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What Makes a Good Reflective Paper?

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BACKGROUND AND OBJECTIVES: Reflective papers are increasingly recognized as potentially important contributors to clinical education and practice; however, few quality guidelines are available for potential authors or reviewers. We sought to identify key characteristics of effective reflective papers and to clarify factors that increased or reduced the probability of acceptance for publication.

METHODS: A 10-item survey addressing the definition, purpose, and quality characteristics of reflective papers was developed based on a literature review and analysis of the author instructions of 14 journals that regularly publish reflective papers and are likely to be read by primary care physicians. The survey was sent electronically to the editor or associate editor responsible for reflective papers at each journal.

RESULTS: Seven completed surveys were returned. The essential element defining a reflective paper was identified as narration of a specific professional experience that resonated with readers and conveyed deeper meaning. All respondents rated emotional engagement as very important, followed by stimulating reflection in the reader, providing a lesson applicable to patient care, and stimulating discussion with colleagues and/or learners. Reasons for acceptance or rejection of reflective submissions to journals were identified in issues related to writing style, topic selection, and reader reaction.

CONCLUSIONS: Writing and reviewing reflective papers is strongly dependent on context, personal values, experience, and emotional reaction; nevertheless, core quality features can be identified to guide both writers and editors/reviewers without destroying the unique nature of these papers.

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Several leading medical journals publish reflective papers, and interest is growing in this form of professional writing.¹ These papers are increasingly recognized as adding value to clinical and professional experiences, mainly by addressing their emotional content

and enhancing “reflective capacity” in both authors and readers.^{2,3} Defined as the ability to critically analyze knowledge and experience to achieve deeper meaning and understanding,⁴ reflective capacity has been identified as a core clinical competency that allows physicians

to be attentive, curious, self-aware, and willing to recognize and correct errors.⁵

Reflective writing uses a personal experience to enhance self-awareness and professional growth.⁶ More than simple storytelling, reflective writing enables both the reader and writer to examine complex, ethically ambiguous, troubling, or inspiring situations to augment critical thinking skills and emotional awareness. Beyond developing an abstract reflective capacity, these papers may actively enhance pronesis, the practical wisdom necessary to guide clinical practice.⁷

Although reflective writing has many potential benefits in patient care and clinical education, it has inherent challenges. Writing about a patient without obtaining the appropriate consent may raise significant ethical questions such as violation of patient confidentiality and exploitation of the unequal power dynamic between physician and patient.⁸⁻¹¹ Technical concerns in reflective papers include the tendency to use tidy, simplistic, or triumphalist story lines and physician-centered writing that can result in arrogance or author self-aggrandizement.⁸ An insufficiently examined narrative may offer a simplistically happy

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conclusion and may neglect to seriously consider the perspectives of the patient and others involved in the story. Even if unintended, reflective writing has the possibility to do harm. It may adversely impact a clinician's relationships with patients, negatively influence professional attitudes and behaviors, or undermine clinical confidence.⁹ Paradoxically, writing about patients may cause "deferred iatrogenic pain," the potential emotional hurt inflicted when patients discover their case narratives in print. A poignant example is a patient with severe physical anomalies who was distressed to discover an article about her treatment written by her therapist.¹⁰ For these reasons, some commentators argue that reflective writing should be viewed as a moral action.¹¹

Surprisingly little guidance is available to the potential author of a reflective paper, beyond that provided by individual journals.^{12,13} In contrast to other types of professional writing, such as review articles and research papers, limited consensus exists on the definition, purpose, formats, preferred writing styles, and indicators of "quality"^{1,6,7,12-14} for reflective papers. Difficulties in articulating quality in content and style also complicate the process of evaluating reflective submissions for publication.

To address this gap, we surveyed editors of selected medical journals to ascertain their perspectives on the definition and purpose of reflective papers written by health professionals. We also asked them to identify characteristics associated with high-quality papers and, conversely, the factors that contribute to reflective papers being rejected for publication. One example, among many, of a high-quality paper is the essay, "Is There a Doctor in the House?" in which a physician-parent struggles with dual roles when her child develops a seizure disorder, authentically exploring her own emotional and intellectual vantage point as well as those of treating physicians and other health professionals.¹⁶ Examples of rejected

papers do not appear in the literature for obvious reasons, but in a paper the authors prepared specifically as an illustration for a workshop,¹⁷ a resident's indifferent treatment of the author's dying father was presented with unrestrained judgment and hostility. This paper also failed to focus on the main point about doctor-patient relationship and took an irrelevant detour into gender imbalance in various medical specialties.

Methods

Drawing on abstracts of workshops at national meetings¹⁵ and our personal experience as editors and writers, we first identified journals that regularly publish reflective papers written by physicians based on their clinical and/or educational experiences. As our focus is in family medicine, we attempted to identify publications most likely to be read by primary care physicians. For this reason, we eliminated journals that predominantly serve other specialties (eg, *Archives of Dermatology* or *Academic Emergency Medicine*). We developed a final list of 14 journals (see Table 1).

