



## **The oncology ribbon of reflection: A novel tool to encourage trainee self-reflection**

## **Le ruban de réflexion en oncologie : un nouvel outil pour encourager l'autoréflexion chez les stagiaires**

Beatrice Preti, Suganija Lakkunarajah et Michael Sanatani

Volume 15, numéro 2, 2024

URI : <https://id.erudit.org/iderudit/1111566ar>

DOI : <https://doi.org/10.36834/cmej.77302>

[Aller au sommaire du numéro](#)

Éditeur(s)

Canadian Medical Education Journal

ISSN

1923-1202 (numérique)

[Découvrir la revue](#)

Citer cet article

Preti, B., Lakkunarajah, S. & Sanatani, M. (2024). The oncology ribbon of reflection: A novel tool to encourage trainee self-reflection. *Canadian Medical Education Journal / Revue canadienne de l'éducation médicale*, 15(2), 86–87.  
<https://doi.org/10.36834/cmej.77302>

Résumé de l'article

Énoncé des implications

Le domaine de l'oncologie présente un certain nombre de situations émotionnellement difficiles à gérer pour un stagiaire qui n'a peut-être jamais été confronté à de telles situations au cours de sa formation. Avec l'aide d'un guide, il peut être utile de réfléchir à ces situations. Cependant, il n'existe pas dans la littérature d'outil adapté aux situations cliniques en oncologie et conçu pour guider les stagiaires tout au long du processus de réflexion. Par conséquent, nous présentons un outil d'autoréflexion conçu à partir de quatre modèles de réflexion établis et amélioré au cours de trois rondes de rétroaction.



## The oncology ribbon of reflection: a novel tool to encourage trainee self-reflection

Le ruban de réflexion en oncologie : un nouvel outil pour encourager l'autoréflexion chez les stagiaires

Beatrice Preti,<sup>1</sup> Suganija Lakkunarajah,<sup>2</sup> Michael Sanatani<sup>1</sup>

<sup>1</sup>Department of Oncology, Division of Medical Oncology, Schulich School of Medicine & Dentistry, Western University, Ontario, Canada; <sup>2</sup>BC Cancer Agency, University of British Columbia, British Columbia, Canada

Correspondence to: Beatrice Preti; email: [bpreti@qmed.ca](mailto:bpreti@qmed.ca)

Published ahead of issue: Oct 24, 2023; published: May 1, 2024. CMEJ 2024, 15(2) Available at <https://doi.org/10.36834/cmej.77302>

© 2024 Preti, Lakkunarajah, Sanatani; licensee Synergies Partners. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License. (<https://creativecommons.org/licenses/by-nc-nd/4.0>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

### Implication Statement

The field of oncology presents a number of emotionally challenging situations for a trainee to navigate which might not have been previously encountered in training. With the assistance of a guide, reflecting on such situations can be helpful; however, no tool exists in the literature specifically for clinical oncology situations and tailored to provide trainees guidance through the reflective process. Consequently, we present a self-guided reflection tool design using four established reflection models and improved over three iterations of feedback.

### Énoncé des implications de la recherche

Le domaine de l'oncologie présente un certain nombre de situations émotionnellement difficiles à gérer pour un stagiaire qui n'a peut-être jamais été confronté à de telles situations au cours de sa formation. Avec l'aide d'un guide, il peut être utile de réfléchir à ces situations. Cependant, il n'existe pas dans la littérature d'outil adapté aux situations cliniques en oncologie et conçu pour guider les stagiaires tout au long du processus de réflexion. Par conséquent, nous présentons un outil d'autoréflexion conçu à partir de quatre modèles de réflexion établis et amélioré au cours de trois rondes de rétroaction.

### Introduction

Oncology can be a challenging field for junior trainees, many of whom have not previously witnessed the many of whom have not previously witnessed the non-restorative paradigms or inevitable decline associated with many oncologic patient journeys. Emotional and psychological reactions to these situations (which might range from breaking bad news repeatedly throughout the day, to coping with the death of a known patient, to counselling and prescribing therapies which are not intended to return a patient to their previous state of health) can be difficult to manage without properly guided reflection, or, in the very least, tools to allow for this introspection.<sup>1</sup> Reflection on stressful patient situations and related events is key for learning from the moment and coping with the strain of clinical medicine. Even though debriefing with a trusted mentor might be ideal, such an individual is not always

accessible. Thus, it appears potentially helpful to have a self-guided reflection tool for trainees to use on their own; they may require more granular guidance to navigate into a frame of mind where they can engage in useful self-reflection than is provided by existing reflection models.<sup>2</sup>

Available models lack specificity relevant to medicine and, particularly, to oncology,<sup>3</sup> and are either too general or simplistic for the stressed learner, who may not have the wherewithal in the heat of the moment to derive the application of existing frameworks to their own situation. This suggests having a tested framework specifically designed for learners in oncology is not only desirable, but of paramount importance to ensure these trainees are sufficiently supported.

