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Letter to the Editor

“Tweet”-format reflective writing: A modern needs assessment



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To the Editor:

We read with great interest the article ““Tweet”-format reflective writing: A hidden needs assessment?”¹ As an undergraduate medical student and recently graduated junior doctor, we have found balancing reflective practice with clinical commitments challenging. We congratulate the authors Dressler et al. for their innovative study evaluating the utility of reflective writing assignments in a “Tweet” format incorporated into a medical student surgical clerkship. We aim to provide international insight from the UK medical student’s perspective on the use of “Tweet”-format reflection and highlight areas for further work.

Medical education regularly encompasses professional portfolio and reflective analysis components which are essential to graduate as a practicing physician. In the UK this is in line with core guidance (Good Medical Practice) set by the General Medical Council (GMC) requiring postgraduate doctors to “reflect regularly on [their] standards of medical practice and care.”² From our experience of working on surgical rotations, barriers to insightful reflection have included: lack of time in a busy attachment, lack of effortful recording of experiences following long shifts, lack of awareness of reflection tools, and some lack of understanding of the objectives of reflection. The use of concise “Tweet” format reflection tackles each of these issues to some extent and this is reflected by the encouraging engagement the authors received through their project.

The students in this study were required to undertake the “Tweet” reflections in order to pass their surgical attachment. In our experience this runs the risk of medical students opting to undertake simple reflections in order to complete assignments as opposed to thoughtful, and sometimes time consuming, reflection. This may be a contributing factor to only 63% of the students in this study reflecting in two or more of their submissions. Placing emphasis on utilizing reflections for feedback on delivery of the clerkship may have further negatively impacted student’s likelihood of creating truly insightful and meaningful reflection, however the majority of students’ reflections were on patient interaction and educational experience (approximately 71%). The authors’ thoughts of how to encourage spontaneous and insightful reflection could be greatly beneficial for future work.

Twitter utilizes ‘retweet’ (share) and ‘like’ features in order to provoke users to tweet. The use of ‘hashtags’ in Twitter enables users to contribute to ongoing discussions. These features could be incredibly educationally beneficial in reflection by allowing students to share their insights, however there are great potential risks and barriers in professionalism and patient confidentiality. As highlighted by a significant medical-legal case in the UK revolving around Dr. Bawa-Garba, attention has been drawn to the GMCs stance on reflection in that ‘all written materials, including reflections, are potentially disclosable in the context of litigation: currently there is no legal privilege shielding them from disclosure.’³ The medicolegal vulnerability in reflection has prompted many doctors in the UK to hesitate expressing themselves honestly and openly due to fears of recrimination.³ We would ask the authors’ thoughts on whether “Tweet”-format reflection could become public, and how a safe and supporting environment could be achieved.

Finally, strategies to provide education in reflective practice with frameworks such as Gibb’s, commonly used in the UK, could be utilized.⁴ Limited character reflection may make such frameworks ineffective, but if students are more likely to frequently reflect in “Tweet” format this may be much more beneficial than longer reflections completed on a sporadic basis. We would be interested to hear if there are plans for upcoming studies to be undertaken to compare the two methods.

“Tweet”-format reflection and engagement could be an avenue of exciting learning, discussion and collaboration within the health-care profession. We thank Dressler et al. for their study and look forward to their future work.

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