



Paper 7

Developing the Wise Doctor: an educational endeavour

Some thoughts on the use of language in Medical Practice and Medical Education

Linda de Cossart



Developing the Wise Doctor: an educational endeavour

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**The first question for any educator is:
what are my educational aims?**

**What should be the
aim of Postgraduate
Medical Education?**





Developing wise doctors

**is not about producing technicians, protocol followers and
unthinking professionals -
because this is unsafe for patients**

**is about preparing them to care for patients
safely and appropriately in the
uncertain and messy environment of clinical practice**



being a wise doctor means:

- Having self knowledge (not just being skilled)
- Understanding the values that drive your practice
(as distinct from just doing a job)
- Being able to articulate the thinking that underpins your decision making (not just following protocols)
- Being able to make your own wise professional judgements (not just doing what the boss wants!)
- Being able to create a therapeutic relationship with patients (going beyond safe patient care to caring about the patient)

Developing wise doctors requires the prioritisation of:

- Sound teaching (teaching doctors to teach)
- Space for learning (quiet time and space)
- Drawing on multi-disciplinary T&L (engaging the team)
- Meaningful and fair assessment (explicit processes and educational judgement)
- The creation of expert clinical teachers (there is no curriculum development with educating the educators--- Stenhouse 1975)
- Status for the medical educator (creating leaders)
- Developing new vision in medical education (changing mindset from old medicine to new medicine)



Ours ideas have sprung from:

- **An educator and a practising surgeon unpacking (theorising) the professional practice of a clinician**
- **Anticipating that trainees would have less time and less exposure to clinical practice**
- **The need to develop ideas and resources to ensure that every bit of a trainee's exposure to practice could be used more than once to enhance their learning.**

This work is still evolving

It has been shared with hundred of doctors and other HPCs in the UK and across the world



