Evaluation of Reflective Thinking Ability Levels of Bezmialem Vakif University Medical Faculty Students



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Introduction

Reflective thinking is a cognitive skill associated with metacognitive abilities such as critical thinking, problem-solving, and creative thinking. It is characterized by being aware of one's own thoughts and actions, and the ability to contemplate the causes and consequences of those actions (1). The skill of reflective thinking, similar to critical thinking, is utilized in many areas and enables us to learn by contemplating and deriving lessons from situations similar to those we have experienced (2,3). Despite various explanations in the medical education literature, reflective thinking can be defined as a cyclical learning process that involves reflecting on experiences, drawing lessons from them, setting learning objectives, and applying these experiences when faced with similar situations. This research aims to determine the level of reflective thinking skill, which holds significant importance in medical education and the medical profession, among our faculty's students using a scale, and to evaluate the results obtained.

Methodology

In this study, the Groningen Reflection Skill Scale, which was adapted into Turkish, was collected via Google Forms and reached 200 participants. Scale consists of 19 items. A 5-point Likert scale was used for the items in the scale. The scale has a two-dimensional structure as "self-reflection" and "reflective communication". The scores that can be obtained from the scale range from 19 to 95.

Table1: Percentage of answers received in the field of self-reflection

	1	2	3	4	5
	(Strongly disagree)	(disagree)	(neutral)	(agree)	`
	uisagicci				agree)
1)I want to know why I do what I do.	0,5	1,5	1,5	33,5	63
2)I am aware of my feelings that influence my behavior.	0,5	3	13,5	54	29
3)I closely evaluate how I think.	0,5	2,5	13	51	33
4)I can evaluate my own behavior from a third-person perspective.	1,5	3,5	26	51,5	17,5
5)I find it important to know what certain rules and principles are based on.		1	7	47	44,5
6)I can answer for the words I said.	0,5	1,5	9,5	56	32,5
7)I can see an experience from different perspectives.	0	2,5	14	63,5	20
8)I take responsibility for the words I say.	0,5	1	5,5	49	44
9)I am aware of my limits.	3,5	3,5	17	46,5	29,5
10)I want to understand myself.	0,5	2	3,5	40	54
11)I am aware of the possible effects of information about others on them.	0	3,5	21,5	53,5	21,5
12)I can empathize with the situation of others.	0,5	1	5	59,5	34
13)I am aware of the emotions that influence my thoughts.	0,5	4,5	13,5	56,5	25

Results

As a result of the statistical analysis the reliability index of the self-reflection subscale was found to be 0.728, the reliability index of the reflective communication subscale was 0.712, and the reliability index of all items was 0.777. There was no significant difference between grade levels in terms of both parts of the scale (p>0.05). According to the results obtained from this scale, which was applied to students in grades 1-6 of our faculty, the mean scale score was 53.00 in the self-reflection section and 53.00 in the reflective communication section. The highest score that can be obtained from the scale is 95. In the group to which the scale was applied, it was determined as 74.00.

Table 2: Percentage of answers received in the field of reflective communication

1	2	3	4	5
`	(disagree)	(neutral)	(agree)	· · · · · · · · · · · · · · · · · · ·
disagree)				agree)
3,5	24	35	22	15,5
11	34,5	27	24	11
	2	9	45	43
35,5	54,5	6,5	2,5	1
2	6,5	16,5	61	14
	28 5	28	30.5	8
	disagree) 3,5 11 35,5	(Strongly disagree) 3,5 24 11 34,5 1 2 35,5 54,5 2 6,5	(Strongly disagree) (neutral) (neutral) (strongly disagree) (neutral) (neutr	(Strongly (disagree) (neutral) (agree) disagree) 3,5

Conclusion

It was determined that the reflection skills of the group to which the scale was applied were at a good level with a score of 74.00. However, it is necessary to raise awareness on this issue during medical education.

References

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