest of the team. I am the most junior and I tend to look up to them. I suppose I want to impress them. I could talk this one over with Steve, one of the other partners, he might see it all differently.

The General Practitioner’s story - Account D

Early January – it is always like that – cold outside, hot and airless inside and the post Christmas ailments come pouring in. I had had a bad night. Our 17-year old had gone out clubbing with her friends and phoned at 2.00am, unable to find a taxi - would one of us come and get her. As soon as the phone was down, Julia, my wife, plausibly argued the case for staying in bed because of her teaching day the next day. (What about my long list in the surgery today?). I didn’t argue – just got up and went. It was hard getting up in the morning and it was a particularly long list of the worried well, with coughs and colds and ‘’flu’ being used to hide their family discords and boredoms with work. I’m cynical – OK.

I was getting towards the end when the door opened on Marissa. She came in, – hunched shoulders, grey faced as usual – and clutching her bag in that peculiar way. She is 30, but always manages to look twice her age. Our practice is well aware of Marissa and her aches and pains. I was a bit surprised to see her because she had not been on the list when I first saw it this morning so that meant that Trisha, our receptionist, must have squeezed her in. Trisha’s expertise at judging who needs to be ‘squeezed in’ is usually accurate and would not usually include the heartsinks like Marissa.

I welcomed Marissa in. She had a wrenched shoulder this time and she said that it had happened when she was lifting a bed in her mother’s house. It was a slightly unusual one for Marissa. She was more of the tummy-ache and headache brigade. I had a quick look and prescribed painkillers. I typed the prescription and looked up, expecting the relieved look, but it was not there and she asked me if the painkillers would really take away the pain. I was a bit perplexed and I asked her why she had been moving furniture. She started to tell me how she had decided to move back to live with her mother. In my tired state at this end of the morning, I prompted questions about her family relationships and she seemed to open up. I felt I was doing the right thing – even felt noble about giving her the time on that morning, but I knew I was not very ‘sharp’ about it. I thought that just letting her talk for a few moments was probably helpful to her.

Marissa had been born long after the other children and felt as if she had been seen as a nuisance, particularly by her mother. But now she could not cope alone and was moving back in with this cold mother. I had got her talking and I brightened, thinking I was doing a good job. I wondered why I had not let this talk flow before. We ran out of time, and I asked her to come back to talk more. I was thinking that we might be able to get on top of these recurrent visits to the surgery.

I did actually feel better after seeing her. My attitude to my ‘success’ with her changed the next week. Marissa did come back – but not to me. She chose to come back when Geoff, the senior partner, was on. She was still complaining about the shoulder and she told Geoff that I had obviously thought that her shoulder was to do with her family – but it was not and she needed more than painkillers. Looking at the shoulder, Geoff agreed with her and referred her for physiotherapy. This little incident has perturbed me a bit. It stirred up my professional pride. I had thought I was doing a good job.