Key resources

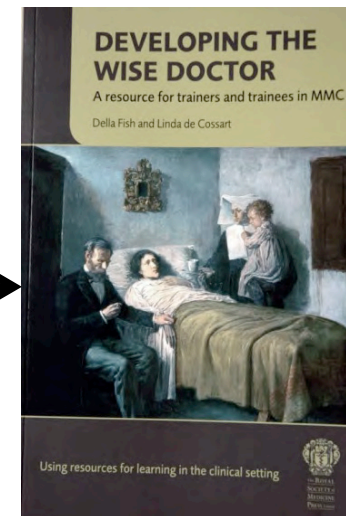


Grounding theory for surgical education

Unpacking a surgeon's practice

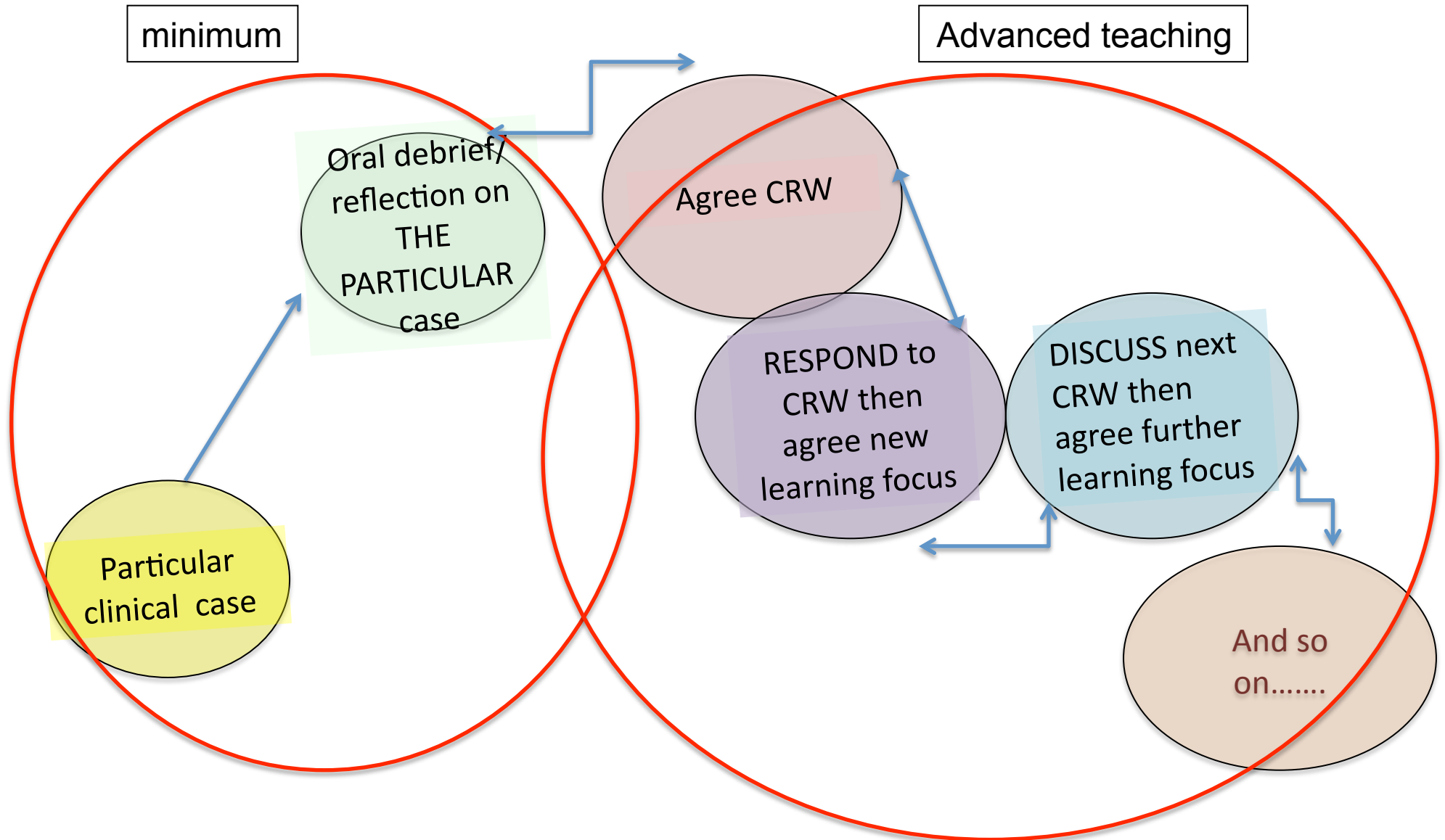
21st C Medical Education

Ways of making it happen



Making more out of less

Enhancing a learner's clinical experience



Understanding how we think

Observable

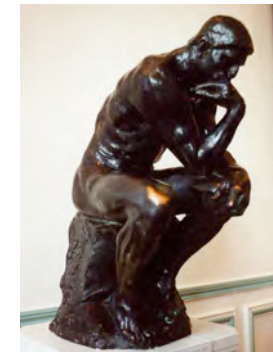
explicit

What you see and its limitations



Implicit

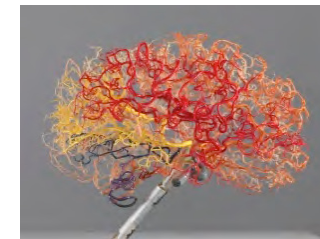
inferable



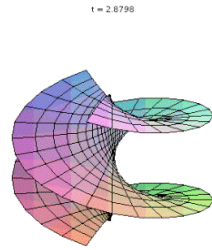
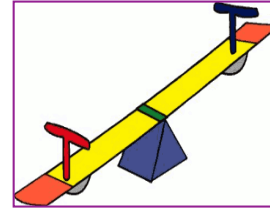
Tacit

unpackable

ineffable

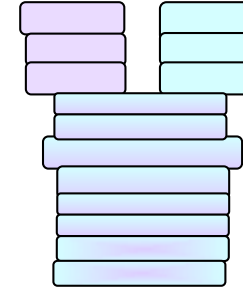


Professional judgement



Clinical thinking

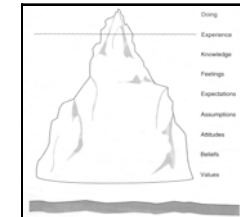
Forms of Knowledge



Context of the case

The Invisibles

*To be used with an individual case/
event/procedure*



Person you are



Therapeutic
Relationship



Extended view of
Clinical practice



Kind of professional



The context of a particular case/procedure

Interpretation



The context

What details can you provide
about the context
of what is happening in this picture?

About the people?

The environment?

The likely history?



Interpretation

About what you bring to it?

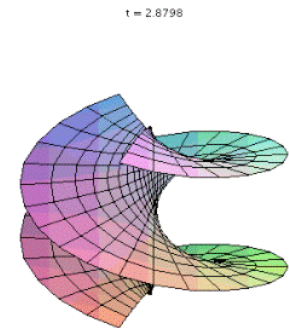
About the position it
puts you in?

How does your previous experience of this type of
event affect your interpretation of it?

