

## Support materials for reflective writing/learning (Using 'GP's Story' exercise)

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### Introduction

The first instruction is to turn the pages of this handout *only* as you need to. Do not look ahead of where you are in it or you will reduce the value of your learning from it.

### Some resources

Two relevant books by Jennifer Moon both published by Routledge are:

- A Handbook of Reflective and Experiential Learning (2004)
- Learning Journals, a handbook for reflective learning and professional development (2006)

A website from which electronic copies of exercises etc can be freely obtained (as well as other material on teaching and learning): [www.cemp.ac.uk/people/jennymoon.php](http://www.cemp.ac.uk/people/jennymoon.php)

### Reflective writing

We learn from reflecting on what has happened. We can reflect on what went wrong or right and why, what we might do to improve the situation next time or how to change the context and so on. One representation of reflective learning is reflective writing though we can reflect in drawing, making music, miming etc - but I mainly refer to reflective writing here. Sometimes the writing will be 'one off' or it might be in the context of an ongoing reflective journal or a blog etc.

This basic handout will take you through an exercise that will help you to understand what reflective learning is, what it looks like on the page, and how to deepen it. When first asked to do reflective writing, many people do not know what is meant – and that can apply to anyone. Once that is overcome, the next issue is usually that the reflective writing is descriptive and superficial and as such it does not help a great deal with learning. The exercise below is designed to overcome both issues. It is not an exercise just to do and throw away. It is one to come back to a number of times. As you learn more about reflective learning, there is more to learn from the exercise.

### Definitions of reflection

There are many definitions of reflection in the literature. For most of those who are required to engage in reflective learning, definition does not matter – you need to show that you can 'do it'. The multitude of different definitions results from the fact that reflection is a constructed term to describe a general area of human function which probably includes an array of cognitive activities. Because this exercise is based on my work, and therefore on the definition that I use, I give you my simple definition.

Reflection is a form of mental processing - like a form of thinking - that we may use to fulfill a purpose or to achieve some anticipated outcome. Alternatively we may simply 'be reflective', and then an outcome can be unexpected. The term 'reflection' is applied to relatively complex or ill-structured ideas for which there is not

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an obvious solution and it largely refers to the further processing of knowledge and understanding that we already possess. Emotion is involved in various ways.

In academic situations there is more to say:

In academic contexts the notion of reflection has been developed as a tool to support learning. In an academic context, reflection is likely to involve a conscious and stated purpose for the reflection, with an outcome that is specified in terms of learning, action or clarification. The academic reflection may be preceded by a description of the purpose and / or the subject matter of the reflection. The process and outcome of the reflective work is most likely to be in a represented (eg written) form and to be seen by others and to be assessed. These factors can affect its nature and quality. (From Moon, 2004)

Metaphors can be helpful too and I particularly like this from Harry Potter and the Goblet of Fire (J.K. Rowling, 2000:London, Bloomsbury) in the way that it suggests that we reflect (largely) on what we know already.

‘Harry stared at the stone basin. The contents had returned to their original silvery white state, swirling and rippling beneath his gaze.

“What is it?” Harry asked shakily.

“This? It is called a pensieve”, said Dumbledore. “I sometimes find - and I am sure that you know the feeling - that I simply have too many thoughts and memories crammed into my mind.” “Er”, said Harry, who couldn’t truthfully say that he had ever felt anything of the sort.

“At these times”, said Dumbledore, indicating the stone basin, “I use the pensieve. One simply siphons the excess thoughts from one’s mind, pours them into the basin, and examines them at one’s leisure. It becomes easier to spot patterns and links, you understand, when they are in this form” (pp518 – 9)

We re-organise our minds as we reflect - I call it ‘cognitive housekeeping’. As we reorganize our minds, we learn more.

## The Exercise

**The ideal way** to do this exercise is in a small group so that you can learn from the discussions that are involved. If you do it on your own, the discussions will have to be with yourself. Do hold them! The **basis of the exercise** is a story that is reiterated in four accounts. Each of the accounts is written at a deeper level of reflection – you could say that they become progressively more profound in the level of thinking. The concept of ‘depth’ is based on research (Moon, 2004 – see website for reference). In terms of **equipment**, each person will need these pages. If you are doing the exercise on paper, a highlighter pen would be useful.

