

“Personal mission statement”: An analysis of medical students’ and general practitioners’ reflections on personal beliefs, values and goals in life

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Keywords:

Concept formation, goals, values of life, medical students, general practitioners, medical education, professional education

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Abstract

Background: Personal mission in life can determine the motivation, happiness, career advancement and fulfilment in life of the medical students (MSs) along with improvement in professional/clinical performance of the family physicians. This study explored the personal beliefs, values and goals in the lives of MSs and general practitioners (GPs).

Methods: Fourth-year MSs at the Universiti Putra Malaysia and GPs who participated in a 2-hour session on ‘Ethics in Family Medicine’ in 2012 were invited. All the participants submitted the post-session written reflections about their personal missions in life. The written reflections were analysed using thematic analysis.

Results: A total of 87 MSs and 31 GPs submitted their written reflections. The authors identified 17 categories from the reflections contained by four themes—good vs. smart doctor, professional improvement vs. self-improvement, self-fulfilment and expressed motivation. The most common categories were “to be a good doctor” (97/330) and “professional improvement” (65/330). Many MSs had expressed motivation and wanted to be a smart doctor as compared to the GPs, whereas a larger number of GPs wished to have a fulfilled life and be a good doctor through professional improvement.

Conclusion: The difference between the two student groups might indicate different levels of maturity and life experiences. Medical teachers should engage students more effectively in orientating them towards the essential values needed in medical practice.

Background

Personal mission in life can determine motivation, happiness, future career advancement and fulfilment in life of the medical students (MSs) along with improvement in professional/clinical performance of the family physicians.¹⁻⁵ These personal internal qualities are largely represented by the professional functional knowledge base, which can be influenced by personal awareness (pre-propositional impressions that trigger experiential learning) and moral principles.⁶ Physicians often deal with patients with complex medical and social problems.⁷ Therefore, a physician’s self-understanding, insight into the nature, limitations of the knowledge and capacity of applying it are crucial in professional practice.⁸

Reflection is a mental process of cyclic thoughts that allows self-examination and internal exploration of issues and concerns triggered by experience. It functions in self-regulation of personal values and behaviour resulting in changed conceptual

perspectives,^{9,10} which appear as one of the six components of the cited learning methods in clinical practice.^{11,12} These six teaching methods comprise Modelling, Coaching, Scaffolding, Articulation, Reflection and Exploration. It encourages situated (the clinical and bedside) learning by helping students to acquire both cognitive and meta-cognitive skills through observing expert performance in practice that further facilitate development of their own problem-solving skills.¹² Critical and deliberate reflection of a physician’s medical practices when encountered with difficulties and weaknesses would give rise to the development of professional expertise.⁹ Particularly in medicine and healthcare, the term often refers to critical thinking in problem solving.^{3,13}

Through these reflections, many physicians evaluate their past experiences and self-organise their personal values in doctor-patient relationship in order to make necessary adjustments to have an effective

communication and relationship-centred care.^{4,14} Observing the association of reflection with critical thinking and clinical practice^{8,15} medical educators have expressed enthusiasm about its use and many medical schools have incorporated reflection into their curriculum and student assessments.¹⁶ The skill of reflection would also enable physicians to incorporate different personal values expressed by patients into evidence-based medical care while negotiating a patient-centred care plan.¹⁷ Thus, medical profession values the ability to reflect and sees it as an essential part of clinical practice.¹⁸

However, there are very little informational data on the medical students' or family physicians' personal beliefs, values and goals in life. Also, the published reports have very limited access on the use of reflection. It was assumed that the personal beliefs, values and goals in a professional's life begin from the earlier trainings; also, the experiences along the way may change these personal values. Knowing these personal values during medical training would provide the students an opportunity to readjust their core personal values and medical teachers to influence their students. It was aimed to answer a research question, "what are the personal beliefs, values and goals in lives of the fourth-year medical students (MSs) in Universiti Putra Malaysia and general practitioners (GPs) enrolling for the Diploma of Family Medicine course organised by the Academy of Family Physicians Malaysia (AFPM)?"