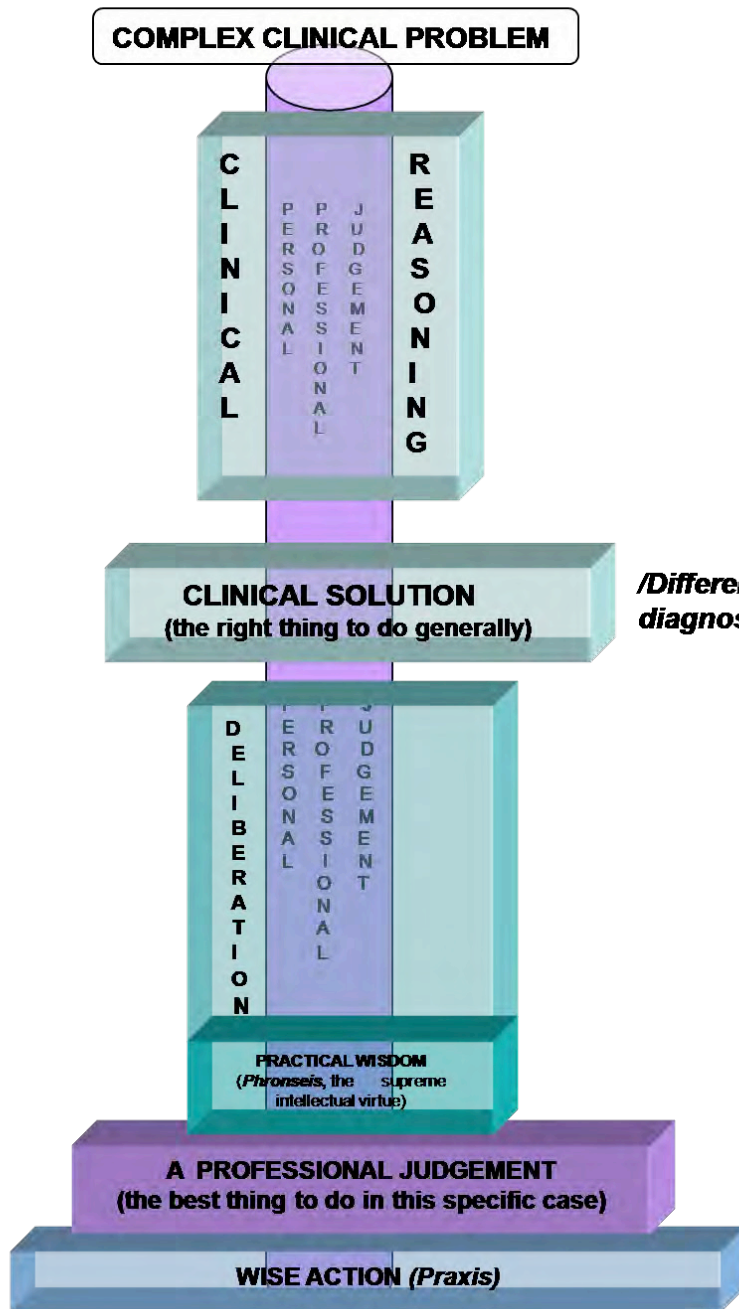


The clinical thinking pathway in a particular case/event

How doctors think and make decisions for
each case



