

Ged's blog on...Do not confine your children to your own learning

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Do not confine your children to your own learning, for they were born in a different time.

I first heard this ancient Hebrew proverb from a Professor of General practice during a heated debate about the value of medical students learning detailed anatomy during their undergraduate years. Traditionally (for over 200 years in fact), medical students spent 600 hours during their first two years of medical school in the dissecting room (to the pleasure of many film makers over the decades!). By the time I was a medical student in the 1980s this had reduced to 200 hours and over the subsequent 30 years there has been less and less dedicated anatomy learning time within most medical curricula.

As a newly qualified surgeon, I arrogantly believed that the world would fall apart if doctors did not know the origin, course and distribution of the vagus nerve or the attachments of the supraspinatus muscle and was convinced (like every doctor that has ever graduated, I suspect) that medical education hit a peak the day I graduated and it has all been downhill from there! The reality, of course, is that our understanding of wellbeing, illness and disease has increased exponentially. Indeed, our knowledge of the processes of life and the human race itself has changed beyond all recognition and continues to do so at an accelerating rate. It is not surprising, therefore that traditional curricula subject matter have been squeezed because of the need to develop new competences in sociology, psychology, improvement science, biochemistry, immunology and many many more.

It would be easy to leave the discussion there but over the years since that debate, the old Hebrew proverb has gradually increased in its significance in my working life. This is because I am slowly realising that it not only refers to WHAT we learned but more importantly HOW and WHY we learned it. Without acknowledging that new generations learn differently from previous generations, we will never be able to ?transform? education so that it is fit for purpose in the future. My school and undergraduate education was heavily focused on acquiring knowledge. The more relevant ?stuff? that was applied to memory, the more likely one was to have examination success and career progression and ultimately the ability to recall knowledge (sometimes of an obscure nature) facilitated diagnosis. Much of that knowledge was learned, unchallenged, from ?standard? text books or from didactic teaching sessions. Knowledge was precious, often

difficult to access and very often couched in a language in which only medical staff were fluent.

The world has changed. If one of my teachers had asked me about the supraspinatus muscle, it would have elicited a cascade of learning. I would have gone to the library or to one of the standard textbooks and read about the muscle. Then I would have visited the dissection room to see if there was an example of the muscle for me to see. I would have then sought further knowledge by seeking a knowledge custodian (probably an anatomy demonstrator) to see if he could impart some further nugget of information as ammunition to impress my clinical teacher. Whilst writing this blog, I have googled 'supraspinatus'. In 0.12 seconds (with Virgin Trains Wi-Fi!!) I have access to 858,000 pages of information, 137,000 images and 34,000 videos of this muscle. There are articles, pictures and videos of form, function, related disease and its treatment. Some of the information is designed for doctors and some for physios OTs, patients and their carers. There is even the odd supraspinatus joke!

The world has changed. It has changed far beyond the imagination of those of us who contemplated the future 30 years ago. An infinite amount of knowledge is available to us instantly and at all times. It is not a great leap to recognise that the acquisition of knowledge for later recall has far less significance for healthcare workers of today and tomorrow. Surely skills in synthesising accessible information, interpretation of data and knowledge management are of far more importance than the simple acquisition of knowledge for the current and future workforce? Some people find this worrying and there is a concern that Google might be making us stupid (see Nicholas Carr). Others would argue that it is just a shift in necessary competence from knowledge repository to knowledge facilitator. Sadly however, it seems to me that we continue, in large part, to 'confine our learners to our own learning?'. Much of our health professional curricula and CPD activities are focused on knowledge acquisition and our assessments on knowledge recall. Surely true educational transformation requires a really radical approach to the way in which we obtain, synthesise and use knowledge?

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