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## Reflective writing

Joe Bouch

FROM THE  
EDITOR

Developing reflective learners is now regarded as a key aspect of medical education. Reflection is essential for lifelong learning, enhances professionalism and helps in attaining 'phronesis' (practical wisdom) (Wald 2012). 'Writing as reflection' increases the learner's reflective capacity and aids their understanding of clinically complex situations. 'Representing one's experience in language is perhaps the most forceful means by which one can render it visible and, hence, comprehensible' (Charon 2012). In good reflective writing, the author is present, emotionally engaged and reasoned; able to explore values, assumptions and beliefs; able to critique different perspectives and explanations (Wald 2012). This is the sort of writing we try to foster in *Advances*. One means is by the use of commentaries.

When *Advances* commissions a commentary, the writer is asked to consider what they think is missing from the original article, what experience tells them it is important to emphasise and what they disagree with. Commentaries often capture nuanced discussions which emerge during peer review. In this issue, Slade (pp. 180–182) considers why Health of the Nation Outcome Scales (HoNOS) may be 'the wrong measure' for routine outcome assessment. He argues against 'starting with a centrally chosen measure' imposed on 'a system that uses other forms of clinical decision-making'. Illustrating an approach based on implementation science, he presents a case study from Ontario, Canada, in which 'a central aim was to ensure that implementation was owned by, and of benefit to, community mental health services'. Lyons (pp. 213–215) gives a Scottish perspective on lasting powers of attorney. He highlights the importance for clinicians of communicating well with attorneys, understanding the extent of the powers and how best to apply them. Rix (pp. 193–197) focuses on how courts admit expert evidence. Medical experts should conform to established practice and procedures or account for any necessary divergences. They should be able to 'provide an opinion as to why their opinion is sound' or in other words 'show their workings'.

### Bipolar disorder and ADHD in adults

In my Editor's pick this month, Gleason & Castle (pp. 198–204) focus on two newsworthy diagnoses, neither without its controversies. Clear thinking is called for when bipolar disorder and adult attention-deficit hyperactivity disorder (ADHD) co-occur, as this is a messy area of clinical practice characterised by symptom overlap, other comorbid conditions and a lack of 'clear-cut information about how to assess and treat'. In systematically unpicking the issues, the authors discuss reasons for co-occurrence of bipolar disorder and ADHD and whether high rates reported might be artefactual. They remind us that criterion-based diagnoses are 'working hypotheses', helpful for clinical practice and research, but likely to change in the future. And when it comes to treatment, they recommend a hierarchical approach treating bipolar disorder first.

Charon R, Hermann N (2012) Commentary: A sense of story, or why teach reflective writing? *Academic Medicine* 87: 5–7.

Wald H, Borkan J, Taylor J, et al (2012) Fostering and evaluating reflective capacity in medical education: developing the REFLECT rubric for assessing reflective writing. *Academic Medicine* 87: 41–50.