Methods

Setting, participants and curriculum

This study was conducted at the Faculty of Medicine and Health Sciences of the Universiti Putra Malaysia and included all the fourth-year MSs (n = 91) entering their family medicine posting (FMP) in 2012. In addition, a group of GPs were also invited (n = 64) to participate in this study during the workshop on professionalism, ethics and practice management in the course of their diploma in family medicine (DFM) in 2012. GPs group consisted of a mixture of medical officers from private practices and public primary care clinics with different work experiences and aspirations.

FMP spans over 4 weeks in the fourth year undergraduate programme at Universiti Putra Malaysia (UPM). The fourth-year MS is divided into four smaller groups in every academic year and each group is posted for a period of 4 weeks according to rotation. DFM is organised by the Academy of Family Physicians of Malaysia (AFPM) for the training of GPs. It serves as a mean for the

GPs to update their professional skills and upgrade their competency to a level that is recognised by the national healthcare delivery standard.

A 2-hour lecture on the ethics and professionalism in family medicine was delivered during both the FMP and DFM as part of the curriculum. The lecture included a large-group, informative presentation on the definition, importance and principles of biomedical ethics in family medicine with emphasis on ethical problems/dilemmas in clinical practice. The last 30 min of the lecture was a small group discussion based on patient scenarios. At the beginning of the lecture, students (the MSs and GPs) were informed about the study and explained with an example of a personal mission statement. The personal mission statement was defined as the core/personal belief of a person to become a doctor as a life mission.

The example of a personal mission statement shown to the students was: "*I will live so as to embody (i) an open-minded receptivity toward creation and creativity; (ii) a celebration of life and all that is good in humankind; and (iii) a caring hand extended toward the least of my brethren.*"

After the above introduction, students were given 3–5 min to reflect and write down their thoughts at the beginning of the lecture. Students were given another 3–5 min to complete their written reflections before submitting them at post-lecture. Written reflections included only the student's age, gender and ethnicity.

Outcome measures and data analysis

The outcome measures of the study were analysed. These were the themes, which emerged from narrative analysis of students' written reflections. First, the student reflections were numbered according to their group and duplicated. Each remark was uniquely identified by a letter indicating the student group, A–C for MS participants and G for GP participants, followed by the numbers. Three investigators qualitatively analysed the FMP and DFM students' written reflections. The main investigator analysed both student-groups' written reflection while another two investigators analysed FMP and DFM students' reflection separately. Each of them then independently reviewed, read and coded each reflection. Each category was coded only once in each reflection. At the end of the individual coding process, they met in a group in a round-robin arrangement to derive consensus for each reflections. They agreed on the classification of categories into themes, using an iterative process of discussion,

refining and revision of the coding scheme, and consensus. The number of categories per student and the total number and frequency of categories were documented. Finally, the distribution of categories within each theme was determined.

While looking for relationships between the themes, diversity in the level of abstraction and aggregation of categories was noticed within themes. At the same time, an underlying construct was identified that allowed to connect categories from different themes.

This study was approved by Universiti Putra Malaysia Ethics Committee and conformed to the provisions of the Declaration of Helsinki in 1995 (as revised in Edinburgh 2000). All investigations on human subjects had obtained their informed consent and participant's anonymity was preserved throughout the study.

Results

Among 118 students (76.1% response rate), 87 MSs (87/91, 95.6% response rate) as compared to 31 GPs (31/64, 48.4% response

rate) submitted their written reflections. Out of the 87 MSs in the FMP posting, half (50%) were female, 31 (35.2%) were male and 13 (14.8%) did not report their gender. The mean age was 22.0 years (range 21–23 years) and more than 50% were Malay (45 Malay, 29 Chinese, 4 Indian and 10 no response). Out of 31 GPs in the DFM course, 15 (48.4%) were male, and the mean age was 38.2 years (range 29–51 years). There was approximately equal distribution of the three main ethnic groups (7 Malay, 8 Chinese, 7 Indian, 2 Punjabi, 1 Myanmar and 6 no response).

