

Conversations Inviting Change: Guided reflection by medical educators in workplace-based assessment of GP registrars

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Aim and objectives

The research aimed to understand how RACGP medical educators (MEs) and registrars experienced a pilot reflective exercise workplace-based assessment (WBA) being considered for GPT3 registrars, by asking, from the perspectives of both MEs and registrars: (1) In what ways do guided reflections enable registrars' reflections? (2) In what ways do guided reflections enable registrars to understand their challenging general practice encounters? (3) How does the reflective exercise function as an assessment of professionalism (including reflective practice) and general practice systems and regulatory requirements? (4) In what ways do guided reflections achieve change? (5) What factors support or hinder guided reflections as a method for enabling reflection, understanding, assessment for learning and change?

Methods

Eleven pairs of MEs and registrars were recruited. MEs attended a 90-minute training webinar in using John Launer's Conversations Inviting Change ("CIC") technique (an open, unstructured approach to facilitating reflections). MEs and registrars received written ME/registrar reflective exercise guidance explaining the assessment and MEs received a CIC tip sheet which summarised the approach. Registrars submitted a 100-word summary of a challenging general practice encounter relating to the competencies. Each ME-registrar pair participated in a 30-minute video recorded reflective exercise via Microsoft Teams. MEs completed a WBA rating form. All participants participated in 60-minute individual interviews exploring their experiences of the reflective exercise processes. Data were thematically analysed.

Results

The findings related to four key themes.

Preparing registrars and MEs for a reflective exercise WBA

Participant experiences highlighted the importance of adequately preparing both registrars and MEs (in both the short and long term) for assessed reflections through training, education and experience in four crucial areas: (1) understanding reflective practice; (2) the skill of guiding reflections; (3) the reflective exercise approach being used; and (4) fair and consistent assessment of registrars' ability to reflect.

Barriers and facilitators to reflections

The reflective exercise itself gave registrars the "space" to reflect on a non-clinical challenge and was well-received by participants. It was seen to be targeting an unmet need in GP training. Participants described various barriers and facilitators to MEs guiding reflections and registrars reflecting that *could either support or hinder reflections depending on the circumstances*. These included the nature of the case discussed; the registrar's pre-exercise reflections on the encounter; the presence of emotions and trauma; ME and registrar characteristics (including ways of thinking, reflecting, communicating and expressing emotions; reflective capacity and understandings of reflection; and personalities, demeanours and values) and whether such characteristics were complementary or conflicting; the nature of existing relationship between the ME and registrar; the time available for reflecting; and the CIC approach to facilitating reflections (incorporating its conversational nature; its open, unstructured approach; avoiding empathy and active listening; avoiding advice and feedback until the end of the reflection); and the experience necessary to use the CIC approach effectively. While guided reflection might target an unmet need in GP training, the presence of many circumstance-dependent barriers and facilitators attests to the complexity of assessing reflection

Reflection as an assessment

Although the pilot reflective exercise was not a real assessment, MEs and registrars described numerous implications and considerations for assessing reflections.

- An assessment *for* learning should drive learning about reflection and encourage registrars to take reflective practice seriously. Countering this view is the idea that reflective practice could be instilled more effectively through regular, non-assessed reflective exercises from GPT1.

- Assessing conversational reflections, particularly when using the unstructured CIC technique, is an apt method of exploring the complexity and uncertainty of general practice. However, assessment may impact the openness and authenticity of registrars' reflections by encouraging "performative" reflections that "say what the College wants to hear" thereby impacting learning and assessment validity.
- Assessments of reflective ability and the more difficult to define competencies such as professionalism are inevitably subjective making it more challenging to create a fair and valid assessment.
- Moving from the "collaborative", "supportive" reflections of the CiC method to the assessment *for* learning "judgements" may be experienced as "contradictory" and "harsh".
- The open, unstructured, unpredictable CIC approach may be better than a more structured approach (Driscoll's What Model, Gibb's reflective Cycle) for assessing reflectiveness.
- There were inconsistencies in MEs processes for completing the assessment in 1) what they assessed (reflectiveness about the encounter or the encounter itself); 2) how they determined the ratings they gave to registrars (whether or not they were rubric-informed); and 3) whether strengths, areas of development and SMART goals were registrar-led (and perceived as meaningful and useful) or ME imposed.
- A strong theme was registrars' appreciation of the opportunity to obtain advice from the ME after the guided reflection phase had concluded. This ensured registrars gained medical educators' insightful ideas while preserving the primacy of registrar-led reflections during the initial reflection phase.
- The resources required (including ME time) and acceptability of the CIC approach to registrars and MEs might constrain the effective design and implementation of a reflective exercise WBA.

Registrar and ME insights, learnings and changes

Registrars described various insights, learnings, changes and benefits resulting from the reflective exercise, some of which arose from their reflections, and some from ME feedback. These included clarification and problem representation for registrars who had already reflected on the encounter; insights about why and how the challenging encounters occurred and were challenging for themselves and others; recognising mistakes; resolutions (including processing, affirmation, acceptance and closure); and changes to future practice. MEs also described benefits, insights and changes. While many MEs adopted the open, curious, non-directive aspects of the CIC approach to reflective conversations, others rejected some of the key features of the approach.

Discussion

The research highlights the value of the proposed reflective exercise WBA in providing registrars with an opportunity to reflect on their challenging non-clinical cases. It will fill a gap in GP training and assessment and send a message about the value of reflections and non-clinical competencies and promote reflective practice among registrars and MEs. The findings support existing literature in confirming the importance of meaningfully embedding reflective practice in training programs; adequately preparing MEs and registrars for facilitated reflective assessments; encouraging authentic reflections by assessing registrars' reflections, not the behaviour discussed; using an unstructured approach to guiding reflections; promoting equity in assessed reflections by catering to registrars' different thinking, communicating and reflecting styles, and enabling assessment by an unknown ME if there are concerns about the impact of an existing relationship on the reflection and assessment. The research also provided a unique opportunity to observe facilitated reflections, providing valuable insights into the barriers and facilitators to guided reflections both generally, and using the CIC approach.

Implications

The research findings are intended to enhance the design and implementation of the proposed reflective exercise WBA and the ongoing CIC training offered to RACGP MEs and supervisors. Carefully designed guided reflection formative assessments are achievable. It is important to (1) adequately prepare both facilitators and learners for the assessment, (2) assess reflections rather than the behaviour in the presented case; and (3) cater to different styles of reflecting and communicating to enhance the equity, validity, reliability, safety and acceptability of such assessments for learning. A longer-term goal must be to meaningfully embed learner-led reflections throughout GP training, supervision and clinical practice.

Future research

This pilot project involved assessment of the competencies and facilitation of reflections using the CIC technique. In addition, the findings were limited to the experiences of self-identified "reflective" MEs and registrars. Future research could compare structured and unstructured techniques for guiding reflections; and explore experiences of MEs and registrars with varying reflective skills and experience.