


# Enacted Practical Wisdom in Medicine

Kern National Network Meeting - AAMC Annual Meeting

11/11/19

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 @sabenaj

# The purpose of Education

(Kemmis S. 2010)



To help people live well and to help  
develop a world worth living in

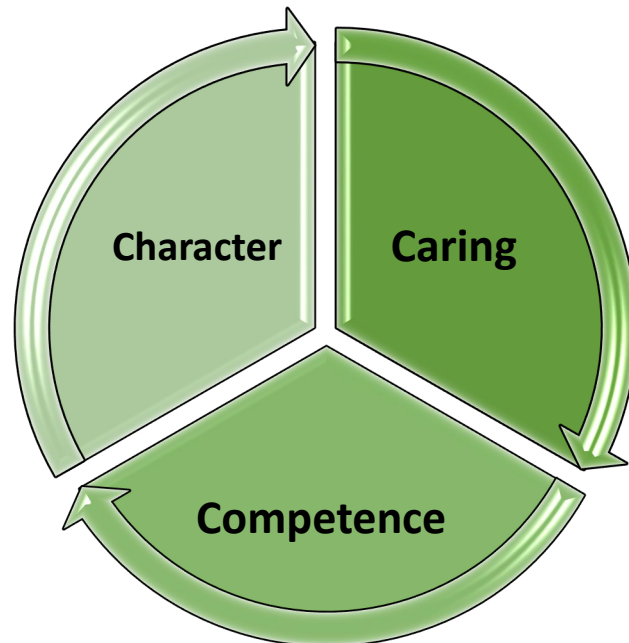
# Aims of Education

**Education is not just about information – it is about transformation**

The test is not what a student knows (they will forget that in five years)

The test is who a student has become in the process of education

# “Society gets the doctors it deserves”



Raymond Tallis. Hippocratic Oaths:  
Medicine and its discontents  
(2004) via **Dolan**

## *Medical Wisdom in the 21st Century*

*"I knew a doctor who was honest, but gentle with his honesty, and was loving, but careful with his love, who was disciplined without