Teaching Self Awareness for F1s in CAMHS
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Background

How do F1s based in CAMHS develop awareness of and insight into their own values and assumptions?

Fish and Coles (1998) describe a metaphor for professional practice as an iceberg, with observed practice being the “tip” above the surface. Underlying that are supporting factors, including knowledge, assumptions, attitudes and beliefs. They place “values” at the base of the iceberg, influencing all of the above.

Aims

• To enable the F1s to start thinking reflectively and critically about their own biases, assumptions, and core values.
• To support F1s to develop insight into their own clinical practice by highlighting how their experiences and values have been brought into the clinical interaction and informed their decision-making.
• To encourage the development of reflective practice as a professional skill, by modelling a process for clinical reflection, leading to self awareness.

Results

Themes arising: Reflection, Formal Assessment, Hospital Pressures, and Connecting to patients.

Conclusions

• The F1s held polarised views and had hugely different exposure/attitudes to reflection.
• Personal experiences were not explored in the teaching session: were they too difficult to think about/ not safe to raise/ unable to relate this to clinical work? Is “values” an alien concept for a new doctor?
• Self awareness is difficult to teach in this way but is essential for F1s to begin to gain an understanding of their own thoughts and feelings when it comes to families/ the workplace.
• The power imbalance needs to be considered when asking F1s to discuss personal and sensitive topics.

Developing a curriculum for practice: Fish and Coles (2005), in FP Curriculum (2016: 29)

Method

I carried out an interactive teaching session with the F1s comprising:

• Thinking about reflection and self awareness, its important in clinical settings.
• Thinking about the wider context: the systems around us in which we operate.
• Thinking about your own context: your background/ experiences/ culture, and how this might impact upon your interactions with families.
• Clinical case discussion: Using case discussions to demonstrate an honest and open reflective process. Thinking together in a group to reflect upon specific interactions and how their personal values impacted upon the situation. Exploring how they were thinking and feeling during and after the interaction.

This was carried out as part of an MA in Medical Education at Winchester University.