



Defining insight: a challenge that matters

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Insight is a fundamental consideration in the maintenance and improvement of performance

SUMMARY

Background: Insight is a fundamental consideration in the maintenance and improvement of performance. What is required is a definition that can be used consistently along with an understanding of the dynamic nature of insight, and therefore its potential for improvement.

Context: The work presented is a review of contemporary literature about insight, self-awareness and emotional intelligence, and experience from the National

Clinical Assessment Service (NCAS) in the assessment of 300 doctors with performance problems.

Summary of results: This work has led to the construction of a working definition of insight that incorporates reflection, emotional intelligence, self-awareness and motivation. The validity and utility of this definition was tested using data from NCAS's growing experience.

Conclusions: The assessment of insight in NCAS performance assessments has involved the use of information from a variety of

sources, including psychometric profiling, multisource feedback and self-assessment. This has been corroborated with findings from clinical performance assessment and the outcomes of remediation plans.

Implications: A definition of insight is offered that is greater than just self-awareness, and that involves emotional intelligence and motivation. The use of this broad definition is of fundamental importance in the production of educational and development programmes at all levels.

INTRODUCTION

Insight and self-awareness are terms frequently used in considering the performance of health care professionals. The assessment and potential improvement of insight itself, however, is a fundamental consideration in the maintenance and improvement of performance for all doctors. There is a responsibility for every medical practitioner to update and maintain their performance. It is incorporated formally into contemporary guidance around discipline, governance and revalidation, each of which has a clear requirement for doctors to reflect meaningfully and regularly on their performance and standards of practice.

THE CONCEPT OF INSIGHT

The term 'insight' may have as many definitions as there are people defining it, and 'self-awareness' is often used interchangeably and synonymously (Longhurst, 1988).¹ Insight may be used in clinical practice, either as a component of a patient's mental state or as a gauge of their likely engagement with some therapeutic intervention. Self-awareness is a product of self-observation and evaluation, and depends in part on attention to the observation and perceptions of the self by others.

Insight must be meaningfully, consistently and practically defined for educational purposes, where it refers to self-knowledge, understanding and reflection. This should translate into actionable and achievable development plans.

We offer a useful working definition, building on that defined by Grant, the work of Kolb and informed by Bar-On's thinking.²⁻⁴ In developing this definition we were alert to the complicating and often overlapping ideas contained within the



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concepts of insight, self-awareness, emotional intelligence and mindfulness (a process of noticing). We were cognisant of the criticism of Kolb's learning cycle, which takes account of feedback but not of reflection.^{5,6} Bar-On's work has drawn attention to the importance of emotional intelligence, including inter- and intrapersonal aspects,⁴ and the work of Mezirow has been valuable in raising awareness of the importance of transformational or transformative learning, as opposed to learning that is only informative.⁷

Following Grant,² our definition suggests that insight is the culmination of a set of actions, which goes further than simply being self-aware by recognising the importance of motivation for a change in behaviour.

We offer a definition of insight as:

A readiness to explore intellectually and emotionally how and why I, and those I interact with, behave, think, and feel as we do, and for me to adapt my behaviour accordingly (insight).

The definition speaks to being intellectually analytical – i.e.

logically assessing and understanding the events – and psychologically mindful. We are keen to emphasise that self-awareness alone is not sufficient for change, and that the learning cycle should involve continuous reflection and experimentation. It is necessary to go further and assess the impact of one's behaviour on others (using empathy), and to recognise and act on the effects. Insight is more than self-awareness. It is a process that involves reflection, all aspects of emotional intelligence, including social dimensions, and the affective condition of self-awareness as well as motivation.

HOW MAY INSIGHT BE ASSESSED?

The assessment of insight relies upon the purposeful use of information from a variety of sources, including multisource feedback (MSF); no single instrument is sufficient. The basic data are obtained from historical information regarding the individual provided by their employer, MSF, including self-assessment, psychometric profiling and the results of a semi-structured interview. The psychometric data, although not directly assessing insight, provides access to the subjective views of the practitioner about their personality traits. The Neuroticism–Extroversion–

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Openness (NEO) personality inventory is helpful in pointing to whether the practitioner will be open to new ideas and learning (i.e. feedback), and how much attention they are likely to pay to their own feelings and to those of others.⁸ Implications can be drawn from these data about social skills and emotional intelligence. This information can be corroborated with the MSF. Archer *et al.*⁹ report that there is 'increasing evidence that multi-source feedback assesses two generic traits: clinical care and psychosocial skills', suggesting that MSF is a suitable instrument to assist in the assessment of self-awareness and, to some extent, insight when considered alongside psychometric data and the interview. Recognising that some practitioners find it easier to accept feedback about a hard clinical skill, rather than about a softer interpersonal behaviour, we make the point that both these aspects are important in a clinician's performance, and therefore we do not differentiate between the two for the purposes of defining 'insight'.

WHY DOES THIS MATTER?

The driver behind the need to develop insight is always to improve quality and patient safety, and to facilitate the practitioner to get back on track. Research has shown just how little insight poor performers have into their deficiencies.¹⁰ Links between self-awareness, identification of learning needs, continuing professional development (CPD), and performance are underpinned by adult learning theory and research, showing that self-awareness has a role in patient care.¹¹ For example, a lack of awareness of practitioners' emotional responses to some patients may adversely affect their care.¹ Furthermore, doctors can be poor at identifying their developmental needs, and select subjects with which they already feel comfortable and confident,

rather than areas in which they have a developmental need. For effective personal development to occur, practitioners need to be sufficiently self-aware so as to accurately identify their learning needs.¹² With this understanding comes the opportunity to address any learning needs, and such self-identification of learning needs is more likely to result in change (and engagement in CPD) than learning that is imposed upon an individual.

The National Clinical Assessment Service (NCAS) has been in existence since 2001, and its purpose is the resolution of concerns about professional practice in health care practitioners. It works with employers across the UK, taking over 1000 referrals per year about doctors, dentists and pharmacists with suspected performance problems. In this context of assessing poorly performing practitioners and developing action plans, the notion of insight has proven to be central. Remediation, in common with all adult learning, requires a measure of insight. The concept of emotional intelligence reinforces the notion that how we recognise, understand and manage our emotions affects our potential to ultimately succeed in life. Studies indicate that the higher our emotional intelligence, the more likely we are to perform well at work.⁴ Of additional significance are recent studies suggesting that training in emotional intelligence is possible, and secondly that doctors' self-awareness can be developed.^{13,14} These findings, coupled with the observation that skills of self-reflection can also be developed, indicate that insight is not static but is itself capable of development. Therefore, a learning plan that includes objectives and strategies designed to improve insight is more likely to pay dividends.

As Jarvis notes, the outcome of experiential learning can go

one of two ways: two individuals may both reason and reflect, but one individual may remain relatively unchanged, whereas the other is changed through learning.¹¹ We recognise that some people act on feedback but do not actively seek it out, and that others seek feedback but distort it or do not accept it, and still others seek it and accept it, but draw the wrong conclusions and therefore make only partial changes. Hence the importance of reflection (guided) with the doctor (often during the interview and afterwards through coaching) and a practical approach to writing development plans. Setting these variations aside, if it is accepted that insight and performance may be critically related, and that insight is capable of development, then it follows that education and development plans, including remediation, could be more efficient and effective if a broad definition such as ours is used to inform these plans.¹² Attention to emotional intelligence, self-awareness and motivation is therefore of fundamental importance in the production of curricula and programmes for doctors in training, as well as CPD, appraisal and revalidation.

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