Look Think Learn Plan

Unpacking the Mysteries of Reflective Practice: A toolkit for DBP curricula

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Friday, September 19, 2025
SDBP 2025 Annual Meeting
Teaching DBP Interactive Workshops

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- Remaining presenters have no conflicts of interest to disclose.
- No use of off label or investigational products will be discussed
- All material presented/discussued is evidence informed
- All photographs used are available for open use through unsplash.com

Look: the need for reflective practice in DBP teaching

Welcome

Goals

1. Invite participants to consider how to include reflective practice as a tool for teaching in DBP-related training through various formats of learning

1. Provide space and opportunity for participants to experience and apply reflective practice as a tool to promote critical thinking, health equity, and wellness/resilience in their teaching curriculum.

Objectives

1. Summarize core concepts of reflective pedagogy (Dewey, Mezirow, Kolb, Gibbs & Harrison) to use reflecti
practice in DBP teaching promoting reflection, growth, perspective-taking, and self-care in trainees.

2. Select and modify activities from a toolkit of reflective practice tools options for implementation with trainees.

3. Apply reflective practice tools for assessment and evaluation of trainees in DBP using:
    a. ACGME Pediatric Milestones:
        i. PC4: Clinical Reasoning
        ii. PBLI-2 Reflective Practice and Commitment to Personal Growth
        iii. Prof-2 Ethical Principles
        iv. Prof-4 Well-Being
    b. Entrustable Professional Activities:
        i. EPA 9: Assess and manage patients with common behavior/mental health problems
        ii. EPA 11: Manage information from a variety of sources for both learning and application to patient care

Ice breaker

Take a moment to think about the following and then discuss as a small group.

If your journey as a pediatric educator were a photo album, imagine these three snapshots:

- A scene that represents when you first felt like a real educator.
- A behind the scenes moment others rarely notice or a time you did something quiet but meaningful as an educator.
- A future photo you hope to see in your album one day.

Debrief prompts:

- Which of your photos felt the hardest to imagine? Why?
- What values did you see across your photos?
- What photo would your learners add to your album?

Look Think Learn Plan

Reflective Pedagogy 101

Med Ed & Reflection

Transformative Learning Theory

Release, reframe, refocus, & respond

Gibbs Cycle

Look, Think, Learn, Plan

Key developers of RP: (Dewey, Kolb, Gibbs & Harrison)

Theorist	Emphasis	Key Elements	Best Used In	Emotional Processing
Dewey	Social, democratic learning	Experience, reflection, social interaction	Education theory, progressive classrooms	No
Kolb	Cognitive processes in learning	Concrete → Reflect → Conceptualize → Experiment	Adult learning, training, academia	No
Gibbs	Deep reflection	Adds emotional and evaluative stages	Reflective practice (e.g., healthcare, teaching)	Yes
Harrison	Storytelling and meaning-making	Experience → Story → Sense-Making → Action	Coaching, organizational development	Yes

Transformative Learning Theory (Mezirow)

- Transformative learning occurs when a person experiences:
  - "Disorienting dilemma" an event or realization that challenges their existing worldview →
  - Critical reflection and dialogue lead →
  - Transforming frames of reference →
  - Leading to a new understanding of themselves and the world

- Goals:
  - Empower learners to think for themselves
  - Promote social change and personal growth
  - Enable adults to become more inclusive, open, and reflective thinkers

- Considerations:
  - Originally did not include emotional, relational, and embodied aspects
  - A little biased towards western individualism

Release, reframe, refocus, and respond (Harrison 2016)

Stage	What It Means	Purpose
Release	Acknowledge and express your emotions—especially frustration, anger, disappointment, or confusion.	To let go of emotional tension and avoid reactive behaviors.
Reframe	Shift your perspective on the situation. Ask: “What else could this mean?” or “What might I learn from this?”	To transform negative or limiting interpretations into more empowering ones.
Refocus	Choose what’s important now. Identify values, goals, or actions that matter.	To direct energy toward meaningful, constructive outcomes.
Respond	Take thoughtful, intentional action based on the new perspective.	To act with clarity, integrity, and purpose rather than reacting impulsively.

