

# Reflective Diaries: An Impactful Learning Strategy in the Undergraduate Palliative Care Learning

Fahisham Taib<sup>1</sup>, Nik Mohd Rizal Mohd Fakri<sup>2</sup>, Mohd Shahril Iman Mohd Hanafi<sup>1</sup>, Zarawi Mat Nor<sup>2</sup>

<sup>1</sup>Paediatric Department, School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian, Malaysia

<sup>2</sup>Department of Medical Education, School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian, Malaysia

To cite this article: Fahisham Taib, Nik Mohd Rizal Mohd Fakri, Mohd Shahril Iman Mohd Hanafi, Zarawi Mat Nor. Reflective diaries: an impactful learning strategy in the undergraduate palliative care learning. *Education in Medicine Journal*. 2016;8(2):41-48. DOI: 10.5959/eimj.v8i2.427

To link to this article: <http://dx.doi.org/10.5959/eimj.v8i2.427>

## ABSTRACT

Reflection is a process of reviewing an experience of practice in order to describe, analyse and evaluate information. This leads to critical reflection which one can view and focus on self-experience within the context of his/her own life. **Objective:** The study aims to understand palliative care values with the use of reflective diary following home visit to patients who require palliative care. **Method:** Interview was performed during the house visit by the undergraduate medical students. This outreach house visits were supervised under community palliative care nurse. The students were required to develop a learning activity, using assessment of palliative care patients' needs, through qualitative questionnaire. This was recorded in the reflective diary upon return of such activity. The questions asked covered explorative learning and holistic medical tasks such as the impact of patient's life from emotional, psychosocial, medical and spiritual perspective. Guided questioning was done to avoid unnecessary communication issues that may aggravate emotional distress. Students were asked to probe using vetted and agreed questions, and explore multidimensional issues in relation to culturally naïve Kelantanese population. **Result:** Enjoyful learning experience was recorded. The reality of dealing with patients with chronic disease has put forth a positive intention to perform better as future doctors. **Conclusion:** Reflective diary is an effective tool in community palliative care learning. It documents patients' plight and students' sense of responsibility to community. This has invaluable and indirect learning impact as part of the students' soft skills development.

**Keywords:** *Reflective diary, Reflective learning, Undergraduate, Palliative care*

## CORRESPONDING AUTHOR

Fahisham Taib, Paediatric Department, School of Medical Sciences, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan | Email: fahisham@gmail.com

## Introduction

Reflection is an important process of learning and experience. It allows one to acquire skills in descriptive, analysis and evaluation of information that one can

mirror self in the context of his/her own life experience. This is very important in the development of personal critical thinking, professional development, self-learning and regulation. It is an essential component in the journey of developing professional

attitude. Dewey defined reflection as “active, persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and further conclusion to which it tends”(1). Moon described the reflection as “a form of mental processing with a purpose and/or anticipated outcome that is applied to relatively complex or unstructured ideas for which there is not an obvious solution”(2). A reflective diary is a vehicle to maximise reflective learning in day to day practice. It is used to explore the student’s perceptions and views on their placement experience. Previous literatures indicated that reflective journal writing would enhance learning, critical thinking, integration of theory with practice, and promote professional growth (3). Journal writing that encourages reflection is associated with deep learning approaches (2). The study aims to explore the use of reflective diary among the medical students following an encounter and exploration of patients’ complex health, personal and psychosocial needs. At USM, SPICES model (Student-centred learning, Problem-based learning, integrated teaching, Community based education, Electives and Systematic programme) is used whereby medical students are required to immerse into community elective and participation during the year 3 clinical years.

## Research Methodology

This was a qualitative study involving 20 final year undergraduate medical students from Universiti Sains Malaysia (USM). They were drafted in for a few sessions of palliative care home visit in the community. Briefing was conducted related to the use of reflective diary before the home visit. The outreach house visits were done under the supervision of community palliative care nurse. The students’ learning activity was blended through exploration of patients’ needs at home qualitatively. The questions asked were related to the impact of disease on their lives focusing on emotional, psychosocial, spiritual and physical issues.

