

Ged's blog on...Education, Education, Education

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19 November 2013

‘Our top priority was, is and always will be education, education, education’. Tony Blair’s re-election speech in May 2001 has provided many a sound bite for leaders in the intervening period but what does it mean? Is it true? And if it is what exactly are we doing about it? There is a powerful argument that the quality of any process or activity can only be improved if those responsible for its delivery are better informed (trained), are able to innovate, are well led and have the opportunity and motivation to improve their own performance.

Education itself can be defined as ‘the wealth of knowledge acquired by an individual after studying particular subject matters or experiencing life lessons that provide an understanding of something. Education requires instruction of some sort from an individual or composed literature.’ By this definition, education is the foundation not only of excellent service delivery but also THE stepping stone to innovation and improvement and essential if we want to positively change our behaviour to offer a more caring and compassionate healthcare environment for our patients. Why then do we, in healthcare, separate education and training from core business? We create learning and development groups, we teach health professionals in silos and education is rarely a standing item on Board agendas or senior leadership events. Moreover this trend for side-lining education has increased in recent years as the metrics which measure the performance of service delivery have become so robust that they form the basis of most performance indicators for healthcare providers at the expense of education whose quality is seen as more difficult to measure.

I find it interesting that many healthcare professionals (and I have been guilty of this at times myself!), very often subconsciously, believe that expertise in understanding education and teaching is ‘innate’ and that instinctively we often think that we ‘know about’ education and have expertise because it is ‘common sense’. In addition it is a commonly held belief that the quality of education ‘was better when I learned’ and many clinicians call for a return of the teaching styles and curricula of the past to be reintroduced. This is an odd perspective if we compare it to any other aspect of healthcare. Most of us would be surprised if a consultant diabetologist declared that he had given up using electronic devices to test glucose levels and was going to reintroduce routine urine tasting to assess sugar levels or if a cardiologist took his department’s echocardiography machine to the local tip and declared that he only needed his stethoscope. Yet with education we frequently yearn for the past; longing for text books and lectures, long hours of basic science and classroom discipline. What we forget is that education, like all other areas of life, has developed through innovation, testing and research and that the reason we have a different educational landscape now is that,

like any science, our understanding of learning has increased and the environments in which we learn have changed beyond recognition.

So what are the lessons that I have learned from all of this for HENW? Firstly, HENW has a responsibility to society to put education at the very heart of the healthcare agenda in the North West so that we can maximise the quality and reduce the risk of healthcare delivery to our patients, improve the speed of adoption of innovation and improvement and improve the knowledge, skills and attitudes of all of us. Secondly, we have to encourage an understanding amongst those teachers who we commission and those learners who form our healthcare workforce that lifelong learning is an essential foundation to good clinical practice. Finally, we must introduce improvements in how we educate based on a robust understanding of the effects of change underpinned by high quality educational and behaviour change and research so that we ensure that each member of the healthcare workforce is continuously able to offer their best to the changing demands of the population of the North West.

We have exciting times ahead.

Posted by Ged Byrne, Director of Education and Quality, Health Education North West

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