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## Más allá de la reflexión en educación médica: Relevancia de las conclusiones acerca de lo reflexionado

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Cartas al editor

# Más allá de la reflexión en educación médica: Relevancia de las conclusiones acerca de lo reflexionado

Beyond reflection in medical education: Relevance of the conclusions about what has been reflected

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## Sra. Editora:

Higher education has systematically established the relevance of reflection in educational processes. Medical education has not been exempt. It is common in the academy to use the concepts “reflection”, “reflexive processes”, and “reflexive activities”. However, the approach to this subject seems superficial, without a concrete conceptual or structural axis and a clearly defined purpose. This Letter explores some difficulties when conceptualising reflection, outlines some techniques for implementing reflection and establishes that once the reflective process has been carried out, a crucial step follows, corresponding to establishing a reflection conclusion.

The term “reflection” derives from the Latin prefix *re*, which means “to go back”, and the Latin *flectō*<sup>1</sup>, which suggests “to fold”, “twist”, “curve”, or “bend”. Its meaning traces back to the Proto-Indo-European root *\*gwhlegʰ*, meaning “to fold”<sup>2</sup>. The thinker Luc de Clapiers, Marquis de Vauvenargues (1715-1747), quoted by Arieta<sup>3</sup>, mentions that reflection is the power to “retreat on ideas”, modifying and combining them in different ways. Reflection is, therefore, the beginning of reasoning, of judgment<sup>3</sup>. It is worth mentioning that this subject has been the object of interest on the

part of philosophy<sup>3</sup>, psychology, cognitive science, and education<sup>4</sup>, among other disciplines.

If reflection is paramount in educational processes, do we tend to reflect adequately in educational environments? It is well known that the context of educational tradition is based on information transmission rather than on elaboration and analysis. This is an initial problem since the academic activities will be focused on cramming with contents rather than getting students to interact —reflexively— with them. This fact adds to different ways of conceptualising reflection<sup>3</sup>, and there are difficulties in establishing the purpose sought with reflection. This approach can cause problems when adopting a particular model for each educational reality. Likewise, there seem to be difficulties in identifying methods for developing reflection<sup>3</sup>.

Some problems when implementing reflection instances are linked mainly to teaching-learning methodologies choice, which is focused on content transmission and not on establishing thought processes to “withdraw about ideas” about these contents or to include new ones. There are methodologies in medical education that, due to their structure, do not fully allow for reflection, i.e., the expository frontal class.

Teaching skills should take into account. Because many scholars are not “reflective natives” but come from a knowledge-transmission educational system, many find themselves in the dilemma of applying innovative teaching methods for which they do not have experience, and they can follow the tendency to apply the methods that were applied to themselves. Another problem arises when the purposes for which one reflects are unclear, and situations of “reflecting for the sake of reflecting” without a final meaning are established. In teaching research methodology and medical science in general, and in the research process itself, the exalted exercise of reflecting is necessary, especially concerning reflecting on the results obtained from the research, to communicate them later adequately<sup>4</sup>.

A “final step” consists of concluding what has been “reflected on”. This step is fundamental and implies a synthesis of critical ideas about the process and the learning obtained and applicable to specific contexts, and that, in the case of research, lead to the “conclusions”, which confront, reflexively, the objectives of the study with the results obtained (**Figure 1**) and the evidence provided by other researchers. In the teaching-learning process, a form of “metacognition of reflection” is also relevant, i.e., preparing inputs to improve reflective processes, as a form of “reflection of reflection”, establishing the parameters to determine whether the reflection is adequate.

In conclusion, reflection in medical education can be a “desire” more than a “reality”. There is still a long way to go in medical teaching and medical research methodology teaching which could unquestionably impact the training of future professionals<sup>5</sup> and researchers. The preceding can be solvable first by systematically

establishing instances of reflection (i.e., debriefing), including specific and engaging activities by teachers, and, from these instances, concrete conclusions be obtained, given that, in our opinion, reflection is, at the same time, a “way to achieve something” and an end in itself. If this is not the case, “reflection” will remain a pleasant and politically correct word for the academy but devoid of content, full of vacuity<sup>6</sup>.



Figura 1.

A deep reflection is a key step in order to obtain trustworthy conclusions during practical clinical training or research processes. Created with BioRender.com

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