Guided question structure was discussed by the supervisor to avoid misunderstanding or misinterpretation of questions posed by the students. The information was recorded in students’ language of preference (Malay or English) upon returning from house visit with a reflective exercise.

## Data Collection Procedure

Data was collected through vetted and agreed questions, exploring multidimensional issues in the Kelantanese population. Upon returning from the home visits, students were required to produce reports of their reflection experience with the focus on, (1) What do they see, (2) Internal and external values, (3) Problems/Issues encountered, and (4) Self recommendations.

## Data Analysis Procedure

Four steps of data analysis were carried out: (1) the process of the documenting code index labeling, (2) proofreading of the information from the reflective diary, (3) intensive reading to ascertain similarities and differences of the ideas, concepts and terminologies for thematic analysis, and (4) grouping process of relevant themes and categories that were parallel to the research objective.

The data analysis started with the labeling each documents using specific code index. For instance, the code was RS (1), (9/5/2015); means RS (1) = Reflective diary student 1; (9/5/2015) to the date diary written, on 9 May 2015. This followed by proofreading. At this stage, researchers were required to read through the content of the documents and at the same time focusing on the concepts, ideas and terminologies related to the research main objective. The next process involved looking at similarities and differences of the ideas, concepts and terminologies. This required a repeated revision and cycle of review. The final step related to categorising concepts and ideas into groups in the most relevant

or appropriate according to themes and categories. This step would be continued until saturation point was achieved. All these processes were included into content analysis procedure.

### Validity and Reliability

Validity in this study is achieved from the alertness to the researchers' bias, triangulation, and revision by the participants. The data is triangulated from various participants' responses in this study. To minimise the bias, researchers have asked two colleagues to review and verify the obtained themes and categories. One is an expert in qualitative study and the other one is from community medicine background. Researchers have asked revision of the fresh data from participants for accuracy. Participants are required to comment on the themes and categories precision and suitability by using sufficient evidence. All the given responses and comments are highlighted in the final report. This will increase the study credibility.

Reliability refers to how far a research can be repeated. Based on the qualitative research, reliability can be obtained by using audit trail and peer checking. Audit trail is conducted by asking individual outside the research to check the narrative or research report, to determine its credibility and data reliability. Researcher has asked readers to check the report and all documents which are related to the data collection activity for verification. Final data is referred to specialist panels for reviewing and verification. In this so called peer checking process, the researchers ask two lecturers who are experts in the medical mentoring and also in qualitative methodology research. The researchers take into account all the responses made by the panels.

## Results

Results showed that there were three themes and six categories of contents of the reflective diaries that have impacted on the learning strategy among the final year medical students in USM. The themes were: (1) Supportive care is the best remedy, (2) Provision of added values, and (3) Community service responsibility. While the categories were as followed: (1) Role to fulfill for unmet needs; (2) Dealing with challenge; (3) Good Insight; (4) Code of Conduct; (5) Important role of guidance; and (6) Willingness to contribute

### Theme 1: Supportive Care is the Best Remedy

In this theme, two categories emerged: (1) Role of caregivers to fulfill for the unmet needs, and (2) Dealing with the challenge in life.

1. Role of caregivers to fulfill for the unmet needs.

The students acknowledged the importance of caregivers' role in trying to accomplish the necessity of the patient with unconditional love, and were actively involved in continuity of patients' care. The presence of healthcare workers through home visits was noted as a good therapeutic approach to alleviate emotional distress and strengthening patients' spiritual belief and faith. There were some financial support and personnel assistance serviced by the responsible NGO's (e.g. Foundation for Disabled Kelantan or YOKUK) to reduce caregivers' burden and achieve optimal patients' care. The data have supported the aforementioned statement. For instance, Student 3 has stated that the caregiver has shown his deep affection and responsibility in relation to patients' care. In the reflective diary, Student 3 quoted that:

“... I noticed that the caregiver takes care about her children so that she able to treat and nurture her with love and patience” (RS (3), (9/5/2015), translated by the researchers based on the actual evidence in Malay language).