Description, Feelings, Evaluation, Analysis, Conclusion, Action (Gibbs Cycle)

The 6 Stages of Gibbs Reflective Cycle:

1. Description
    - What happened?
    - Briefly describe the experience or situation without interpretation or judgment.
1. Feelings
    - What were you thinking and feeling?
    - Explore emotional responses before, during, and after the event.
1. Evaluation
    - What was good and bad about the experience?
    - Assess what went well and what didn't, considering both process and outcome.
1. Analysis
    - Why did things happen this way?
    - Break down the experience to understand causes, patterns, or contributing factors. Use theory or evidence if relevant.
1. Conclusion
    - What have you learned?
    - Reflect on what you could have done differently and what you learned about yourself or the situation.
1. Action Plan
    - What will you do next time?
    - Decide how you'll apply your learning to similar situations in the future.

Donald Schön: The Reflective Practitioner (1983)

Reflection-in-Action

- Thinking on your feet.
- Reflecting during an experience (while it's happening)
- Making real-time adjustments based on what you're noticing
- Common in dynamic fields like teaching, medicine, design, and leadership

Reflection-on-Action

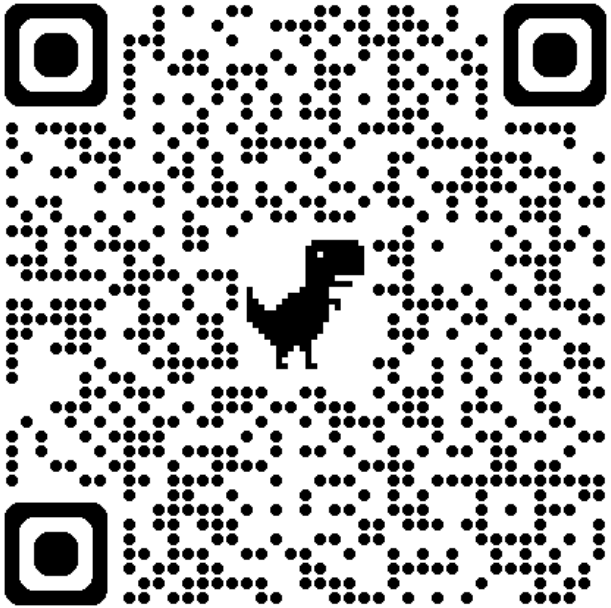
- Looking back after the fact.
- Reflecting after an experience
- Analyzing what happened, why it happened, and what could be improved
- Leads to deeper learning and informs future decisions

The Reflective Practitioner

- Doesn’t just apply rules or theories rigidly
- Learns from the messy, unpredictable realities of real-world practice
- Integrates intuition, experience, and ongoing reflection into their work
- Emphasizes value of practical wisdom and reflective learning over purely technical solutions

Look, Think, Learn, Plan

- Look back
- Think in depth
- Learn about yourself
- Plan your next steps



https://case.edu/medicine/curriculum/sites/default/files/2022-02/4%20Step%20Reflection%20Template.pdf

Activity: How have you used reflective practice?

Experiential Learning Time

Choose your own adventure!

Activity 1 - 20 minutes

Activity 2 - 20 minutes

Activity: Choose your own adventure!

- You will get to attend 2 different tables to experience and learn how these tools work. (20 minutes each).
- Facilitators will provide a combination of experiential learning and discussion on implementation.
- *Bring your questions for the facilitators!*
- There are 7 tables:
    - Designing Reflective Coursework: Developing goals, objectives, and reflective habits using Self Determination Theory – Rob
    - Reflective Supervision 101 – Linda
    - The Quick Debrief: Reflection & Pivoting in a Busy Clinical setting - Elisa
    - Balint Groups - David
    - CORE/iCORE & Book Clubs - Marie
    - Looking in the Mirror: Reflective Practice as an opportunity and tool to address implicit bias – Dinah and Jennifer
    - Visual Arts, Shared perspective taking, and Reflective Practice – Anson

- ***#NoFOMO*** - You have access to all of the materials here. There will be follow up zoom sessions.

(The following slides will not be presented. You will find them printed at their respective tables.)

