Self-Reflection: Using Journal Entries to Enhance Teaching and Orthopedic Resident Communication

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As a constantly evolving discipline with exponential growth in knowledge and treatment options among both physicians and patients, orthopedic surgery is a more demanding field than ever before. Reflection, which is critical to professional development and lifelong learning, can facilitate the growth of orthopedic surgeons. We believe that reflection must begin during one’s early training and have implemented monthly journal entries for residents in our program as a means of providing our trainees with a forum to voice opinions and provide insight into various interactions, communication difficulties, and clinical decision-making. It has become an effective and well-received program among residents and faculty, leading to enhanced faculty–resident interactions, teaching, and communication.

Reflection is defined as “the process of stepping back from an experience to ponder, carefully and persistently, its meaning to the self through the development of inferences.”¹ It includes 3 components: returning to experience, connecting with feeling, and evaluating experience.² As one’s ability to reflect matures, a transition occurs from simply describing an experience to identifying what was learned through it.³ This invaluable process is critical to professional development and lifelong learning; it is a pivotal skill for all physicians.

Medicine is perpetually evolving. It has become an increasingly more challenging field. Physicians must commit to being lifelong learners, particularly as patients become more informed and demanding regarding diagnosis and treatment. Effective lifelong learning is accomplished not solely via annual attendance at conferences, but also through a continuous, daily internal review of one’s practices, interactions, and outcomes.⁴,⁵ The significance of this self-reflection has been recognized within the medical community and applies to both resident and attending physicians. The American Board of Medical Specialties includes both “lifelong learning and self-assessment” as 1 of 4 basic recertification requirements for physician specialists.⁶

Orthopedic surgeons are not immune to this requirement. The American Academy of Orthopaedic Surgeons has identified lifelong learning as crucial for certification and has begun to develop a Maintenance of Licensure program designed to “facilitate physicians’ own professional obligations for lifelong learning within the scope of their daily practice, by creating a structure for self-evaluation and learning.”⁷ The American Academy of Orthopaedic Surgeons’ emphasis on this is of great significance, as the ability of surgeons to participate in self-reflection has been questioned.⁸

The Accreditation Council for Graduate Medical Education has also encouraged self-reflection through the development of more innovative means of resident assessment. These deviate from the more common traditional faculty evaluations, with resident performance assessed as a function of 6 core competencies: patient care, professionalism, interpersonal and communication skills, medical knowledge, practice-based learning and improve-
ment, and systems-based practice. The Accreditation Council for Graduate Medical Education Toolbox has identified the portfolio as one such tool that accurately evaluates the resident as a learner, specifically with regard to the 6 core competencies.

The use of the portfolio, which typically consists of individual journal-style entries in which residents are challenged to reflect on their various encounters and experiences, in medical education evaluation is limited. However, when implemented, it appears to be successful; faculty within internal medicine, psychiatry, and obstetrics and gynecology have all acknowledged the portfolio as a unique means by which residents can comfortably and candidly provide self-reflection and faculty can critique their progress during training as it pertains to the core competencies. Admittedly, there is variability among residency programs regarding portfolio specifics, including entry requirements, appropriate topics, and which faculty read the portfolios.

We have implemented a portfolio system in a 5-resident per-year orthopedic surgery training program, in which residents write monthly journal entries. Submissions are entered through a secure online entry portal and can focus on any topic relevant to a given resident’s life; there are no limitations. Access to the journals is limited to the division chairman, associate program director, and faculty mentor for the given resident. The entries provide qualitative insight into our program’s residents and their needs as both young physicians and people. Admittedly, our journal program is not perfect, as it fails to objectively assess some of the most critical components of residency training (eg, surgical skills). However, it regularly provides insight into a resident’s clinical decision-making and patient interactions, which are frequently written about by our residents. Further, it facilitates meaningful and confidential dialogue between the residents and those who read the journals about means of improving interactions and communication with other providers, staff, and patients. It also provides faculty with insight into a resident’s thought process and life, which can all too easily be overlooked during one’s training years. Although critics of these journals may view them as the antithesis of the “tough-love” approach once thought to be an integral component of orthopedic training, we consider the latter an archaic approach to resident training and education.

The significance of and need for journal entries, or other means of reflection, is elucidated by the patient-perceived importance of the nontechnical abilities of orthopedic surgeons. In a 1998 American Academy of Orthopaedic Surgeons commissioned survey of 807 patients and 700 orthopedic surgeons, patients identified communication skills as being equal in importance to their surgeon’s technical abilities. The study also identified a large discrepancy between patient- and surgeon-perceived quality of communication. Although 75% of the orthopedic surgeons believed that they had satisfactory communication with their patients, only 21% of the patients agreed.

We strongly encourage orthopedic surgery residency programs to embrace reflection, whether through journal entries or another modality. Journals are undeniably a different, unchartered means of interacting with our residents. However, in our experience, they are also an effective means of understanding and teaching those individuals with whom we are charged with molding into the next generation of competent orthopedic surgeons.

References