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What do General Practitioners think of Written Reflection? A Focus Group Study

Authors

Dr Pamela Curtis, GP Research Fellow, Department for Health, University of Bath, Bath UK. +44 (0) 1225 38 5415 pamelacurtis@gmail.com

Dr Sarita Gorolay, GP Specialist Trainee, Kingston and Roehampton Vocational Training Scheme, London UK. +44 (0) 208 847 7086 sgorolay@gmail.com

Dr Anthony Curtis, Associate Postgraduate Dean for Research and Evaluation, Severn Postgraduate Medical Education, Bristol UK. +44 (0) 1454 252667 marshmead@aol.com

Dr Michael Harris, Department for Health, University of Bath, Bath UK. +44 (0) 1761 241366 michaelharris681@btinternet.com (corresponding author).

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What do General Practitioners think of Written Reflection? A Focus Group Study

Abstract

Background

Written reflection has become a key part of evidence for assessment for General Practitioners (GPs) and GP Specialist Trainees (GPSTs), as it is thought to enhance the reflective process and demonstrate on-going learning. However, the educational value of mandatory reflection has been questioned, and there is little evidence on the acceptability of written reflection to clinicians.

Aim

To explore the views of GPs and GPSTs on the use of written reflection in the MRCGP and NHS appraisal.

Design and setting

A qualitative approach with GPs and GPSTs from the South of England.

Method

Three focus group discussions with 11 GPs and 14 GPSTs. Thematic analysis was used on the coded texts.

Results

There were diverse views on the value of written reflection. Some participants with particular learning styles found it useful; some viewed it as a 'tick-box' exercise and as a game. Some questioned its value as a tool for quality improvement. Its use may have opportunity costs on clinical work, other learning and leisure time.

Conclusion

Written reflection produced strong feelings among participants. Research is needed to gauge how commonly these feelings are held, to allow informed decisions on the place of written reflection in education and assessment.

Status box

What is already known in this area

Written reflection is an obligatory part of assessment and appraisal for GPs and GPSTs in the United Kingdom, in the belief that it enhances the reflective process and to demonstrate on-going learning. However, the educational value of compulsory reflection has been questioned, and there is a need for evidence on the acceptability of written reflection to clinicians.

What this work adds

There is wide diversity of views on the value of written reflection. While some focus group participants found it useful, it may only benefit those with particular learning styles.

Written reflection was seen by some to be a 'tick-box' exercise and as a game, and its value as a tool for quality improvement was questioned.

The use of written reflection in assessment and appraisal may have a significant opportunity cost.

Suggestions for future research

Further work is needed to gauge how commonly these feelings, both positive and negative, are held, so that informed decisions on the place of written reflection in education and assessment can be made.

Keywords

General Practice, Medical Education, Written Reflection

Background

Reflection can be defined as the process of engaging in attentive, critical, exploratory and iterative interactions with one's thoughts and actions, with a view to changing them. (1) It has been found to be the second of two critical steps in GP decision-making, following on from the initial phase of instant problem framing. (2) It leads to the review of initial judgements, allowing regular recalibration of critical knowledge.

The ability to reflect is regarded by some as an essential characteristic for professional competence. (3) It is argued that critical self-reflection enables physicians to listen attentively to patients' distress, recognize their own errors, refine their technical skills, make evidence-based decisions and clarify their values, so that they can act with compassion, technical competence and insight. (4) Self-regulated and lifelong learning therefore have reflection as an essential aspect, and it is considered to be required for the development of both a therapeutic relationship and professional expertise. (5) Reflective learning has been widely viewed as an important learning mechanism, and the creation of portfolios which include written reflection has been seen as a mechanism to promote this. (6) Evidence of reflective practice was therefore mandated as part of licensing and revalidation in the United Kingdom (UK). (7)

Writing reflectively has been thought to be a useful part of an educational programme to supplement and provide the potential to enhance reflective processes, (8) to provide evidence of reflective thinking (9) and to demonstrate a doctor's on-going learning. These factors have led to an increasing emphasis on the use of written reflection in medical education and appraisal, with the use of electronic portfolios to record this being used as learning and assessment tools at both undergraduate and postgraduate levels. (3) When implemented appropriately, portfolios can improve medical students' ability to integrate theory with practice, encourage their self-awareness and reflection, and offer support for students facing difficult emotional situations. (10)

