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

Particular clinical case

Oral debrief/reflection on THE PARTICULAR case

Agree CRW

RESPOND to CRW then agree new learning focus

DISCUSS next CRW then agree further learning focus

And so on........
Understanding how we think

Observable

explicit
What you see and its limitations

Implicit

inferable

Tacit

unpackable

ineffable
The Invisibles

To be used with an individual case/event/procedure

Clinical thinking

Professional judgement

Forms of Knowledge

Context of the case

Therapeutic Relationship

Extended view of Clinical practice

Kind of professional

Person you are
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?

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

About what you bring to it?

About the position it puts you in?
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
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

Hasty/Habitual

- Needing considerable development
- Developing insight
- Enlightenment growing

Self interested
Maturing
Wise
The forms of knowledge that doctors call upon for a particular case

Considerably more complex than is at first thought
Forms of Knowledge

- PROCEDURAL KNOWLEDGE
  - PROCEDURAL IMPROVISATION KNOWLEDGE
  - PROPOSITIONAL ADAPTATION KNOWLEDGE
- PROFESSIONAL KNOWLEDGE AND CONDUCT
  - CASE KNOWLEDGE / EXPERIENTIAL KNOWLEDGE
  - PRACTICE GENERATED KNOWLEDGE
    - ETHICAL KNOWLEDGE
    - SENSORY KNOWLEDGE
    - SELF KNOWLEDGE
    - INTUITIVE KNOWLEDGE
    - INSIGHT/ IMAGINATION
- PROPOSITIONAL KNOWLEDGE
  - EVIDENCE BASED KNOWLEDGE
  - METACOGNITIVE 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
Your professionalism in this patient case

<table>
<thead>
<tr>
<th>Reflective practitioner</th>
<th>Only interested in survival and simply getting on with the job.</th>
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<tbody>
<tr>
<td>Perspectives embrace wider social context</td>
<td>Perspectives restricted to ‘what happens now’</td>
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<tr>
<td>Sees clinical practice as complex, intriguing, problematic, values based</td>
<td>Sees clinical practice as technical procedures needing only repetition</td>
</tr>
<tr>
<td>Clinical events seen in relation to social policies / wider goals</td>
<td>Clinical events are seen in isolation and from no wider perspectives</td>
</tr>
<tr>
<td>Compares / shares work with colleagues</td>
<td>Introspective about own clinical methods and processes</td>
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<tr>
<td>Collaborates broadly</td>
<td>High value placed on own autonomy</td>
</tr>
<tr>
<td>High value on local and national professional activities</td>
<td>Limited involvement in all but direct clinical activities</td>
</tr>
<tr>
<td>Reads wide range of literature on professional practice generally</td>
<td>Infrequent reading of a range of literature beyond immediate specialty</td>
</tr>
<tr>
<td>Involvement in professional development at a range of levels (personal and collegiate)</td>
<td>Least possible involvement in professional development (and only at personal level)</td>
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</table>
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’
Increasing experience enables the light to be turned on to the things that are going on around and in support of you.

The inexperienced doctor only sees the ‘job in hand’.
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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