Designing Reflective Coursework: Developing goals, objectives, and reflective habits using Self Determination Theory

Self-Determination Theory 101:

- Autonomy: need to feel control
- Belonging (Relatedness): connection and care (SSNRs)
- Competence: self-efficacy

Choose your own adventure DBP with Reflection:

- DBP is a mandated rotation
- It can feel passive due to many complex reasons
- Not all trainees pursue DBP or primary care
- How to make relevant for all trainees?

An exercise in reflection and executive function:

- Trainees are provided a list of required (scheduled) learning sessions
- They use a form to develop personal goal/objectives for rotation in addition to core g/o
- They schedule clinic sessions (with a minimum and no maximum)
- Provided with a laundry list of optional activities to fill schedule
- End of rotation presentation on related child development topic
- Online written reflections

Online Written Reflections:

- Training: Provided introduction to reflective practice at orientation.
- Reading: Koshy, K., Limb, C., Gundogan, B., Whitehurst, K., & Jafree, D. J. (2017). Reflective practice in health care and how to reflect effectively. International journal of surgery. Oncology, 2(6), e20.
- Ask: 2 short reflections per week for weeks 1-3; 1 longer summative reflection for week 4
- Process: Guided reflections entered on google forms. Weekly reflective practice meetups.

Areas for assessment/evaluation:

- ACGME Pediatric Milestones:
    1. PC4: Clinical Reasoning
    2. PBLI-2 Reflective Practice and Commitment to Personal Growth
    3. Prof-2 Ethical Principles
    4. Prof-4 Well-Being
- Reflections assessed for depth but not content for #2.
- Thematic assessment for #s 1,3,&4 (ie content on science of wellness, risk/resilience, population health, bias, etc.)

Designing Reflective Coursework: Developing goals, objectives, and reflective habits using Self Determination Theory

DBP Rotation - Weekly Reflections (Weeks 1-3)

This is an opportunity for you to take a moment and reflect on what experiences you had this week and how to keep them with you for the future.

- Email: Name: Rotation Week:
- Which kind of learning experience does this reflection relate to?
- What did you learn? (Did you recognize a knowledge gap? How did you address it? or Did you build upon a previous foundation of knowledge? If yes, how so?)
- How will you integrate what you have learned into your clinical practice? (How will you change your behavior?)
- What are themes or tags for your reflection? (i.e. autism, ADHD management, health equity, perspective taking, etc.) Please list 1-3

DBP Rotation: Putting it all together (Final Reflection)

It's been a great month! Thank you for setting aside some time to answer the following questions. Again, don't overthink it, but do try to communicate a message. :)

- Email: Name:
- What have you learned about the science and clinical practice of child development on this rotation?
- Were you able to meet your personal goal(s)/objective(s) for the rotation? (It's okay if you did not. This is about the process.) What worked? What didn't work? What could be more effective in the future?
- What have you learned about the intersection of systemic, interpersonal, and intrinsic factors that lead to the risk and resilience affecting well-being?
- What is the single most important and protective factor that promotes resilience for all children? (Regardless of ability).
- How will you take this information/understanding to change or confirm your behavior/practice along your planned career trajectory?
- OPTIONAL: Is there anything more that you want to add or discuss? (Specific activity, specific reading, FAN, VTS, etc. ...)

Reflective Supervision 101

Reflective supervision

- Supportive, relationship-based professional practice
- Used primarily in fields like early childhood, mental health, social work, and education
- Helps professionals through intentional, guided conversations to:
  - process their experiences
  - reflect on their thoughts and feelings
  - improve their practice
- Focus on process, not just product
- Builds professional capacity
- Challenges assumptions
- Is a safe space for exploration
- Promotes self-awareness
- Is not a substitute for Therapy

Core Elements

- Reflection: Thinking deeply about experiences, emotions, actions, and decisions.
- Relationship: A safe, trusting supervisory relationship is essential for open reflection.
- Collaboration: Supervisor and supervisee work together as partners in learning.
- Emotional Safety: Creates space to explore complex feelings without judgment.
- Parallel Process: The supportive dynamic in supervision often mirrors how the supervisee interacts with clients, families, or children.