**The process:** read **Account 1** of The GP’s Story (below). It is descriptive and not very reflective at all, but look out for anything in the way it is written that is, in your view, reflective and note / underline / highlight it. If you are in a group, you need to be very clear that when you are reading, no-one talks. When you have finished reading Account 1, go back over it and think again where it is or is not reflective. If you are working with a group, you will need to agree when you have all read it and are ready to talk (don’t be tempted to read the next account as you wait!). Then discuss where the account is and is not reflective for about three to four minutes. **Then read Account 2**, again in silence – and then think about / discuss how reflective it is and where it is reflective. Then do the same with **Accounts 3 and 4**. As you deal with more reflective accounts (3 and 4)

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you will need longer for discussion after the reading – maybe up to five minutes. And, incidentally, the accounts are of different lengths.

This exercise is not exact science – you do not need to agree on what is reflective, and the idea is that you will learn from each other. There is no list of right and wrong answers!

**The next stage:** when you have read through to Account 4 and have discussed it, think about or discuss (if you are in a group) what it is that changes in the nature of the writing and thinking of this person in the four accounts. Clearly it is not just one thing that changes – there are a number of things that make that make the fourth account a deeper level of reflection than the first. Try to develop a list of those changes (I call them ‘shifts’). They do not all start ‘shifting’ in Account 1. Some of the changes are really only represented in Accounts 3 and 4. You could try to depict the changes in a graphic representation – picture, diagram.... The main thing is to identify what changes are occurring.

### **The General Practitioner’s story**

#### **Account 1**

Early January – it is always like that – cold outside, hot and airless inside and the post Christmas ailments come pouring in. I had had a bad night. Our 17-year old had gone out clubbing with her friends and phoned at 2.00am, unable to find a taxi - would one of us come and get her. As soon as the phone was down, Julia, my wife, plausibly argued the case for staying in bed because of her teaching day the next day. (What about my long list in the surgery today?). I didn’t argue – just got up and went. It was hard getting up in the morning and it was a particularly long list of the worried well, with coughs and colds and “flu’ being used to hide their family discords and boredoms with work. I’m cynical – OK.

I was getting towards the end when the door opened on Marissa. She came in, – hunched shoulders, grey faced as usual – and clutching her bag in that peculiar way. She is 30, but always manages to look twice her age. Our practice is well aware of Marissa and her aches and pains. I was a bit surprised to see her because she had not been on the list when I first saw it this morning so that meant that Trisha, our receptionist, must have squeezed her in. Trisha’s expertise at judging who needs to be ‘squeezed in’ is usually accurate and would not usually include the heartsinks like Marissa.

I welcomed Marissa in. She had a wrenched shoulder this time and she said that it had happened when she was lifting a bed in her mother’s house. It was a slightly unusual one for Marissa. She was more of the tummy-ache and headache brigade. I had a quick look and prescribed painkillers. I typed the prescription and looked up, expecting the relieved look, but it was not there and she asked me if the painkillers would really take away the pain. I was a bit perplexed and I asked her why she had been moving furniture. She started to tell me how she had decided to move back to live with her mother. In my tired state at this end of the morning, I prompted questions about her family relationships and she seemed to open up. I felt I was doing the right thing – even felt noble about giving her the time on that morning, but I knew I was not very ‘sharp’ about it. I thought that just letting her talk for a few moments was probably helpful to her.

Marissa had been born long after the other children and felt as if she had been seen as a nuisance, particularly by her mother. But now she could not cope alone and was moving back in with this cold mother. I had got her talking and I brightened, thinking I was doing a good job. I wondered why I had not let this talk flow before.

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We ran out of time, and I asked her to come back to talk more. I was thinking that we might be able to get on top of these recurrent visits to the surgery.

I did actually feel better after seeing her. My attitude to my 'success' with her changed the next week. Marissa did come back – but not to me. She chose to come back when Geoff, the senior partner, was on. She was still complaining about the shoulder and she told Geoff that I had obviously thought that her shoulder was to do with her family – but it was not and she needed more than painkillers. Looking at the shoulder, Geoff agreed with her and referred her for physiotherapy. This little incident has perturbed me a bit. It stirred up my professional pride. I had thought I was doing a good job.

## Account 2

There was a recent event that made me think a bit about the way I see patients and the manner in which I work with them. I'd had a short night and there were some bad feelings around at home. It was difficult to feel on top of the job and to cap it, was also early January. We tend to get into the surgery lots of patients with the after effects of the Christmas period then – the colds, the 'flu's and those who do not want to go back to work. All this makes me irritable when the lists of genuinely ill patients are almost too long to manage. I am not sure how much this generally bad start had to do with the event – how much has my own state to do with how I function?

