

E11 pbb- From Principles to Practices

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SPEAKERS

Madge Kaplan, Paul Batalden, Bill Lucas

Madge Kaplan 00:00

Welcome to The Power of Coproduction, a podcast series that explores the lived experiences of patients and professionals who are redesigning healthcare service to achieve better health through mutual respect, collaboration and science informed practices. Your host and guide is Paul Batalden, Professor Emeritus of the Dartmouth Institute for Health Policy and Clinical Practice and a guest Professor Jönköping Academy. The Power of Coproduction is produced in partnership with the International Coproduction of Health Network (ICoHN), the Dartmouth Institute, Jönköping Academy and the Health Assessment Lab. On Episode 11, "From Principles to Practice," Bill Lucas outlines the learning that's necessary to engage in effective coproduction with patient persons. It doesn't just happen. Here's Paul,

Paul Batalden 00:55

Welcome. Today's theme is related to the learning process. For those wishing to learn how to coproduce healthcare service, we want to open the journey from what the coproduction of health care service is, to how one might learn to coproduce healthcare service. In some ways, I guess it's a journey from principles to practices. Our guest is Bill Lucas, he's the professor and director of the Center for Real World Learning at Winchester University in the UK. Thank you for joining us and welcome Bill.

Bill Lucas 01:36

Thank you, Paul. It's my pleasure.

Paul Batalden 01:38

So is there a story that might help us understand a learning journey like this?

Bill Lucas 01:45

Paul, I'd like to take you back to a classroom in my early days as a teacher, my first career. And imagine that you and your listeners are observing a group of let's call them nine-year olds. But they could be seven, they could even be 13-year olds who are all engaged in writing something, let's call it a story. And as you look around the class, you observe that 29 of them are heads down and seemingly

well into their imaginative universe and one individual is not. All of the 30 in this class have had your expert instruction on how to get started with a story, how to plan a story, how you might make a storyboard, what ideas seem to get you going, which don't, including some very simple encouragement, that you know, don't worry, just get started. And if you make a mistake, just put a line through it and move on and don't worry. And yet this, this boy, I'll call him a boy, he probably was a boy because some boys—slightly more boys than girls—finds this particularly tricky. And some can be fearful about making mistakes and looking silly in front of their classmates. So all these other children are doing well. And this, of course, is just increasing the stress for this individual.

So, I go away. And I think as I'm sure all reflective young teachers do, I want to know how I could do that better. And a week later, same lesson, same English class, same group of young people. Instead of starting in the way or the traditional possibly dull way I did before, I start by saying that I am going to write a story today, and I brought in a story that I'm willing to and really enjoying writing, and I get out my —because we're pre-computers, I hasten to admit here—I get get out my story book and I open it and I say now, you know what you're doing. I'd like (you) to just get on with your own writing, please. And I quite deliberately and possibly a little ostentatiously get on with my writing, I'm probably making a little bit more noise than is strictly necessary. And I just take a little peek up to see whether the child I'm particularly really teaching this lesson for has started. And joy of joys, after a few moments, he has. And he's beginning tentatively, to make some motions on his story. And I'm feeling very happy with that. I don't really understand the mechanism at this stage, but I'm feeling very happy.

Fast forward to my life as an academic and as a professor of learning, and now going back into a classroom to observe a teacher teaching writing, and to think with her about how she could do this even better. And to undertake a little piece of action research with her and a wonderful idea of hers that she would make learning to write and enjoying to write so enjoyable, so exotically exciting, that no child in her care would not want to do it. And she told me how she was taking her children out to the school grounds and writing in the damp. And under the table at the back of the classroom where she'd put a rather enticing tablecloth, where you could hide and just put a head torch on, and joy of joys, into the staff room very secretly, when all the other teachers were teaching their lessons and, and secretly writing, of course, the heart rate of these children was raising increasingly and and they were writing away. Now, look, that's enough of the story because this, the simple observation I would make is that learning anything, learning is complex; a subject as learning how to write and especially writing for your own enjoyment is complex. And we sometimes assume that by giving it simple ingredients, or having the knowledge, or even having some of the basics of the skills is enough, and it isn't.