Reflective supervision is not about fixing! It's about thinking together! It helps professionals slow down, process what's happening in their work, and learn from their own experience with the support of a trusted supervisor.

Reflective Supervision 101

Essential Qualities of Reflective Supervision

Supervisor Should Be	*Supervisee Should Be*
Empathetic, nonjudgmental	Open, curious
Skilled in listening and reflection	Willing to explore experiences honestly
Trauma-informed and culturally responsive	Committed to growth and learning

Common Tools & Approaches

- Use of open-ended questions: “What do you think was going on there?”
- Exploration of emotional responses: “How did that make you feel?”
- Attention to biases and assumptions
- Reflective journaling or documentation
- Models like Gibbs Cycle, Kolb, or Harrison's 4 Rs may guide discussions

The Quick Debrief: Reflection & Pivoting in a Busy Clinical setting

- **Reflect & Shine!**
  - –What works, what wows, and what wears out?
  - –Share your go-to reflection tools!

- **Timing is Everything!**
  - –When to reflect: Too soon? Too late? Just right?

- **Know Your Audience**
  - –Tailoring strategies to participant types: Who might benefit from what?
  - –What strateg(ies) work for you?

- **Lights, Camera, Precepting!**
  - –Time for a precepting session role play
  - –Step into your educator shoes
  - –Practice is powerful

The Quick Debrief: Reflection & Pivoting in a Busy Clinical setting

The Quick Debrief: A Toolkit Worksheet

Tool/Technique	Description	When would I use this? (IN Action vs. ON Action)	Who might I utilize this with?
One-Minute Preceptor			
SNAPPS: A Six-Step Learner Approach to Clinical Education			
EBM Rx: Evidence-based practice prescriptions			
Mindfulness			
Appreciative Inquiry			
Reflective Writing			

Balint Groups

- Small, facilitated discussion groups for healthcare professionals
- Designed to reflect on the emotional and relational aspects of working with patients or clients
- Developed by Dr. Michael Balint, a psychoanalyst and physician, in the 1950s in the UK
- Originally aimed at helping general practitioners explore the provider–patient relationship more deeply
- Help professionals:
    - Understand their emotional responses to patients/clients
    - Reflect on challenging or complex relationships
    - Prevent burnout and compassion fatigue
    - Develop empathy, self-awareness, and relational insight
    - Improve the quality of care through better understanding of patient dynamics

Balint Groups

Typical Format and Flow:

1. A clinician presents a case with emotional or relational tension (not seeking advice).
2. The group listens without interrupting.
3. The facilitator asks exploratory questions ("What do you think the patient was feeling?")
4. The group shares thoughts, emotions, and interpretations; not solutions.
5. The presenter reflects on the feedback.

Focus for Facilitation:

- No judgment or fixing
- Focus is on understanding, not clinical decision-making
- Encourages reflective listening and emotional insight
- Emphasizes the idea that relationships are central to healing

CORE/iCORE & Book Clubs

iCOR2 is an interprofessional monthly meeting of US and possibly international clinicians that includes Primary Care Pediatricians, Developmental-Behavioral Pediatricians (DBP), Child and Adolescent Psychiatrists (CAP), and other MCH professionals, including psychologists, nurse practitioners and social workers and trainees, via video-conferencing. The purpose is to discuss real cases from the participants' practice using a reflective peer supervision model.
The goals of the program are to:

- Learn different approaches to developmental, behavioral and emotional problems
- Examine the effects of trauma and social, political and/or economic distress on children and families
- Improve pediatric primary care clinicians' capacity to recognize and manage psychosocial and developmental concerns within their practice
- Appreciate the role of cultural and national/legal differences, and practice variation in the care of children with developmental, behavioral and emotional problems

Reflection: Discuss the advantages and disadvantages of the iCORE model with regard to development of participants' knowledge/skills and their professional collaborations/networks

CORE/iCORE & Book Clubs

Book clubs, loosely defined as groups of trainees meeting with faculty leadership to discuss a pre-assigned book, can:

- Positively impact self-care, perspective-taking, and empathy
- Develop a “world outside of school” for medical school students and faculty
- Foster meaningful relationships between students and faculty
- “The book club encouraged me to consider the person behind the illness.”
- Restore joy and community, combating burnout

Reflection:

- How can a book club be used to facilitate reflective practice?
    - How can different categories of books be employed?
    - How might structural factors (e.g., setting, participants, timing, etc.) impact the success of the book club?
    - What types of discussion models might enhance reflective practice most?