The Clinical Thinking Pathway

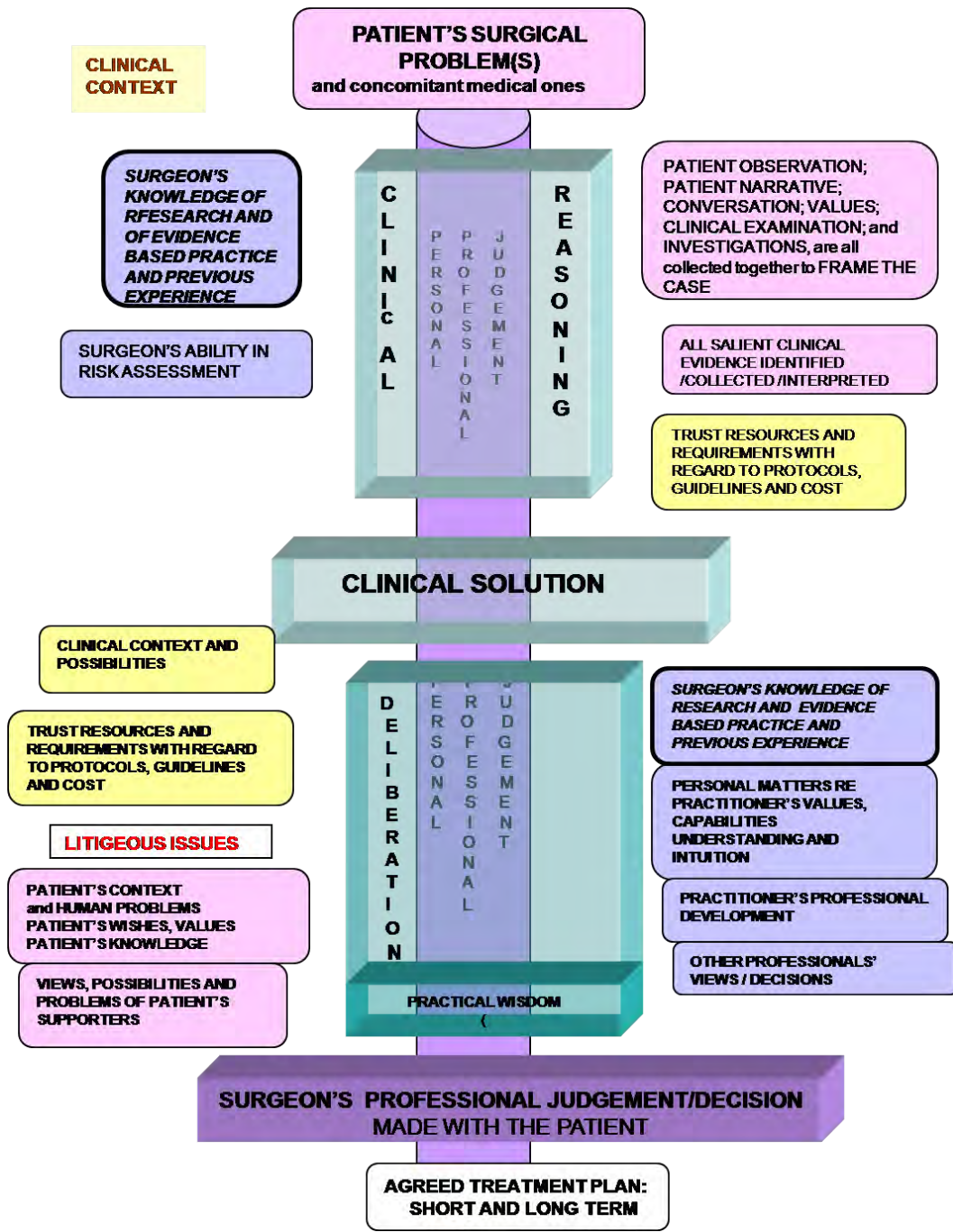


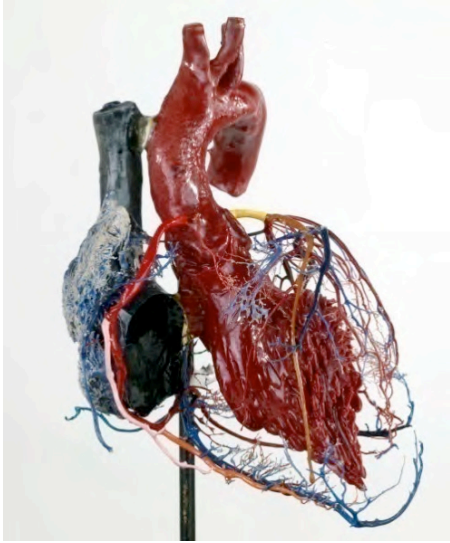
The right thing to do generally in this case



