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Joseph's Coat & The Emperor's Clothes

Designing an Osteopathic Curriculum



Outline



- What this lecture is not
- Centrality of values
- Internal vs. external values
- Purposes of a curriculum
- Identifying false assumptions
- Specific healthcare issues
- Specific osteopathic issues

What this lecture is not ...

- Template for the 'ideal' osteopathic course
- How to write a syllabus or programme
 - a curriculum is different from a syllabus and a programme
 - a curriculum is an 'educational policy' or 'strategy' that is:
 - “an attempt to communicate the essential principles and feature of an educational proposal in such a form that it is open to critical scrutiny and capable of effective translation into practice.”

◦ Stenhouse, L (1975) AN INTRODUCTION TO CURRICULUM RESEARCH AND DEVELOPMENT London: Heinemann (p.4)

How did you decide what to wear today?

- A) THE ONLY CLOTHES THAT WERE CLEAN
- B) FIRST THINGS I SAW IN WARDROBE/DRAWER/CASE
- C) WHAT I ALWAYS WEAR
- D) SOMETHING SUITABLE FOR A CONFERENCE
- E) SOMETHING TO GIVE A GOOD IMPRESSION OF ME
- F) SOMETHING PRACTICAL FOR LONDON, THE WEATHER & CONDITIONS



Centrality of Values



A Story of Hubris

- sign of Jacob's love
- symbol of value
- misunderstood as superiority rather than love & affection
 - aroused jealousy and hatred



Joseph's Coat

Centrality of Values



A Story of Vanity

- appeal to sense of self-importance
 - appearance and status valued over wisdom & 'common sense'
- based on a lie and relies on misplaced priorities and values
 - "only clever people can see how fine the clothes are!"



The Emperor's New Clothes

Basic Assumptions

- Osteopathy as much as any (and more than most) healthcare practice, is practical
 - Practical knowledge (phronesis) is different from craft skill (techne) and different from theoretical knowledge (episteme). E.g. sports skills ~ match vs. training vs. theory
 - This raises issues for getting the best balance
- Health problems are multifactorial ~ practice entails uncertainty
 - This means that healthcare is about finding the BEST rather than the RIGHT course of action
 - This raises issues for assessment

Values

- 3 key sets of values to be considered:
 - the profession's
 - the teachers'
 - the students'
- The educational purpose of a curriculum is
 - to promote and make explicit, particular values that are explicit/implicit in professional practice
 - to communicate 'tacit' knowledge



Professional Values

- Linked to professional identity
- Not **WHAT** we teach ~ knowledge, skills ~ but **WHY** they have been selected as important
 - What is the osteopathic body of knowledge?
 - What do we mean by 'osteopathic technique'?
 - Are techniques important in and of themselves or means to achieving an end? What makes that end 'good'?
- Practitioner's attitude to the patient, the problem

Educational Values

- All teachers work to a set of values, whether recognised or not
 - The 'blank sheet' to be written on, or the 'jumbled ideas' to be sorted
 - Students “don't know their anatomy/physiology/basic principles...!!”
 - You need to know how I do it.
- These should become foci for reflection and development

Learners' Values

- Students begin with high ideals about caring for people
- This is quickly replaced by the need to pass assessments, get good grades, learn to conform and enter the profession
- We want them to learn 'for the sake of learning', not just to pass exams
 - Do we design curricula to enable learning?
 - (Is assessment a true measure of learning?)

Internal/External Values

- Alasdair Macintyre (After Virtue, 1985)
 - A 'practice' is: "...any form of socially established cooperative human activity through which goods internal to that form of activity are realised in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity." (p.187)
- He distinguishes external from internal goods
 - external ~ rewards, payment, status, etc.
 - internal ~ intrinsic satisfaction, doing something well

What are osteopathy's internal values?

