

SFU Faculty of Education:
Curriculum and Instruction – Education and Technology
M.A. Thesis Proposal

Working Title: An Educational Innovation as a Response to a Rationalistic Orientated Structure
– Understanding the Humanist (re-)Turn in Medical Education

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Introduction and Justification

At the heart of innovations in education lies a very simple premise: the *response*. When educators attempt to try something new and innovative in their classrooms, they sometimes find that they need to justify their decision making and underlying assumptions quite vigorously – just for a chance to implement their new idea! All too often, these new innovations are seen as novel, unique and distinctive attempts to reorder the established curricula at a particular academic institution. However, the underlying decisions to try something new, and the assumptions upon which this is founded, can be seen as a *response* to some type of shortcoming the educator has perceived in their own practice or overall profession. In 1983, Donald Schön wrote in one of his seminal pieces, *The Reflective Practitioner: How Professionals Think in Action*, that the need was emerging for reflection by professionals in order to cope with and *respond* to the new realities of learning environments and workplaces which were increasingly rationalistic and technologically orientated (1983, pp.326-332). The idea of teaching students how to reflect (Boud, Keogh, Walker, 1985; Dewey, 1933; Jung, 1983; Kearney, 2000; Mezirow, 1990; Novack, Epstein, Paulsen, 1999; Rogers, 1981; and Schön, 1983, 1987) has since been adopted by many educators, and has seen itself manifested in many instances of professional education, medical education being one example which will be the focus of this proposal. However, one of the difficulties faced by these innovative medical educators in their attempts to implement these reflection-oriented teaching methods, is the need to convince not only students of their utility, but also fellow medical educators and administrators who may not perceive the same shortcomings in the nature of their collective teaching and practice.

In the realm of medical education and practice, there appears to be a need to share with medical educators, practitioners, administrators and students, how an innovation such as

reflection-oriented teaching methods (i.e. reflective journaling) are *responding* to the limitations of the rationalistic technology orientated medical profession.

At first, this may seem an odd match for a research thesis in Education and Technology, for the orientation of the program at SFU Education seems to be one which explores the nature of technological innovation to meet the needs of educational practice. This particular view, while warranting the intense study it now receives, seems to neglect the dialectical relationship between education and technology. To argue that technology *responds* to the needs of education, but that education *does not respond* to the new realities of an increasingly rationalistic and technological world is extremely shortsighted. There is a need, more present than ever, to explore the educational response to the technologies which now are embedded within almost all parts of society. The goal of this exploration is one of increased understanding, to focus attention on the new realities of our technological world, and thereby justify the reasons for educational innovation such are reflection-oriented teaching methods.

The exploration of how society has responded to this new rationalistic and technological world has been taken up by Critical Theory in the works of Karl Marx, Max Weber, The Frankfurt School, Jurgen Habermas, Jacques Derrida, Roland Barthes, Michel Foucault and Andrew Feenberg (Feenberg, 1995, 1999, 2002; Honneth, 1991). Education, as an institution within this rationalistic and technological world, is not exempt from the pressures and changes exerted by these new world realities. Take for example the wide-scale usage of province/state/national/international-wide standardized examinations in particular courses and grade levels, which have the effect of standardizing, or rather rationalizing curricula across a whole society, which is possible due to the use of technology-enabled marking systems. The opportunity therefore arises, through the usage of applied critical theory in the form of Critical

Discourse Analysis [CDA] (Fairclough, 1995; Fairclough & Wodak, 1997; Gee, 1999, 2004; Jager, 2002, Meyer, 2002; Parker, 2004; Rogers, 2004; Wodak, 2002), to explore how a particular educational innovation is not just *responding* to a perceived local shortcoming in a particular curriculum, but rather is *responding* to a shortcoming in the overall rationalistic technology-oriented organization of education as it exists in society.