Paul Batalden 05:53

Wonderful story. I mean, that just lays out this challenge. And it seems to me that in the description, there's both knowledge and skill and habit that are involved in some way. Am I right about that? How does that work? I and it seems to me that, you know, you build learning around knowledge differently than you build learning around skill and the way you build learning around habit.

Bill Lucas 06:27

I think you are right, I think there is a complex dance between things we know and things we can do and things we increasingly start to do rather better. And then things that we do without even noticing.

We're doing them such that they'd become habits, and then ultimately, that we are disposed to do them. Whatever the situation we find ourselves in, that kind of bubbles up naturally to us. I call that a disposition. But the relationships are complex and really interesting. I mean, it would be silly not to pretend that of course, you need a certain amount of knowledge. You need, if you're writing, to know such basic things as what letters look like, and such manual things as how you might if you're using a pencil, produce the cursive script that will enable others to read it. You need to have some conceptual things about, you know, if my story is going to work, it may like to have a beginning, and possibly a middle and hopefully if I get there, an end. And there may be some things along the way that you may want to use to chunk it up. So some knowledge and some skill.

But that mysterious moment or what it is that tips you into being able to move from being an obvious apprentice, or even a reluctant apprentice or a fearful apprentice is tricky. It's definitely culture. It's definitely role models and others around you who are able to do it. It's definitely knowing how to have what David Perkins, a Harvard academic, calls "sensitivity to occasion?" How, what is it that I need to prompt myself to do here to be able to start the flow of my story? So it is a really interesting dance, Paul, I think between these three things, and I think, in education, we've tended to have that classic model of education, the Latin phrase would be *tabula rasa*, the empty slate on which we, we the adults, decide what the knowledge is. Or another image that comes to mind is the empty vessel, which we fill up with knowledge, as if knowledge is enough. And I think if we were wanting to conclude one thing from that, it would be that quite often smart people are very dumb. And that's because we assume that simply knowing stuff is enough. And you will know from your long and distinguished experience in healthcare that, of course, knowing stuff, is simply not enough. People don't, for example, take the appropriate infection control measures just because they know that that might be a silly thing not to do.

Paul Batalden 09:04

So it seems to me that knowledge, skill and habit are all involved.

Bill Lucas 09:11

I think you're right, Paul, I think these concepts of knowledge, skill, habit, or you might say disposition, they're closely interrelated, but they are slightly different. So for example, knowledge, typically knowing about something or knowing what something is or what something does, is important. But unless you can put that into practice in your lived experience by doing it, so not just knowing how to do it, but being able to do it, it's frankly only useful in an abstract sense. And what we're talking about in coproduction and indeed in any complex human activity is where you get a cluster of skills, each one of which has a knowledge base, which are gradually learned, practice in a number of different settings, and you become better and better and better at them until you might say you become an expert at them. And then one fine day you discover that you're using them without even realizing that you're using them. That is, in many people's books, a definition of true expertise, arguably, the one higher level of that is then being able to teach others who come after you how to do that. So I think in essence, something like coproduction is ultimately a way of seeing the world. It's a way of being, it's a habit. And of course, it has some knowledge and many skills. But it's really important to think of that difference between being disposed to do something and just knowing about coproduction, but not actually perhaps putting it into your life.

Paul Batalden 10:56

It seems to me that sometimes it's pretty straightforward. And it's just a matter of taking what you've learned and directly applying it. But sometimes you confront a situation where it seems harder, it seems like you have to, there's some changes that you have to imagine or create or something like that. How would a person like yourself think about that kind of a situation?