- What are the internal values that underpin the practice of osteopathy?
- Where does your sense of satisfaction with practice come from?
- Promotion of good health? ~ diverse meaning ~ common to all healthcare professions
- Promotion of good posture? (body structure) ~ lack of evidence to support correlation between health and 'good posture'

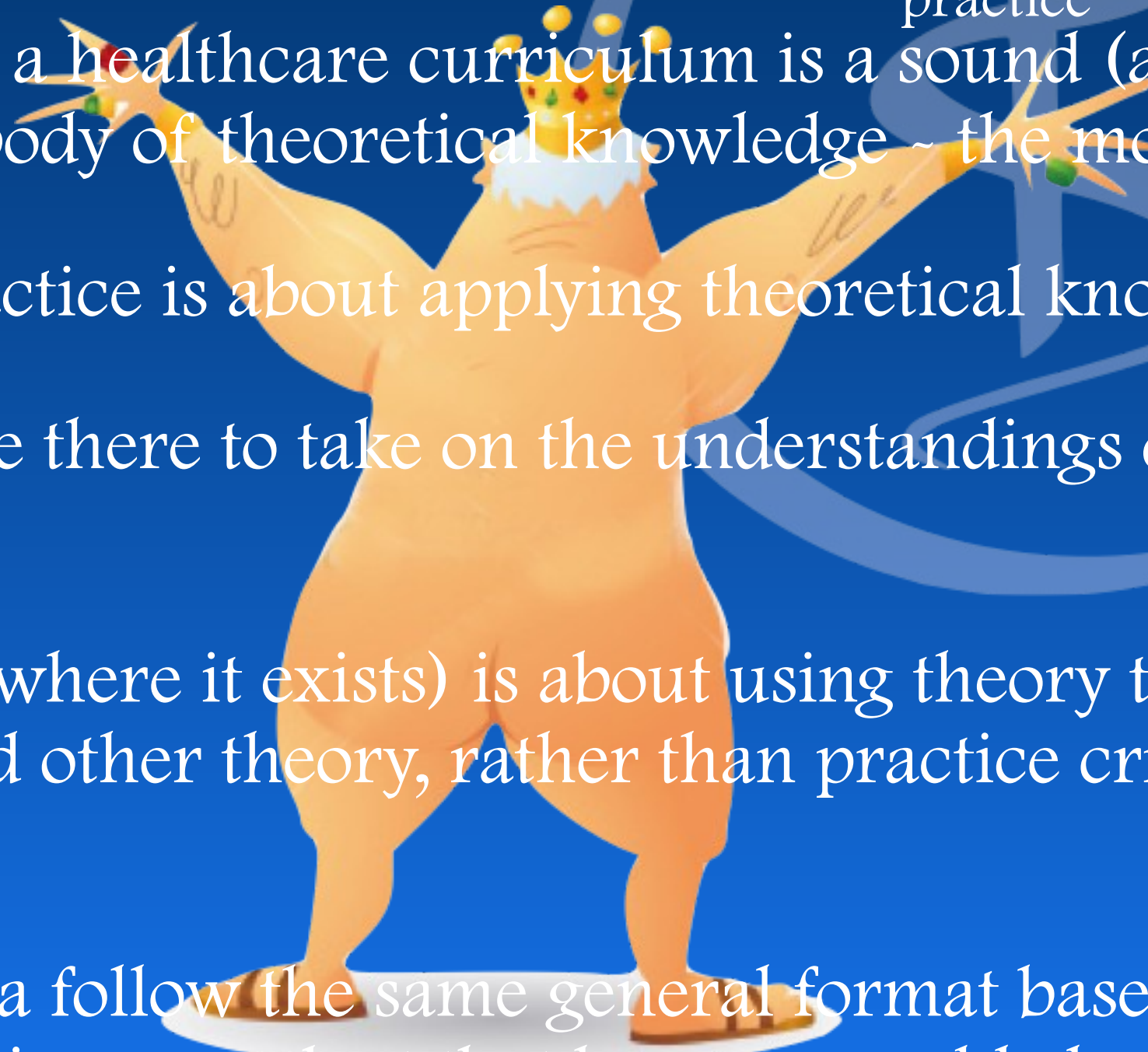
What are the internal values of osteopathic education?

- Do we rely overmuch on external values:
 - passing exams
 - getting grades
 - achieving awards?
- But are we clear about what the internal values are?
 - What kinds of activities enthuse students?
 - (clearly not assessments)

Assumptions to be regarded with suspicion

Based on Fish & Coles (2005) Medical Education: Developing a curriculum for practice

- The core of a healthcare curriculum is a sound (and extensive) body of theoretical knowledge ~ the more the better!
- Clinical practice is about applying theoretical knowledge
- Learners are there to take on the understandings of their teachers
- Criticality (where it exists) is about using theory to critique practice and other theory, rather than practice critiquing theory
- All curricula follow the same general format based on the idea of transmitting a product that has measurable learning outcomes



Theory trumps practice?