Reflections varied in length from 7 to 150 words. Generally, the MSs had longer written reflections (9–150 words) compared to the GPs (7–50 words). A total of 17 categories for the 118 reflections were identified through our coding process. The number of categories that were identified for each reflection ranged from one to eight. The four emerging themes were (1) good vs. smart doctor, (2) professional vs. self-improvement, (3) self-fulfilment and (4) expressed motivation. Table 1 shows the definitions for the themes and the categories for each theme.

Table 1. Definition of themes and their representing categories regarding the students' personal beliefs, values and goals in life

Themes definition	Categories
<i>Good doctor vs. smart doctor</i>	
Good doctor is defined as doctor with high regard for ethical values, good religiosity/spirituality and professionalism	<ol style="list-style-type: none"> 1. Professional aspiration for patient 2. Professional aspiration for community/country 3. Professional aspiration for the world 4. Virtues, ethical values to develop 5. Religion/religious, spiritual
Smart doctor is defined as doctor with strong motivation to acquire knowledge and skill	<ol style="list-style-type: none"> 1. Specialty/sub-specialty intend to pursue 2. Specific skill/duty as a doctor 3. Current study in undergraduate 4. About exams in undergraduate 5. Knowledge
<i>Professional improvement vs. self improvement</i>	
Professional improvement is the general goal of becoming a good doctor who is capable of providing quality medical care to others and himself	<ol style="list-style-type: none"> 1. General professional duty as a doctor 2. Professional aspiration for self
Self-improvement is the general non-professional improvement and responsibility as a person, family, child, parent, sibling and society	<ol style="list-style-type: none"> 1. Self-improvement in general 2. General self-responsibility to the society or family
<i>Self-fulfillment</i>	
Self-fulfillment is defined as the self-enjoyment of life in terms of materialistic, career achievement and success in life including being rich and happy	<ol style="list-style-type: none"> 1. Self-enjoyment/fulfillment in life
<i>Expressed motivation</i>	
Expressed motivation is source of motivation as the driving force in life	<ol style="list-style-type: none"> 1. Motivation derivation 2. Un-related to personal mission statement

In the overall reflections, the most common themes were “to be a good doctor” (97/330), “professional improvement” (65/330), “general self-improvement” (54/330) and “to become a smart doctor” (53/330).

Some of the reflections on becoming good doctors:

A11: “... *To become a caring and compassionate doctor and serve the community especially in Sabah and Sarawak.*”

A26: “...*I also want to use the money to build charity house and if I can. I want to join MERCY (the Malaysian Medical Relief Society) or at least go to rural areas to serve poor people.*”

B10: “*I believe ...in whatever thing we do, we must be high spirited, sincere, genuine and... strong to face any obstacles... this applies in all field and all future doctors should have these qualities.*”

C03: “*I will become a responsible, relevant (and) trustworthy doctor. I will put my patients first rather than myself. I try to understand the patients and comfort them and do no harm.*”

C23: “... *I can help people especially those who are unfortunate (i.e. in undeveloped countries).*”

G25: “*Honest, trust, attain good karma. Not to cheat, hold promise.*”

Some of the reflections on professional improvement:

A05: “... *become a better person as I have to be (an) example to my patient.*”

B24: “*I want to equip myself with good knowledge and give good medical service to the society and aim to be a surgeon in future.*”

G02: “... *Be creative & innovative in extending my medical help to the society e.g. free breast examination.*”

Some of the reflections on general self-improvement:

A06: “*I want to be a good housewife and mother to my husband and children... contribute something to my religion and nation.*”

A10: “... *To have a family that support, love and care for me. And, I'm learning to do likewise for them.*”

C02: “*I will study hard, keep learning and growing in order to become a person who can contribute to the society and live a life of dedication.*”

C24: “*I will live so as to embody ... (ii) strong mind to overcome challenges in life (iii) to care for self (and) others.*”

C25: “*I believe in fate but I also believe that we can achieve what we want if we try our best.*”