Bill Lucas 11:28

I think I'd start by describing a disposition or a habit as a set of different skills. And inviting anyone thinking about this to look at those individual skills and see what questions or what issues those might pose for them. So, for example, the writing a story example, has some manual skills, it has some conceptual skills, and it has some emotional affective skills to do with how I feel when I'm the only one of 30 not able to start my story. And I, maybe like my teacher, and I want to do my best. And the more I show my willingness (to) do my best, the more my stress levels rise, and the less able I am to do it. So I think it's something about complexity. And something about therefore, as a teacher, disaggregating that. So there are moments when it's very helpful for you to give individuals a chance to practice those skills. But if you do that too much, it's a bit like, "Well, I'm sorry, Paul, today, you can't play your Mozart piece, I just want you to do your scales. Or today, Bill, I'm really sorry, that great game of Scrabble, you've been looking forward to with me, you can't do that. I just want you to do five letter words beginning with Zed." And of course, it takes all the joy out of it. It's what, againto come back to David Perkins, it's what he calls "elementitis," where you reduce a really complex and interesting subject to its elements such that it, they become wearisome. So it's finding as an educator that right balance between knowing enough and being able to do enough for it to be a reasonable ask of you to put it into practice in an authentic context. But then, as an educator, realizing that some of the preparation you may need to give people, will be different. So if you're preparing somebody to deal with their feelings, you may take one tack, if you're preparing somebody to learn a manual skill, it's probably a question of practice. If you're preparing somebody to do something that's an amalgam of all these things, the variable is probably the different situations that they're in, and therefore giving them different contexts to practice.

Paul Batalden 13:54

So this educator, David Perkins, has this other itis he talks about. He talks about, "aboutitis," where we tend to make an object out of something that's a subject that has my relationship to it, but we tend to extract that. And we want to learn about something and he uses the illustration of learning about baseball or learning how to play baseball. How do you deal with this?

Bill Lucas 14:31

Well, unsurprisingly, as he's someone whose work I admire greatly, I think it's a very helpful concept. And I think it's something that we as educators can slip into, for perhaps understandable reasons, because "aboutitis" is the land of syllabuses or syllabi. It's how courses are specified. And it's very easy for us to say, you know, at the end of this semester or this experience, we expect X to have learnt Y about Zed, and then we'll put them through some kind of tests. So it's very understandable. But it misses the essential point of learning: that learning is fundamentally an experience. It's fundamentally a toggling between the thing that you're doing, and the reflections that you're having during and after the thing that you're doing. So, in any experience, if we're going to learn from it, we've got somehow to be able to do that little "aboutitis" moment, which is to stand out of ourselves and say, "I think that was

going on there.” But if that’s the only place we stay, then we’re not going to make any progress. And I’m really curious, Paul, given the subject of this series of podcasts and coproduction, which I see as a classic example of a really complex disposition with a set of skills I, if you’ll forgive me, I just kind of gently throw the ball back to you maybe not the baseball, because it may may hit our screens, but how does this learn? Does it make any sense at all for you thinking about coproduction?

Paul Batalden 16:16

So after thinking about this, and being given the invitation by a CEO to offer a course for junior doctors about coproduction, I said, No, I couldn’t do that. I’d be happy to try to facilitate their learning how to coproduce if he would be willing to give me the opportunity. And he said, sure, that’s fine. I guess I understand what you’re talking about. But I then met with the junior doctors. And I said to them, “The first thing is, you’re going to need a learning partner.” And they said, “What?” I said, “What you’re going to need is a learning partner, who together with you can help you discover what this is all about.” And they said, “Well, we don’t need a learning partner. We’re senior residents in primary care. We know all about this, we’ve taken courses in communication and various ways of dealing with a patient person.” And I said, “You need a learning partner.” And then we started with a worksheet. And the worksheet was a set of questions that the learner and the learning partner were going to work together on. And they came back and said, “Wow, very different. I didn’t have any idea about this person, who was someone I knew, as having trouble with congestive heart failure. So I learned a lot.” And what happened in that little example was that we began exploring an understanding, a working understanding of who the person we sometimes called a patient was. And then we continued to learn the various other things that were relevant to the situation, that that person we actually began to call a “patient-person” would, in fact, help us understand. And so we got around this idea of thinking about coproduction as a phenomenon, and started to practice it as we worked on a worksheet.