Data from the Student 7 supported with the finding. This could be seen after the researchers’ reviews on the 7th reflective journal which stated:

“The NGO’s team gave some donation to reduce caregiver’s burden” (RS (7), (12/5/2015), translated by the researchers based on the actual evidence in Malay language).

## 2. Dealing with the challenge in life

The students realised there were challenges to provide good end of life care to patients in the community setting. They acknowledged the importance on equipping themselves with personal endurance and perseverance despite the incongruence between the theoretical knowledge and clinical practice. The descriptive measures on the difficulty and struggle for the doctors. This was documented by Student 8 who wrote:

“The total care requires mental fitness instead of physical strength”. (RS (8), (12/5/2015), translated by the researchers based on the actual evidence in Malay language).

## Theme 2: Provision of Added Values

Under this theme, two categories were extracted; (1) Good Insight, and (2) Code of Conduct

### 1. Good Insight

Enjoyable learning experiences were reported by the students. The students elicited the integration of positive feelings behind other’s life experience was the core element to build professional competency. The positive values demonstrated by the caregivers, appreciated by the students, as

a set of example to cultivate students’ inner strength and gain patient’s trust. This could be seen after the researchers’ reviews on Students 12, 17 and 18 reflective dairies:

“Feel inspired towards compassion and sacrifice showed by caregiver” (RS (12), (11/5/2015), translated by the researchers based on the actual evidence in Malay language).

“Feel inspired towards caregiver’s attitude and acceptance of their fate” (RS (17), (9/5/2015), translated by the researchers based on the actual evidence in Malay language).

“Feel blessed for what I’m having while addressing their suffering” (RS (18), (13/5/2015), translated by the researchers based on the actual evidence in Malay language).

### 2. Code of Conduct

The students implied the importance of adaptation in certain special circumstances. As the palliative care deals with fragile and dependent group of people, the main effort is to focus on patients’ comfort and security. The students appraised actions taken during communication as part of the professional’s role. For instance Students 15, 13, and 14 shared their notes as follows:

“We carefully discuss the manner of questions, not wanting to hurt their feeling” (RS (15), (11/5/2015), translated by the researchers based on the actual evidence in Malay language).

“We hesitated at first, but we’re able to communicate effectively during the interview” (RS (14), (13/5/2015), translated by the researchers based on the actual evidence in Malay language).

“The house was in messy condition and we took initiative to clean the patient’s house” (RS (14), (13/5/2015), translated by the researchers based on the actual evidence in Malay language).

### Theme 3: Community Service Responsibility

In this theme, two categories were elucidated: (1) Important role of guidance, and (2) Willingness to contribute

#### 1. Important role of guidance

The importance of supervision's guidance is essential prior to starting the activity. The students stated guidance and supervision as key to facilitate their understanding of the scenario and generate the best practice of care. Their performance, application of soft skills and effective communication were apprenticed through the exemplary manners and behaviour, demonstrated by the dedicated supervisor. The students recalled the struggle and hardship for the caregivers' to cope with the complexity of problems and approach in palliative care setting. This would be ineffectual without proper supervision and guidance to approach on the issue. These statements were supported in Students 1, 4 and 5 diaries:

“The supervisor provides us tips on how to interact effectively with patient” (RS (1), (16/5/2015), translated by the researchers based on the actual evidence in Malay language).

“The supervisor shows and assists us the way to deal with disabled people” (RS (4), (16/5/2015), translated by the researchers based on the actual evidence in Malay language).

“The supervisor looks friendly and close with the patient and relatives” (RS (5), 18/5/2015), translated by the researchers based on the actual evidence in Malay language).

#### 2. Willingness to contribute

The students recognised on the responsibility to serve the community as part of holistic medical care. This was not only to fulfill their duty as future doctor, but treating patients' as a whole person beyond symptoms. The learning strategy noted by engaging students to the society improvement and willingly to contribute for a better health impact and outcome. For instance, Students 6, 9 and 11 shared their notes as follows:

“I hope I will have the opportunity again to help out on palliative care patient” (RS (6), (7/5/2015), translated by the researchers based on the actual evidence in Malay language).

