



SPECIAL ARTICLE

The making of expert clinicians: Reflective practice[☆]



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Abstract Debriefing is a rigorous reflection process which helps trainees recognize and resolve clinical and behavioral dilemmas raised by a clinical case. This approach emphasizes eliciting trainees' assumptions about the situation and their reasons for performing as they did (mental models). It analyses their impact on actions, to understand if it is necessary to maintain them or construct new ones that may lead to better performance in the future. It blends evidence and theory from education research, the social and cognitive sciences, and experience drawn from conducting and teaching debriefing to clinicians worldwide, on how to improve professional effectiveness through "reflective practice".

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PALABRAS CLAVE

Debriefing;
Práctica reflexiva;
Aprendizaje;
Formación;
Experto clínico

La formación de expertos clínicos: la práctica reflexiva

Resumen El *debriefing* es un proceso de reflexión riguroso que ayuda a los profesionales a reconocer y resolver los dilemas clínicos y de comportamiento puestos de relieve al cuidar de un paciente. Este enfoque facilita entender las razones para actuar como se hizo, revelando los mecanismos del pensamiento mediante los que se intenta explicar lo ocurrido (modelos mentales). Analiza el impacto de dichos modelos mentales en las acciones, para ver si es necesario mantenerlos o buscar otros nuevos que permitan obtener un mejor rendimiento en el futuro. El *debriefing* combina teoría y evidencia de la investigación en educación, en ciencias sociales y cognitivas, y en elementos de la experiencia de realizarlo y enseñar su uso a profesionales sanitarios para mejorar su rendimiento mediante «la práctica reflexiva».

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Introduction

The performance of healthcare professions requires continuous evolution.¹ The exponential growth of new technologies, procedures and diagnostic and therapeutic strategies, the need to respond to countless productivity, efficiency and quality indicators at the individual and institutional level, the need to work in a team, the increasing presence of older patients and their associated diseases, as well as a transformation in the relationship between clinicians and patients and their families, among other factors, demand this constant evolution.

Organizations that seek to provide quality care require expert clinicians, which is closely tied to the continuing development of their staff. Healthcare educators seek methods to help these professionals reach and maintain levels of mastery that are demanded by the complexity and continuously changing nature of modern health care.² Traditionally, training has been tied to the transmission of information in an organized and systematic manner by an outside expert, along with the repeated practice of medical procedures and skills.

However, to benefit from the practice and reach their full potential, adults depend not only on the amount of practice but also on how it is performed. The theory of deliberate practice establishes a different approach and is defined as a type of highly structured practice that must meet certain requirements.³ We must interact with sufficient motivation, autonomy and without pressure to acquire expertise, approaches, behaviors and skills in practice areas of interest to the practitioner. To achieve the maximum benefit, our own abilities must be trained to the limit. The task should therefore represent a challenge and be well defined with extensively discussed and planned objectives and goals. Additionally, rigorous reflection on the performance is required. The participation of educators trained in teaching techniques that provide specific and constructive feedback is therefore essential.⁴

The training of teams using simulated cases studies, followed by reflection on the performance, has increased exponentially in the last decade as a teaching tool that adapts to the learning style of adult students.⁵ Simulated clinical cases help establish realistic and specific objectives without putting patients at risk, help students reflect on their performance in a structured manner and transfers the lessons learned to the daily work setting.⁶

In this article, we describe the relevant theories that give rise to reflective practice and the role of debriefing as a teaching technique to facilitate understanding of the reasons behind clinical performance.

The development of the expert healthcare professional

While experience is the basis for adult learning, the Kolb theory of learning shows that this cannot occur without "rigorous reflection". In other words, having experience is not necessarily the same as being an expert.⁷ "Rigorous reflection" is understood as a process that helps reveal and resolve clinical and behavioral dilemmas and areas of confusion that arise when dealing with a clinical case. Learning

is a process that begins when facing a situation that is not fully resolved with the traditional resources. Individuals, motivated by a feeling of uncertainty and discomfort, seek to examine the experience: What was the nature of the problem? What were their intentions? What did they do? What happened? In the process of observation and analysis, there emerges the difference between intention and actual results. This stimulates and motivates the professional to seek out new responses and incorporate more effective strategies that, once conceptualized, can be used in similar future situations.⁸

"Reflective practice" is a term coined by Donald Schön who described it as the discipline of examining the values, assumptions and knowledge-base that guide professional practice.⁹ If this could theoretically occur in any situation and be conducted on an individual level then it is normally not a relaxed or meditative process. On the contrary, it is usually a demanding challenge that usually delivers a better result when performed collaboratively.⁷ Studies on perception and memory have shown that we are more conscious of the results of our thoughts than of the process that creates them. Rational explanations can omit the unconscious attitudes that generally guide the thought process, which hinders individuals in understanding what issues prevent them from improving.¹⁰

The conditions in which reflective practice is associated uniformly with improvements in performance include the presence of well-defined learning objectives, opportunities for deliberately practicing these objectives and reliable measurements for providing specific feedback, which enable gradual improvements in performance.¹¹ In this context, the main aspect of the learning process is often identified as debriefing.¹² According to the criteria of the Center for Medical Simulation of Boston, debriefing is defined as a conversation between two or more individuals who review a real or simulated event in which the participants analyze their actions and reflect on the role of their thinking process, psychomotor skills and emotional states to improve or maintain their performance in the future.¹³ Despite its importance, the practice of debriefing varies significantly among institutions and instructors. Thus, some institutions and instructors perform a rapid assessment of the performance and provide specific feedback, training (coaching) or direct teaching, while others create an environment where the participants can reflect and openly discuss.¹⁴ In some cases, the participants themselves perform the analysis without the presence of an instructor.¹⁵ Current studies on the topic provide few guidelines on how to create an environment in which the professional feels both stimulated and psychologically safe to conduct a rigorous reflection after performing a clinical case. Consequently, there are various styles and approaches for practicing debriefing.¹⁶

The origin of debriefing

Systematic learning constructed on experiences originated with the aviation industry of the 1970s, as a response to numerous crashes of aircraft flown by highly experienced pilots in the absence of technical failures. The aerospace authorities noticed that individual skills were not enough to ensure good flight outcomes. In the following years, first

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