being rigid, and right without the stain of arrogance, who was self-questioning without self-doubt, introspective and reflective and in the same moment, decisive, who was strong, hard, adamant, but all those things laced with tenderness and understanding, a doctor who worshipped his calling without worshipping himself, who was busy beyond belief, but who had time – time to smile, to chat, to touch the shoulder and take the hand, and who had time enough for death as well as life."*

*La Combe MA (1993) On Professionalism. Am J Med 94(3). 329*

**Phronesis**  
**(Fro-nee-sis)**

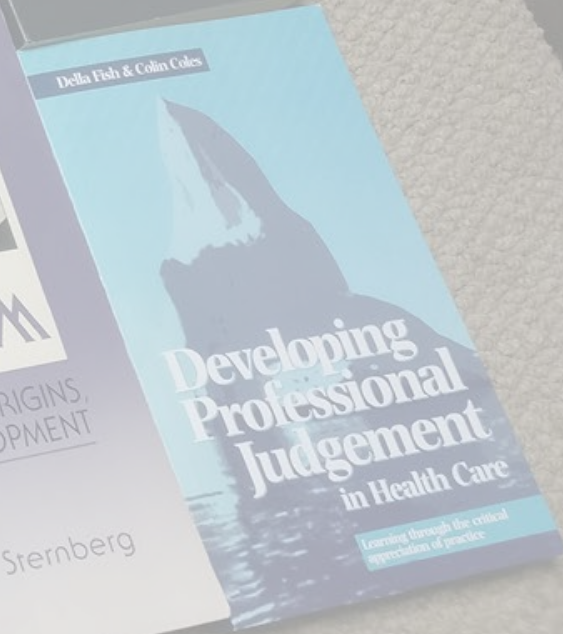
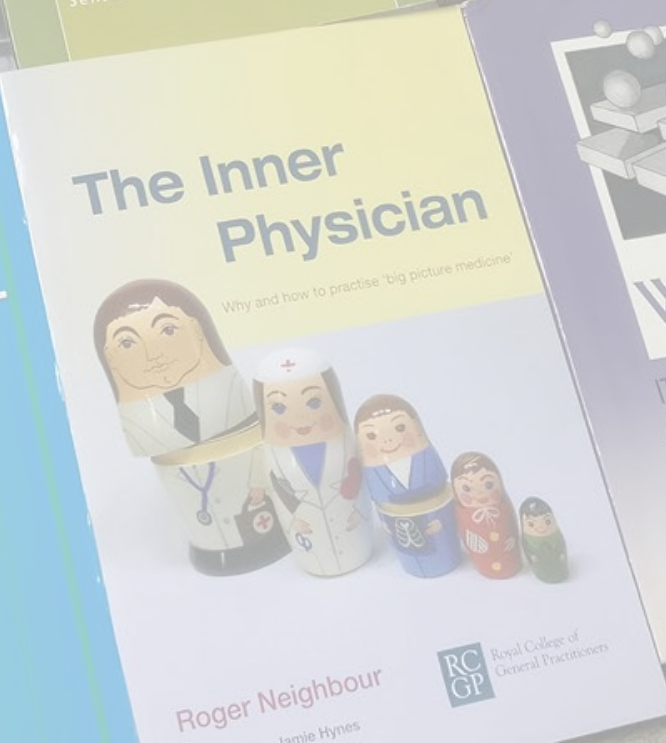
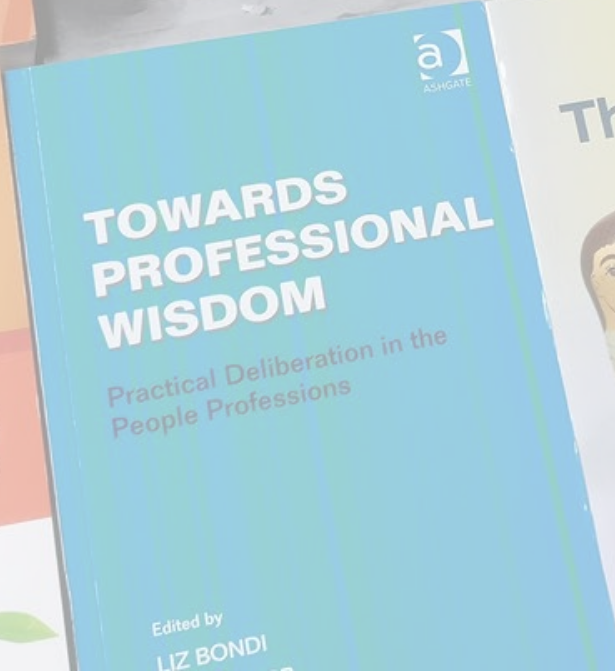
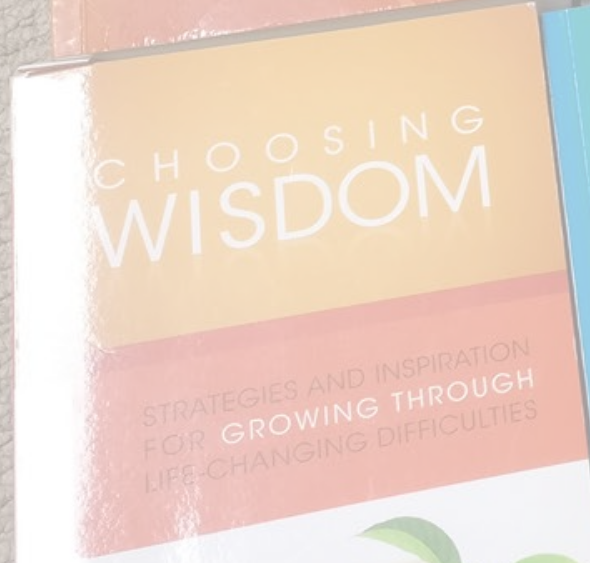
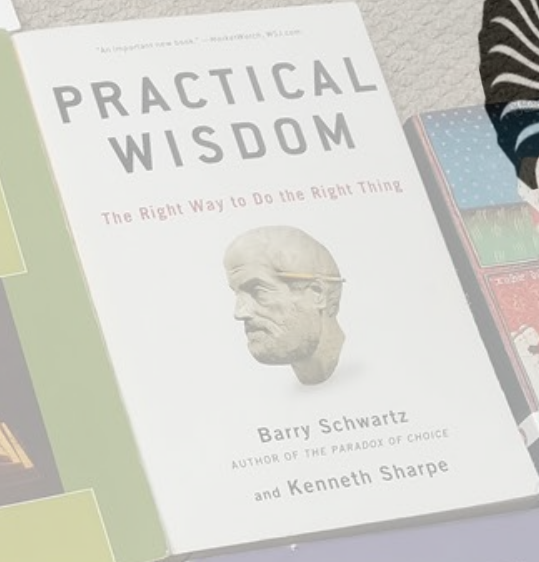
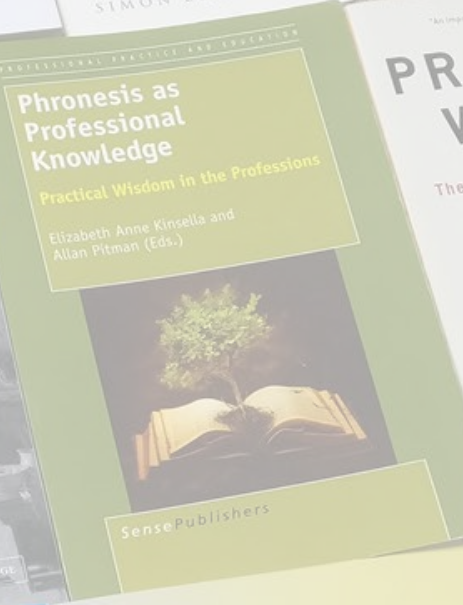
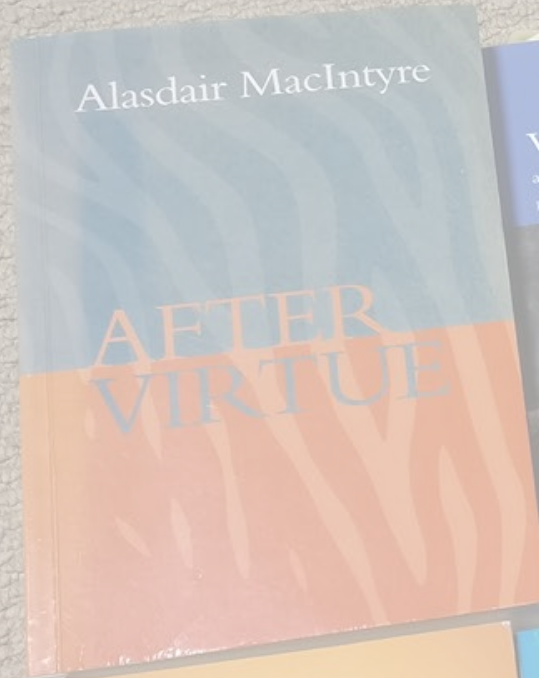