So it was the end of this particularly long morning when Marissa walked in. Marissa had not been on the list that I had seen earlier and I was surprised that Trisha (the receptionist) had added her – since it is the 'genuinely' ill patients who are added once the list has been made up. Marissa is a regular with minor aches and pain. Sometimes there is just not time for these patients - but how do we solve that? I welcomed Marissa. She was pale and hunched as usual. She told me that she had a wrenched shoulder from when she had been moving a bed in her mother's house. I had a quick look: I had probably diagnosed a simple muscular sprain even before I examined her shoulder. I made out prescription for painkillers. When I looked up, she was still looking at me and asked if the painkillers would really take the pain away. I was surprised at her question – and clearly should have taken more note of it. Instead, I launched into a little bit of conversation, hoping to shift on to the next patient quite quickly. I asked her why she had been moving furniture and she started to tell me how she could not cope alone any more and had decided to move back in with this mother who did not seem to care for her. As she talked, I thought that she seemed to brighten up and I felt that I must be on a helpful track. I wonder now if I brightened up because I thought I was being helpful for this patient. We ran out of time and she agreed to come back the following week to discuss it all further. I was hoping after that to pass her on the counsellor and we might be able to sort something out that would prevent the recurrent visits.

I felt better in myself after the session. It felt like one of those times when the professional work is going well. Trisha even commented that I looked brighter. 'Yes', I said, 'I did some good work this morning with Marissa'. I wished I had not said that.

Marissa did come back, but she came back at a time when Geoff, the senior partner, was on. She said to Geoff that I had been asking her all sorts of questions about her family and that what she wanted was help for her shoulder. She said that the painkillers were no good – and she had known that at the time I had prescribed them - hence, I suppose, the comment that she had made. Geoff had another look at her shoulder and was not happy about it. He referred her for physiotherapy. And then he told me all about the session with her and I felt very responsible for my mistake. I did not say anything to Geoff about how I had been feeling that morning. It felt relevant but perhaps I should be superhuman. When I look back on this incident, I can see that there are

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things that I can learn from it. There are all sorts of intersecting issues and feelings tangled up in there. Life is so difficult sometimes.

### Account 3

A particular incident in the surgery has bothered me. It concerns Marissa, a thirty year old woman who visits the surgery regularly for minor complaints (abdominal discomfort / headaches). She presented with a wrenched pain that was incurred when she was moving a bed in her mother's house. I diagnosed a muscular strain and prescribed painkillers. I suppose that I assumed that because it was Marissa, it was likely to be similar to her usual visits and that she may need little more than a placebo. She came back to the senior partner, Geoff, a few days later saying that I had not taken her shoulder seriously enough. He examined her and referred her for physiotherapy, as I can now see as appropriate management.

The event stirred up a lot of other things. The context was important. It was a January morning with the surgery full of worried well with 'flu's and the post-Christmas traumas. I came in tired and irritable because of family issues at home. Marissa was not on the list to start with. Trisha (our receptionist) added her because she judged that she needed to be seen that morning. Instead of taking note of Trisha's excellent judgement, I took this as a usual visit. This was a cue that I missed. Trisha knows Marissa and knows her behaviour when she books an appointment. She recognised this as different. This is an aspect of the teamwork that we aspire to in the practice.

Marissa came in and I did look at her shoulder – but I know that I had already made a judgement about it before I examined her. This was Marissa, looking, as usual, pale and hunched – and I saw any symptom as an expression of her state and nothing else. My look at the shoulder was an irrelevant act in the circumstances. I think about the many discussions of how easy it is to get misled by preconceptions and there was I doing just that. I can see that I should have taken the shoulder more seriously. Marissa, herself, asked if the painkillers were all she needed. What would it have taken for Marissa to have said to me that I was on the wrong track that day, and to have brought my attention back to her shoulder? I wonder if she knew that I was feeling 'off' that day. I suppose I did respond to Marissa's persisting discontent by launching into questions about her family situation – in particular her relationship with her mother and why she was going back to live there – things that later Marissa said were irrelevant.

When I stand back now and think of the event like a film, I can see how I was wrong-footed when Marissa questioned the initial prescription and did not seem any happier as a result of getting it. I just grabbed at the story she had given me. When she seemed willing to talk more about her family, I turned it to my favour – seeing myself as 'obviously' being helpful. That day, I think I needed to feel successful. If I am utterly cynical, I would say that I used Marissa's situation to alter my mood. But then again, I suppose, that in turn might have helped the patients whom I saw after her that day.

