**Collaborative Reflecting Teams in Nursing Education**

Barbara Couden Hernandez, PhD, RN, MFT, Loma Linda University School of Medicine (bhernandez@llu.edu)

Donna R. Trimm, DNS, RN James Madison University School of Nursing

Lana H. Kim, PhD, MFT, Valdosta State University, Marriage and Family Therapy

**Premise**

* Experiential learning allows learning to occur in emotionally charged setting
* “Protected listening space” allows learners to absorb learning without the need to reply or defend responses during simulation
* Personal communication style can be strengthened by hearing multiple perspectives
* Reflections offer non-judgmental, non-threatening feedback for vulnerable learners

**Requirements**

* A reflecting team composed of 4-6 mental health providers or healthcare clinicians
* Training in the use of reflecting teams as used in family therapy settings or the rudiments of reflecting teams
* Simulation venue with a one-way mirror, or space to create distance between reflection team and simulation learners
* A medical vignette written for the simulation learners
* A vignette written for the confederates (actors) with specific direction regarding their demeanor and actions
* A facilitator for the simulation debriefing
* A subject expert

**Goals of Collaborative Reflecting Team (CRT) trainings**

* To encourage self-reflection and assessment in a safe and protected setting
* To engage the affective faculties of learners, providing an experiential impact
* To provide multiple perspectives regarding interaction with “patients” and “families”
* To consider a variety of acceptable behaviors when engaging with patients, etc.

“Covering Over”: compartmentalization and avoidance of emotions

“Over-Reflection”: breakthrough of vulnerability with strong affective impact.

Simulation must take these into account in the timing and pacing of each CRT element.

**Reflection Categories**

Validation

* Strengths, positive characteristics

Curiosity

* Ask “I wonder” questions regarding people, process, emotions, pacing, etc.

Speculation

* Highlight observations and speculations from the position of personal experience
* Share the emotional impact of the simulation to oneself

**Rules**

1. Do not directly question or address comments to the learners
2. Do not make evaluative or critical statements
3. Use “I” statements or descriptive observations rather than interpretations

**Collaborative Reflective Training – Schedule**

|  |  |  |
| --- | --- | --- |
| Introductions | 10 minutes | Participant namesObjectives  |
| Overview and purpose | 10 minutes | AssumptionsCategories of reflectionConfidentiality rules |
| Perform simulation | 10 minutes | Separate reflecting team, who observes simulation |
| Reflecting team exchange | 10 minutes | Reflecting team discusses observations, speculates, questions |
| Learner exchange | 10 minutes | Facilitated discussion of reflecting team remarks |
| Group debriefing | 10 minutes | Discuss significant learning points |
| Skills discussion | 10 minutes | First-person disclosure regarding experience learning interactive skills. Skills listed. |

**References**

Addison, R.B. (1989). Covering-over and over-reflecting during residency training: Using personal and professional development groups to integrate dysfunctional modes of being. In M Little & J.E. Midtling (Eds.) *Becoming a family physician (pp. 87 - 110)*. New York: Springer-Verlag.

Hernandez, B. Couden & Kim, L. (2014). Collaborative reflecting team training for mental health clinicians in medical settings . In R.A. Bean, S.D. Davis & M.P. Davey (Eds.) *Clinical supervision activities for increasing competence and self-awareness* (pp.135-140). Hoboken, NJ:Wiley.

Hernandez, B., Kim, L., Lavery, A. & Denmark, T.K. (2016). Fostering self-awareness

in collaborative reflective training: Commentary response. *Families, Systems & Health, 34*(3):292- 293.

 Kim, L., Couden Hernandez, B., Lavery, A., & Denmark, T. K. (2016). Collaborative reflective

 training in medical education. *Families, Systems and Health*.

Kjellberg, E., Edwardsson, M., Niemela, B.J., & Oberg. T. (1995). Using the reflecting process with families stuck in violence and child abuse. In S. Friedman (Ed.), *The reflecting team in action: Collaborative practice in family therapy (pp. 38-61)*. New York: Guilford Press.

Lee, R.E., & Everett, C.A. (2004). *The integrative family therapy supervisor*. New York: Brunner-Routledge.

Stafford, F. (2005). The significance of de-roling and debriefing in training medical students using simulation to train medical students. *Medical Education, 39*, 1083-1085.