G10: “*To train myself every day to be the best husband, father, son and a doctor to all those who place their trust in me.*”

Some of the reflections on becoming smart doctors:

A08: “*I would like to find a lot of experience in medical fields. (These) fields (are) very challenging especially emotion part and my defense mechanism... I would like to become a teacher or lecturer and share my experience and knowledge with... medical students.*”

A11: “*In 10 years time, I would like to specialize either in psychiatry or palliative care.*”

B22: “*Get a master degree in family medicine...*”

C14: “*Beside trying to prolong the life of patients... I must make sure my management and care-plan won't compromise the well-beings of patients without bringing any improvement.*”

C17: “*My mission is to be one of the greatest doctor...*”

C18: “*I want to explore more on human's health and hoping to discover more facts that is more all rounded in terms of health in the future.*”

C23: “*I ... want to be a doctor that can treat and understand the patient in all aspects.*”

More MSs had expressed motivation, self-improvement and wanted to be smart doctors as compared to the GPs who wished to have a fulfilled life and to be good doctors through professional improvement (Figure 1). Below are some of the expressed motivations:

B05: “*What motivate me to continue in this field despite of (all its) hardships is that I like to help people.*”

B07: “*My motivation to be a doctor is to make my parents proud, make my parents happy ...*”

B17: “*Give all of myself, physically (and) mentally. Never stop fighting like a warrior in this stage of life... a hero with his own story, like Batman who sacrificed his life for others... Life is like a muscle cell, the more pressure, the more it gains.*”

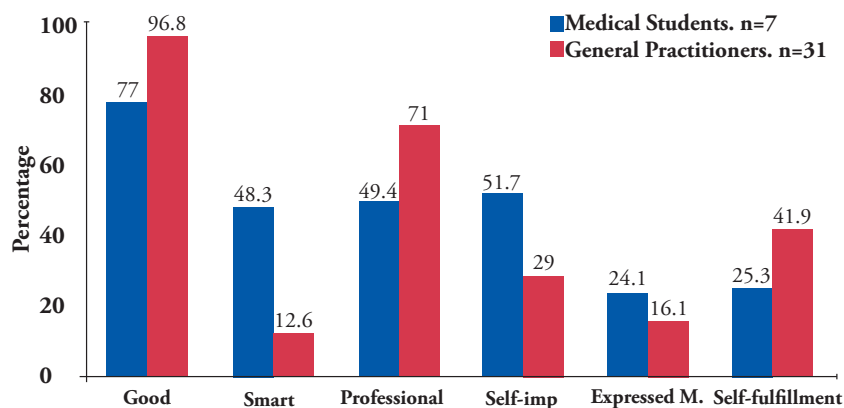


Figure 1. Proportion of categories appeared in the written reflections according to the student groups (*Good* good doctor, *Smart* smart doctor, *Professional* professional improvement, *Self-imp* self-improvement, *Expressed M.* expressed motivation)

Self-fulfillment reflections as stated below were most intriguing and at the same time these should encourage medical teacher to engage in more deeper and personal interactions. The reflections were very influential in the broader aspects of life.

A04: “I will live as a happy and successful person... live a happy, healthy and enjoyable life...”

B22: “...Have own clinic and earn money, getting married in 5 years, (and) travel around the whole world whenever there's holiday.”

C01: “I want to gain a lot of money and share it with my family...”

C17: “... my mission to have a great family even busy with my work.”

C19: “Most important, stay happy & smile always.”

C28: “... Having a stable profession that can help me be a better person.”

G03: “... Live happily for the rest of my life.”

G31: “Want to be a happy person, caring to the surrounding people and family. With some financial freedom. And preparation also for after-life.”

The GPs group expressed rather balanced goals in life. Besides stating the utmost importance of being a good doctor, they strived for an improvement in professional practice and aimed further for a better personal health, to prosper in life and able to enjoy life with family members.

G29: “I live to make sure my personal & professional life is balance for the benefit of my family & patients.”

G12: “Learn as much as I can and to use this knowledge to serve the people who need my service and at the same time earning a living.”

