The Class of 2016 arrived at Einstein this week. In addition to writing their own Oath, students participate in a reflective writing exercise during orientation. Further reflection is encouraged in Introduction to Clinical Medicine, but the practice seems to fizzle out by the time they reach the clinical clerkships. How can we encourage reflection in a busy, clinical setting?

**What is Reflection?**
Reflection is a core component of the experiential learning cycle. It is defined as a form of mental processing applied to relatively complicated, real-life situations (sound familiar) with no obvious solution and is based on making connections between previous learning and emotions.

**Applying the Experiential Learning Model in Clinical Practice**

This section offers examples of learning activities at each step of the cycle.

**Concrete Experience**
Student: Interviews patient, takes a history, performs the physical, or gives an oral presentation

**Active Experimentation**
Student: Plans how to use new information in a new patient encounter
Preceptor: Sets a specific learning challenge to test in next cycle

**Reflective Observation**
Preceptor: Asks probing questions
"Tell me what was challenging."  "Why might that have happened?"  "How do you feel?"
Student: Describes thoughts verbally or in writing

**Abstract Conceptualization**
Preceptor: Delivers teaching point based on students’ reflection
Student: Researches information to explain what was observed

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**References / Resources:**

*Experiential learning: Experience as the source of learning and development.* New Jersey: Prentice-Hall


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*By three methods we may learn wisdom: First, by reflection, which is noblest; Second, by imitation, which is easiest; and third by experience, which is the bitterest.*  
~Confucius