Bill Lucas 19:06

I think that’s very interesting. You see, I think you’re learning your way into something when you do something like that. In thinking about this and Paul, from work that we’ve enjoyed taking part in together, it seems to me that there are potentially three families of different kinds of learning methods that may be helpful here. And for me, you’ve just been touching on what I would call from the learning science perspective, developmental reflection, which is when in and out of the moment with another, you’re going to be asking and answering questions and reflecting on a two way process. And I think the fundamentally different aspect of that from say coaching, which is classically done by a coach to a coachee, is that this is a much, much more equal relationship and, therefore, of course, let’s be honest, back to my example of the nervous boy, it’s more scary, because the boy is worried about letting himself down and letting his teacher down. The senior person that you’ve been describing is probably worried about looking (like) an idiot or, you know, perhaps a loss of face. That’s perhaps unkind; I don’t mean that. So there’ll be a cluster of tools and techniques and processes that will be very helpful there, broadly speaking, I suspect from reflective practices literature. And then there’s another thing I think, and again, I’m influenced by you in thinking about this, but you’ve often talked about different communities who are engaged together in coproducing better approaches to dealing with whatever it is they’re dealing with. And unsurprisingly, although it may be novel for them, in Minnesota, it may not be novel for somebody in Winchester. And therefore, there’s that wonderful learning that you get in a community of practice, and a learning community that is explicitly (exploring differing approaches

related to a shared learning aim.) So here, the tools would be the kind(s) of tools of getting better, as if it were labeling, or noticing, or capturing, or doing something different as a consequence of something you did in one way, where you're actively looking to learn from others. And the third cluster of teaching and learning methods for me would be about inquiry, really. And that's back to your example? You might like to sit down and make a set of questions, because I think the one thing we can be sure about in most of coproduced healthcare is that no one of us has the only answer. And therefore, to frame it as an inquiry has terrific benefits. I mean, not least of which we know that the generation of curiosity, there's some very interesting things that's doing in our mind, if we're exercising our curiosity, and it's making us alert, it's mixed, motivating us in really interesting ways. It would be, I suppose, not a million miles away from, in healthcare improvement, a Plan, Do Study Act cycle, where inquiry is at the heart of it. But those three families of learning, simple as they may seem, as obvious as they may seem, I'm guessing to you and to me, when you then enter the more formal world of healthcare education, that they're not widely used. We're still in a world that is more transmissive, and where its assumption is that if this bright person knows something, she will then do something differently as a consequence. And I think if nothing else comes across in this, is that in becoming more adept at these complex dispositional activities, like coproducing health care, or social care, it ain't so simple.

Paul Batalden 23:05

Wow. But you know, the real world is complex. What needs to be different if we're to make these changes in this complex world, in our understanding and practice of what we do?

Bill Lucas 23:18

The world is complex. I wholly agree with you. But if we just perhaps for a moment, go back to the small boy who was learning how to write, when we started this fascinating discussion. I think the principles that apply to that small boy's learning, potentially apply to the teaching and learning of coproduction, and there are really four of them. The first is, as David Perkins would put it, play the whole game; try and make the experience as authentic as possible in its entirety. Secondly, don't neglect the basics, but remember that the basics themselves are not enough. So the boy needs to know how to get his ideas together, how to put them into a logical order, how to physically write, and so forth, but that's not enough. Thirdly, use the power of modeling. In the story that we started with it was the teacher's modeling of being a real writer that somehow sent out a message that, and I don't know how sometimes, but the boy picked up the cultural, the ecological factor was there. And finally, and this is probably true of many things in learning, we just need to practice them in as many different contexts as we possibly can. And all the while, we need feedback. We need to get feedback from those around us. So critically, importantly, in terms of coproduction, two learners, two teachers, listening, giving each other feedback in real time and sometimes not in real time because you need to reflect on it.