The goal of this thesis is therefore to explore how a medical education innovation, in particular reflective journaling, is formalized and legitimated by innovative educators as a *response* to 1) their local, 2) their institutional, and 3) the organizational structures of medical practice and experience. The hope for this research is that future medical educators, administrators, practitioners and students will be able to apply its findings in order to better engage with and justify their own turn toward reflective journaling and other reflection-oriented teaching/learning methods. This will be undertaken by exploring the process of three medical educators involved in the implementation of reflective journaling at their institution(s) (medical schools). Through a CDA method of inquiry which examines their individual experience as being a result of and *response* to 1) their local, 2) their institutional, and 3) the organizational structures of medical practice and experience, it is hoped that this greater insight will not only become clear, but will allow for a general social theory which situates the innovative educational action as emerging from and a response to an existing social structure.

Research Paradigm

The issue of the goal of this research is paramount when attempting to situate the exploration topic and method in a proper context. The reason I say this is that if the educational innovation is of most importance, there would be a need to situate this research in the realm of a naturalistic exploration of a particular phenomena (reflective journaling implementation) as

being the result of *or* response to its environment. However, if the nature of the environment is of most importance, or rather the structure of the environment is of most importance, the research is situated firmly in the realm of exploring social structuralism and the phenomena is seen as a result of *and* a response to this structuralist environment. In order for a CDA method to be utilized to its fullest, and following its traditional Critical Theory foundations, the phenomena must be seen as a result of and response to its environment. As the goal of the research is to situate the phenomena of reflective journaling implementation within its greater context, there is a need to adopt a hierarchy which sees a structuralist social world as the overarching frame for exploration, with the phenomena located at the other extreme as an exemplary action which adheres to and resists this structuralist system (Fairclough, 1995; Fairclough & Wodak, 1997; Jager, 2002, Meyer, 2002; Rogers, 2004; Wodak, 2002). Therefore, in order to understand the phenomena of reflective journaling implementation, a phenomenological approach is needed to understand how the need for reflective journaling came to be of importance to the three medical educators. The texts of these interviews will then be analyzed using a hermeneutic approach which seeks to understand the power relations and meaning relations of the medical educators' experiences and decisions. These experiences and decisions are not to be thought of as independent and individualistic, but rather an integrated part of medical practice and education.

A literature review, focusing on the development of medical practice and education, in particular during the 20th Century and its current techno-medicine phase (Pickstone, 2000) will prove extremely useful for this hermeneutic analysis. Furthermore, the literature review will highlight three distinct periods within the techno-medicine phase: 1) the professionalization and specialization of medicine [~1890 to ~1950] (Cooter, 1998; Howell, 1998; Mishler, Osherson,

AmaraSingham, Hauser, Waxler & Liem, 1981; Sturdy, 1998) 2) the emergence of a structural functionalism in medicine and its discourses [~1950 to the early 1970s] (Parsons, 1951); and 3) the medicalisation critique (Horrobin, 1977; Illich, 1976) and the ‘Foucauldian Perspective’ on medical discourse [~mid 1970s to present] (Foucault, 1967, 1975, 1977, 1980, 1986, 1988; Lupton, 1997, 2003). It is during this third period within the techno-medicine phase that calls for a humanist (re-)turn in medicine are made (Kearney, 1990; Jung, 1983; Novak, Epstein & Paulsen, 1999; Rogers, 1981; Stein, 1990); while in education calls for the teaching of reflection became prevalent (Boud, Keogh, Walker, 1985; Mezirow, 1990; Schön, 1983, 1987).

One final point is necessary in the discussion of this paradigm, namely, the role of the researcher undertaking the study. In the existing CDA scholarship, “CDA scholars play an advocacy role for groups who suffer from social discrimination” (Meyer, 2002, p. 15); this can at first seem problematic when weighing the need for objectivity on the part of the researcher and the inherent problems to validity which arises when the researcher is not neutral. However, the reflexivity of the researcher can be used as a way to respond to these problems to objectivity and validity, for the researcher must always understand and be able to explain how they approached the data within the discourse under study. This becomes evident in the final write ups/reports/papers found within CDA scholarship, for rather than presenting distilled concepts and themes, the original textual discourse (data) is directly engaged within the writing so a reader is able to follow the construction of an argument and/or build their own conclusions.

