


A Response to Medical Student Schwartz Rounds: A Powerful Medium for Medical Student Reflective Practice [Letter]

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Dear editor

I read with interest the article by Gleeson et al discussing the use of Medical Student Schwartz Rounds (MSSRs) as a means of reflection.¹ The role of reflection in developing resilience and empathy is important to consider, especially in these unprecedented times.² As a medical student, I have benefitted from group reflective practices in the form of Balint groups and have found myself struggling when required to write reflective pieces. The authors' conclusion that students were "overwhelmingly positive" about MSSRs is therefore of particular interest. I wanted to address certain aspects of this study that I think should be considered when evaluating the conclusions.

Gleeson et al found 90% of students preferred MSSRs over written pieces as a method of reflection.¹ However, no data were collected on individual student participation within the MSSRs. This means that it is difficult to know whether all students engaged with the MSSRs and whether lack of required contribution was a factor in students preferring MSSRs over written pieces. Thematic analysis of qualitative feedback revealed that some students found the size of the group to be intimidating.¹ This echoes findings of Gishen et al's similar study in older medical students, which reported that attendees found it daunting to engage with group discussion in front of a large number of their peers.³ These perspectives show that it could be difficult for all students to equally partake in MSSRs. Therefore, without information surrounding participation rates in these MSSRs, it is challenging to attribute positive feedback completely to the MSSRs themselves.

Furthermore, attendance at MSSRs was not compulsory, leading to a 53% student turnout over the year.¹ Voluntary attendance may indicate an inherent interest in group reflection over written reflection. Assuming that all students would enjoy the addition of MSSRs to the curriculum may therefore be too simplistic a conclusion as it could be the case that those who chose to attend were more likely to positively rate the sessions than those who chose not to. Further research may therefore be warranted to assess the generalisability of these conclusions to the wider medical student population.

Finally, written reflection during medical school is often assessed in some form.⁴ Gleeson et al did not specify whether this was the case for written reflection that students were comparing MSSRs to. This may have contributed to students preferring

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MSSRs, as they were able to engage with the sessions without the stress associated with formal assessment.⁵ Further research into the impact of assessing reflection on student satisfaction of the task would therefore be of interest.

Nevertheless, this research adds weight to the existing literature showing that group reflective practices have a role in the undergraduate medical school curriculum. This study informs medical schools that students largely prefer MSSRs over written reflection and explores the benefits of MSSRs for students in their first clinical attachments. Future research should focus on the use of other non-written forms of reflection and their potential benefits when used as an adjunct in medical student development.

Disclosure

The author reports no conflicts of interest for this communication.

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