Henderson R, Hagen MG, Zaidi Z, Dunder V, Maska E, Nagoshi Y. Self-care perspective taking and empathy in a studentfaculty book club in the United States. J Educ Eval Health Prof. 2020;17:22. doi: 10.3352/jeehp.2020.17.22. Epub 2020 Jul 31.
Barry, T., Chester, L., Fernando, M., Jebreel, A., Devine, M., & Bhat, M. (2017). Improving medical student empathy: initial findings on the use of a book club and an old age simulation suit. European Psychiatry, 41(S1), s894-s894.
Chisolm M, Azzam A, Ayyala M, Levine R, Wright S. What's a book club doing at a medical conference? MedEdPublish (2016). 2018 Jul 18;7:146. doi: 10.15694/mep.2018.0000146.1.

Looking in the Mirror:
Reflective Practice as a tool to address implicit bias

- Implicit bias refers to unconscious attitudes or stereotypes that influence our understanding, actions, and decisions.

- Countertransference refers to the emotional reactions a practitioner or trainee experiences toward a client, influenced by their own background and unresolved issues.

- Reflective Practice can help trainees:
  - –Increase awareness of emotional responses
  - –Encourage examination of personal triggers
  - –Promote emotional regulation and professional boundaries

References:

- Gelso, C. J., & Hayes, J. A. (2007). Countertransference and the Therapist's Inner Experience. Mahwah, NJ: Lawrence Erlbaum Associates.
- Schön, D.A. (1983). The Reflective Practitioner. Basic Books.
- Staats, C. (2016). Understanding Implicit Bias. Kirwan Institute.

Looking in the Mirror: Trainee Activities and Resources

What Would You Do Video Clips

Activity: Present video scenarios involving bias.
Goal: Encourage trainees to practice responding to bias.
Discussion Prompt: "What are some respectful ways to address this behavior?"

Image Sorting Activity

Activity: Present a diverse set of photos.
Goal: Encourage trainees to sort the pictures into categories. Ex: Who is a leader, who looks trustworthy, who is a doctor, etc.
Discussion Prompt: "What influenced your choices? Did you notice patterns?

Implicit Association Testing

Activity: Have trainees take an IAT from Project Implicit.
Goal: Help participants uncover their own bias.
Discussion Prompt: "Were you surprised by your results? How might these biases show up in your work? Why do I react this way? What assumptions do I make?"

Bias in Media

Activity: Show a short news clip, ad, or article and ask trainees to identify any stereotypes or biased language.
Goal: Practice spotting bias in everyday content.
Discussion Prompt: "What messages are being sent—intentionally or not? Do I send unintentional messages?"

Resources:

- Summary of 55 studies on implicit bias in healthcare: https://www.urban.org/sites/default/files/2025-05/Research-Suggests-Implicit-Bias-Training-Has-Positive-Impacts-on-Health-Care-Workers-Knowledge-Skills-and-Attitudes.pdf
- Project Implicit: https://implicit.harvard.edu/implicit/takeatest.html

Visual Arts, Shared perspective taking, and Reflective Practice

Clinical Skills fostered by Visual Thinking Strategies (VTS)

Close Observation
Communication
Openness to what is unfamiliar
Examination of implicit/explicit biases

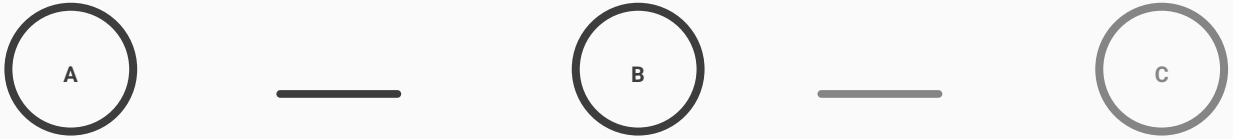
Reasoning with Evidence
Empathy and Respect
Tolerance of ambiguity
Critical and creative thinking

Evaluate / Revise Ideas
Appreciate multiple perspectives
Self-awareness

Q1: What's going on in this image?