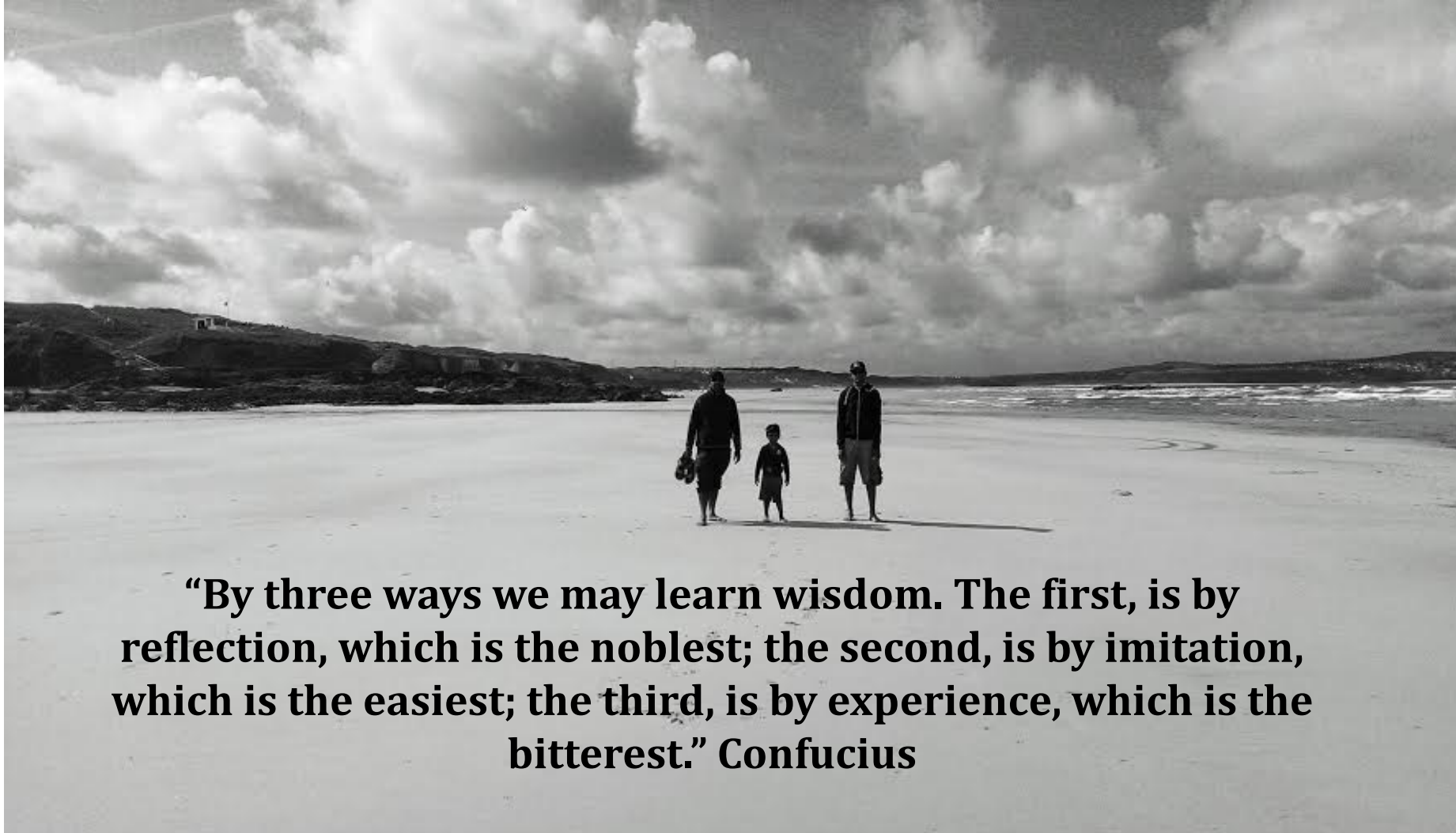
**You What?**





# PRACTICAL WISDOM









# *Homo Sapien*

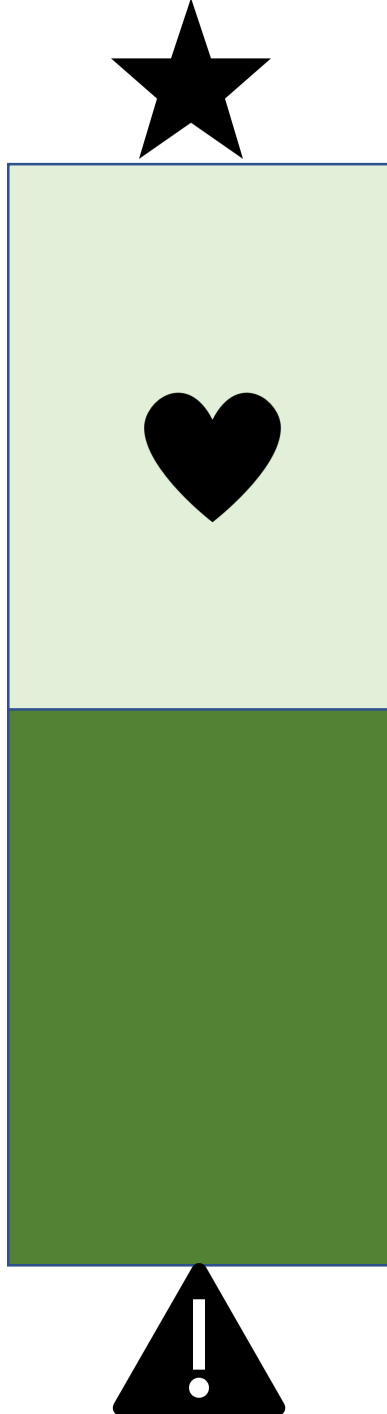
Wisdom....the ultimate  
CPD!

# The Predominant ethical frameworks in Medicine (outside-in approaches)

Deontology

Utilitarianism/Consequentialism

Libertarianism

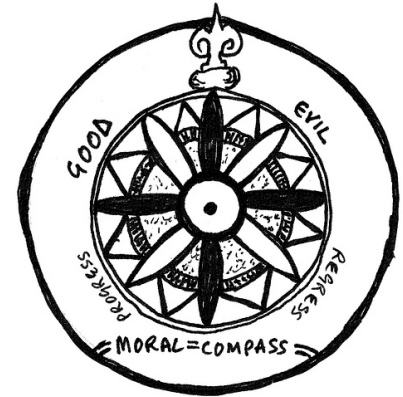


# Rules versus Values

**Considerate parking  
should not be defined by  
the absence of a parking  
restriction**

**The law limits every  
power that it gives  
David Hume**

***'Going above and beyond'***



# Rules and Incentives



*Practical Wisdom – The Right Way to do the Right Thing. Schwartz, B. Sharpe, K.(2010)*

## **Incentives and Rules – Carrots and Sticks**

When institutions we rely on (schools, clinics, hospitals, courts, banks) fail to give us what we want and need, we reach for these two tools.

**Incentives** undermine the **will**.

**Rules** undermine **Skill**. (Rules are like maps).

Thus, most efforts to improve the performance of our key institutions actually makes them worse.

People with *practical wisdom* have the will to do the right thing and the skill to figure out what the right thing is .....the right thing at the right time for the right person

# The Moral Era

## Berwicks 3<sup>rd</sup> Era



- 1) Stop Measurement
- 2) Abandon complex Incentives
- 3) Reduce the focus on finance and increase attention to quality of care
- 4) Reduce professional Prerogative
- 5) Recommit to improvement science
- 6) Embrace transparency
- 7) Protect Civility
- 8) Really listen (esp poor, disadvantaged, excluded)
- 9) Reject greed (it erodes trust)





# What is Virtue ethics?



- A *virtue* is a positive trait or quality deemed to be morally good manifest in **habitual action**. (Narrower term than values).
- **Inside-out approach** (values based, virtue ethics) versus **Outside-in** (rules based deontological/consequentialist ethics which dominate healthcare)
- A truly holistic approach means the interaction of the whole patient and the **whole doctor**. Gillies RCGP Occ paper 86 (2006).
- Aristotle (384BC), McIntyre (1985), Blackburn (2001) and Schwartz (2010) observe that **we cannot separate ourselves from our values**

Phronesis is an intellectual virtue.  
A collection of virtues is called Values.  
A collection of virtues become lived values



# Most values are learned through role-modelling and the hidden curriculum

*Hafferty, F. Franks, R (1994) The hidden curriculum, ethics teaching and the structure of medical education. **Acad Med 69(11)***

*Hafferty, F. (1998) Beyond Curriculum reform: Confronting Medicine's Hidden Curriculum. **Acad Med 73 (4)***

*Liao, J. Thomas, E. Bell, S. (2014) Learning from the Hidden Curriculum. **Health Aff 33(1)***

## Virtue Ethics has a number of advantages

Gardiner (2003) J Med Ethics 29

- It recognises our **emotions** are an integral part of our moral perception
- It considers the **motivation** of the clinician rooted in their character
- There are no rigid rules to be obeyed. It can be specific, with two people resolving the same situation in **different 'good' ways**
- This flexibility encourages creative solutions

# Self Awareness

GMC GPC Core Values and Behaviours  
RCGP Knowing yourself and relating to others



- Every **feeling** is a reminder of something important to us
- Our feelings indicate to us what **we value**
- Negative feelings signal a **conflict between our values**
- People have become **deaf** to the messages in the feelings (repression, venting, avoidance)
- **Feel-through** these feelings (feel – appreciate- grapple- reconcile)
- Feeling-through all situations = **Integrity**. They are grounded, in that they know what is important to them and they've grappled with the conflicts.
- With time, speed of 'feeling through' in new contexts (articulating feelings and values and how they've reconciled) = **Wisdom**

## Feelings are a marker for values

**Anger** tells us something is blocked

**Fear** tells us about threat

**Shame** tells us about not living up to something important to us

**Confusion** tells us about missing a conception of something important

## What are you doing with those feelings?

We need to acknowledge what is happening in us and learn to **feel through**.

