



Paper 15

Our Philosophy on Worthwhile Education and The Moral Mode of Educational Practice

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1. Starting points

We believe that the **end product** of Medical Education is *medical*.

The product of undergraduate medical education is a doctor now ready to learn further alongside engaging in an appropriate level of medical practice with real patients.

The product of PGME is a practising doctor who is learning the importance of and ability to provide the highest possible quality of wise patient care. This is an endless, open-ended capacity.

However, we see by contrast that **the process** of Medical Education is *educational*.

Thus, **the practice** of Medical Education is essentially *an educational practice*.

It is *not* the practice of medicine or of management, nor of psychology or of sociology.

This has profound implications for all who engage in Post Graduate Medical Education (as attended to between supervisor and supervisee) and in the education for all doctors (as offered through all the activities that we engage in).

2. Worthwhile Education

Clearly any definition of education is values based. But unlike Prof Wilf Carr, we do not see this as inimical to the idea that there are many principles that 'educators' of all kinds would espouse in common.

Indeed, in the 'conversations of mankind' about education (Oakeshott) that have taken place in the West, over at least the last 2,500 years, we find much that is held in common about what is involved in 'good' education.

Particularly we espouse two key ideas:

that worthwhile education can be defined
and that education should be conducted within the moral mode of practice.

What we mean by worthwhile education

For us, endemic in the word 'education' is the notion that what is offered is worthwhile. It is in that sense a virtuous activity.

We would further argue that a practice cannot be claimed as **educational** unless it is underpinned by (implicit or explicit) understanding of what it is 'to act educationally'.

It is broadly agreed by educators that to act educationally is to:

open minds, liberate thinking, encourage critique, explore the foundations of good practice and develop creativity and: to nurture and involve the learner in intrinsic motivation ... (carrot not stick!)

We are persuaded that worthwhile education is seen:

- *Wherever the activity engaged in opens minds, liberates thinking, encourages critique*

Thus, where learners are enabled to think in broader rather than narrower terms, have their confidence well-grounded and fuelled rather than drained, and have their engagement with the world deepened — then their teachers may, irrespective of their educational ‘know-how’ or skills, claim to practise in an educational way. (see Carr, W. 1995, p. 160).

- ***BUT where learners are not so developed, no amount of technically well performed teaching skills and clever strategies will compensate, and no technical know-how will make the experience educational for learners.***
- **And so, to engage in an educational practice is **more than** about ‘knowing how to do educational things’ (having the ‘skills’ of teaching).**

The argument is as follows

Indeed, an educational method (like instructing doctors in a given skill) can be skillfully performed **but it will not be an educational practice at all**, if it has been used to impose a process upon learners who have been required to ignore their personal perspectives including their own values, attitudes and feelings, suspend their thinking, shut down their critical faculties, abandon their moral awareness, and merely parrot a performance.

This would not conform to ethical educational principles of procedure concerned with cultivating the *understanding* which enables learners to explore and come to own a view about why, how, where and when to use that skill, which in turn commits them to develop or change their practice. **Indeed, it would be training, not education.**

Indeed, ‘training in a particular skill may or may not be educational, depending on the extent to which it opens up the mind and contributes to that growth as a person’ (Pring 2000)

Thus, we see: ‘education’ as significantly different from ‘training’, ‘conduct’ as significantly different from ‘behaviour’, and that the aim of producing a technically skillful doctor/healthcare worker is not the same as seeking to produce a rounded professional.

Thus, we believe that many are teachers, but few are actually educators!

Further, education that is properly construed and enacted as *worthwhile*, is a practice with impact.

We have collected evaluation evidence of our postgraduate teaching (modules at PGCert, Diploma and Dissertation level) in which numbers of attending senior doctors have put on record, unequivocally, at the end of their course that worthwhile education of the kind defined below has caused them not only to change their educational practices but also to rethink and change their *clinical* practice.