The best thing to do for this patient

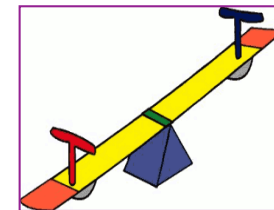




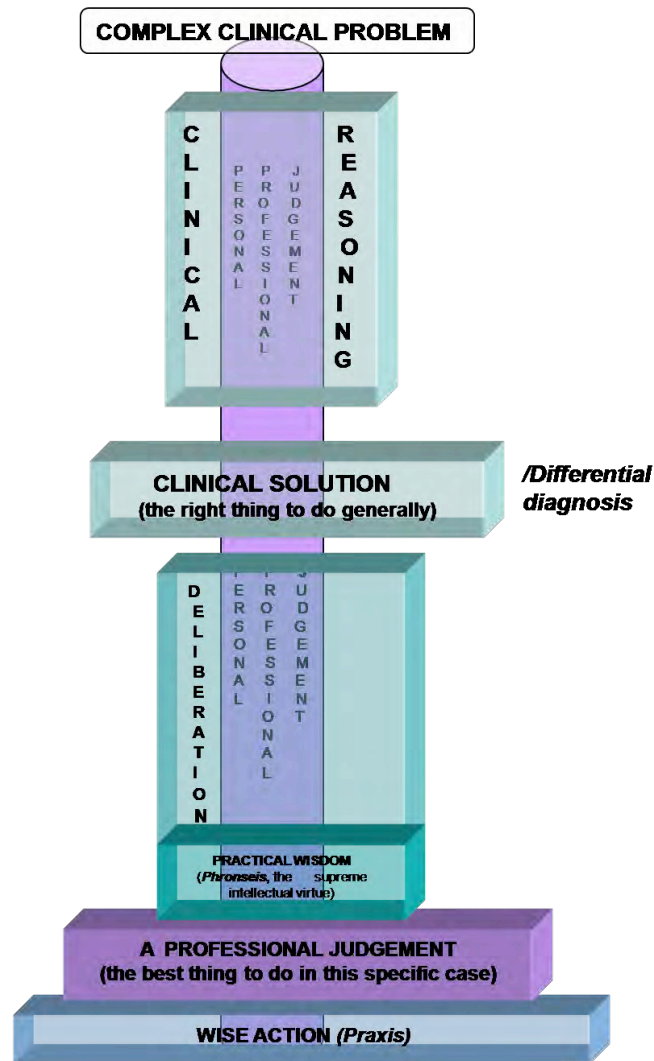


Professional judgements

Complexity and Quality



The Clinical Thinking Pathway



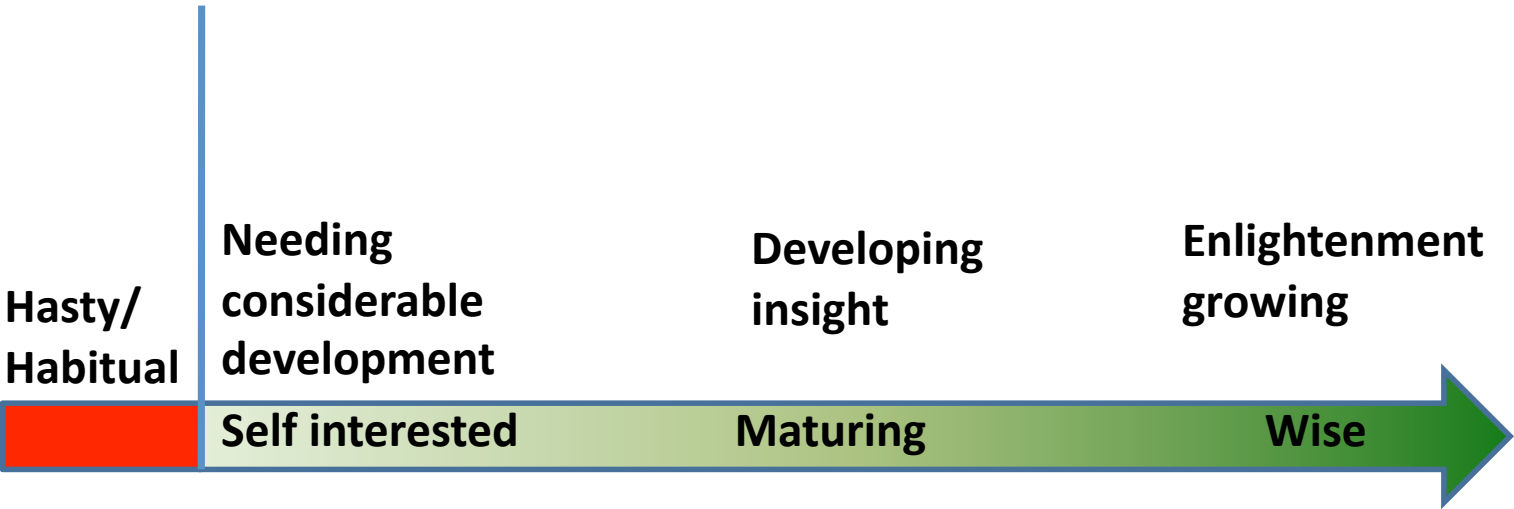
General procedures for a particular case

- The reliability of information provided
- Extracting the salient features of the case
- When to stop ordering more tests
- Recognising which test results are relevant

Specifics to this individual patient

- Prioritising
- Choosing between competing demands
- Discounting own interests
- Intuition
- Reconsidering plans