Some reflections showed strong religious affiliations and spirituality.

B03: “I strongly believe that whatever good I do, is counted as a ‘hassanah’ (good deeds) during the hereafter. Spiritually believing that what God has arranged for him is the best for me.”

C23: “I believe in what God has determined for me, as in example being in this field.”

B06: “I want my life as a doctor to be an ‘ibadah’ (obedience with submission) as every work that I do sincerely will be rewarded by God.”

C17: “I believe that God will give me the success based on my effort.”

G25: “Honest, trust, attain good karma.”

It was noticed that some reflections of negative experiences were turned into motivations or a mission in life.

B21: “I just want to be (someone) of doctor such as (a) neurosurgeon or cardiac surgeon because I want myself to be respected and ... convince others and make them to (give) in the way I have. .. Next, I would like to make my friend (sorry) and regret because he keeps insulting me.”

B16: “I’ll ... liberate our profession from being under any political system. I mean the head of healthcare system should not be a minister from any political party... The head of healthcare system should be a statesman as he/she would take quality of life as the main or the only agenda.”

Discussion

The study approaches captured students' written reflections on their core/personal beliefs in becoming a doctor and/or as missions in their life. The data obtained also provided a snapshot of comparison of these personal mission statements between undergraduate medical students and the practising family physicians. It was observed that the GPs provided shorter written reflections and this was probably because they were in a condition of more "settled in life" as compared to the MSs.

Participants' reflections suggested the universality of positive intentions and purposes in life. The differences of these life goals between the MSs and GPs were expected. MSs who generally perceived themselves as students were striving to improve in their study, to gain more knowledge and become smarter. The GPs who participated in the DFM were all working doctors with most of them self-employed, married and had many other social responsibilities, wanted practical returns in their life for all the investments they had put in. However, there was one similarity between these two groups of students that was from the perspective of religiosity in the reflections. Religiosity prevails in this country and society.^{19,20} Thus, it came as no surprise that some reflections showed strong religious affiliations and spirituality and were not irrational. The findings suggested that the students were insightful of their motivations for the short-term goals and life destiny for the long-term goals. For the MSs, it was the former being more lucid and expressed compared to the latter. Motivation had been shown to relate to self-regulation of learning and academic success in the demanding medical programme.²¹ Some reflections indicated past hurts from friends, dissatisfaction with the current healthcare and political systems in the country. These negatives feelings were not unusual in the teaching and working experiences and they could have been strong motivators for these particular students in their academic endeavour and self-improvements.

Literatures pointed out that through the reflection process learning occurs leading to change in behaviour. Encouraging reflective learning using personal journal recordings and tutorials had been shown to help medical students in focusing on what they need to be taught and integrate learning from different sources into knowledge.²² However, in context of immediate learning, the reflective learning process for the medical students needs to be facilitated and stimulated as they are the future health professionals.²³ GPs were more

focused on acquiring professional skills to improvise their clinical practice, fulfilling their life multiple responsibilities and enjoying life. Their (mostly urban) life aspiration was similar to the United States primary care physicians who practiced in non-underserved areas. Better lifestyle, among others, was the main reason for choosing their practice location when compared to those in underserved areas (defined as working in a clinic that is situated at a place designated as a health profession shortage area).²⁴ The findings from a recent study on the learning processes of residents in the clinical workplace had indicated the importance of reflection in professional knowledge and skills improvement.²⁵