**Practical wisdom** has an executive function of adjudicating when values conflict

**Integrity**

**Creativity**

**Wisdom**

# General Medical Practitioners Need to Be Aware of the Theories on Which Our Work Depends

Paul Thomas, FRCGP, MD

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in Health and Social Care, Thames Valley  
University, Ealing, London

## ABSTRACT

When general practitioners and family physicians listen, reflect, and diagnose, we use 3 different theories of knowledge. This essay explores these theories to highlight an approach to clinical practice, inquiry, and learning that can do justice to the complex and uncertain world we experience. The following points are made: (1) A variety of approaches to research and audit are needed to illuminate the richness of experience witnessed by general medical practitioners. (2) Evidence about the past cannot predict the future except in simple, short-term, or slowly changing situations. (3) We consciously or unconsciously weave together evidence generated through 3 fundamental theories of knowledge, termed *postpositivism*, *critical theory*, and *constructivism*, to make sense of everyday experience. We call it listening, reflecting, and diagnosing. (4) These 3 fundamental theories of knowledge highlight different aspects within a world that is more complex, integrated, and changing than any single theory can reveal on its own; they frame what we see and how we act in everyday situations. (5) Moving appropriately between these different theories helps us to see a fuller picture and provides a framework for improving our skills as clinicians, researchers, and learners. (6) Narrative unity offers a way to bring together different kinds of evidence to understand the overall health of patients and of communities; evidence of all kinds provides discrete snapshots of more complex stories in evolution. (7) We need to understand these issues so we can create an agenda for clinical practice, inquiry, and learning appropriate to our discipline.

*Ann Fam Med* 2006;4:450-454. DOI: 10.1370/afm.581.



Consciously or unconsciously we weave 3 theories of knowledge:

- **Post positivism**
- **Critical Theory**
- **Constructivism**

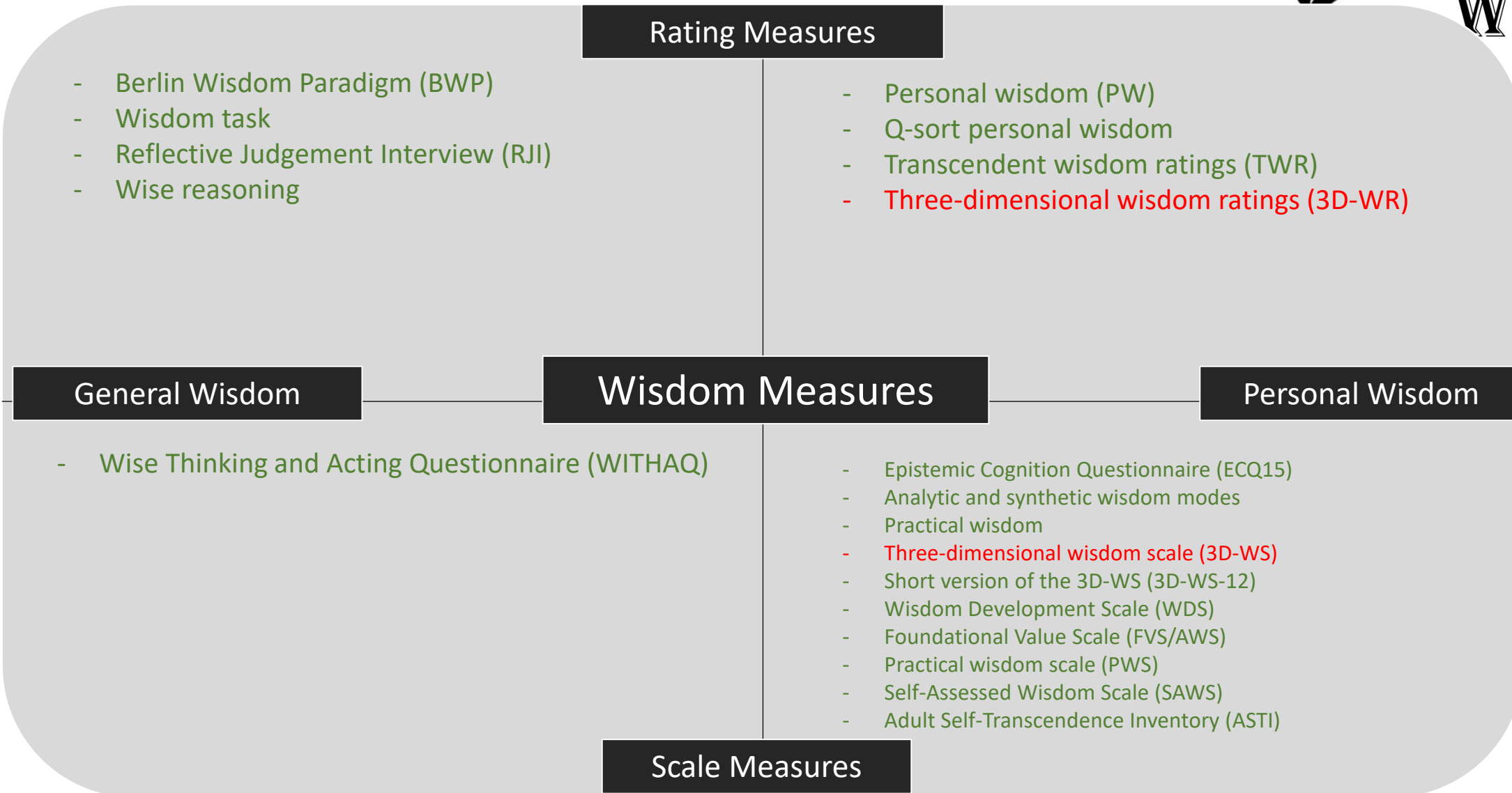
*Narrative unity* offers a way to bring together these different kinds of evidence to understand the overall health of pts and communities.

Evidence is knowledge generated from competent inquiry. Evidence commonly associated with positivism



# What I wanted .....

How do you go about identifying  
wisdom exemplars?



# Ardelt 3D WS & Phronesis



Generalised Wisdom (as measured by established psychological scales) and Phronesis are not the same

Why Ardel?

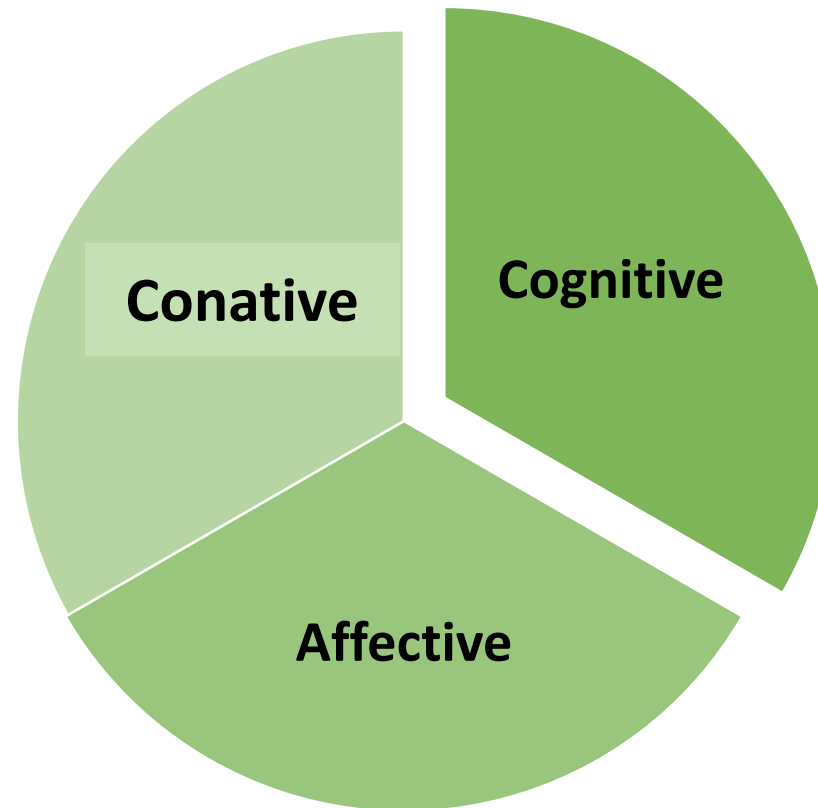
- It has been used to approximate to Phronesis measurement in previous research
- It includes an affective dimension that other scales have not included
- Pragmatically, fairly easy to administer and analyse
- It attempts to measure personal wisdom