Q2: What do you see that makes you say ___?

Q3: What more can we find?



Silent Looking

VTS Questions

Facilitation

Listen / Point / Paraphrase / Link Thoughts / Conditional language / Maintain neutrality / Refrain adding personal opinions / Maintain Inquiry

Visual Arts, Shared perspective taking, and Reflective Practice

Objectives:

- Recognize the relationship between evidence-based arts-focused pedagogy and fostering clinical skills
- Consider the role and value of maintaining open inquiry and close observation as a tool to mitigate personal biases and assumptions
- Reflect on systems and barriers to equitable DBP healthcare delivery and access impacting patients and families

Reflection Prompts (“Emergency Room” by Francisco Jose Perez Macedo)

- In what ways have you observed our healthcare system demonstrate that some people are valued more than others?
- What ethical considerations regarding patient care, resource allocation, and communication might arise when examining this work? In what ways have you witnessed similar challenges present in Developmental and Behavioral Pediatrics?

Resources:

Ker J, Yenawine P, Chisolm MS. Twelve Tips for Facilitating Visual Thinking Strategies with Medical Learners. Adv Med Educ Pract. 2024 Nov 23;15:1155-1161. doi: 10.2147/AMEP.S468077. PMID: 39610836; PMCID: PMC11602429.

www.sharetools.org

VTS Training :

www.vtshome.org https://www.haileygroup.com/vtsatworkprogram

(Time to regroup together.)

Plan

Reflective Assessment & Evaluation:

Areas for assessment/evaluation:

- ACGME Pediatric Milestones:
  - PC4: Clinical Reasoning
  - PBLI-2 Reflective Practice and Commitment to Personal Growth
  - Prof-2 Ethical Principles
  - Prof-4 Well-Being

- Reflections assessed for depth but not content for PBLI-2.

- However, thematic assessment of content allows for commentary on PC4, Prof-2, and Prof-4 (ie content on science of wellness, risk/resilience, population health, bias, etc.)

- Focus comments on commitments for growth and change

Reflective Assessment & Evaluation:

Version 2 Pediatrics, ACGME Report Worksheet

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth				
Level 1	Level 2	Level 3	Level 4	Level 5
Participates in feedback sessions	Demonstrates openness to feedback and performance data	Seeks and incorporates feedback and performance data episodically	Seeks and incorporates feedback and performance data consistently	Role models and coaches others in seeking and incorporating feedback and performance data
Develops personal and professional goals, with assistance	Designs a learning plan based on established goals, feedback, and performance data, with assistance	Designs and implements a learning plan by analyzing and reflecting on the factors which contribute to gap(s) between performance expectations and actual performance	Adapts a learning plan using long-term professional goals, self-reflection, and performance data to measure its effectiveness	Demonstrates continuous self-reflection and coaching of others on reflective practice
☐	☐	☐	☐	☐
Comments: Not Yet Completed Level 1 ☐				

https://www.acgme.org/globalassets/pdfs/milestones/pediatricsmilestones.pdf

Reflective Assessment & Evaluation:

- Sally displayed deep introspection and maturity in her learning process. Her reflective writing on personal experiences and their influence on her evolving identity as a physician was particularly moving and demonstrated remarkable emotional intelligence and resilience. She embraced the lessons from Kitchen Table Wisdom to better understand the human experience of suffering and healing, using this insight to build empathetic connections with patients and families. Her ability to channel personal loss into compassionate care is an extraordinary strength. She also showed ongoing efforts to self-assess and improve her clinical approach through structured goals, such as incorporating awareness of developmental milestones and trauma-informed care into well-child visits.

- Throughout the rotation, Stefan consistently demonstrated deep self-reflection and a strong commitment to growth. He identified areas of discomfort, such as initiating ADHD diagnoses and starting stimulant medications, and used evidence-based reading to overcome hesitation. His awareness of how workload affects relational skills (ie, FAN interactions) reflects maturity and insight. Furthermore, he expressed interest in further practice with mock scenarios to refine these relational skills and increase comfort across a range of family dynamics and engagement levels.

