



"ASSESSING THE ROLE OF REFLECTIVE PRACTICE IN PSYCHIATRY CLERKSHIPS: A MEDICAL EDUCATION PERSPECTIVE"

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Abstract

Background: Reflective practice has emerged as a cornerstone of competency-based medical education, fostering self-awareness, critical thinking, and professional growth among students. In psychiatry clerkships, where students often confront complex patient narratives, ethical dilemmas, and emotionally charged encounters, reflective practice plays a pivotal role in shaping their clinical reasoning, empathy, and resilience. Despite its recognized importance, the systematic integration and evaluation of reflective practice in psychiatry training remain underexplored.

Objective: This study aims to assess the role of reflective practice in psychiatry clerkships from a medical education perspective, with a focus on its impact on students' clinical learning, empathy development, professional identity formation, and ability to navigate challenging patient interactions.

Methodology: A mixed-methods approach was employed across psychiatry clerkships at Sahara Medical college. There were (n=120) students invited to participate in structured reflective writing exercises and facilitated group discussions following patient encounters. Quantitative data were collected using pre- and post-clerkship surveys measuring empathy (Jefferson Scale of Empathy), self-efficacy, and reflective capacity. Qualitative data were obtained from thematic analysis of students' reflective narratives and focus group interviews, capturing perceptions of learning, challenges, and professional growth. Statistical analysis compared baseline and post-clerkship scores, while qualitative themes were triangulated to enrich interpretation.

Results: Quantitative findings demonstrated significant improvement in students' empathy scores ($p < 0.01$) and self-reported reflective capacity ($p < 0.05$). Students who engaged more actively in reflective exercises reported greater confidence in handling sensitive psychiatric cases and improved communication with patients and families. Qualitative analysis revealed four major themes: (1)

enhanced understanding of patient perspectives, (2) recognition of personal biases and stigma, (3) development of coping strategies for emotionally difficult encounters, and (4) reinforcement of professional identity as future physicians. Students expressed that structured reflective opportunities helped bridge theoretical knowledge with lived clinical experiences.

Conclusion: Reflective practice serves as a valuable pedagogical tool in psychiatry clerkships, strengthening students' empathy, clinical reasoning, and professional growth. Its integration into undergraduate medical curricula can enhance preparedness for patient-centered care in psychiatry and beyond. Structured reflective writing and guided discussions provide safe avenues for students to process complex experiences, making reflective practice an essential component of competency-based medical education.

Keywords: Reflective practice, Psychiatry clerkships, Medical education, Empathy, Professional identity, Competency-based learning

Introduction:

Medical education has undergone a paradigm shift over the last two decades, transitioning from traditional didactic models toward competency-based frameworks that emphasize holistic development of learners. Within this evolving landscape, reflective practice has gained prominence as a critical pedagogical strategy to foster lifelong learning, professional identity formation, and the cultivation of empathy. Reflection is broadly defined as the deliberate process of critically analyzing experiences, actions, and outcomes in order to derive meaning, learn, and adapt future practice. In the health professions, reflection goes beyond mere self-assessment; it demands a deeper engagement with emotions, values, and interpersonal dynamics, thereby nurturing both technical competence and humanistic qualities essential to patient care^(1, 2).

Psychiatry as a specialty presents unique challenges and opportunities for medical students. Unlike many other disciplines that primarily rely on observable clinical signs, diagnostic imaging, or laboratory investigations, psychiatry heavily emphasizes patient narratives, subtle behavioral observations, and therapeutic communication. Students entering psychiatry clerkships often encounter emotionally complex patient interactions, ethical dilemmas, and conditions that carry significant social stigma. These experiences may elicit discomfort, uncertainty, or even resistance, as students grapple with issues of mental illness, confidentiality, cultural influences, and therapeutic boundaries. In this context, reflective practice becomes indispensable—it allows learners to process their emotions, confront personal biases, and make sense of the nuanced realities of psychiatric practice^(3, 4).