General Practitioner Specialist Trainees (GPSTs) in the UK are required to record reflections on their clinical experiences and evidence of their professional development in an e-portfolio. (11) GPSTs need to make frequent entries into a reflective "learning log" which is shared with their supervisors. It is part of the workplace-based assessment component of the examination for Membership of the Royal College of General Practitioners (MRCGP). (12) For some GPST users, a reflective diary can be an important way of holding all the events of a training year together: a way of looking back, in order to view the progress made, and looking forward, to view potential learning needs. (13) For established GPs, the RCGP's credit-based system for Continuing Professional Development is based on a record of learning activities accompanied by a reflective record, where one hour of learning accompanied by reflection gives one learning "credit". These are then verified at the National Health Service (NHS) annual appraisal to provide the credits that are required over a five year revalidation cycle period (14), to allow continued work as a GP.

Activities to promote reflection have been incorporated into undergraduate, postgraduate and continuing medical education, and in other health professions. However, the evidence to support and inform these curricular interventions and innovations remains largely theoretical (3). For medical students, while the use of a reflective journal appeared to improve their ability to identify what they needed to learn, there was no improvement in performance as measured by examination results. (15) Reflective writing did, however, seem to be an effective means for students of both expressing and dealing with uncertainty. (16) However, for qualified doctors, there is little research evidence to suggest that reflection improves quality of care. (5)

There has been some resistance to the idea of reflective writing, and a suggestion that while reflective learning using portfolios may be suitable as an educational tool for use by some, they may not be universally applicable (13). While reflection is recognised as playing an important role in learning and practice, the educational value of structured, mandatory reflection has been called into question. (17), as has the ethical acceptability of requiring the disclosure of personal feelings in a reflective portfolio. (18) Written reflections have been criticised as sometimes being superficial, hurried, selective, strategic and limited by time constraints, leading to a suggestion that the e-portfolio, in its current form, may not be the most appropriate way of encouraging written accounts of reflective practice. (11)

This study was therefore designed to explore the views on GPs and GPSTs on their use of, and the validity of, written reflection in the MRCGP and NHS appraisal.

Methods

We set up three focus groups from November 2014 to September 2015 in Somerset, Gloucestershire and London, to ensure that perspectives were obtained from a variety of settings (rural, town and city). We used purposive sampling to include both GPs and GPSTs. Participants were recruited by email or by face-to-face contact by the GP investigators. A focus group of GPSTs was recruited specifically to explore themes relevant to GP training.

Two study investigators conducted each focus group. In each group, one facilitator was personally known to some of the participants. Many of the participants knew each other, as they worked in the same location. Each group met for about forty minutes. Facilitators used an open-ended list of questions, including probes for more detailed information, and a brief topic guide to ensure important areas were covered. The topic guide was developed from a literature review and discussion with GPs who are involved in GP education. Participants were encouraged to talk freely about their views and experiences.

The discussions were recorded and transcribed in full. At least two authors analysed each of the transcripts independently. Each investigator independently developed a coding frame. Between authors, coding was similar. In the thematic analysis, data were organised into initial and then forty-one higher codes that provided insight into eleven identified themes. Each theme was examined for views, how frequently or strongly each view was expressed, and any alternative views. This process was repeated until theoretical saturation was reached with the data analysis (i.e. no new themes emerged from the data).

Results

Each focus group consisted of between seven and ten participants. There were twenty-five participants in total; fifteen were women and fourteen were GPSTs. Eleven main themes emerged from the analysis (Box 1). Participants are coded by their focus group (FG) number, whether they were a GP or GPST, and a number to identify them within their group.

Reasons for doing written reflection

Although written reflection became part of the educational assessment process primarily because it was seen as a useful learning mechanism, some focus group participants felt that the main reason for doing written reflection was done to provide evidence of their learning:

It does provide evidence doesn't it; it provides evidence of your learning. FG1/ST/2

It feels like it's for the benefit of your supervisor to write that report at the end of the year. FG1/ST/5

Some commented that they only write their reflections down because they are obliged to:

I think the 'writing down' bit generally is because we have to, so we do it. FG3/GP/5
It is part of our curriculum, so as trainees you have to do it. FG3/ST/1

Instead of seeing it positively, some viewed it as a task that they just had to get on with:

It's a hoop you have to jump through. FG3/GP/5

Useful aspects of written reflection

Some GPs reported that aspects of written reflection could be useful to them:

SEA [Significant Event Analysis] I have found quite useful, when you take some time over what has actually happened and consider what could have been done differently.
FG1/ST/2

I keep a 'learning log', as it were, of interesting things which I write down that I then refer back to, to write it all up. FG2/GP/5

The participants identified a variety of ways in which written reflection helped them. For instance, it could help with emotional aspects:

I would say writing it down makes you, I think, confront the way that situations have made you feel. FG3/GP/2

Consolidation of learning was also considered to be one of the benefits:

Sometimes when you think you don't actually write down specific things, whereas if you are forced to write it down it does help consolidate things. FG1/ST/4

Another advantage was that the need to write reflections down could help with thought processes and give structure to problem areas:

If you were just doing it by thinking about it, I think you can go round in circles, but I think by putting down on paper it gives a little bit of structure to it if you are having problems. FG2/ST/4

The reflective portfolio could also be a help in GP training, as it could be helpful for both GPSTs and their Trainers to see where their 'gaps' were:

It gives you a bit more direction. FG2/ST/3

I'm a trainer, so, the learning log is useful in that you see what trainees are doing, and whether they understand what is happening in that certain area and it is also good at finding gaps in the curriculum and gaps in their competence areas.
FG2/GP/5

Some GPs valued the opportunity to make changes and use written reflection to demonstrate that they have improved:

If you have done something maybe not slightly right, how you can turn that around and show that you've improved from it or something. FG3/ST/2

Techniques used for written reflection

Focus group members reported a variety of strategies to help them document their reflections. For example, some found that '*negative*' events could be easier to write about, and more useful, than positive ones:

Negative ones are easier to write about, you get more out of it. FG2/GP/4

Rather than recording a reflection straight away, some participants reported using a '*learning log*' to provide notes for future written reflections:

I keep a learning log, as it were, of interesting things which I write down, that I then refer back to, to write it all up. FG2/GP/2

For some, writing reflections was a last-minute event:

You don't really do it till you have to, and I think it comes to your appraisal and you think 'I've got to reflect'. FG3/GP/5

One participant reported '*waffling*', aiming to write a lot without really saying anything.

Factors relating to time

The use of time relating to written reflections was a significant issue for many participants. Concerns about the time involved in writing their reflections down were common:

But the amount [as trainees] we are expected to do is astonishing, I easily spent a working week – 40 hours on it. FG1/ST/2

Actually I find it quite time consuming – I write down maybe 20 scenarios in the appraisal each year – it takes me around 6 hours. FG2/GP/2

There was concern that written reflection was a poor use of time:

We are wasting bucket-loads of time on this stuff. FG1/ST/6

Participants also referred to significant opportunity costs:

It is so time-consuming and that actually stops you doing something else that would have been more positive ... actually you could have looked up something else you needed to know and got on with it or phoned a patient. FG3/GP/5

I think my issue with it is the impact it inevitably is going to have on my life outside of work. FG3/ST/1

Relationship to preferred learning styles

How much individuals benefit from written reflection seemed to depend on their preferred learning styles:

I think it depends on your style, that you have, so, for some people writing it down is good, for others its... FG2/GP/5

The discussions provoked strong feelings, with some evincing a strong dislike for written reflection:

I don't like doing the process. FG2/ST/3

We hate it. FG1/ST/1

Disadvantages of written reflection

There was a wide variety of opinions on the disadvantages of written reflection. It was felt by some to be a confusing, '*never-ending cycle*':

What's your plan? ... and then you're down a rabbit hole. FG1/ST/2

The ability to go back to a written reflection was useful to some, but not all:

So I looked it up, ... and it did change my practice. FG1/ST/4

I'm not reading them: I write them, I leave them behind, they're done, they get read by my supervisor. FG1/ST/1

The process of written reflection was seen by some as being tedious and repetitive:

Little bit tedious, got to do it. FG2/GP/5

Suppose it is doubling your work, you would make notes on a lecture anyway, now you have to make notes on a lecture and then make notes on your notes essentially. FG1/ST/1

The amount of written reflection needed for e-portfolio completion was considered by some to be unreasonably large, and this could be seen as a huge burden:

Last year ... I had over 60 reflections in my portfolio, but that wasn't enough. FG1/ST/2

The overwhelming burden of 'Oh gosh, I've got to finish the e-portfolio by May' hanging over me. FG3/GP/2

Written reflection was viewed by some as being unhelpful:

Personally I don't find it, perhaps it's the way I work, but I don't find it very helpful.
FG2/GP/6

Some were concerned that GPs were being forced to be '*generic*':

You have to do this and this and this in order to pass, as you say it is becoming more generic. FG2/GP/1

We are training a whole army of people to be robots and all write the same thing.
FG1/ST/1

Written reflection as a 'checkbox exercise'

Many participants were concerned that written reflection was carried out purely to satisfy rules and regulations:

It's just ticking boxes. FG1/ST/5

We are really busy and to actually document, write it all out, when we've already done the process is really ticking boxes for the outsiders. FG3/GP/5

The need to fulfil assessment criteria could make the process difficult:

Find it quite hard reflecting on something that ticks all the boxes, our portfolio has quite strict boxes and questions. FG2/ST/3

Gaming

A common theme in all the focus groups was the concept of the written reflection process as a 'game':

[You write] what you know they'll want to hear. FG1/ST/1

If we are writing what we think people want us to write, and then our supervisors are writing what they think people want *them* to write, it seems a bit silly. FG1/ST/4

This led in some cases to self-censorship, resulting in a biased selection of cases for written reflection:

You end up then picking topics, as others said, that aren't as useful and you try and draw out things in those sections to fulfil the criteria. FG3/ST/2

Some GPSTs reported choosing less useful topics so that they could cover the prescribed curriculum elements:

You aren't going to put things down that are going to make you look like a complete maverick or a dangerous doctor; although we can all think of events that are probably a bit off the wall, they are unlikely to appear in writing. FG2/GP/2

Feedback from assessors and appraisers

GPs and STs received feedback on their written reflections as part of the assessment and appraisal process. This could be helpful:

My trainer sometimes writes really useful stuff. FG1/ST/5

However, the quality and usefulness of feedback was reported as being variable:

I think it does depend on your appraiser, to be fair its incredibly variable. I think we've all had experiences of both. FG3/GP/1

You have one trainer saying that's a great reflection and another trainer saying that's not what we are after. FG1/ST/7

Some participants disliked the feedback that they received:

Yes, I found it quite an unnecessary and unpleasant process to have my reflection critiqued and told basically it wasn't really acceptable in the sense that I should be reflecting in a more appropriate manner. FG3/ST/3

Questioning the validity of the process

Focus group members were critical of what they perceive as the assumption that written reflection was an effective way to measure and quantify GPs' ongoing professional development, and a way to identify failing doctors.

[In] revalidation you are trying to prove someone is competent/ safe, and I don't know if you will necessarily pick up on people that aren't. FG1/ST/4

They questioned the value of written reflection as an educational tool to assist their learning:

It doesn't feel like that is particularly taking me forward in my education. FG1/ST/7

Alternatives to written reflection

Participants identified many possible alternatives to the written reflection model as a component of assessment and appraisal. Some suggested that they should simply be trusted:

Perhaps just a bit more trust that people in general want to do the right thing and want to get better and want to learn, without having to write everything down to prove that you want to get better and want to learn. FG1/ST/1

An assessment of videoed consultations was one preferred alternative:

Why don't they do a video surgery for a qualified GP and have a group of people that are peers, that will say: 'that was great, this is where you could improve, let's create a personal plan for you and work from there'. FG1/ST/2

Case-based discussions (CBD) were another option:

I found that CBD – I could reflect on it the difficulties I had, how did it make me feel and the reflection I had done would be based on that ... to discuss that would be a more beneficial way to validate it. FG3/GP/2

Reflection through discussion was also considered:

Like our team meetings, small group reflection, that week you bring along something that has troubled you or something interesting, you do it that way, a more formal verbal setting. FG2/GP/4

A formal examination was raised as an option:

Do an exam once a year...? FG2/GP/4

To some, a record of a significant event analysis would be preferable to a written reflection:

I suppose the most formalised thing we do is the significant event analyses, which are written and the discussions are recorded and learning is recorded from that, as a group session rather than individual. FG3/GP/4

However, some couldn't think of any better ways of demonstrating learning:

I don't know! I can't think of a better way of doing it. FG3/GP/2

Discussion

Some GPSTs and GPs can find written reflection useful, though it may only benefit those with particular learning styles. Some view it as a 'tick-box' exercise and as a game. Its use may have an opportunity cost on clinical work, other learning and work-life balance.

