

Sketching Reflections – an alternative approach to reflective practice in medicine

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Declarations

No conflicts of interest to declare.

Aims and Hypothesis

This autoethnographic study assesses the potential benefits of art-based reflective practice in medical education and training. Art-based practice is hypothesized to enable a deep-thinking approach to reflection that may be more accessible for some clinicians.

Introduction

The role of reflection in medical training for professional development is widely appreciated and is a key component of the annual appraisal.

While the GMC acknowledges there is no one way to reflect¹, most reflection in medical training is in the written format. Short art-based reflective practices in response to workplace experiences could provide an alternative approach for deep thinking and professional growth.

Methods

A brief literature review of art-based reflective practice in medicine was conducted to highlight pertinent papers were discussed.

The author underwent an **autoethnographic study** by completing **10 art-based reflections** after each shift in ED.

Thematic analysis was used to compare the process to written reflections

Results

The study and practice of art has been increasingly adopted into medical training as the field of Medical Humanities gains greater appreciation. A brief literature review demonstrated how art courses can improve clinician's **empathy, communication and observational skills**.²⁻⁶ Most papers referred to use of art observation rather than the use of art-practice itself as a means of reflection.

One study involving clinicians from the Hospital For Sick Children, Toronto used monthly small group art sessions where participants were encouraged to reflect on their professional experiences by making a range of artworks including music, creative writing and the visual arts.⁷ The group then shared and discussed their works, provoking meaningful discussions pertaining to their **professional lives, ethical decision making and sense of purpose**. This approach has been more widely explored for teachers where it has been found to have similar results.⁸

Themes identified

Burden of illness



Sketch 1: A patch for the back



Sketch 2: Surrounded but alone



Sketch 3: A trip in their shoes

Social support / Informal carers



Sketch 4: The hidden point of view



Sketch 5: Should have caught the pie



Sketch 6: Getting home

Challenges of working as a doctor



Sketch 7: A need to protect



Sketch 8: Slow down to speed up



Sketch 9: Loss



Sketch 10: The leader

"While I frequently started with an initial idea about for a sketch, I often found that this gained deeper meaning as the drawing developed, sometimes evoking an emotional and personal response." – A. Smith

Discussion

The sketches produced through the autoethnographic study often centred around humanist aspects of medicine.

Themes included:

Burden of illness: Sketches **1 to 3** all focus on patient's priorities when in ED and the impact of their burden of illness. The sketches reflect on how the priorities of the patient and the healthcare team may not always align. For instance, **Sketch 1** was created in response to the difficulties of managing back pain in ED and the discrepancies between what the patient expects (symptomatic management/diagnosis) vs the priority of the ED department (ruling out Cauda Equina syndrome). This led the author to reflect deeply on patient centred approaches that can help ensure the patient's priorities are acknowledged and addressed where possible.

Social Support / Informal carers: Sketches **4 to 6** all focused on the challenges faced by those supporting or caring for loved ones with chronic conditions, and the burden this can have on the carers' own health. They also explore some of the pre-judgements we must be careful of as clinicians when viewing such a short snippet of patient's lives in the ED. Sketch 4 shows a mother desperately trying to reach her son in ED after a mental health crisis, while the team on the ward were unaware of the difficulties she was facing to get to him.

Challenges of working as a doctor: Finally, Sketches **7 to 10** focus on different aspects of being a doctor, from compassion and communication skills to being a good leader. Sketch 10 shows a large tree, while bold and bright itself, it is also so overpowering that it has crowded out any other growth. This metaphor highlights the importance of a balanced leadership style that encourages involvement from the MDT.

The author found that written reflections frequently centred around **clinical decision making**, while art-based reflections appeared to encourage reflection on **holistic medical practice** and **emotional** aspects of work.

The process itself was noted to be cathartic. Furthermore, as a person with dyslexia, the author found this method presented an **accessible alternative** to written reflection.

Conclusion

- Art-based reflection could be a **beneficial addition** to written reflection in medical training
- Art-based reflections allow for a **deep consideration of holistic medical care** and can provoke meaningful discussion among clinicians.
- Some clinicians may find art-based reflection **more accessible** than written.