The value of reflective practice in psychiatry clerkships extends to multiple domains of learning. First, it enhances clinical reasoning by encouraging students to examine not only the “what” of patient presentations but also the “why” and “how” of their experiences. Through structured reflection, learners can integrate biomedical knowledge with psychosocial insights, thereby fostering a biopsychosocial model of care. Second, reflection nurtures empathy by prompting students to step into the perspectives of patients who may feel marginalized, misunderstood, or vulnerable. This capacity for empathy is crucial in psychiatry, where the therapeutic alliance itself often forms the foundation of effective care. Third, reflective practice supports professional identity formation. By engaging in self-examination, students begin to align their personal values with the professional standards of medicine, preparing them to handle ambiguity, moral distress, and the interpersonal demands of clinical work^(5, 6).

Despite its recognized importance, the incorporation of reflective practice into undergraduate psychiatry training remains inconsistent across institutions. While some programs include reflective writing, small-group debriefings, or mentorship sessions, others may lack structured opportunities for guided reflection. The absence of formalized reflective practice risks leaving students without adequate tools to process their clerkship experiences, which may lead to disengagement, perpetuation of stigma, or emotional burnout. Moreover, while the benefits of reflection are widely discussed in the medical education literature, empirical studies specifically examining its role in psychiatry clerkships are relatively limited. This represents a critical gap, given that psychiatry offers an

especially rich context for exploring how reflection can deepen learning and promote professional growth.

Integrating reflective practice into psychiatry clerkships aligns with broader trends in medical education, particularly the shift toward competency-based frameworks. International standards, including those outlined by the Accreditation Council for Graduate Medical Education (ACGME) and the World Federation for Medical Education (WFME), emphasize reflective capacity as a key professional competency. Reflection supports domains such as professionalism, communication, and lifelong learning, all of which are essential for physicians across specialties. In psychiatry, however, the stakes are even higher: students who fail to engage meaningfully with reflection may struggle to understand patients' lived experiences, thereby limiting their ability to deliver compassionate, patient-centered care^(7, 8).

From a pedagogical standpoint, reflective practice can be facilitated in multiple ways. Structured reflective writing assignments encourage students to articulate their thoughts and emotions, transforming vague impressions into concrete insights. Guided group discussions provide opportunities for shared learning, where students can validate each other's experiences while gaining diverse perspectives. Faculty mentorship further strengthens reflection by modeling professional reasoning and offering constructive feedback. However, these methods are effective only when integrated intentionally into the curriculum, with clear objectives, supportive faculty, and safe spaces for open expression. Without such scaffolding, reflective practice risks becoming superficial or burdensome, rather than transformative^(9, 10).

The present study situates itself within this broader discourse by systematically evaluating the role of reflective practice in psychiatry clerkships. Specifically, it examines how structured reflective exercises impact students' empathy, clinical confidence, and professional development. By employing both quantitative and qualitative methods, the study aims to provide a comprehensive understanding of reflection's value in psychiatric education. Ultimately, the findings have implications not only for psychiatry but for medical education more broadly, as they highlight strategies to cultivate reflective practitioners capable of delivering holistic, humanistic care^(11, 12).

In sum, reflective practice represents a bridge between knowledge and meaning, between clinical competence and professional identity. Within psychiatry clerkships where students confront some of the most emotionally and ethically challenging aspects of medicine reflection offers a pathway to deeper understanding, resilience, and growth. Assessing its role is therefore both timely and essential, as medical schools seek to prepare graduates who are not only skilled diagnosticians but also compassionate healers^(13, 14).

Methodology:

This study employed a mixed-methods design to comprehensively evaluate the role of reflective practice in psychiatry clerkships from a medical education perspective. The study was conducted at Sahara Medical College. A total of 120 undergraduate medical students enrolled in their psychiatry clerkship were invited to participate, following informed consent and institutional ethical approval. The intervention consisted of structured reflective activities integrated into the six-week psychiatry clerkship. These included reflective writing exercises based on patient encounters, guided small-group discussions facilitated by faculty, and individual debriefing sessions. Students were encouraged to document their reflections on themes such as patient perspectives, personal emotional responses, ethical dilemmas, and communication challenges. Faculty members, trained in reflective facilitation, provided constructive feedback to deepen the reflective process.