- Maria exemplified deep reflective practice throughout the rotation, engaging critically with clinical cases, literature, and personal biases. She identified specific growth areas such as avoiding anchoring bias, broadening differential diagnoses, and deepening her observational skills. Her reflections following book discussions and museum-based sessions highlighted a strong commitment to self-awareness, humility, and continuous improvement. She also developed practical strategies to improve parent communication, bias recognition, and diagnostic vigilance.

Reflective Practice & Educational Scholarship

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News Release

American Academy of Pediatrics and Erikson Institute Partner on Relational Training for Pediatricians

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Individualized dialogue and self-compassion strengthen pediatrician/family relationships, address burnout and implicit bias

For Release:
7/24/2024

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Erikson Institute, a graduate school in early childhood development, and the American Academy of Pediatrics, an organization of 67,000 pediatricians are joining forces to train medical students and practicing pediatricians in Erikson's Facilitating Attuned Interactions (FAN) approach to relationship-building and reflective practice. FAN strengthens parent/pediatrician communication while addressing physician well-being through mindfulness and self-compassion practices.

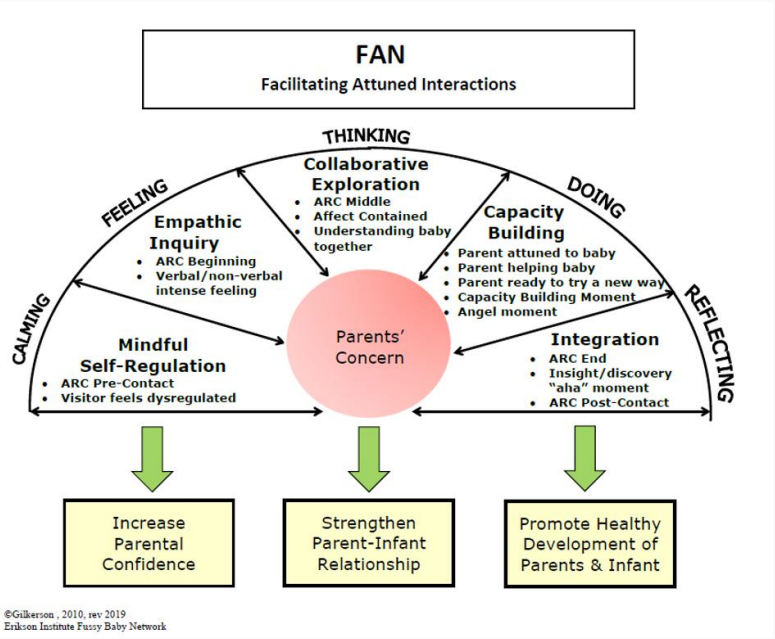
FAN shows promise in addressing resident burnout and increasing role satisfaction. Self-compassion practices can lower depression, anxiety, stress and burnout in health professionals. One pediatric resident trained in the FAN said, "I used to go into the room and think diagnosis. Now I go in and think connection."

Through a $1M grant from the Maritz Family Foundation, AAP and Erikson will work with pediatric academic centers across the country to incorporate the FAN into residency training, offer an online FAN course for practicing pediatricians, and embed the FAN into the national HealthySteps program which pairs pediatric practices with child development/infant mental health specialists.

Fighting Burnout with Relationships

Many parents eagerly look forward to that first visit with "their" pediatrician—a trusted person who will be there for them as well as their child throughout the childhood health journey. While pediatricians embrace this role, close to 50% of pediatricians experience burnout. The short visits and press of the traditional medical model can make it hard for pediatricians to pause and listen, understand family needs and effectively address their concerns. Physicians typically have not been trained to prioritize relationships, even though the new focus in pediatrics is on early relational health for children and families.

"Our physician colleagues tell us that the FAN helps them identify the family's true concern and then partner to address it. This is the kind of respectful



Next steps & Zoom meetings

- Link to survey with date options for upcoming sessions

Closing:

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