Strengths and weaknesses of the study

While there was purposive sampling of group members, those with stronger opinions may have been more likely to respond to the invitations. Although there were only three focus groups, the study revealed a wide diversity of views on the value of written reflection, some of them appearing to be complementary, others contradictory. However, new themes may have emerged if there had been more focus groups in the study. There was no triangulation with other qualitative research methods.

Findings in relation to other studies

That the acceptability and use of written reflection may be influenced by an individual's preferred learning styles has been described previously. (19) The range of learning styles among GPSTs is wide (20), so there may be a similar range of benefit from written reflection to those engaged in postgraduate medical education. This may explain why variation has been found in the extent to which doctors in training posts engage in, and document evidence of, reflection. (21)

There was no indication of any association between participants' work location and the viewpoints that they expressed. However, the GPST focus group showed particularly negative feelings towards the use of written reflection in portfolio learning, and this accords with a previous study. (22) Our finding of a possible opportunity cost from reflective portfolio completion has also been described in undergraduates, where the time commitment may detract from other learning and deter students from engaging with the process unless required to do so by the demands of assessment. (10, 23)

Schön, in his seminal work (24) on reflection, did not intend the process of reflection to become so structured that it restricted thinking. However, there has been a suggestion that this is the case within some aspects of education, primarily due to the introduction and overuse of structured models of reflection (25), and this may be what our study participants were describing. This is consistent with an evaluation of the use of a formative reflective journal, which found that GPs were generally positive about the use of the reflective journal as a formative assessment, but were reluctant to adopt a more formulaic approach (summative reflective journal assessment) within the evaluative feedback (8). Our finding that some participants were critical with the use of reflective e-portfolios for summative assessment accords with that from another focus group study, in which both GPs and GPSTs recognised reflective practice as a useful strategy for professional growth and development but revealed a strong dislike for the an e-portfolio format: the summative assessment of the reflective e-portfolio was felt to inhibit true reflective practice, and the idea that the depth of written reflective practice can be objectively assessed was rejected. (26)

Written reflection produced strong feelings, of both like and dislike, among the focus group participants, and this has been described before with medical practitioner users of e-portfolios (19). In that study, the balance between workload demands and support provided did not favour a written reflective type of learning. It is recognised that learners have different preferred styles of learning, and many curricula use blended teaching methodologies to address this. It is equally possible that a range of models for reflection is beneficial and can be tailored to suit individual choice. Activists, theorists, pragmatists and reflectors may well have different preferences, so may prefer to approach reflective practice differently. (27)

There have been calls for further work to examine the evidence base for the use of reflective portfolios (23) and to determine whether recorded reflection is a true picture of the cognitive process involved (21). Further work to establish the role of portfolios in reflective learning has been recommended (22).

Implications of the study

This study has identified a wide range of views on mandatory written reflection. Research is needed to gauge how commonly these feelings, both positive and negative, are held, and to assess whether the benefits outweigh the disadvantages. Only then can informed decisions on the place of written reflection in education and assessment be made.

