

especially in cultural settings with discordant oral and written medical languages.

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doi: 10.1111/j.1365-2923.2010.03807.x

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## A new course for a new curriculum

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**Context and setting** The next generation of doctors must be educated in certain areas that previously may not have been considered relevant. The institution of a new curriculum at our university aims to keep pace with ever-evolving societal and scientific developments that have and will continue to change the way that medicine is practised.

**Why the idea was necessary** It had become apparent that the use of outdated educational methodologies at our university was no longer appropriate. The goal of the new curriculum is to cultivate a well-rounded doctor who is well versed in ethics, culturally competent, skilled in critical thinking and knowledgeable of the human facets of medicine.

Curriculum changes included smaller classes, the introduction of problem-based learning, earlier integration of clinical experience, and a wide range of elective courses, including those focusing on the social sciences and the humanities.

**What was done** One such course, available to students in Years 1 and 2, is entitled 'Psychiatry and Western Literature'. The elective course aims to outline major current issues in psychiatry, as well as some of the more common psychiatric disorders. It also aspires to show the human features of these disorders and to serve as an introduction to Western culture.

One or more psychiatric topic(s) is paired with a work of literature and explored through observation, personal reflection and group discussion. For example, *Don Quixote's* examination of realism versus

idealism lends itself to the discussion of hallucinatory and paranoid disorders. *The Metamorphosis* is used to teach students about the burden on the family and the loss of social identity that come with illness. *Anna Karenina* allows for in-depth discussion of depression and suicide, and the cognitive mechanics behind them. Other works include *Jane Eyre*, *Ward No. 6*, *The Plague*, *The Sorrows of Young Werther*, *The Catcher in the Rye*, *Madame Bovary*, *David Copperfield*, *Oliver Twist*, *Crime and Punishment*, *The Idiot* and *Scarlet and Black*.

The course's main lecturer is from the psychiatry department. Guest lecturers have included artists, novelists, psychiatrists and doctors, who teach psychiatry and art as it applies to their field. For example, a professional musician teaches how a mentally ill opera character uses the melody in his or her aria to portray certain emotions. A novelist discusses how his own depression has become a part of his work.

**Evaluation of results and impact** Psychiatry and Western Literature has become one of the most popular courses at our university. Each year since its inception, the number of students enrolled has continued to climb. The course has won awards from both the Ministry of Education and the Faculty of Medicine. Students have appreciated the help that literature has given them in probing the minds of people who are mentally ill. In feedback given to faculty staff, students suggested that it was the unique ability to perceive a sick person's inner thoughts and motivations that made the course and its content so memorable. Students also reported increased interest in psychiatry as a possible career choice.

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doi: 10.1111/j.1365-2923.2010.03826.x

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## Clerkship-based reflective writing: a rubric for feedback

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**Context and setting** Reflection on clinical experience is widely regarded as an important component of health care professional education. In recent years, we have developed a longitudinal trans-clerkship reflective course on the patient–doctor relationship for students in major clinical clerkships. In this course, students prepare brief written reflections on

clinical encounters evoking aspects of the patient–doctor relationship and then engage in a group discussion to identify themes and learning points. Reflection triggers are clerkship-specific and thus may entail reflecting on clinical encounters that have involved intense emotional responses (psychiatry), unpredictable outcomes (surgery) or unexpected aspects of the doctor role (medicine), but all have bearing on aspects of the relationship between patient and doctor or on aspects of the professional role.

**Why the idea was necessary** There is an emerging literature emphasising the potential utility of tools for: (i) assessing the quality of reflection, and (ii) providing feedback aimed at enhancing learning through systematic reflection. We sought to develop a simple and user-friendly rubric for providing feedback on reflective essays written in the context of our clerkship-based course.

**What was done** We adapted and expanded a typology of reflection developed by Jay and Johnson for use in teacher education<sup>1</sup>. Our rubric includes four dimensions. Each dimension presents prompts to guide assessment and feedback.

Dimension 1 is descriptive and is concerned with the clarity of the elaboration of the reflection topic as a problem or question for enquiry. Prompts are: Is it clear what triggered the reflection? Can you complete the following sentence from the writer's standpoint: *In the course of this reflection, I would like to learn more about... ?* What is the writer's dilemma or puzzle?

Dimension 2 is comparative and refers to the consideration of relevant alternative perspectives of the problem. Prompts are: Does the writer include all relevant personal perspectives, including her or his own? Are perspectives justified by data? Are perspectives juxtaposed in a way that promotes additional reflection?

Dimension 3 is personal and is concerned with the expression of personal intellectual and emotional engagement in the reflection. Prompts are: Is there evidence of personal struggle on cognitive and emotional levels? Is it apparent why the writer chose this particular incident for reflection? What is at stake for the writer?

Dimension 4 is critical and relates to commitment to strengthen or alter one's personal understanding and subsequent related behaviours. Prompts are: Is there an explicit statement of what was learned? Is there evidence of movement from previously held assumptions or of the deepening of beliefs? Is there a plan for action or commitment towards personal or systemic change?

**Evaluation of results and impact** Feedback to date on the rubric includes: (i) presentations at a local faculty development seminar in March 2008 and at the

Association of American Medical Colleges (AAMC) Annual Meeting, November 2008 ( $n \approx 10$  and  $n \approx 30$ , respectively); (ii) the experience of faculty staff in using the rubric to critique reflections and give feedback to nine students in spring 2009, and (iii) a focus group of five of these students conducted in April 2009, and recorded and transcribed for review. In these settings, students and faculty members using the rubric overwhelmingly found it to be a conceptually straightforward and helpful 'roadmap', as one respondent termed it, for communicating about reflective writings.

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doi: 10.1111/j.1365-2923.2010.03815.x

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## Using peer feedback in a formative objective structured clinical examination

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**Context and setting** With the increasing emphasis on learner autonomy, the use of self- and peer feedback may be viewed as preparation for lifelong learning and as an essential generic professional skill. Its potential in the learning setting implies a need to explore ways of training people to provide immediate feedback that is constructive, is delivered with sensitivity and can encourage insight into personal performance.

**Why the idea was necessary** Key needs identified were: (i) to support student practice and learning in professional communication skills and feedback, and (ii) to maximise feedback opportunities even in a culture that might thwart attempts owing to the pressures of a high student : staff ratio.

**What was done** Students in graduate-entry programmes in medicine and nursing took part in a formative objective structured clinical examination (OSCE) consisting of three 5-minute stations (based on their problem-based learning cases) in which actors were used as simulated patients. Students developed their own marking schemes using a constructivist approach. These were compared with