I need to think, too, about Geoff's role in this and about my relationships with him and the rest of the team. I am the most junior and I tend to look up to them. I suppose I want to impress them. I could talk this one over with Steve, one of the other partners, he might see it all differently.

### Account 4

I write about an incident that continues to disturb me. I have gone over it several times and my perspectives seem to change on it – so I talked it over with Steve (one of the other partners) to see how he saw it. The

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incident concerns Marissa, a thirty year old woman who visits the surgery frequently with various aches and pains (mostly tummyaches and headaches). The symptoms have never been serious, though she never looks well, nor does she seem happy. On this visit she presented with a wrenched shoulder which she said resulted from moving a bed. I did a brief examination and prescribed painkillers. There still seemed to be something bothering her so I engaged her in conversation about her family relationships (this arose from the circumstances of moving the bed). I thought she was responding well and we might be getting somewhere. Time ran out and I invited her to continue the conversation next week. I wanted to get her to a point where I could easily refer her to the practice counsellor. She agreed to come back - but came back to see Geoff, the senior partner, still complaining about the shoulder. He gave her a more detailed examination and referred her for physiotherapy. He told me that she said that I thought that her family was the problem when it really was her shoulder.

I can see that the shoulder was a problem and I missed it and misconstrued the situation, engaging in the talk about her family. This was a multiple mistake. I did not pay attention to Trisha's judgement in adding Marissa to the list, I missed the shoulder problem itself when I examined it, but I also missed the cues that Marissa gave me when she was not happy with the prescription. But I was tired and out of sorts – not as sharp as I need to be when I am with patients. I am human, but I am a professional human and professionalism dictates that I should function well. I suppose that the problem was not so much that I missed one – or even two cues – then I could have put things right. I missed all three at the same time.

I then headed off on the wrong track – getting into the discussion that I assumed was relevant about her family. I think of a consultation with our local GP when I was 14. I did not agree with his diagnosis about my foot - he just said I should come back in four weeks if it was not better. I did not say anything then, though I knew in myself that it needed treatment. I ended up in plaster for six weeks. There is a power thing there. Looking at it from Marissa's point of view, she may have known that I was on the wrong track, but she probably would not have been able to do anything about it because I am a doctor. Someone like Marissa would not question a doctor's judgement at the time. How often were principles like this drummed into us at medical school – and yet it seems so easy to ignore them.

There is something more there too, though – this is what Steve suggested. That day, maybe I needed to feel helpful even more than usual – I needed more satisfaction from the situation so I was looking for cues from Marissa that suggested that she was pleased with me. I had to make do with the cue that suggested that she was no longer unhappy and I suppose I made up the rest – thinking that the conversation about her family was helpful. Maybe I can be more self critical when I am in a better mood and less tired. Maybe I need less and can give more then.

It is possible, of course, that the conversation was not wrong in general, but wrong for that time. It may be helpful to her in the longer term – I just need to wait and handle the situation more mindfully when she comes back.

I can see that there are lots more issues in this – for example, I need to consider why I was so disturbed by the incident. I know I made a mistake, but I think if it had been Steve whom Marissa had consulted, I would not have been so bothered. It was worse because it was Geoff. Steve would have mentioned it and laughed. Once we have discounted serious symptoms it is not unusual to rely on patients returning quite quickly if they feel that a symptom is not disappearing in response to initial treatment. Geoff preached a bit and I responded by getting into my 'I am only junior' mode.

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So what have I learnt?

- I am apt to see things differently when I am tired.
- I should pay attention to Trisha's judgements. She is the point of first contact and is pretty experienced in perceiving a patient's needs.
- I should be more aware about the power issues and how they silence patients. Maybe there are ways in which I can deal with this better. I will think on this.
- It was really useful talking the matter through with Steve. Hearing what I said to him enabled me to get it better into perspective and to see the issues in different ways.
- .....Etc etc etc (more issues listed).

**You have finished reading all the accounts when you get here**, but please do not turn over – discuss this last account then think about the changes across all the accounts that represent deepening reflection (see above). When you have listed the changes that occur in the accounts you can turn over. There is more...

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**Now - firstly** I give you the list of shifts in depth that I think are important in describing the differences between the first and fourth accounts

**In deepening reflection, there are shifts:**

- from description to reflective account;
- from no questions to questions to responding to questions;
- emotional influence is recognised, and then handled increasingly effectively
- there is a 'standing back from the event'
- there is a shift from self questioning, challenge to own ideas
- from recognition of relevance of prior experience
- in the taking into account of others' views
- towards metacognition - review of own reflective processes

**Secondly** there is a framework that supports this and other exercises like it. This generic framework should help you to write reflectively and to judge how reflective your writing is.