References

1. Nguyen QD, Fernandez N, Karsenti T, Charlin B. What is reflection? A conceptual analysis of major definitions and a proposal of a five-component model. *Med Educ*. 2014;48(12):1176-89.
2. Balla JI, Heneghan C, Glasziou P, Thompson M, Balla ME. A model for reflection for good clinical practice. *J Eval Clin Pract*. 2009;15(6):964-9.
3. Mann K, Gordon J, MacLeod A. Reflection and reflective practice in health professions education: a systematic review. *Adv Health Sci Educ*. 2009;14(4):595-621.
4. Epstein RM. Mindful practice. *J Am Med Assoc*. 1999;282(9):833-9.
5. Sandars J. The use of reflection in medical education: AMEE Guide No. 44. *Med Teach*. 2009;31(8):685-95.
6. Snadden D, Thomas ML. Portfolio learning in general practice vocational training - does it work? *Med Educ*. 1998;32(4):401-6.
7. General Medical Council. Revalidation: what you need to do - summary guidance for regulators. 2015 [Available from: http://www.gmc-uk.org/static/documents/content/Revalidation_What_you_need_to_do.pdf 54286567.pdf].
8. Baldwin K, Lucas B. Promoting reflective practice skills for postgraduate GPs: do journals aid journeys? *Educ Prim Care*. 2012;23(3):213-6.
9. Effective Learning Service. What is reflection? Edinburgh: 2015.
10. Buckley S, Coleman J, Khan K. Best evidence on the educational effects of undergraduate portfolios. *Clin Teach*. 2010;7(3):187-91.
11. Brown JM, McNeill H, Shaw NJ. Triggers for reflection: exploring the act of written reflection and the hidden art of reflective practice in postgraduate medicine. *Reflective Practice*. 2013;14(6):755.
12. RCGP. Learning Log for MRCGP Workplace Based Assessment [Available from: <http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba/learning-log.aspx>].
13. Snadden D, Thomas ML, Griffin EM, Hudson H. Portfolio-based learning and general practice vocational training. *Med Educ*. 1996;30(2):148-52.
14. RCGP. RCGP Guide to the Credit-Based System for CPD Version 3.0. London: Royal College of General Practitioners; 2013.
15. Grant A, Kinnersley P, Metcalf E, Pill R, Houston H. Students' views of reflective learning techniques: an efficacy study at a UK medical school. *Med Educ*. 2006;40(4):379-88.
16. Nevalainen MK, Mantyranta T, Pitkala KH. Facing uncertainty as a medical student-A qualitative study of their reflective learning diaries and writings on specific themes during the first clinical year. *Patient Educ Couns*. 2010;78(2):218-23.
17. Driessen E. Do portfolios have a future? *Adv in Health Sci Educ*. 2016.
18. Ghaye T. Is reflective practice ethical? (The case of the reflective portfolio). *Reflective Practice: International and Multidisciplinary Perspectives*. 2007;8(2):151-62.
19. Dornan T, Carroll C, Parboosingh J. An electronic learning portfolio for reflective continuing professional development. *Med Educ*. 2002;36(8):767-9.

20. Lesmes-Anel J, Robinson G, Moody S. Learning preferences and learning styles: a study of Wessex general practice registrars. *Br J Gen Pract.* 2001;51(468):559-64.
21. McNeill H, Brown JM, Shaw NJ. First year specialist trainees' engagement with reflective practice in the e-portfolio. *Adv Health Sci Educ.* 2010;15(4):547.
22. Pearson DJ, Heywood P. Portfolio use in general practice vocational training: a survey of GP registrars. *Med Educ.* 2004;38(1):87-95.
23. Buckley S, Coleman J, Davison I, Khan KS, Zamora J, Malick S, et al. The educational effects of portfolios on undergraduate student learning: A Best Evidence Medical Education (BEME) systematic review. BEME Guide No. 11. *Med Teach.* 2009;31(4):340-55.
24. Schön DA. *The reflective practitioner : how professionals think in action.* Aldershot: Ashgate; 1991.
25. Coward M. Does the use of reflective models restrict critical thinking and therefore learning in nurse education? What have we done? *Nurse Educ Today.* 2011;31(8):883.
26. Griffiths W. *A focus group study to explore General Practitioners' perceptions of reflective practice.* University of Bristol; 2011.
27. Wass V, Harrison C. Empowering the learner to reflect: do we need another approach? *Med Educ.* 2014;48(12):1146.

Box

Box 1 Themes from focus groups

Reasons for doing written reflection: participants' perceptions on why they do written reflection.

Useful aspects of written reflection: aspects of writing reflections that are found to be helpful.

Techniques used for written reflection.

Factors relating to time: issues relating to the time spent on written reflection and the opportunity costs.

Relationship to preferred learning styles.

Disadvantages of written reflection: opinions on the drawbacks of the written reflection model.

Written reflection as a 'checkbox exercise': participants' feelings that they are required to document their reflections so that they can fulfil specific assessment criteria.

Gaming: the concept of the production of written reflections for assessment and appraisal as playing a game.

Feedback from assessors: varied experience of comments from educational supervisors and appraisers.

Questioning the validity of the process: a perception that the obligation to provide written reflections for assessment and appraisal does not meet its aims.

Alternatives to written reflection: participants' ideas on possible options for use in assessment and appraisal.