3. Teaching in the moral mode of practice

We see teaching as a moral and intellectual practice with a rich tradition that goes back to the Greeks in the centuries Before Christ: the argument

With acknowledgement to Hansen, D. (2001)

- i. To focus only on the *means* of teaching (the 'how to') is sterile. It then becomes: **a job** with clear-cut tasks; the transmission of knowledge; **an occupation** where those outside it set the terms and conditions and the activities carried out; **a profession** offering specialized activities, but where still we can be easily diverted by technical matters from thinking about the moral and the intellectual dimensions.
- ii. To focus instead only on the ends can lead to 'outcomes-focused' approaches, where the product is: socializing; acculturating; producing productive members of society, successful and compliant workers.... This is dangerous and equally uneducational.
- iii. Teaching as a practice has its own integrity, **to those who are thoughtful about what they do as teachers.**
- iv. **Teachers should first determine what they care about [in terms of the qualities of practising doctors] and then craft a conception of teaching that coheres with that determination.'** (Hansen, p. 4)
- v. Teachers who give their planning and their practice intellectual and moral substance are also echoing the components of teaching that have developed over time.
- vi. Further, they give sustained intellectual and moral attention to their learners. That is, they are intellectually attentive to learners by focusing on what learners know, can do, feel and think, with an eye to building knowledge of the world and how to continue to learn within it.
- vii. Teachers are morally attentive to learners by being alert to learners' responses to opportunities to *grow as persons* (to become more rather than less thoughtful about ideas, and more rather than less sensitive to others' views and concerns). They are mindful that every learner is unique, with a distinctive set of dispositions, capabilities, understandings and outlooks.

Thus the bonds between teacher and learner are intellectual and moral, pertaining to their emerging knowledge, understanding and growth as persons.

The concept 'person' is central to the practice of teaching.

PERSON: Who you are has a great bearing on how you interact with learners.

CONDUCT: The idea of 'conduct' helps to capture the intellectual and moral presence a teacher develops. Learners learn as much from a teacher's conduct as from the subject s/he teaches.

MORAL SENSIBILITY: This is about the overall attitude and sensitivities a teacher brings to bear in teaching.

Teachers conduct themselves like this not as a means to an end, but because that is what they see as '*being a teacher*'.

Being a teacher in the moral mode of educational practice means

1. Making explicit for yourself:

- ❖ the human and humane as well as the technical aspects of patients' needs;
- ❖ the human and humane as well as the technical demands of medical practice in all its complexity; and therefore
- ❖ the educational imperatives to be working on with learning doctors.

2. Seeing educational practice as:

- ❖ attending to learners' being and becoming as persons, and to their thinking and decision-making processes, as well as to their learning of knowledge and skills defined in their curriculum;
- ❖ recognizing that — in addition, or even opposition, to what you say — *your being as a doctor and a teacher* will have a profound impact on your learner as an important model for that learner, who is inevitably watching you all the time as you work with and for patients;
- ❖ being an advocate for the kind of education necessary for developing a **wise doctor** (one who practises with the best interests of the whole patient at their heart, using their expertise with sound professional judgement to tailor the care they offer to the patient's own circumstances).

3. Having:

- ❖ clarified for oneself what does and does not conduce to engaging in education and medicine in the moral mode of practice;
- ❖ committed to work to support worthwhile PGME and where necessary to resist the narrowness of the demands made by the curriculum, by the pressure of daily practice, by the expectations of the NHS, government, Royal Colleges, and the media);
- ❖ committed to educating the wise doctor - if necessary in opposition to any requirements of external agents that are inimical to this.

4. In summary

The moral mode of practice in PGME is about aspiring to understand and make explicit for yourself how you see your practice of medicine, what kinds of education will conduce to developing a wise doctor, using this to critique what external agents require and where necessary seeing these as mere basic requirements and seeking to enrich them in ways which though not required are not precluded.

To paraphrase Pring, 2000, p. 16, we see education as referring to

those activities, on the whole formally planned and taught, which bring about learning, that is worthwhile because it contributes to personal well-being, providing the knowledge, understanding and values which enable people to think in the way that is considered worthwhile and to live their lives more fully.

And, crucially, we should recognize the privilege that comes with the education of postgraduate doctors being based on the best and most precious form of teacher / learner interactions, namely one-to-one teaching. Today such opportunities are only found in our two most prestigious UK universities (Oxbridge).