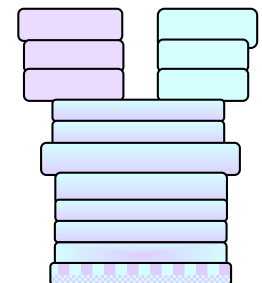
Quality of the judgement for each particular patient



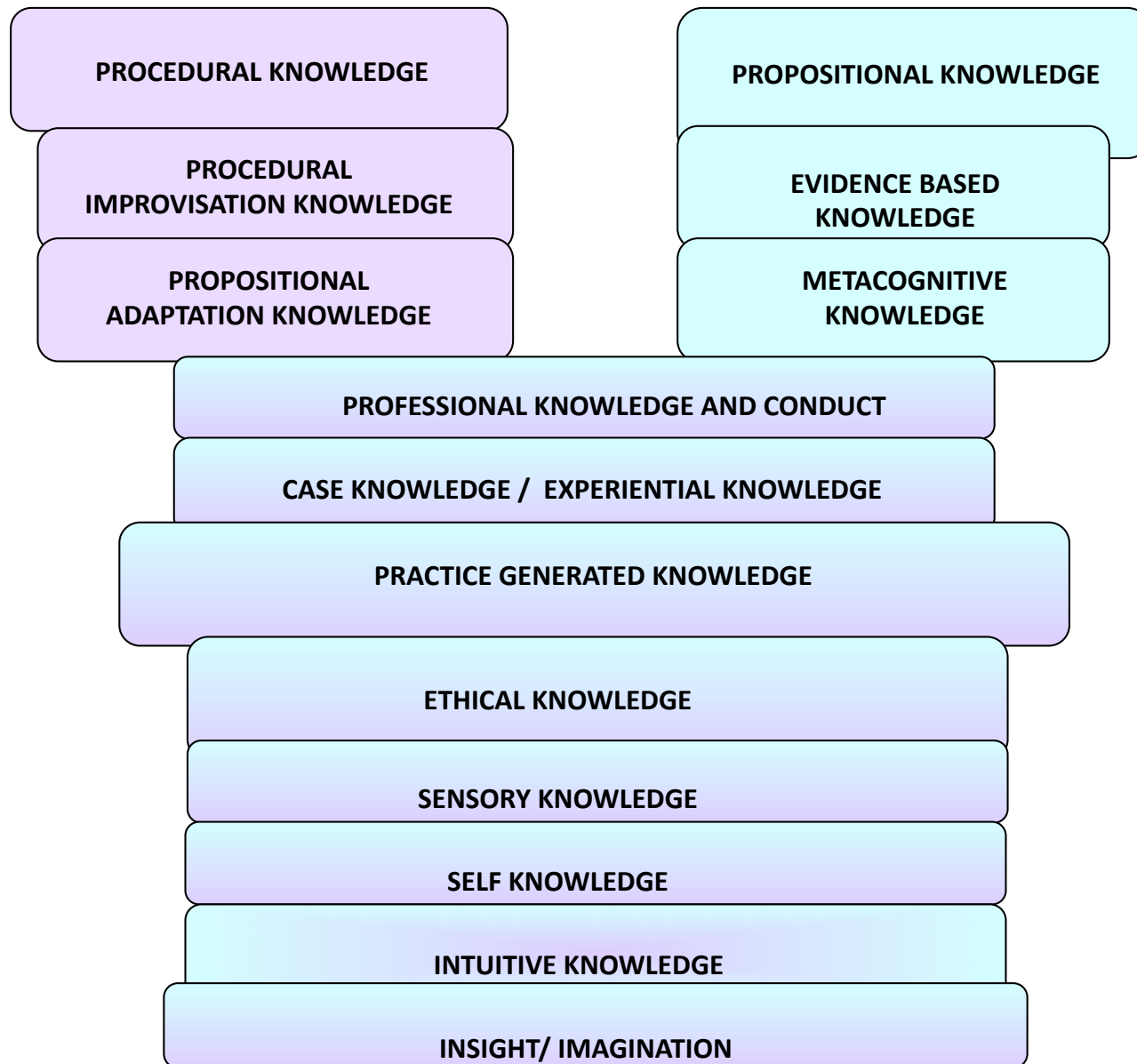


The forms of knowledge that doctors call upon for a particular case

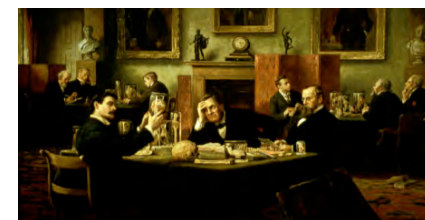
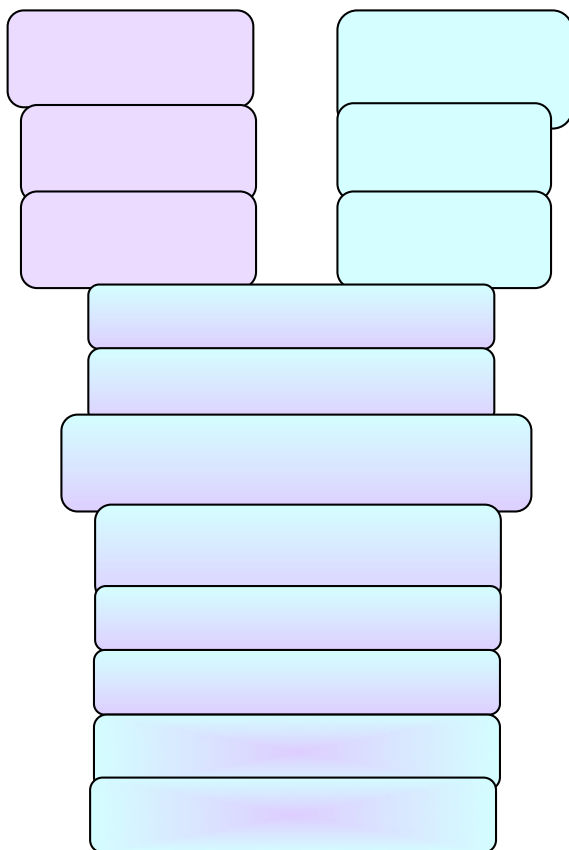
Considerably more complex than is at first thought