For each journal, the instructions to authors were checked to verify that reflective papers were considered for publication and to identify any key characteristics of high-quality papers. The editor or associate

editor responsible for reflective papers for each journal was invited to participate in the study by an email message that explained the study and contained a link to the online survey. A reminder message was sent 2 weeks after the initial contact and a final reminder 4 weeks later. The study was approved by the Human Subjects Committee of the University of Kansas School of Medicine-Wichita and the University of California Irvine School of Medicine (exempt status).

The 10-item survey (Table 2) was based on analysis of the instructions to authors of the identified journals and on a literature review using key words such as "reflective writing" and "reflective essays." Items included solicitation of open-ended narratives about the definition (Q#1) and purposes (Q#2) of reflective essays and phrases regarding characteristics of a successful reflective paper (Q#8) as well as issues leading to rejection (Q#9) that respondents endorsed. For these questions, we chose a more open format because these are areas on which the literature is relatively silent and/or where journal instructions do not offer much specificity or detail. Other questions (Q#s 3–6) used a Likert-style (1–5) rating format with anchors to operationalize concepts of emotional engagement, reflection, lessons learned,

Table 1: Journals Surveyed

• <i>Academic Medicine</i>
• <i>Ambulatory Pediatrics</i>
• <i>Annals of Family Medicine</i>
• <i>Archives of Pediatrics and Adolescent Medicine</i>
• <i>British Medical Journal</i>
• <i>Canadian Medical Association Journal</i>
• <i>Family Medicine</i>
• <i>Health Affairs</i>
• <i>Journal of the American Medical Association</i>
• <i>Journal of American Geriatrics Society</i>
• <i>Journal of Clinical Oncology</i>
• <i>Journal of General Internal Medicine</i>
• <i>Journal of Palliative Medicine</i>
• <i>Patient Education and Counseling</i>

Table 2: Survey Questions

1	How would you define a reflective/personal paper?
2	What is/are the principal purposes of reflective/personal papers in your journal? (The editorial vision for such papers)
3	To what extent should a reflective/personal paper emotionally engage the reader?
4	To what extent should a reflective/personal paper stimulate reflection in the reader?
5	To what extent should a reflective/personal paper stimulate discussion with colleagues and/or use with learners?
6	To what extent should a reflective/personal paper provide a lesson applicable to patient care or professional development?
7	Please rank the importance of the previous four issues for a reflective/personal paper for your journal.
a	A reflective/personal paper should emotionally engage the reader.
b	A reflective/personal paper should stimulate reflection in the reader.
c	A reflective/personal paper should stimulate discussion with colleagues and/or use with learners.
d	A reflective/personal paper should provide a lesson applicable to patient care or professional development.
8	Please list the key characteristics of a successful reflective/personal paper.
9	What are the most frequent issues leading to rejection or requests for revision of submitted reflective/personal papers?
10	What additional thoughts and information would you like to add on this topic?

and discussion potential of the writing, which are frequently mentioned in both the literature and on the journal websites. We also assessed the perceived importance of each of these domains (Q#7). Simple descriptive statistics were used to analyze quantitative responses. Narrative responses were analyzed by the three investigators and common themes identified by consensus.

Results

Surveys were returned from seven (50%) of the editors. Several themes were identified from the open-ended and semi-open-ended questions that addressed definitions, purposes, and characteristics of effective and poor reflective papers (Table 3).

The key component defining reflective papers was story-telling based on a specific professional experience (usually patient related) that resonated with readers and conveyed deeper meaning. In terms of purposes, key themes included provoking insight, self-awareness, and reflection; deepening empathy,

appreciation for multiple perspectives, and humanistic attitudes; challenging conventional wisdom and stimulating potential action concerning significant issues, as well as providing information and entertainment.

Reasons for acceptance or rejection of reflective submissions clustered into three areas, ie, issues related to writing style, topic selection, and reader reaction. The predominant positive elements of writing style in a successful paper were an engaging and conversational tone that conveyed a compelling story in a clear, focused, and personal (sincere) manner. Conversely, long, dull, trite, opinionated, and poorly written papers were unlikely to be accepted for publication.

In topic selection, the most important factors were an interesting, important, and credible subject, preferably based on real patient interactions. While grounding in common or familiar situations was essential, respondents valued papers that said “something new or surprising” about

the topic. Papers on topics that were mundane, trivial, not relevant to the reader, or lacked credibility were likely to be rejected for publication.

Positive attributes in anticipated reader reaction to the piece were the development of strong emotional connection, personal insight, intellectual engagement, wisdom, and empathy. Papers that were open to multiple personal perspectives and conclusions were valued. Conversely, papers that appeared defensive, moralistic, judgmental, simplistic, or detached were unlikely to be accepted for publication.