Paul Batalden 25:01

Thank you so much, Bill. I appreciate our conversation a lot.

Bill Lucas 25:06

My absolute pleasure.

Paul Batalden 25:12

As we just heard from Bill Lucas, and I'm paraphrasing here, to get reliable coproduced healthcare services, we need to understand what goes into ensuring the creation of reliable actions. I offer three key contributors: knowing or knowledge, skills, and habits or dispositions.

Knowing begins with the understanding that the logic of making a service is different from the logic of making a product, or a tangible good. Service making involves two parties, usually in two different roles. So typically, we're talking about a patient-person, or someone who receives the benefit of the service, and a professional-person who brings their experience, expertise about a health condition, and awareness of the impact or burden of that condition on an individual. Also, what services, supports and resources may be required. It is the patient-person's health that is at stake after all, so their lived realities must be kept front and center in the service making. Knowing also includes understanding the natural history of the disease or condition, starting with causes and how normal physiology is being affected, moving on to relevant approaches to the design of treatments that would effectively limit the illness. Science informs or helps us build knowledge of the condition, the experience of having it, and the services that are likely to help the working trilogy of science-informed practice. A working understanding of the system in which the parties meet and in which they must navigate their journey of work together is also key for any effort to assess or improve its performance. Interventions for improvement modify or change the as-is system.

After knowing, we must focus on skills. Skills are what enable professional persons to link what they know to particular patient persons in specific settings. This is at the heart of healthcare service making work. The skills or practices involve pragmatic questions and actions that become embedded in the services. The goal is to connect what patient-persons can do themselves with the contributions that professionals and the experiences of others might add. Skills are a dynamic force in coproduction, they should be continuously evaluated for the effect they're having, and the experiences of everyone involved.

The third element, habits or dispositions, describe the default patterns that we all use, or to which we resort when triggered or challenged. In healthcare, they're supported by microsystems of repeated interactions among healthcare professionals, plus whatever information technology and resources everyone relies upon. Habits or dispositions are also tacit to the persons involved. It's easy to say, not only, "This is how we usually do something," but also, "and this is how we've learned that we're supposed to do things." Because these dispositions or habits are sometimes challenging to recall or make explicit, it sometimes helps to invite others to observe our routines, or by videotaping our actions, so we become our own observers. And it becomes possible to reflect on the way our habits are either aiding coproduction or making it harder.

So to wrap up, Bill has opened what may be involved in learning how to coproduce health care service, and we're really grateful for his contributions. Let me close by reiterating his suggestions for starting and for designing the learning. Number one, play the whole game. Number two, don't neglect basics. Number three, use the power of modeling. And Number four, practice in different contexts. Sir Ernest Rutherford's wonderful question: "What are you trying to figure out?" seems so catalytic for a lifetime of learning how to coproduce healthcare service. I'm Paul Batalden.

Madge Kaplan 30:25

Thank you for listening to Episode 11 of the podcast series “The Power of Coproduction” with Paul Batalden. On Episode 12, “Coproduction For All,” two leaders from the Alaska Native Medical Center, April Kyle and Doug Eby, draw lessons from a history of customer-owners in charge of and centering the health and well being of a broad and diverse community. Then, two global experts on coproduction, Tony Bovaird and Elka Loeffler, join Paul for the key takeaways. All podcasts in the series, including an overview of coproduction, are available at ICoHN.org/podcasts. The website is where you'll find supplementary materials, guest bios and brief profiles of the production team. You can subscribe to the podcast series wherever you get your podcasts. Thanks for listening.