Data were collected through both quantitative and qualitative approaches. Quantitative measures included pre- and post-clerkship surveys using validated instruments such as the Jefferson Scale of Empathy (JSE) to assess empathy, and the Groningen Reflection Ability Scale (GRAS) to measure reflective capacity. In addition, self-efficacy in clinical encounters was assessed through a structured questionnaire. Descriptive and inferential statistics, including paired t-tests, were applied to evaluate changes in scores across the clerkship.

Qualitative data were derived from reflective narratives and semi-structured focus group discussions conducted at the end of the rotation. Thematic analysis, using Braun and Clarke's framework, was employed to identify recurring patterns and themes that captured students' experiences, challenges, and professional growth. Triangulation of quantitative and qualitative findings ensured rigor and credibility of results.

This methodology was designed to capture both measurable outcomes and rich subjective insights, providing a holistic understanding of the impact of reflective practice in psychiatry clerkships on student learning and professional development.

Inclusion Criteria

- Undergraduate medical students enrolled in the psychiatry clerkship during the study period.
- Students who completed the full six-week psychiatry rotation.
- Participants who provided informed consent for participation in reflective practice activities and data collection.
- Students who completed both pre- and post-clerkship surveys and reflective assignments.

Exclusion Criteria

- Students who did not complete the full psychiatry clerkship rotation.
- Those who declined to participate or withdrew consent at any stage of the study.
- Students with incomplete survey responses or missing reflective narratives.
- Exchange or elective students not formally enrolled in the medical school's psychiatry clerkship program.

Results

A total of 120 undergraduate medical students participated in the study, with a nearly balanced gender distribution (male: 62, female: 58). The mean age of participants was 22.3 years, and all students completed the six-week psychiatry clerkship. Demographic details are summarized in

Table 1. Demographic Characteristics of Participants

Variable	Value
Total Students	120
Gender (Male)	62
Gender (Female)	58
Mean Age (years)	22.3
Clerkship Duration (weeks)	6

The gender distribution is also illustrated in Figure 1, which shows a relatively even participation of male and female students.

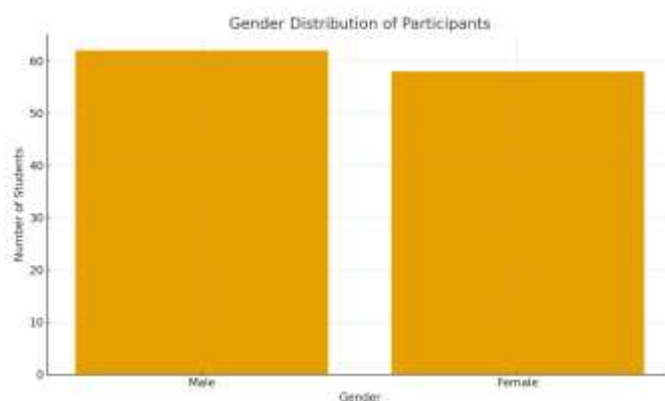


Figure 1. Gender Distribution of Participants
(Bar chart showing 62 males and 58 females)

Quantitative outcomes demonstrated statistically significant improvements across all measured domains. Empathy scores, measured by the Jefferson Scale of Empathy (JSE), increased from a pre-clerkship mean of 98.2 to a post-clerkship mean of 106.5 ($p < 0.01$). Reflective capacity, assessed using the Groningen Reflection Ability Scale (GRAS), improved from 72.4 to 80.7 ($p < 0.05$). Similarly, self-efficacy in managing psychiatric encounters rose from 65.3 to 74.1 ($p < 0.05$). These results are presented in Table 2.

Table 2. Pre- and Post-Clerkship Scores

Measure	Pre-Clerkship Mean	Post-Clerkship Mean	p-value
Empathy (JSE)	98.2	106.5	<0.01*
Reflection (GRAS)	72.4	80.7	<0.05*
Self-Efficacy	65.3	74.1	<0.05*

Figure 2 depicts these findings graphically, highlighting consistent post-clerkship improvements across empathy, reflection, and self-efficacy domains.