# Measuring Wisdom and its relationship to professional practice

## Ardelt (2002) – 3D Wisdom Scale



REFLECTION plus  
Striving and  
Endeavour =  
**Knowledge &  
Behaviour**



# EPGPS Mixed Method research



## EPGPS part 1 – Wisdom questionnaire

211 GPs completed the questionnaire

5 GP training events

**20 Wisdom Exemplars identified** - High Criterion for wisdom

Scored above 4/5 in every domain

Results analysed

## Part 2 - Biographic Narrative interviews on GP Wisdom Exemplars

Lived life and told story

Triangulate with PSQ and MSF

**Rich contextual data that aspires to inform the future of medical education!**



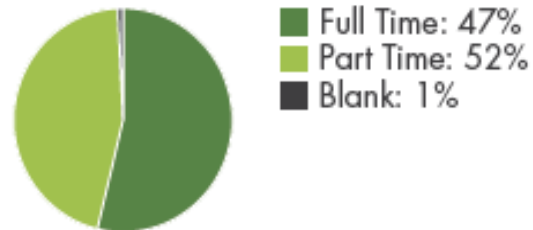
## PhD part 1 highlights

### Enacted Phronesis in General Practitioners Study (EPGPS part 1)

Jameel.S (2017)

- A validated 39-point questionnaire (Ardelt 3D Wisdom Scale) was given out at 5 training events in the West Midlands (3 HEEWM trainer conferences, 1 VTS half day release and 1 NHS appraiser workshop). 7 additional, mainly demographic questions were added.
- Data collection was between Nov 2016 and March 2017
- 212 questionnaires were returned. 211 completed questionnaires were fit for analysis.
- Demographics of the whole group are illustrated below.

#### Sex



#### Prev ST Training

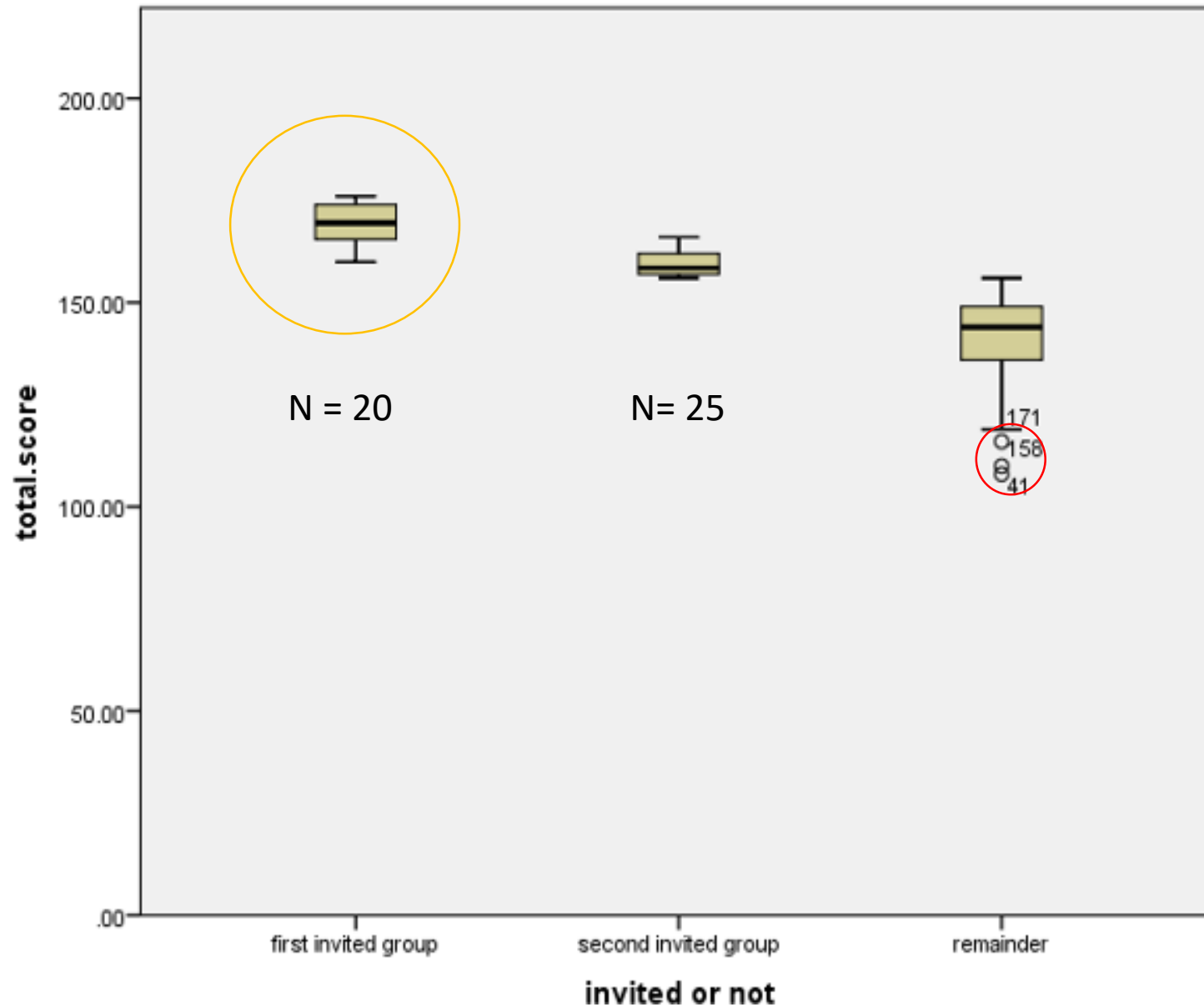


# Ardelt 3D WS - Part 1 analysis



- The results show very good reliability using **Cronbach's alpha.**
- The correlations are all high between the three domains and are all highly significant.
- There are highly significant differences in the scores of the exemplars and the remainder group.

Box plot of total scores for the first invited, second invited and remainder groups



Using total scores  
for each participant  
There are striking  
differences.

P value < 0.001 so  
the differences are  
highly significant.