- What is the rationale for believing that strong theoretical knowledge is better than practical expertise?
 - Expertise is valued above 'book knowledge' by patients
- More knowledge ~ less likely to make a mistake
 - The skill is knowing what is relevant and how to apply
- More knowledge ~ more likely to know the right answer
 - As above; plus it assumes there is one 'right answer'
 - Undervalues the rôle of uncertainty

More on theory ~ q of values

- Theoretical models of explanation and practical models of management & treatment are different
 - The latter has the better history!
- Values determine the kinds of understanding ~ the way information becomes knowledge and knowledge becomes applied in wisdom
 - Even the 'scientific' knowledge of anatomy, physiology, pathology etc., are 'understood' in a particular way
 - E.g. the significance of fascia or CSF
 - We select facts to fit our (valued) theoretical model

Specific issue for healthcare...

- Uncertainty, the 'ground state' of medicine
- Doctors/physicians have always tried to portray an aura of confidence, knowledge, certainty (even when they were wrong).
 - The emperor's clothes ~ only stupid, incompetent, careless, negligent doctors, can't see it
- Gawande: "We look for medicine to be an orderly field of knowledge and procedure. But it is not. It is ... an enterprise of constantly changing knowledge, uncertain information, fallible individuals, and at the same time, lives on the line."
- Greenhalgh: medicine is 'complexity science', where "unpredictability and paradox are ever present and some things will remain unknowable."

are also those for osteopathy

- Complexity and Adaptation
- Osteopathy is the 'Science of Adjustment/Adaptation' (Littlejohn)
- Human beings "can be viewed as composed of and operating within multiple interacting and self-adjusting systems. ... illness arises from dynamic interaction within and between these systems, not from failure of a single component. ... Health can only be maintained (or re-established) through a holistic approach that accepts unpredictability, and builds on subtle emergent forces within the overall system." (Wilson & Holt 2001: 685)

An inevitable tension

- Healthcare/osteopathic practice vs. educational management
- How to balance professional judgement of how well a student learns to manage complex clinical situations with the requirement to demonstrate and justify (with evidence), that they have met specific learning objectives.
- The language of educational management may be incompatible with that of healthcare.

plus...

- Osteopathy is new.
- It is maturing or maybe it is emerging, still being born?
 - or is it
- Still being born?
 - or is it
- Still being borne?



So ...

- “An uncertain world requires an uncertain education.”
(Ronald Barnett)
- How do we prepare students for an uncertain clinical world and an uncertain future?
 - How do you decide what to wear when you don't know what the weather's going to be like?
- The rôle of criticality:
 - To prepare for uncertainty ~ a culture of reflexivity
 - Critically reflect on the nature of osteopathic professional judgement

What to wear

- We need to avoid:
 - the hubris of Joseph's coat
 - the delusion and vanity of the Emperor's clothes
- We need to develop curricula that are:
 - explicitly value-based ~ clear about the purpose of a curriculum
 - focused on practice and appropriately supported by theory
 - flexible and adaptable, attracting ongoing critical reflection and revision

Recommended Reading

- Barnett, R. (1997). Higher Education: A Critical Business: Open University Press.
- de Cossart, L., & Fish, D. (2005). Cultivating a thinking surgeon: New perspectives on clinical teaching, learning and assessment. Shrewsbury: tfm Publishing.
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- Gawande, A. (2002). Complications: A surgeon's notes on an imperfect science. London: Profile Books.
- Greenhalgh, T. (2007). Primary Health Care: Theory and Practice. Oxford: Blackwell Publishing.
- Plesk, P. E., & Greenhalgh, T. (2001). The challenge of complexity in health care. British Medical Journal, 323, 625-628.
- Wilson, T., & Holt, T. (2001). Complexity and clinical care. British Medical Journal, 323, 685-688.



"The heck of it is, he has 70%
job approval ratings."

