Developing a Website to Facilitate the Transfer of Reflective Learning within a Junior Doctor Population

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Citation

Abstract

OBJECTIVE: In this article we describe the efforts of two British Foundation Year Junior Doctors to create a website allowing other junior doctors to share reflective type articles. METHOD: We used a software package called vbulletin, which allowed us to create a forum based website. We used Gibbs reflective framework as a standard for article structure. RESULTS: Our website received and published 31 articles during a 12 month period. 22 from Foundation Year trainees, 5 from Senior House Officer trainees, 2 from Registrar trainees, and 2 articles commissioned from Consultants. The website forum recorded 164 registered users. CONCLUSION: We discuss our thought process and reasoning behind this project, and the limitations to our method and the lessons learnt for future Internet entrepreneurs. This project demonstrates the willingness of junior trainees to not only reflect, but also to share their own reflections. Furthermore our project demonstrates the ambition of junior doctors to develop new positive methods of utilising IT for educational purposes.

INTRODUCTION

The Internet has changed the way medical education is delivered[1]. As a medical student and now a doctor I have witnessed this first hand. Hand-outs from lectures have turned into online audio presentations; and my scruffy ring bound paper logbook from medical school is now an all encompassing postgraduate NHS eportfolio.

As change occurs it is crucial not only to embrace it, but also build and develop current practice. In this case study we describe the efforts of two foundation year junior doctors to develop a website[2] with the intention of facilitating the transfer of reflective type articles among the British junior doctor population.

METHOD

We used a software package called vbulletin, which allowed us to create the template of a forum and homepage website. This was purchased for a fee. From this we were able to build customised section pages, add navigation widgets and a host of other useful features. For the minimal-moderately computer savvy individual this was an excellent choice. It still required some IT knowledge to purchase a web domain and server space, then upload the website package; but from then on it was very user friendly. It allowed new web pages to be created remotely, with no need to constantly access the web server and build items from scratch.

We stated reflective articles as those written about a clinical scenario or encounter with a clear learning point, but specifically not a case report. Author guidance was provided on the website, using Gibbs' framework for reflection[3] as a standard for article structure. Website sub-sections included those articles from Foundation trainees, and also "Day in the Life" type reflective articles from Senior House Officer and Registrar level authors. We later offered Consultant written "Advice" articles.

Articles were submitted via email, in MS Word format. We, the two founders, acted as editorial staff.
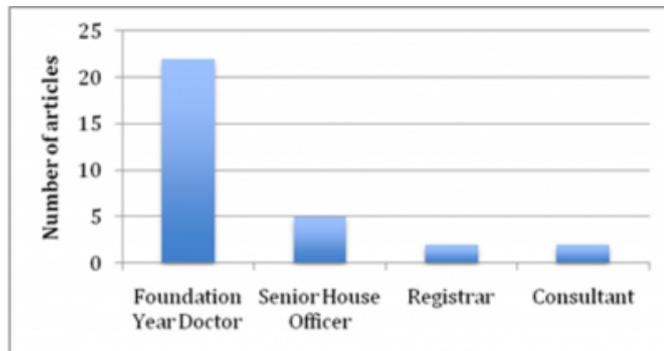
RESULTS

We received and published 31 articles during a 12 month period, with the majority originating from a Foundation Year trainee author (Table 1).

The website forum recorded 164 registered users.

Figure 1

Table 1. Graphical representation of the number of articles published during a 12 month period, correlated with the respective grade of the authors

DISCUSSION

The skill of reflective practice, specifically reflection on action, is taught in medical school and encouraged at a postgraduate level. Indeed it features in General Medical Council training guidance[4], and the Foundation Programme Curriculum [5.] As a foundation level junior trainee doctor a specific section in the compulsory eportfolio is dedicated to reflective entries. But we asked the questions: What happens to these entries? Are they just forgotten about and wasted?

Reflection is a personal tool for learning[6], however we wanted to show that just as important is the transfer of this reflective knowledge between individuals. Often these reflections are common dilemmas experienced by every newly qualified doctor. Why not allow doctors to share these golden nuggets of experience! We had read about the Kolb cycle, and the process of experiential learning; however what we wanted was a tangible intervention to allow this transfer of knowledge to occur. We had seen many popular Internet based projects from other junior doctors, and with guidance from relevant publications[7,8] we set out to emulate their success.

The main purpose of this article is to share lessons learnt and limitations in our method, for future Internet entrepreneurs:

One choice we made early on was not to endorse a peer-review policy. Publishing an article can be a daunting prospect and the lengthy process often wrongly dissuades trainees. We wanted a turnaround per article of 2 weeks maximum. We argued that these reflective articles were learned thoughts and not actual factual data, all we needed to do was edit any grammar and spelling and check no personal patient data was included. On a similar point we stressed to potential authors that these were not case reports, hence not requiring a consent form. This was another effort to encourage authors and speed publishing time. We wanted these articles to rank somewhere between a rapid access "blog" and a journal published article.

The first major hurdle was the question of money. Initially we bankrolled the project ourselves, but to develop it further we were dependant on acquiring sponsorship contributions from medical companies; which was a tiresome task, and in the current economic climate this is only going to get worse. To acquire sponsorship you need a working website, but you need sponsorship to build the website first.

Next came the question of technical ability. It took us several months to learn the basics of website building. We opted for a pre-built package to save time and money. However in the long term, although initially more expensive, a custom built site gives you more freedom and flexibility. One point of note is that of a forum. This sounds a very appealing addition to any website; however it is a massively time consuming entity. For it to run effectively you need to regulate membership and have constant forum moderators, or risk advertisement and unsavoury posts populating your chat rooms.

Perhaps the greatest task is marketing, often an overlooked skill in these start-up projects. We were successful at a regional level, but attempts to branch out nationally were very difficult. We endeavoured to set up a network of junior doctors in three other deaneries, however it remained a constant effort, and we didn't have enough money for full-blown advertising. Inevitably this has been the rate-limiting factor in our venture. We continue to receive a trickle of articles but maintaining interest in a junior doctor population that turns over every year is very difficult. Our advice would be to have a strong network of junior colleagues; i.e. someone to pass over the reigns to once you move into higher training.

In summary our website has demonstrated the willingness of junior trainees to not only reflect, but also to share their own reflections. Our project demonstrates the ambition of junior doctors to develop new positive methods of utilising IT for educational purposes. It also demonstrates the enthusiasm of junior doctors as a whole to embrace these changes. When you search the Internet you find many similar junior doctor founded medical websites, from podcast learning to online journals. We further ask the question: should lessons in applied IT for medical education and medical informatics be offered as an optional module to British medical

undergraduates?

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