## Description of innovation

We created a guided reflection tool (Figure 1) in the shape of a cancer ribbon, an oncology symbol. This was based on several well-established reflective models, starting with Gibbs<sup>4</sup> and incorporating similar elements of Kolb,<sup>5</sup> Schoen,<sup>6</sup> and Moon<sup>7</sup> that pertained to a trainee rotating through oncology, under the guidance of course facilitators for a Master of Medical Education programme. The tool was introduced as a quality improvement initiative with trainees rotating through medical oncology (medical students to senior fellows). Learners were invited to use the tool for self-reflection or guided reflection with a mentor, in either a mental, verbal, or written format. Learners were then invited to give feedback on the tool after its use, and adjustments were made in line with feedback suggestions.

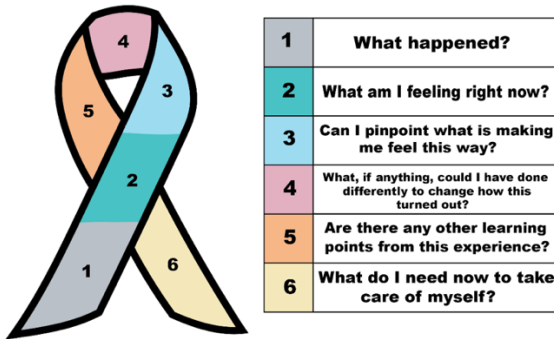


Figure 1. Our guided reflection tool

In its initial iteration, the tool had a four-question, easy-to-follow design. These questions were derived by the study team based on their personal experience, as well as a conglomerate of the steps of the established models used for inspiration. At the present time, the tool has undergone three separate iterations, with feedback solicited from each group of learners who used the tool, as well as faculty mentors who work with trainees in clinic and understand learners' needs and stressors. The tool and its questions were adjusted at each step, resulting in the final product presented here. This project received ethics exemption by the Western University Research and Ethics Board.

## Outcomes

As this was a quality improvement project, open-ended feedback was solicited both in written and oral format (whichever was preferable for the user) after the tool's use. Feedback to the tool has been overwhelmingly positive, both regarding its utility in practice and design, reflecting that our tool fills a gap in available resources for concrete process guidance. Suggestions to improve the tool included

adding several steps for better reflection, adding colour to make the tool more engaging, rewording prompts for ease of understanding, and avoiding stacked (multiple) questions in one prompt. Feedback was similar from trainees of different levels (as well as consultants, who also tested the tool, with the intention to understand its purpose for trainees' use), which also reflects the flexibility of the tool for learners of different levels.

The tool has been well-received locally and is now being made available as a routine resource for trainees in oncology by programme and division leaders.

## Suggestions for next steps

Next steps for the tool's improvement may include offering suggestions for trainee support, such as coordinating with training programmes for in-person debriefing options. Recognizing that self-reflection should not always occur in isolation, as inner turmoil may affect the quality of the reflection, consideration could also be given to reviewing the outcome of the reflection with a peer group or vertical mentor. As one of the tool's main limitations is its oncology-specific focus, further options include providing discipline-specific reflection tools for trainees in non-oncologic specialties.

**Conflicts of Interest:** None

**Funding:** None

**Edited by:** Jean-Michel Leduc (section editor), Marcel D'Eon (editor-in-chief)

## References

1. Ong RSR, Wong RSM, Chee RCH, et al. A systematic scoping review moral distress amongst medical students. *BMC Med Educ.* 2022 Jun 17;22(1):466. <https://doi.org/10.1186/s12909-022-03515-3>
2. Hens T, Dunphy KF. Developing participants' capacity for reflection and self-assessment in a dance movement therapy program for people with intellectual disability. *Disabil Soc.* 2020; <https://doi.org/10.1080/09687599.2020.1808445>
3. Aronson L, Niehaus B, Lindow J, Robertson PA, O'Sullivan PS. Development and pilot testing of a reflective learning guide for medical education. *Med Teach.* 2011;33(10). <https://doi.org/10.3109/0142159X.2011.599894>
4. Gibbs G. A guide to teaching and learning methods. London: Further Education Unit. Learning by doing. 1988;
5. Kolb D. Simply Psychology. 2017. David Kolb's cycle of experiential learning.
6. Schön DA, Drake WD, Miller RI. Social experimentation as reflection-in-action. *Knowledge.* 1984;6(1). <https://doi.org/10.1177/107554708400600101>
7. Moon J. Centre for teaching and learning good practice in teaching and learning learning journals and logs, reflective diaries. *Good practice in teaching and learning.* 2003