On the basis of these findings, an integrating discussion was proposed on personal life goals into an existing professionalism or doctoring courses using a learner-centred approach which emphasizes more supportive learning environments.²⁶ Undergraduate medical teachers in universities should adopt broader approaches that provide life lessons toward self-improvement in family life, social life with organisations and charity works with international bodies. Medical teachers of the GPs would need to deliver the proven useful professional skills and practical knowledge in primary medical care. Non-judgmental discourse and feedback can generate thoughtful reflection on the influence of personal belief/life goals of professional roles, career advancement and sense of life fulfilment.¹⁴ In other words, permitting students to discuss private and personal aspect of their lives by creating a safe space for conversation with explicit recognition and acceptance of the personal values and goals in their professional lives can lead to positive learning experience. It can also lead to enhanced diagnostic ability and a greater capacity for lifelong learning.^{27,28} Furthermore, the exercise of writing the reflection may itself reinforce (or increase the likelihood of) future positive life goals. It was speculated that such integrated, student-centred curriculum may improve early alignment of personal values and desired professional values of a medical practitioner. As a result, it may reduce drop-out rate in the medical school, disappointment in the early professional career, improve higher self-assessment ability and clinical performance.²⁹⁻³¹ Teaching and learning activities in ethics and professionalism could be more effectively organised in relation with the students' personal values, goals and needs in life. A more meaningful and acceptable influence on these personal life missions could lead to positive adjustment in the students that would improve fulfilment in both of their social and professional life.

It remains to be determined whether students were receptive to this educational model. Critical reviews of literature also showed that the cognitive and affective skills were necessary in reflection.^{10,22} In order to use reflection as a learning tool, it was necessary to develop these skills in professional courses of the students. It was also acknowledged that the question of when, where and who should teach and lead these discussions about appropriate and honourable personal missions in life remains unanswered. Faculty members or external medical professionals who were widely regarded as successful may be perceived as more credible teachers capable of convincing the value change. The importance of faculty development and training to effectively teach and facilitate thoughtful conversation about this topic cannot be overstated.^{11,23}

Strength and limitation

The strength of study was the use of a systematic process for narrative coding and reached theme saturation but it had its own limitations. It was conducted at a single institution, so the results from the undergraduate medical students may not be generalisable to the other institutions. However, generalising the study results is possible when the domains of the populations are similar. The students' personal values in life were inferred through self-report but the verification was not possible. However, as the responses had been collected anonymously it was believed that students' responses were not skewed toward socially desirable responses. Assessment of the fourth-year MSs' personal goals in life might be considered too late (in the course of the undergraduate medical program) for adjustment or influence from teachers or faculty members. However, too early reflection of this, such as in the preclinical years (first and second year), the MSs might not relate well and thus would not provide meaningful aspirations for life as a doctor in

the future. Knowing that there is plenty of teaching and learning activities in the fifth-year, it was believed that it was not too late for opportunities of values sharing between the students and medical/clinical teachers provided the later are aware and prepared to engage the students in the discussion of the "higher" values in becoming a doctor.

Conclusions

Amongst the MSs and GPs, a few core values in personal mission were discovered. MSs had more aspirations in their life as compared to the GPs who were more focused on professional development, practice enhancement, fulfilling life multiple roles and enjoyment. The differences in personal mission statements between the two groups were within expectation that reflect different levels of maturity and life experiences. Medical teachers should engage students more effectively in orientating them to the essential values needed in medical practice.

Acknowledgments

We would like to acknowledge Professor Norlijah Othman, dean of the Faculty of Medicine and Health Sciences in UPM for her permission and support in conducting this study. We would like to thank all the participating medical students of Universiti Putra Malaysia and general practitioners of the 2012 Workshop on Professionalism, Ethics & Practice Management during the course of their Diploma in Family Medicine, as without their cooperation this study would have been impossible.

Funding and conflicts of interest

This study was self-funded and we declare no conflicts of interest. The authors alone are responsible for the content and writing of the article.

How does this paper make a difference in general practice?

- Medical students had more varied aspirations in their lives compared to general practitioners (GPs) who were more focused on practice enhancement, fulfilling multiple roles in lives and enjoyment.
- GPs perceived highly of professional skills and practical knowledge that are of proven usefulness in primary medical care.
- Undergraduate medical teachers of family medicine should adopt a broader approach that includes providing lessons of self-improvement in family life, social life with organisations and charity works with international bodies.
- A student-centred curriculum that attempts to discover students' personal values may reduce drop-out rate in medical schools and disappointment in the early professional career and may improve early alignment of desired professional values of medical practitioners and higher self-assessment ability and clinical performance.

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