All respondents rated emotional engagement as very important ($x=4.3$). On a 5-point scale, 71% ranked emotional engagement as 4 (arouses a clear emotional response—“I can relate to that”), and 29% ranked as 5 (arouses a strong emotional response—“I was profoundly moved”). Similarly, all ranked stimulating reflection in the reader as very important ($x=4.17$), with 71% rating 4/5 (“stimulate several minutes of reflection”) and 14%

Table 3: Common Themes Identified in Survey

Question	Themes Identified
Definitions of reflective papers	
	Tells a story
	Based on personal experience/personal opinion
Purposes of reflective papers	
	Inform/challenge
	Provide insight/meaning
	Instill empathy/foster understanding
	Stimulate reflection
	Entertain
	Present humanistic side of medicine
Effective reflective papers	
Writing style	Well-written; concise, focused, engaging, avoids jargon, from the heart; tells a good story
Topic	Based on real doctor-patient interaction; topical; relevant to readership; addresses important issues
Reader response	Increased self-awareness, insight, empathy; appreciation for multiple perspectives; emotional connection with story
Poor reflective papers	
Writing style	Poorly written; poor English; rambling, unclear point; dull, trite, cranky; poorly told story
Topic	Not credible; doesn't add any new ideas, not fresh or novel; trivial topic; use of patient's story without consent; too specialized
Reader response	Moralistic, judgmental, simplistic; author doesn't reveal enough to engage reader, doesn't share personal connection, impact of story

Table 4: Results: Mean Ratings of Attributes of Reflective Papers*

Survey question: To what extent should a reflective paper:	Mean Score
Emotionally engage the reader?	4.3
Stimulate reflection in the reader?	4.17
Provide a lesson applicable to patient care or professional development?	4.0
Stimulate discussion with colleagues and/or use with learners?	3.83

n=seven editors

* Likert scale 1–5.

rating 5/5 (“stimulate serious and repeated reflection”). Providing a lesson applicable to patient care was ranked as very important by 83% ($x=4.0$) with 43% ranking this as 4/5 (“Reader should contemplate how to apply information from the paper”) and 14% ranking as 5/5 (“Reader should take action to apply lessons from the paper to patient care”). The ability to stimulate discussion with colleagues and/or learners was rated

as very important by half of the respondents ($x=3.83$) with 71% ranking 4/5 (“Should encourage reader to share and discuss with colleagues/learners”).

Discussion

Reflective writing has a long and valued tradition in medical practice.^{12,13} It appears in many forms from simple stories to complex philosophical analyses of medical practice.^{9,14} It is

credited with many benefits, including deeper understanding of professional activities, improvements in patient care, enhanced empathy with patients and others, and relief of stress related to professional roles. Despite its perceived importance, pervasive nature, and intuitive appeal, objective assessment of what constitutes a high-quality reflective paper is difficult to clarify.

The most extensive literature on assessing the quality of reflective papers concerns their use in professional education.^{15,18-20} The number of medical schools requiring such papers has not been reported, but about one third of internal medicine residency programs required a reflective writing assignment in a recent survey.²¹ Two comprehensive reviews summarized the many inherent challenges in assessing the quality of reflective papers by learners, especially the lack of consensus on conceptual models and terminology.^{4,22}

The most recently developed scoring rubric for student reflective papers shows many similarities to the values reported by the editors in our survey.⁷ This REFLECT rubric uses a 4-point scale for degree of reflection (absent to critical) for each of five aspects of the paper (writing spectrum, “presence” of the writer, description of conflict or dilemma, attention to emotional content, analysis, and development of meaning.) While the evaluation priorities of student assignments and submissions for publication are different, the overlap between the educational rubrics and our survey results suggests that thoughtful writing style, clear description of the situation, incorporation of emotional and non-medical aspects, and development of the meaning or implications of the story are essential elements in assessing the quality of all reflective papers, whether written for publication or educational purposes.

An interesting commentary on the development of scoring rubrics for reflective papers points out that over-regulation of format and content could constrain or damage the reflective and transformational essence of these writings.²³ The same could be said of a journal that develops a strong internal culture that influences the content or style of submissions. Thus, caution is indicated in attempts to systematize formats and impose evaluation systems on the creative process of writing reflective papers.

To our knowledge, this is the first study to investigate guidelines for publishable reflective essays. As such, it is subject to several limitations. First, we may not have identified all journals that met our criteria for inclusion in the study. In addition, despite three requests, we were only able to obtain responses from 50% of the editors we contacted. Nevertheless, the finding that the seven responses from experienced editors showed considerable theoretical saturation of the data (ie, new responses did not generate significant new content) increases confidence in our findings. We did not formulate a specific question addressing ethical considerations such as confidentiality protections for the patient or how unequal power dynamics may influence patient consent to use of personal stories as journals typically specify that authors change patient identifying information. We missed the opportunity to gather more detailed information about this important issue.

Conclusions

This paper addresses common themes for the quality of reflective papers that emerged from a survey of journal editors. Better understanding of such themes should be useful to writers and to educators and editors striving to assess reflective papers. As both the writing and reading of reflective papers is strongly dependent on context and personal values, experience, and emotional reaction, the assessment of these papers will always be inherently subjective. Further, imposing stringent evaluation criteria and/or requirements for authors could impair the quality of reflective papers. Nevertheless, the survey results, along with information from the literature, indicate core features that can guide both writers and editors or reviewers without compromising the personal and transformative nature of reflective papers. An important first step would be for each journal to articulate with greater specificity and clarity the priorities and

preferences for writing style and content (including attention to emotional issues) of reflective papers.

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