Research Method

There are multiple possibilities, or rather existing methods of applying CDA which can be employed for this study. However, three particular authors are noteworthy in this study as they align themselves most neatly to the goal of understanding the phenomena of reflective

journaling in its structuralist context, and all build upon the theories of society and power in the tradition of Michel Foucault. First, Siegfried Jager (2002) has suggested a type of CDA which works to build a general or grand theory to explain a system and the phenomena found within it. Second, Norman Fairclough (2002) has developed what is known as a ‘mid-range’ theory to explain not the entire system, but rather the specific sub-systems of a society. Third, Ruth Wodak (2002), drawing upon the linguistic history of discourse analysis (Critical Linguistics) has developed an approach which seeks to understand a context along its mainly historical development and how that history is embodied in the discourse (language, actions, and thinking) of a particular context. To align myself with any one author (and his/her methodology) at this time would be premature however, for without a complete and concise literature review which will influence the focus of inquiry in the interviews with the three medical educators and the subsequent analysis, adopting a particular CDA methodology could prove problematic in that it might constrict the possibilities of inquiry.

However, a general discussion of the overall structure the method will follow may help to identify points which are in need of further exploration. As already mentioned, the literature review, focusing on the history and development of medical practice and education (discourse), the emergence of the humanist-need in medicine, and the emergence of reflective journaling in education and practice, will guide the data collection and analysis. It is envisioned that three medical educators, all who have had experience implementing reflective journaling will be interviewed as part of three concurrent case studies. I envision the interviews as a way of exploring the decisions each educator made in regard to implementation of journaling, based firmly in their experiences during practice or their own learning at a particular time. A biographical-episodic interview would work best to achieve this goal, for I could explore four

distinct moments in their medical education and practice: 1) the decision to enter medical school; 2) the most disheartening moment during their education/training; 3) their first patient encounter when in practice or their first *difficult* patient encounter when in practice; and 4) their motivations for exploring reflective journaling as a teaching method. Each of these four distinct moments represents a culmination of experiences which took place previously in a particular discourse, as well as a particular action which was a result of and a response to that discourse. The interviews would be digitally recorded and then transcribed – these transcriptions would form the foundation for the analysis, which would be ongoing from the time of the initial interview in the form of field notes, observations and reflections. This information would be organized in a Web Log which would be maintained throughout the research study.

The initial analysis of the transcripts would take the form of reading and re-reading the whole transcript or sections there of, all the while making note of any relationships (causal, sequential, logical, etc.) which emerge. After some time, a small group of peers familiar with the literature review and the CDA method will be convened to review sections of the transcripts as a form of reliability checking. Once any unexpected or new insights are reconciled, I will arrange a second meeting with the interviewee and present sections of their transcript in an attempt to illicit their own opinions, and then review my own observations. This is a secondary reliability check, for the medical educator interviewees will be able to 1) offer a perspective firmly situated in the discourse under study, 2) highlight the different stance I have taken toward the transcript due to my grounding in the literature review, 3) focus my attention on any points of disconnection between myself and the interviewees in regard to the common transcript, and thereby provide the final focus for subsequent analysis – an exploration of these points of disconnection.

After this subsequent analysis has taken place, and before the final sections of the thesis are written, there will be one last interaction with the medical educator interviewees. After synthesizing my final discussion, I will present my literature review and transcript analysis, in written format, to the interviewees. This synthesis will include, at the very end, the ‘general social theory which situates the innovative educational action as emerging from and a response to an existing social structure’ which was synthesized from the analysis. The interviewees will be asked to respond to this general theory in written format, approximately 250-500 words in length. The analysis of these written responses will form the concluding sections of the thesis, and may serve as the final validity check in that they will agree, disagree, or indicate the shortcomings of the current general theory and provide the direction for subsequent work in this field.

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