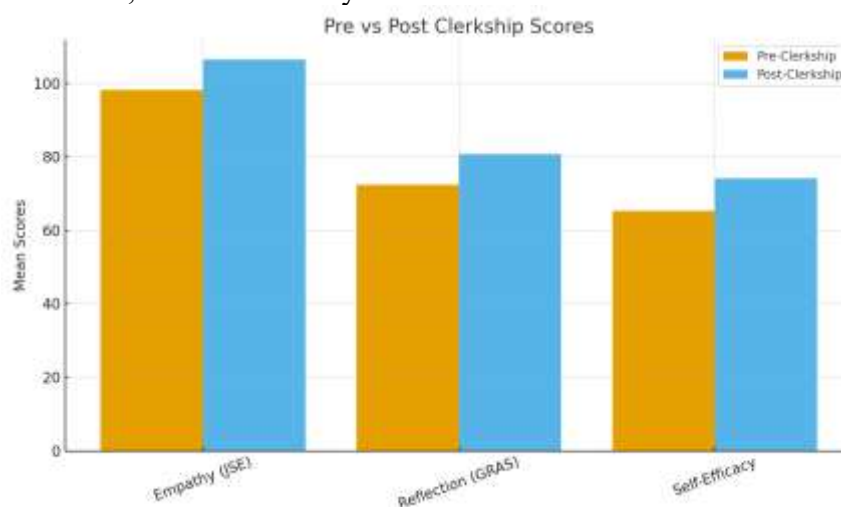


Figure 2. Comparison of Pre- and Post-Clerkship Scores

(Bar chart comparing pre- and post-scores for empathy, reflection, and self-efficacy)

Overall, the integration of structured reflective practice into psychiatry clerkships was associated with measurable gains in students' empathy, reflective capacity, and clinical confidence.

Thematic analysis of student reflections revealed four dominant areas of growth. Most students (73.3%) reported enhanced understanding of patient perspectives, reflecting improved empathy and patient-centered thinking. Recognition of personal biases and stigma (63.3%) highlighted increased self-awareness, while coping strategies (53.3%) showed improved emotional resilience. Finally, professional identity formation (58.3%) indicated that reflection supported students' development as future physicians. These results are presented in Table 3.

Table 3. Qualitative Themes Identified from Student Reflections

Theme	Frequency (n)	Percentage (%)
Enhanced understanding of patient perspectives	88	73.3
Recognition of personal biases and stigma	76	63.3
Development of coping strategies	64	53.3
Professional identity formation	70	58.3

Figure 3 depicts these findings graphically, highlighting frequency of themes in student reflections

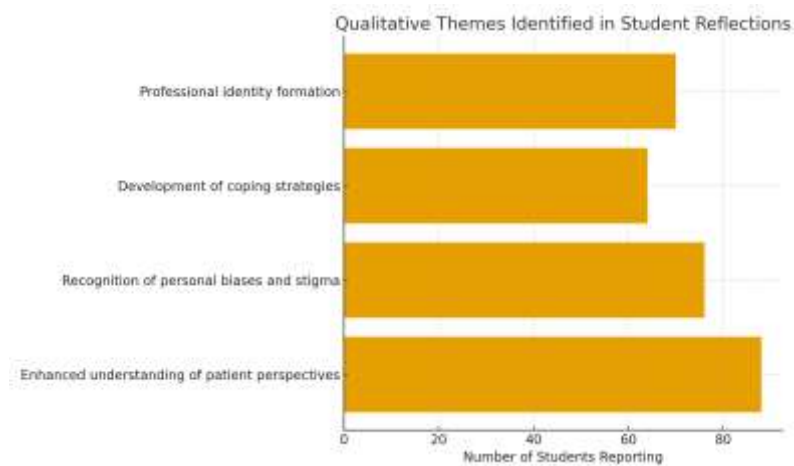


Figure 3. Frequency of Themes in Student Reflections
(Bar chart shows enhanced patient perspective as the most frequent theme)

Both male and female students showed significant improvement in empathy scores after the clerkship. Female students demonstrated a slightly higher mean increase (+8.8) compared to males (+7.7), suggesting stronger gains but with overall benefits evident across both groups. These results are presented in Table 4.