# EPGPS part 1 findings



	Cognitive	Affective	Reflective
Average score	3.79	3.58	3.86
N score >4	70/211	38/211	95/211
Highest Score ★	4.86	4.54	4.83
Lowest Score	2.08	2.00	2.42

Average  
Wisdom Score  
for 211 GPs =  
3.74 (0.35 1SD)

**Strong criteria for wisdom** is a score over 4 in every domain N=20 (Exemplars)

**Weak criteria for wisdom** is a score over 4 as an average N=45 (includes 20 above)

# EPGPS part 1 findings



## The 'Wisdom' Exemplars (20) Headline Characteristics

- Less women
- Less GP trainees\*
- More in 51-60 age group
- More principal GPs

Whole Group %	Exemplar group %
57%	45%
15%	10%
27%	35%
74%	80%

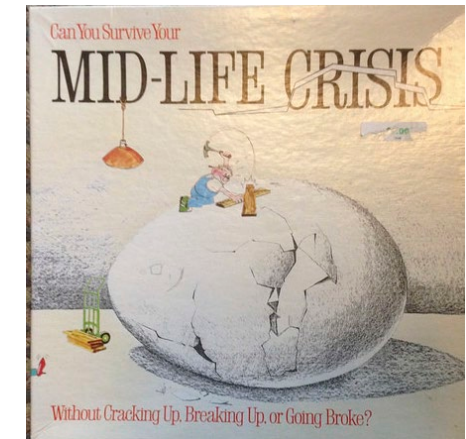
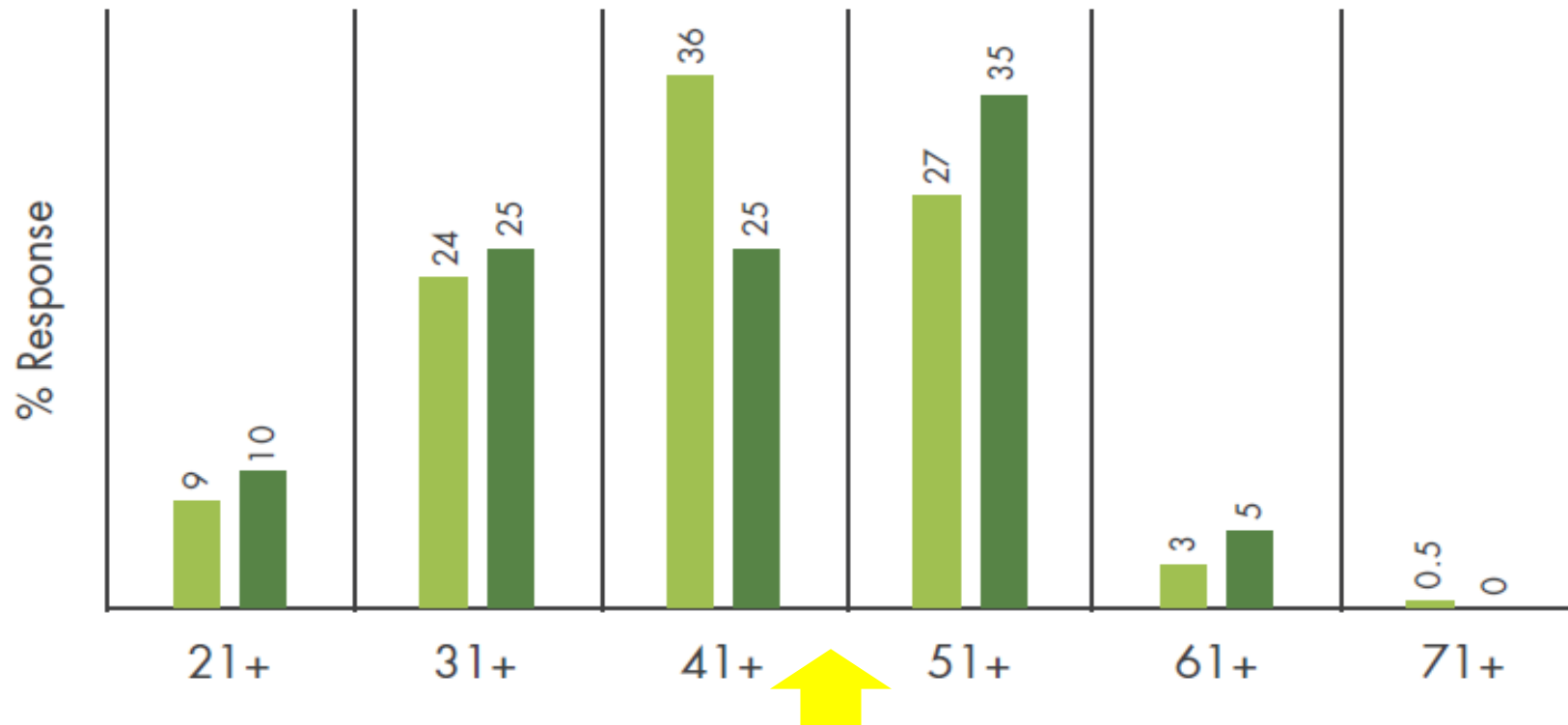


# Part 1 – comparisons



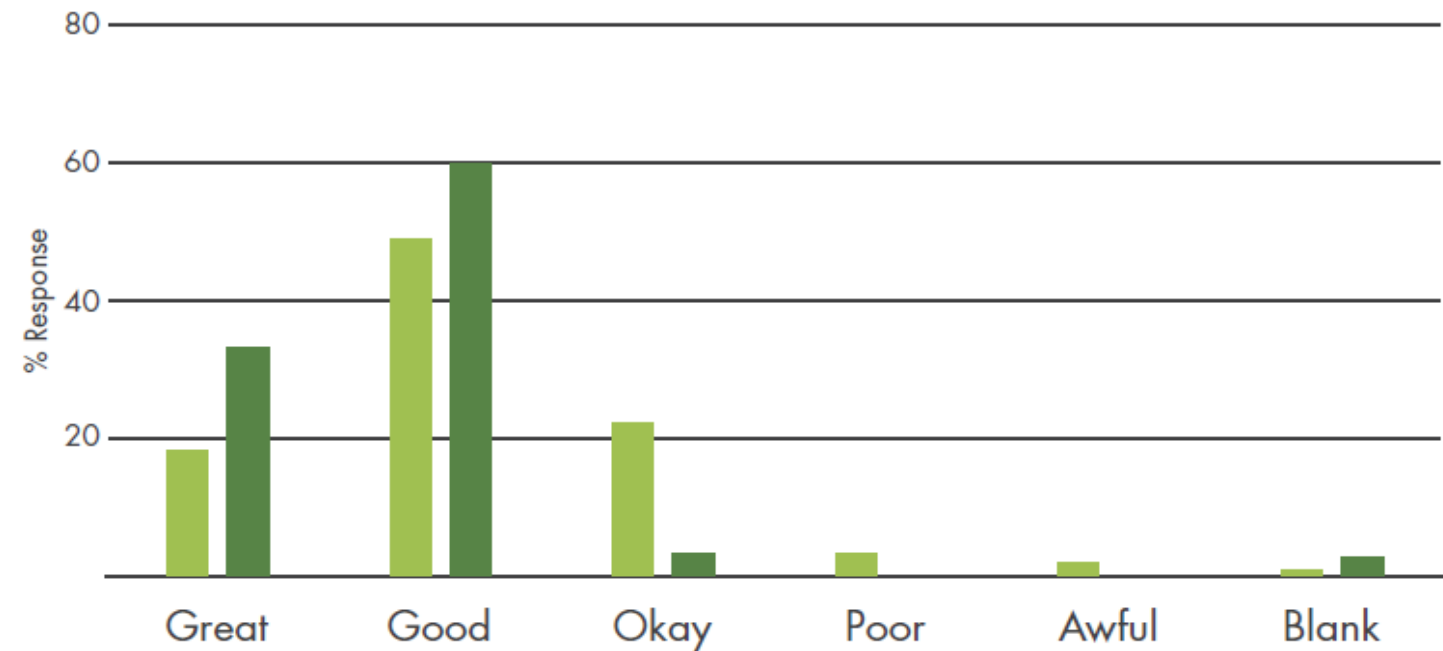
## AGE DISTRIBUTION

■ Whole Group    ■ Exemplar Group



## JOB SATISFACTION

■ Whole Group   ■ Exemplar Group



On the way  
to  
Eudaimonia?



