Paper 1

Clinical reflective Writing: An Introduction

Della Fish and Linda de Cossart

July 2010

Clinical Reflective Writing: An Introduction

We firmly believe that oral discussion should be the first process in trying to understand better a case / process or event that the practising doctor (or other clinician) has engaged in. This may be a case-based discussion (CbD), or a discussion about a process (Mini Cex) or other event. This is referred to generally as 'reflecting' on the case. However, such a discussion, usually performed in the busy clinical environment, cannot drill down in great detail to the elements that have shaped the case, or find time to attend to what the learning practitioner has brought to the case and how this has affected their interpretation and management of it.

We believe that sustained and meaningful reflection can only be achieved by the learner writing about the case, process or event in greater detail. What is important about this is that the learning from the case occurs '*in the process of the writing'* (Fish and Coles 1998). Such writing often needs to go through several drafts (which on computer is not difficult). Indeed, we find that once clinicians have engaged in this process, they often become very motivated to refine and redraft their work.

We have coined the term 'Clinical Reflective Writing' to characterise our approach to the use of reflection for teaching, learning and assessment in medical practice. Clinical Reflective Writing (CRW) differs from reflective practice as found in much of heath care where reflection generally is often a broad-brush reconstruction of events, with a general aim of understanding what happened and what can be learnt from this. By contrast, the focus of CRW is on a particular clinical case, event or process, and its aims are to attend to all those elements that influence and shape the clinician's clinical thinking and professional judgements.

CRW uses the resources known as *The Invisibles(see next page)* to enable doctors as clinicians to be rigorous and systematic. A set of Heuristics (pictures that act as reminders) helps clinicians to ensure that they attend to all the influencing elements of each case. Associated with each heuristic are resources that provide ideas and questions as prompts to their writing about this specific case / event / process.

This means that practitioners look at themselves and consider their own involvement in a particular event as 'a case of a learning clinician', alongside their normal focus which is on the patient as a particular clinical case.

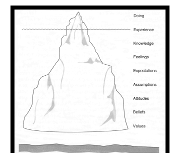
It is important to remember that CRW is NOT about making broad generalizations. The Invisibles are there to help us look in great detail at the particular case/ event or process from the participating practitioner's viewpoint. Of course CRW about a series of cases over a period of an attachment can provide more generalisable trends. Indeed, it is an invaluable way of capturing evidence of a learning doctor's progress in developing those capacities that are so important in medicine: insight, clinical thinking. professional judgement. These are not skills (competencies), and doctors cannot be trained in them. But they can be made explicit and nurtured.

The Invisibles and their heuristics

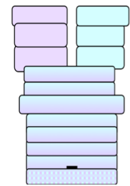
The importance of the **context** of the case/ event

The **kind of professional** one is in relation to the case
(extended/restricted)

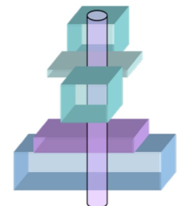
One's **personal values** / assumptions/ beliefs as related to the case



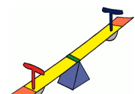
The range of **KINDS of knowledge** one has brought to the case



The **pathway of one's thinking** in relation to the case



The **professional judgements** made within and at the end of the case



Seeing beyond the case

The **therapeutic relationship** developed with the patient in the case