



Student reflections on disorientating dilemmas – tears or transformation or both?

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Why was the idea necessary?

It has been widely reported that medical students may experience tension between what they have been taught in the preclinical years about professionalism and what they experience on the clinical platform.^[1] At Nelson Mandela University, we aim to journey with our students as they navigate these tensions. We strive to train doctors who are caring, competent and fit for purpose. In years 1 - 3, students are taught best-practice communication skills using the Calgary-Cambridge method and are introduced to professionalism and medical ethics. We anticipated that, on a stretched clinical platform, they would experience a hidden curriculum that may at times clash with what they have been taught. We realised that, as Brown *et al.*^[1] note, 'we have limited power to control the reality of our fraught medical system and cannot, indeed perhaps should not, shelter our students from the reality of medicine.' This may result in disorientating dilemmas. Recognising the importance of reflection in professional identity formation and transformative learning, how might we practically integrate this into a South African (SA) medical curriculum?

What was tried

The Integrated Learning Module in the fourth year includes opportunities for both individual and facilitated group reflection after every six-week clinical rotation. These reflections consist of two-hour sessions held five times throughout the year. We follow the four-step approach recommended by Holmes *et al.*^[2] This begins by priming students for the hidden curriculum they will encounter in the clinical environment, which may be positive or negative. The second step is noticing – asking students to identify situations in which they experience tensions or disorienting dilemmas related to professionalism. The third step is processing, in which students complete a 300-word written reflection using the "what/so what/now what?" framework. This is shared with their group during a facilitated discussion. The fourth step is choosing, which supports students in deciding whether to internalise certain behaviours or reject them as misaligned with their developing professional identity.

Professional identity formation and the hidden curriculum are introduced at the start of the module, along with the concept of four witnessing positions described by Weingarten.^[3] When students witness problematic behaviour that fits with the second step of noticing, they may not always be in a position to say something due to the medical hierarchy. This represents an aware but unempowered witnessing position.^[3] It is emphasised that

when students do not feel that they have a voice in the moment, they still have a choice about whether that is how they wish to become. This aligns with step four in Holmes *et al.*^[2]

What were the lessons learnt

During the group reflection, students shared experiences that made them feel very uncomfortable, as well as experiences in which they admired how clinical trainers managed difficult situations. Stories of witnessing negative role modelling, described as 'troll model moments',^[4] were shared, such as a senior doctor delivering bad news in a very abrupt manner. Facilitators informally observed that students often rejected these negative behaviours as inconsistent with the professional identity they envision for themselves. We have learned that this reflective process can support students in their journey of professional identity formation and may facilitate transformative learning.

Data availability statement: This article describes the use of reflection in a new programme. No research data were collected, and therefore no datasets are available.

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