**Wisdom leads to wellbeing  
and wellbeing paves the way for wisdom  
and in particular WISE ACTION,  
not just a capacity for wise reasoning.**

Grossmann I, Na J, Varnum MEW, Kitayama S, Nisbett RE. **A Route to Well-being: Intelligence vs. Wise Reasoning.** *Journal of experimental psychology General.* 2013;142(3):944-953.

# What and the mental and moral qualities of these exemplars?



Akademik

Alekhine

Barnabas

Billy

Dolan

Egeria

Excalibur

Godiva

Kindling

Lulu

Mary

Mr Bean

Robbie

Samphire

Scrabble

Timeorsage

Vintage

Yoda



ALEKHINE



EGERIA



BARNABAS



DOLAN



WISDOM SCORES:

COGNITIVE ABILITY 80%+

REFLECTIVE ABILITY 80%+

AFFECTIVE ABILITY 80%+

EPGPS



# SQUIN (Single Question)



*“I am interested in your experience in the things/events and influences that have made you the doctor you are now.*

*I’d like you to tell me all about it, in your own way. Tell me what has been important for you. I won’t interrupt. I’ll just take some notes, so please do begin”.*



# Biographic Narrative Interpretive Method (BNIM)



- BNIM is a method of research sometimes for history for its own sake (oral history), exploring the **lived experience** of people belonging to different generations and sectors, dated and located in recent or currently-happening personal and collective transitions, as lived from multiple viewpoints.
- The task is to **describe**, but also to **understand**, recent and present-day experiences and lived situations and choice-points (these three terms are not identical).
- This is done by eliciting and deepening the self-narratives, autobiographic self-inquiry. We elicit their self-narratives so that afterwards we can write our narratives which are about them or which relate to theirs = **Lived Life and Told Story**.
- BNIM is a psychosocietal research method

# Interviews Overview

## On relationships with Patients



- All seemed to enjoy their personal interaction with patients

“I just think, oh great you know I’ve got to go (to work)... I like the people that I’m with, I enjoy the challenges, I enjoy the mental stimulation, but I actually... I think I enjoy listening to people’s stories”  
*Egeria*

- All seemed very grateful for their lives

“I do credit (parents) for getting me where I am, I don’t know if I would have done it... they hadn’t made the sacrifice to get us to good schools.”  
*Billy*

“I love to come to this place (work).. my patients look after me”  
*Akademik*

- All seemed to speak about the privilege of being an GP and for patients to trust the doctor with their most intimate and personal problems.

# Selected Quotes

## On relationships with Patients



“And I think the **really lovely thing** about GP is you’ve got a chance to learn about people’s lives. You often go to the houses. In the NHS, the **lovely thing** is, you’ve not got to charge them, so it’s not a kind of... there's no financial incentive. They see you as a friend rather than a business deal. And I think the way I approach the work is that I think it’s a **privilege** to be able to try and **help** them a bit through the difficult parts of their lives with a little spice of trying to make sure you get things right when you’re handling a chess board with a different set of moves to move through. So I think that’s a **very special job** because of the way you **learn about their lives** and you have a chance perhaps to make them better”.

Alekhine

# Selected Quotes

## On challenge



“So I went off to [Place] and that was an incredible experience.

So Maoris’ **an incredible population**, really, really **lovely** but so hardy... none of this negotiating type stuff you know, they just want... and they come to you half dead, so you can’t negotiate, it’s like, you just need treatment.

So that was an **incredible experience**.

And I think working out in [Place] on your own for three months, there was nobody, there was me and there was nobody.”

Egeria

“And the **luck** really is that this place suites what I can do I think you know. I would think **I would struggle** in other environments. I don’t know that to be true, but I think I would. If I’d say ended up, but if I was working in a more challenging General Practice, **I might struggle**. Because of my personality I think, I think I’d... I’ll come back to that in a minute why I think that, but this is a **very easy place to do General Practice. I know that sounds a bit lazy really, but it suited me**”

Robbie

# Selected Quotes

## On failure



“You know, of course it’s upsetting at the time when you have it (failure), but that's also important and necessary, it makes you realise. You know, obviously my perspective of failure... really has changed over a period of time to me, **there are no failures.**

Dr Yoda

“I did actually try to ease my conscience. I volunteered to look after the Hostel for a while, you know to try and do something a bit more challenging. **And I wasn't any good at it, I got frustrated.** And so I did it for a couple of years, and in the end I had to... it just wasn't doing me any good. **So I don't think that eased my conscience too much**” Robbie

# Selected Quotes

## Learning from unpleasant events



“I think what they taught me was, **you shouldn't react immediately** to somebody or something that you see that you find difficult or unpleasant. It taught me to try and **look at everybody's point of view**. It make me think about the fact that the person who was doing something which I didn't enjoy, didn't approve of, may well have had a good reason that they were doing that. So I didn't know what had gone on in their life that morning, the minutes before, what attentions were that they were currently you know suffering from. So it made me begin to think about, look at **everybody's hinterlands and don't just see them for face value**.

And even in those people that evoke really strong emotions in you, try to just take a **step backwards and see from their point of view if you can**. And also think about, what am I doing, is there **something that I'm doing** which actually is making them behave in the way that they are? So consider that as well. It also taught me to help... try and... this sounds very selfish, **but use colleagues to help you understand this**. So you know, band together with your colleagues, talk to your colleagues. So things like Balint groups I find incredibly helpful as I've got older, and I've discovered what they are and what they mean”.