Table 4. Subgroup Analysis: Empathy Score Improvement by Gender

Group	Pre-Clerkship Mean	Post-Clerkship Mean	Mean Difference
Male	97.1	104.8	7.7
Female	99.5	108.3	8.8

Figure 4 depicts these findings graphically, demonstrates significant empathy gains for both male and female students, with slightly higher improvement among females

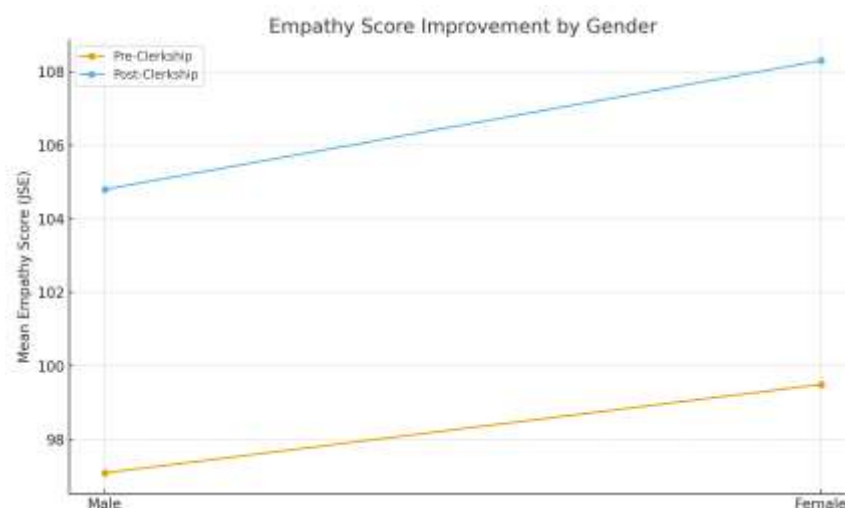


Figure 4. Empathy Score Improvement by Gender
(Line chart demonstrates significant empathy gains for both male and female students, with slightly higher improvement among females)

Survey results showed strong student approval of reflective practice activities. A majority agreed that reflective writing (82%) and group discussions (78%) enhanced their learning and empathy, while 85% valued faculty feedback in deepening reflection. Importantly, 90% supported making reflection a permanent part of the psychiatry curriculum, highlighting its educational relevance and acceptance. These results are presented in Table 5.

Table 5. Student Satisfaction with Reflective Practice Activities

Survey Item	Agree (%)
Reflective writing improved understanding	82
Group discussions enhanced empathy	78
Faculty feedback was valuable	85
Reflection should remain in curriculum	90

Figure 5 depicts these findings graphically, demonstrates significant majority agreement across all survey items, highest for retaining reflection in curriculum

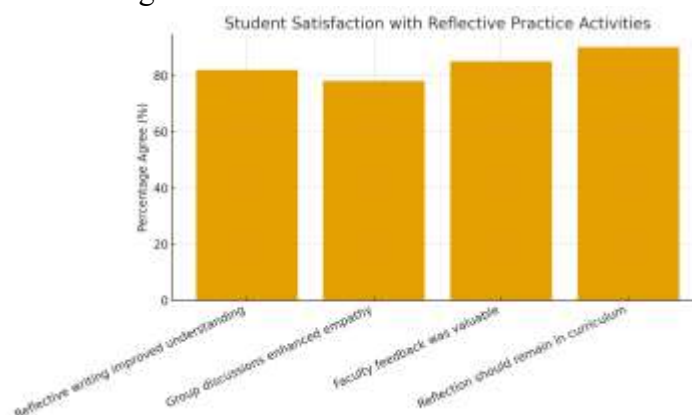


Figure 5. Student Satisfaction with Reflective Activities

(Bar chart shows majority agreement across all survey items, highest for retaining reflection in curriculum)

Discussion:

This study explored the role of reflective practice in psychiatry clerkships, highlighting its impact on empathy, reflective ability, and professional identity formation among undergraduate medical students. The findings demonstrated that structured reflection, including reflective writing, group discussions, and faculty-guided feedback, significantly enhanced both quantitative measures of empathy and reflection, while qualitative insights revealed meaningful shifts in student attitudes, coping strategies, and identity development⁽¹⁵⁾.