## A Generic Framework for Reflective Writing

**There are four 'levels' of depth of reflection described below. They do not necessarily accord directly with the accounts in exercises such as 'The GP's Story' but provide an general guide.**

### Descriptive Writing

This account is descriptive and it contains little reflection. It may tell a story but from one point of view at a time and generally one point at a time is made. Ideas tend to be linked by the sequence of the account / story rather than by meaning. The account describes what happened, sometimes mentioning past experiences, sometimes anticipating the future – but all in the context of an account of the event.

There may be references to emotional reactions but they are not explored and not related to behaviour.

The account may relate to ideas or external information, but these are not considered or questioned and the possible impact on behaviour or the meaning of events is not mentioned.

There is little attempt to focus on particular issues. Most points are made with similar weight.

The writing could hardly be deemed to be reflective at all. It could be a reasonably written account of an event that would serve as a basis on which reflection might start, though a good description that precedes reflective accounts will tend to be more focused and to signal points and issues for further reflection.

### Descriptive account with some reflection

This is a descriptive account that signals points for reflection while not actually showing much reflection.

The basic account is descriptive in the manner of description above. There is little addition of ideas from outside the event, reference to alternative viewpoints or attitudes to others, comment and so on. However,

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the account is more than just a story. It is focused on the event as if there is a big question or there are questions to be asked and answered. Points on which reflection could occur are signalled.

There is recognition of the worth of further exploring but it does not go very far. In other words, asking the questions makes it more than a descriptive account, but the lack of attempt to respond to the questions means that there is little actual analysis of the events.

The questioning does begin to suggest a 'standing back from the event' in (usually) isolated areas of the account.

**The account may mention emotional reactions, or be influenced by emotion. Any influence may be noted, and possibly questioned.**

There is a sense of recognition this is an incident from which learning can be gained, – but the reflection does not go sufficiently deep to enable the learning to begin to occur.

### **Reflective writing (1)**

There is description but it is focused with particular aspects accentuated for reflective comment. There may be a sense that the material is being mulled around. It is no longer a straight-forward account of an event, but it is definitely reflective.

There is evidence of external ideas or information and where this occurs, the material is subjected to reflection.

The account shows some analysis and there is recognition of the worth of exploring motives or reasons for behaviour

Where relevant, there is willingness to be critical of the action of self or others. There is likely to be some self questioning and willingness also to recognise the overall effect of the event on self. In other words, there is some 'standing back' from the event.

There is recognition of any emotional content, a questioning of its role and influence and an attempt to consider its significance in shaping the views presented.

There may be recognition that things might look different from other perspectives, that views can change with time or the emotional state. The existence of several alternative points of view may be acknowledged but not analysed.

In other words, in a relatively limited way the account may recognise that frames of reference affect the manner in which we reflect at a given time but it does not deal with this in a way that links it effectively to issues about the quality of personal judgement.

### **Reflective writing (2)**

Description now only serves the process of reflection, covering the issues for reflection and noting their context. There is clear evidence of standing back from an event and there is mulling over and internal dialogue.

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The account shows deep reflection, and it incorporates a recognition that the frame of reference with which an event is viewed can change.

A metacognitive stance is taken (ie critical awareness of one's own processes of mental functioning – including reflection).

The account probably recognises that events exist in a historical or social context that may be influential on a person's reaction to them. In other words, multiple perspectives are noted.

Self questioning is evident (an 'internal dialogue' is set up at times) deliberating between different views of personal behaviour and that of others).

The view and motives of others are taken into account and considered against those of the writer.

There is recognition of the role of emotion in shaping the ideas and recognition of the manner in which different emotional influences can frame the account in different ways.

There is recognition that prior experience, thoughts (own and other's) interact with the production of current behaviour.

There is observation that there is learning to be gained from the experience and points for learning are noted.

There is recognition that the personal frame of reference can change according to the emotional state in which it is written, the acquisition of new information, the review of ideas and the effect of time passing.

**This material is devised by Jenny Moon, CEMP, Bournemouth University, Bournemouth, UK.** If you want to copy it or use it or modify it, feel free to do so – there are no copy right issues. The best thing to do is to write your own accounts – perhaps using the framework as a guide if it works for you. There are other similar exercises (some with three parts rather than four but all based on the same framework) on the website listed under **Resources** at the top of this handout.