“I hope I will be a responsible person in my duty and future practice” (RS (9), (9/5/2015), translated by the researchers based on the actual evidence in Malay language)

“The visit has prepared us as future doctor to treat patients as a whole” (RS (11), (20/5/2015), translated by the researchers based on the actual evidence in Malay language).

A framework on the content analysis of student's reflective diaries is summarised in Table 1. The exploration of the reflective diaries revealed student's reflection can be expressed into different major categories and concept according to major themes.

**Table 1:** A framework of qualitative analysis on reflective diaries of USM undergraduate palliative care learning

Citations	Categories	Themes
"The caregivers treat and nurture the patient with love and patience."	Role to fulfill unmet needs	Supportive care is the best remedy
"The NGO's team gave some donation to reduce caregiver's burden."		
"The NGO's team taught the technique of palliative care during the house visit."		
"The caregiver's body language looks tired but they serve beyond limit."		
"The total care requires mental fitness instead of physical strength."	Dealing with challenge	Provision of added values
"The doctor does not provide adequate information regarding patient's condition."		
"Feel inspired towards compassion and sacrifice showed by caregiver."	Good Insight	
"Feel inspired towards caregiver's attitude and acceptance of their fate."		
"Feel blessed for what I'm having while addressing their suffering."		
"We carefully discuss the manner of questions, not wanting to hurt their feeling."	Code of conduct	
"We hesitated at first, but we're able to communicate effectively during the interview."		
"The house was in a messy condition and we took initiative to clean the patient's house."		
"The supervisor provides us tips on how to interact effectively with patient."	Important role of guidance	Community service responsibility
"The supervisor shows and assists us the way to deal with disabled people."		
"The supervisor looks friendly and close with the patient and relatives."		
"I hope I will have opportunity again to help out on palliative care patient."	Willingness to contribute	
"I hope I will be a responsible person in my duty and future practice."		
"The visit has prepared us as future doctor to treat patients as a whole."		

## Discussion

The theme of “Supportive Care is the Best Remedy” conveys how the students acknowledged the essence of caregivers’ role and the need of social support in the end of life care. It shows students ability to analyse in depth and ratified the unrecognised issues. The doctor-patient relationship is not only focuses on patients’ physical complaint, advanced investigation and treatment with drugs, but it covers empathic understanding on the dynamics of illness affecting one’s life. The therapeutic process is a total care that also embraces emotional, social and spiritual domain. The relationship between family members, society and healthcare personnel plays a major role in community-based education.

The second theme, “Provision of Added Values”, reveals the students embracing on learning from a good insight following genuine real-life experience. The added values cannot be learnt in a formal teaching environment, or it may be overlooked. The reality of dealing with ill patients requires tacit knowledge and medical skills but also having adequately application of the soft skills. The training for doctors is not like a robot, in which they have brain but no soul. The intellectual capacity and emotional intelligence must be integrated to improve interpersonal skills. The house visit refers to a routine outreach service provided by palliative care nurses for the continuity of care in the community. It also allows the students to be sensitive and responsible for an individual patient. In addition, the learning exposure via this medium opens up the space to ensure and improved clinical correlation. The acquired attitudes and skills have resulted in considerable impact on the transformation towards professional character and empowerment of medical students to benefit the others, with noble intention. The students also need time to develop these changes according to the indirect learnt skills and manners.

The third theme refers to “Community Service Responsibility” which tells us that the supervisors are the centre of learning for the most students to refer, learn and question. Without them, the chain of knowledge-transfer cannot be achieved and thus retard the learning process. In the clinical field, the supervisors do not only provide authentic source of knowledge, but they also model the learning through students’ observation process and action. The students’ are also acutely inspired with what they see and have been regularly appraising the indirect learning experience according to their possessed knowledge. In addition, the suffering and misfortune of others have motivated students to undertake a wider responsibility in therapeutic communication. This will be a valuable tool for future frontline doctors to gain a clear mission and vision as a vehicle to fulfill our nation’s needs. It would then be possible for the healthcare professionals to cater the emerging health issues and accomplished Key Result Area (KRA) underlined by the Ministry of Health, through National Strategic Plan and standard operational procedure.