Dr Scrabble



According to a 2009 literature review of 10 major scientific definitions of wisdom by Thomas Meeks & Dilip Jeste, these are the essential components of wisdom



Social  
decision-making,  
pragmatic  
knowledge of life



Pro-Social  
Attitudes  
& Behaviours



Reflection,  
Self-understanding

Reflection and self understanding  
Pro-social attitudes and behaviours  
Pragmatic knowledge of life, social decision making

Uncertainty Management  
Emotional Homeostasis  
Value relativism/Tolerance

Openness  
Spirituality  
Sense of Humour



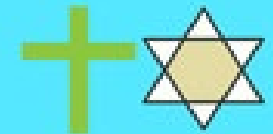
## The essential components of Wisdom



Uncertainty  
management



Emotional  
Homeostasis



Value relativism,  
Tolerance

A 2013 follow-up study of 24 definitions of wisdom from scientific journals added 3 further components:

**OPENNESS - SPIRITUALITY - SENSE OF HUMOUR**

## 3 SHORT-TERM WISDOM INTERVENTIONS

In response to life dilemma scenarios presented to subjects in the laboratory, the following 3 strategies have been shown to temporarily boost wisdom performance

### IMAGINED DIALOGUE

Engaging with a person of your choice or even just reflecting alone before responding to the problem

This was shown to increase wisdom performance by almost one standard deviation

Staudinger & Baltes, 1996



## THE CLOUD RIDE

Imagining travelling across the planet on a cloud before responding

This surprising strategy shifts focus on to cultural relativism and tolerance resulting in an increase in overall wisdom scores

Böhmig-Krumhaar, Staudinger & Baltes, 2002

### SELF-DISTANCING

Considering the problem as if it was someone else's

People show greater wisdom when reflecting on other people's problems so this has been shown to lead to wiser reasoning

Grossmann & Kross, 2013

evidencebasedwisdom.com




## 3 LONG-TERM WISDOM INTERVENTIONS




Gathering data and establishing causal relationships over a long timescale is challenging & costly, so scientific evidence for long-term wisdom development interventions is less robust than that for short-term interventions. However, the following three processes are considered 'promising candidates' by researchers.

### CONSIDERED EXPERIENCE

A BROAD RANGE OF LIFE EXPERIENCES IS ESSENTIAL FOR DEVELOPING WISDOM. THE EXPERIENCES MUST BE LEARNT FROM, SO 'REFLECTION' IS ALSO ESSENTIAL

Openness to experience has been found to be the most predictive personality characteristic for wisdom

Staudinger, Lopez & Baltes, 1997

## ULTIMATE LIMIT SITUATIONS

SUCH TRAUMATIC EXPERIENCES CAN LEAD TO PERSPECTIVE SHIFTS AND A SHARPER FOCUS ON WHAT'S IMPORTANT

The concept of positive change resulting from challenging life crises has been formalised by researchers as 'Post Traumatic Growth'

Tedeschi & Calhoun, 2004


### MEDITATION PRACTICES

MANY ELEMENTS OF WISDOM HAVE BEEN SHOWN TO INCREASE WITH REGULAR MEDITATION

8 weeks of meditation has been shown to lead to thickening in brain regions responsible for perspective-taking and emotional regulation

Hölzel, 2011

evidencebasedwisdom.com




HEALING IS WITHIN.  
ALL WE (DOCTORS/HEALERS) DO IS CONNECT PEOPLE WITH THEIR OWN SOURCE.  
POINTING PEOPLE TO THEIR OWN WISDOM.  
NOTHING IS BROKEN.

DR YODA EPGPS



Dr Yoda

His questionnaire responses were so intriguing. He was not afraid to commit to extreme Likert scale responses. I wanted to meet him most. When I did, I learnt he did a biochemistry PhD and post doc work with cancer research. He felt a void in his life as he wanted patient contact and to experience the *giving* of healing. He started Medicine aged 32. He became a GP and then became interested in complementary medicine, where he gained numerous qualifications. He now also provides Homeopathy, Chinese Medicine and acupuncture in addition to his normal GP work.

# Preliminary Reflections



- Wisdom exemplars versus lowest scorers
- The encapsulating single question, further research?
- Risk factors for wisdom
- Prevalence of sexism and prejudice
- Effect on the researcher
- Guilt
- “The rise of the wise”





# What I love about the wisdom exemplars....



- Disability, illness, youth, vulnerability, failure, multi-ethnicities all feature in the wisdom exemplars lives...
- Most these exemplars considered themselves “average ability” at medical school \*
- It has been an honour to interview them.

**A true leveller?**

inward

i do not wish  
to change the past

it made me  
who i am today

i only want  
to learn from it  
and live in a new way



PRACTICAL  
WISDOM

لا تندم على الماضي ، تعلم منه فقط .

Don't regret *the past*,  
Just learn from It.





**Dear Dr Jameel**

**Thank you.**

**Indeed, one is able to grow under the right conditions and I have learnt from the time I had, ways that perhaps I might act differently to help any seeker I encounter, be it with knowledge, advice, confidence or simply a kind word. Anything to help one flourish and become a step closer to their eudamonia is integral to a sound conscience. I learned this from you and will keep it with me.**

**Thanking you again for your positivity.**

**(GP ST3 who successfully completed training this month)**

## *Medical Wisdom in the 21st Century*

*"I knew a doctor who was honest, but gentle with his honesty, and was loving, but careful with his love, who was disciplined without being rigid, and right without the stain of arrogance, who was self-questioning without self-doubt, introspective and reflective and in the same moment, decisive, who was strong, hard, adamant, but all those things laced with tenderness and understanding, a doctor who worshipped his calling without worshipping himself, who was busy beyond belief, but who had time – time to smile, to chat, to touch the shoulder and take the hand, and who had time enough for death as well as life."*

*La Combe MA (1993) On Professionalism. Am J Med 94(3). 329*



# Sample character statements

# Mary



From an early age Mary has demonstrated a self-belief and self-knowledge that has led her to find paths that align with her being. Her life has been over arched by what some may perceive as physical disability, but she has proven with optimism, determination, loyalty and love, that she can and has exceeded expectations of others, and herself.

She has two main themes that drive her actions. One is her ability to do “big picture thinking” aiming for overall good, accepting bad phases as a step towards overall joy, (she has accepted inequality and compromise in order to achieve this holistic goal). The second is the ‘Golden Rule’ – Do onto others as you would want for yourself.

Mary is deeply empathic. Her moral compass is strong and secular in nature. She is open-minded and embraces broad experiences.

Mary believes that people themselves hold the answers to the questions they seek answers for.

(PA1)

Mary is her grandmothers name

# Billy



Billy has managed to filter early negative childhood experiences in such a way that has turned the story into a very positive one. He shows a high degree of empathy and compassion towards his parents, assuming the best of them and recognising the sacrifices made for his sake. Early in life Billy experienced loneliness and some rejection. This has not made him bitter but has instead motivated him to seek out connection and to do so in the context of caring for others. Human connection has been a driving principle in his career choices. He has also turned an early label of “hyperactivity” into an advantage by seeking variety in his work and taking an activist approach towards potential challenges and a desire for change. Billy is ‘other-person-centred’ in his outlook such that his reflection does not become negative rumination.

(PA 3)

Billy is a nickname

## Robbie

Robbie clearly enjoys partnership with patients and the joy that comes from longitudinal care in the community. He demonstrates high levels of gratitude and kindness (moral virtues). His wife has been a key support and guide.

Overarching this is a life led by luck (an external locus of control) this leading to worry and doubt in his own abilities. These factors make decision making (intellectual virtue) therefore commitment harder, sometimes leading to regret.

Robbie is conflicted but can manage and reduce this by remaining in a comfort zone. He seeks affirmation and validation to guide him. He sees his roles as separate, like acting, rather than a unified whole.

(PA1)

The doctor chose this pseudonym as he always wanted to be a Rockstar with a devoted following.

## Alekhine

Alekhine is a motivated and inspired by human connection. His professional life does not start and stop but continues throughout his existence, without any perceivable state of conflict. He loves the excitement, risk and connection that comes with being involved in the lives of other people and thrives in community. He is very adaptive to preserve this community immersion in an increasingly bureaucratic and technological environment.

PA3

Alekhine is named after the Russian chess master