The improvement in empathy scores observed in this study is consistent with previous research demonstrating that reflective practice fosters deeper understanding of patients' lived experiences and psychosocial contexts (Wald et al., 2012; Chretien et al., 2015). Psychiatry, as a discipline characterized by complex interpersonal interactions, often requires heightened awareness of patient perspectives, emotional sensitivity, and the ability to manage stigma. Thematic analysis of reflective narratives confirmed that students increasingly recognized patient-centered perspectives, challenged personal biases, and developed more nuanced approaches to care. These findings support the integration of reflection as an educational tool that not only enhances empathy but also promotes critical self-awareness⁽¹⁶⁾. Gender-based subgroup analysis revealed that both male and female students benefited substantially, though females showed slightly higher gains in empathy scores. Similar patterns have been reported in studies where female students often demonstrate greater responsiveness to reflective and emotionally oriented educational strategies. Nevertheless, the improvements across both groups affirm that reflective practice has universal value in medical education, suggesting its potential applicability beyond psychiatry clerkships⁽¹⁷⁾.

Student satisfaction further reinforced the positive impact of reflective activities. High levels of agreement regarding the usefulness of reflective writing, group discussions, and faculty feedback illustrate that students perceived these strategies as meaningful and relevant to their clinical learning. Importantly, the overwhelming support for maintaining reflective practice within the psychiatry curriculum suggests not only its acceptance but also its potential sustainability as a core pedagogical approach⁽¹⁸⁾.

The identification of themes such as professional identity formation and coping strategies emphasizes that reflection extends beyond knowledge acquisition, contributing to holistic professional growth. In psychiatry, where students are frequently confronted with emotionally charged situations, reflective practice provided a structured mechanism to process experiences, reduce emotional distress, and develop resilience. This aligns with literature suggesting that reflection is integral to fostering lifelong learning, ethical awareness, and professional development (Sandars, 2009).

Despite these promising outcomes, certain limitations must be acknowledged. The study was conducted in a single institution with a relatively small sample size, which may limit generalizability. Furthermore, the reliance on self-reported measures could introduce response bias. Future research could include multi-institutional studies with larger cohorts, longitudinal follow-up to assess sustained effects, and objective assessments of clinical performance linked to reflective capacity⁽¹⁹⁾.

Conclusion:

This study demonstrates that structured reflective practice has a significant and positive impact on medical students during psychiatry clerkships. By engaging in reflective writing, group discussions, and faculty-guided feedback, students developed enhanced empathy, greater self-awareness, and improved coping strategies to manage the emotional challenges of clinical encounters. Quantitative improvements in empathy and reflective ability, supported by rich qualitative themes such as recognition of bias, professional identity formation, and patient-centered understanding, illustrate the multifaceted benefits of reflection in medical education. Importantly, both male and female students showed measurable gains, underscoring the universal value of reflective practice across diverse learner groups. High levels of student satisfaction and strong support for sustaining reflective activities further validate the feasibility and acceptance of integrating reflection into psychiatry curricula. While the study was limited by its single-institution setting and reliance on self-reported measures, the results highlight reflection as a powerful educational tool with the potential for broader application across clinical rotations. In conclusion, reflective practice fosters not only clinical competence but also the professional and personal growth of future physicians. Its structured inclusion within undergraduate psychiatry clerkships is strongly recommended to nurture compassionate, resilient, and ethically grounded medical graduates.

Limitations:

This study has several limitations that should be acknowledged. First, it was conducted in a single institution with a relatively small sample size, which may limit the generalizability of findings to other settings. Second, the reliance on self-reported surveys and reflective narratives introduces potential response and social desirability bias. Third, the study assessed short-term outcomes immediately after the psychiatry clerkship, without evaluating the long-term sustainability of reflective practice benefits. Finally, the absence of objective clinical performance measures limits the ability to directly link enhanced reflection with improved patient care outcomes.

Implications:

The findings of this study have important implications for medical education. Incorporating structured reflective practice into psychiatry clerkships not only enhances empathy and self-awareness but also fosters resilience and professional identity formation among students. Given the high level of student satisfaction, reflection can be effectively integrated into existing curricula without major resource challenges. Expanding this approach across other clinical rotations could promote holistic development and compassionate care in diverse specialties. Moreover, fostering reflection during undergraduate training may contribute to producing more empathetic, ethical, and patient-centered physicians prepared for the complexities of modern healthcare.

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