Forms of Knowledge



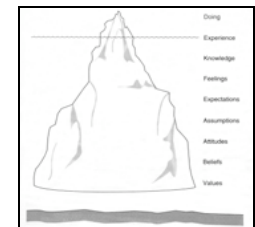
Forms of knowledge



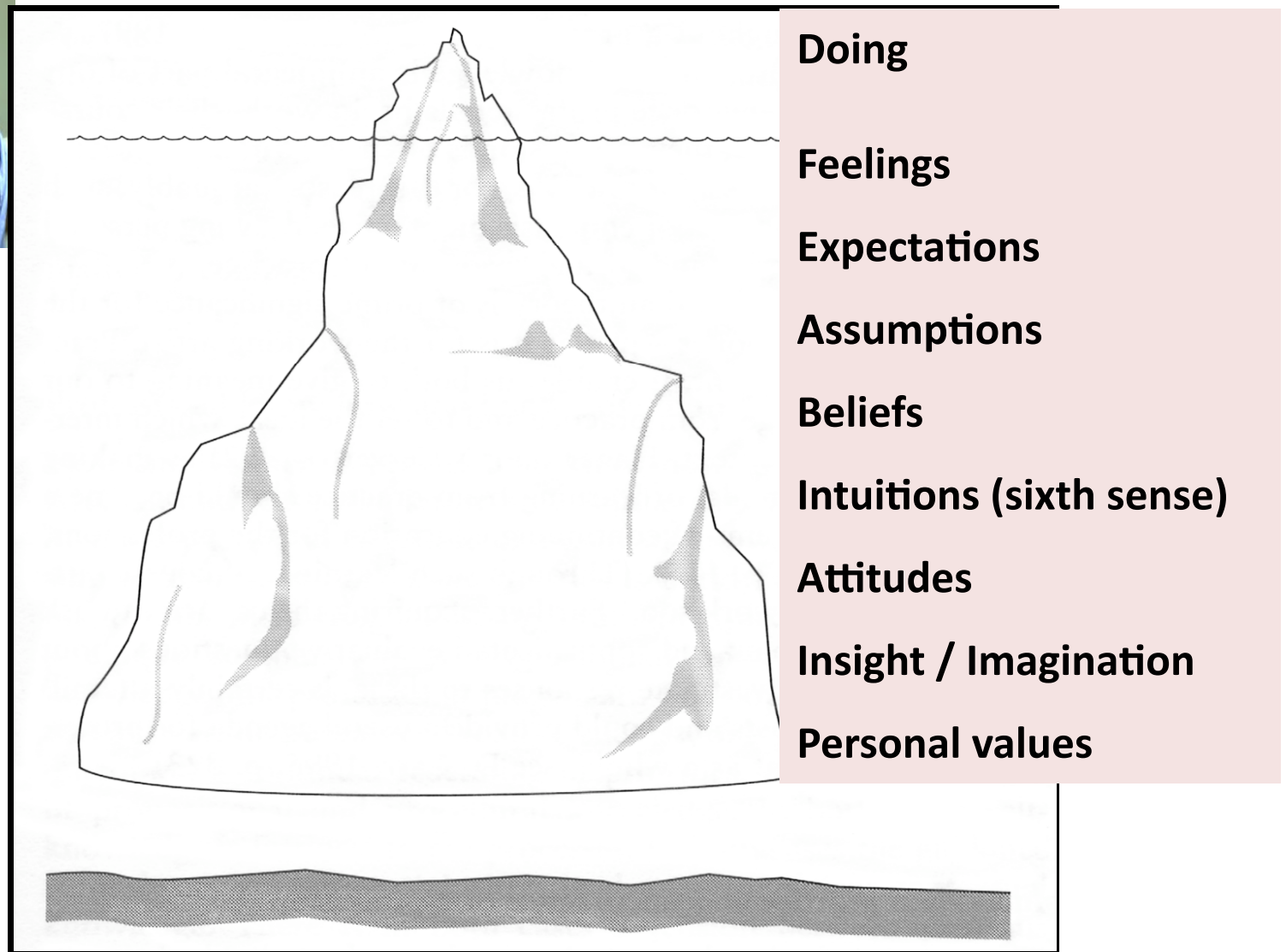


The Iceberg of Professional Practice

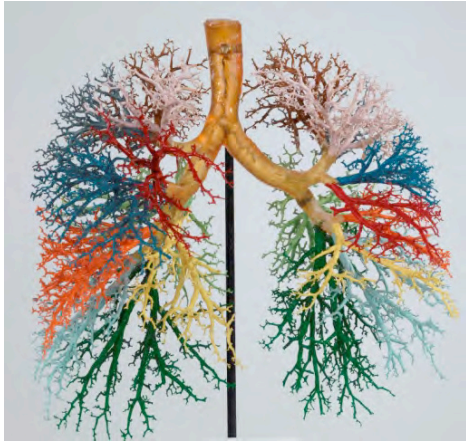
the additional qualities doctors bring to
each patient case



The Iceberg of Professional Practice
the qualities doctors bring to each patient case



Fish and Coles 1998



Professionalism

Extended and Restricted Professional

How you conduct yourself as a professional
in the context of the individual patient case



ER

Your professionalism in this patient case



Reflective practitioner

Perspectives embrace wider social context

Sees clinical practice as complex, intriguing, problematic, values based

Clinical events seen in relation to social policies / wider goals

Compares / shares work with colleagues

Collaborates broadly

High value on local and national professional activities

Reads wide range of literature on professional practice generally

Involvement in professional development at a range of levels (personal and collegiate)

Only interested in survival and simply getting on with the job.

Perspectives restricted to 'what happens now'

Sees clinical practice as technical procedures needing only repetition

Clinical events are seen in isolation and from no wider perspectives

Introspective about own clinical methods and processes

High value placed on own autonomy

Limited involvement in all but direct clinical activities

Infrequent reading of a range of literature beyond immediate specialty

Least possible involvement in professional development (and only at personal level)



The ability to see the extended view of practice within the particular case

Seeing more in the particular case and being more aware of the context of the case and of the 'job in hand'





The inexperienced doctor only sees the 'job in hand'

Increasing expertise enables the light to be turned on to the things that are going on around and in support of you





Therapeutic relationship with the individual patient

and how it brings all the previous invisibles into a unity







Therapeutic relationship with the patient

Bringing all the invisibles into a unity

a mutual working together of a wise professional and patient

the quality of time spent with the patient

how the professional meets the patient rather than on the character of the patient

the letting go of self and self importance

being there for the patient as an expert and a human which is MORE than just being there (as relatives are)

the principle that caring is not about 'contracts', codes of conduct and protocols

but is about commitment, diligence, rigour, self understanding and continuing development



**Being a safe doctor
requires an
understanding of the
elements that drive
our practice**

Developing wise doctors requires the prioritisation of:



- Sound teaching
(teaching medical educators to use for themselves and then to teach the invisibles)
- Space for learning
(making more of less within and around the edges of clinical practice)
- Drawing on multi-disciplinary T&L
(engaging the team with the Invisibles)
- Meaningful and fair assessment
(Using Clinical Reflective Writing)

Developing new vision in medical education



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Making more from less

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