## Conclusion

The involvement of medical students in the community based approach through outreach house visit is a decent curricular intervention, to educate them on the importance of palliative care. This contextual learning provides an ideal environment to gain experience and, thus encourages reflection to take place. The activities have gradually allowed students to develop critical cognitive thinking, analytical reasoning and evaluative capability to adapt with unfamiliar situation. The use of reflective diary is an effective educational tool to aid by the process of reflection. This effective learning strategy will not occur unless they reflect consciously on the experienced event in life. The reflective

diary has been used and utilised mainly for educational aid, however assessment of this method has been minimally done. This learning strategy facilitates their maturity to deal with challenges that emerges throughout their professional lives. The impact of reflective learning also encourages students to be a deep learner and appreciate their new knowledge and acquired skills. This structured learning strategy is believed to become a steppingstone towards producing holistic doctor for the nation.

## References

1. Dewey J. *How we think: a restatement of the relation of reflective thinking to the educative process*. Chicago IL: Henry Regnery; 1933.
2. Moon J. *Learning journals and logs, reflective diaries*. Centre for Teaching and Learning: University of Exeter; 2003.
3. Brown HN, Sorrell JM. Use of clinical journals to enhance critical thinking. *Nurse Educator*. 1993;18(5):16–19. doi: 10.1097/00006223-199309000-00011.
4. Svenberg K, Wahlqvist M, Mattsson B. “A memorable consultation”: writing reflective accounts articulates students’ learning in general practice. *Scand J Prim Health Care*. 2007;25(2):75–79. doi: 10.1080/02813430601153671.
5. Bethune C, Brown JB. Resident’s use of case-based reflection exercises. *Canadian Family Medicine*. 2007;53(3):470–476.
6. McClure P. *Reflection on practice, making practice-based learning work*. School of Health Sciences: University of Ulster; 2005.
7. Mamede S, Schmidt HG. The structure of reflective practice in medicine. *Medical Education*. 2004; 38(12); 1302-1308. doi: 10.1111/j.1365-2929.2004.01917.x.
8. Tang C. Reflective diaries as a means of facilitating and assessing reflection. 2002. *Quality conversations: Proceedings of the 29th HERDSA Annual Conference Perth; 2002 July 7–10*. [cited 2015 January]. Available from: <http://nursing-midwifery.tcd.ie/assets/director-staff-edu-dev/pdf/ReflectiveDiaries-CatherineTang.pdf>
9. Mann K, Gordon J, MacLeod A. Reflection and reflective practice in health professions education: a systematic review. *Adv in Health Sci Educ*. 2009;14:595–621. doi: 10.1007/s10459-007-9090-2.
10. Rosenthal S, Howard B, Schluskel YR, Herrigal D, Smolarz G, Gable B, Vasquez J, Grigo H, Kaufman M. Humanism at heart: preserving empathy in third-year medical students. *Academic Medicine*. 2011;86(3):350–358. doi: 10.1097/ACM.0b013e318209897f.
11. Muir F. The understanding and experience of students, tutors and educators regarding reflection in medical education: a qualitative study. *Int Jour of Med Edu*. 2010;1:61–67. doi: 10.5116/ijme.4c65.0a0a.
12. Kripalani S, Bussey-Jones J, Katz MG, Genao I. A prescription for cultural competence in medical education. *J Gen Intern Med*. 2006;21(10):1116–1120. doi: 10.1111/j.1525-1497.2006.00557.x.
13. Smith BH, Taylor RJ. Medicine – a healing or dying art? *British Journal of General Practice*. 1996;46:249–251.
14. Brown N, Jones SM, Adam A, editors. *Research and development in higher education: connections in higher education, volume 35*. Australia: Higher Education Research and Development Society of Australasia; 2012.