OME Journal Club

May 17, 2016

Becoming zusha: Reflecting on Potential in Medical Education and Practice

Transforming Medical Education

Constructions of Knowledge and Reflective Practice
OME Journal Club -- Intro

15 minute discussion for each article

- **Goal:** To facilitate faculty member’s knowledge about current trends in medical education and literature analysis through group discussions with peers.

- **Learning Objectives**
  
  As a result of participation in the OME Journal Club discussions, the faculty will be able to:
  
  - Increase exposure to evolving concepts in teaching
  - Identify, develop, and teach critical appraisal skills
  - Promote medical education research
  - Consider applying new concepts in teaching to course delivery
Key Points

**Med Ed Question:** How do “textbook” knowledge and “embodied” knowledge come together in workplace learning?

**Terms defined:**
- Textbook knowledge is explicitly verbalized and formalized yet abstracted and not meaningful.
- Embodied knowledge is deeply embedded in daily practice, but often implicit and informal and difficult to convey.

**Proposal:** When 2 concepts seem opposite and both right, you can place them in different dimensions. Explicit/verbalized vs implicit/performative on one dimension and situated/flexible vs abstracted/reified in another dimension.

**Discussion:** Exempt knowledge without reflection become ritual. Textbook knowledge that provides a framework for novices becomes ritual if applied to practice as the procedure. We must avoid promoting our ideas as “reified solutions” to educational problems that become so general that they are functionally inert in the individual contexts of meaningful practice.
Desirable explicit and meaningful knowledge embedded in daily practice seen in the reflective practitioner, the scholarly worker, the adaptive expert, the effective teacher.

Not Desirable mindless ritualized behavior.
Topics to discuss

- Do you feel this blog answered the posed question?
- Do you agree with the author’s statement that we must avoid applying textbook knowledge to practice as ritual procedures without reflection?
- What did you take away from reading this blog?
Becoming zusha: reflecting on potential in medical education and practice.


Key Points:

1. **Med Ed question:** What is our answer when faced with the challenge of helping our “Zushas,” our learners and educators, be all the “Zushas” they can be?

2. **Terms Defined:**
   1. “Reflective culture” includes teaching metacognitive and meta-affective skills, including mindful awareness and active monitoring of one’s thinking and learning processes as well as emotions.
   2. “Responsible scholars” are adaptive learners who capture transformative learning opportunities to challenge with risks, reinvent, and actively inquire to develop a professional identity.

3. **Proposal:** A longitudinal, developmental reflective process staring with MS1 through to beyond residency can foster self-awareness, facilitate purposeful learning, and more effective use of feedback.

**Discussion:** “Responsible educators” can guide the reflective process with interactive reflective writing (IRW), portfolios, and quality improvement.
Topics to Discuss

■ Does a “reflective culture” enhance or distract learning?
■ Did this blog give enough information to answer the posed question?
■ What would you write as a comment to this blog?
Transforming Medical Education.

Key Points:
■ Med Ed question: Why did Harvard Medical School dramatically transform its curriculum for the 2016 class?

■ Realities Reshaping Medicine:
   ■ Genomics and big data combine into personalized medicine, Precision Medicine
   ■ Medical practice skills for inter-professional groups, with added responsibility for the overall health of the population under their care
   ■ The availability of online medical information

■ Proposal: The new curriculum called Pathways is:
   ■ A three-phase model, with the pre-clerkship curriculum shortened to 14 months
   ■ A longitudinal exposure to bioethics, professionalism and related meta-topics
   ■ More analytical skills are provided before beginning clerkships
   ■ A post-clerkship curriculum includes a return to scholarship and the basic sciences.

■ Discussion: This is not the last transformation of medical education at Harvard, or at the many other schools seeking to train physicians for a medical future that we can only partially envision.
HMS New Curriculum: Pathways

http://hms.harvard.edu/videos/new-curriculum-harvard-medical-school

Longitudinal Clerkship
- 16 straight weeks
  - outpatient medicine in different disciplines
- One-on-one pairing
  - work with preceptor 1/2 day/wk, every week

Harvard Macy Institute Blog
http://www.harvardmacy.org/index.php/hmi
Topics to discuss

- What one key point did you take away from reading this blog?
- Would you consider making some of the Harvard changes to the BUSM curriculum?
- How would you respond to this blog?
Thank you for participating!

- **Save the date:** OME Journal Club next meeting is Wednesday, **July 20, 2016**

- In the meantime – if you find an interesting article, please send it to me **gmarch@bu.edu** so we can include it in our upcoming meetings