brighton and sussex medical school

Trinity College Dublin

workshop

Problem representation in curriculum design for inclusion health:

a critical, reflective, interpretivist approach

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Workshop

Aim: *By the end of the workshop, participants should understand what wicked problems are in the context of healthcare professions education and be able to apply an adapted WRP approach to critical reflective pedagogical design.*

2:30pm start

Break

4:30 pm finish

- Start with a bit of context
  - Inclusion and health care
- Wicked problems
  - Problem representation
- Interpretivist policy analysis
  - Carol Bacchi's WPR framework
  - Adapting for critical reflective curriculum development
  - Discursive approach
  - Concept mapping
- Have a go: worked example

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Session principles

1. Language matters – but we are here to learn.
2. We are not experts – and we won’t have all the answers
3. We can’t claim lived experience
4. Kindness and collaboration, especially in giving and receiving feedback

Why diversity & inclusion as a worked example?

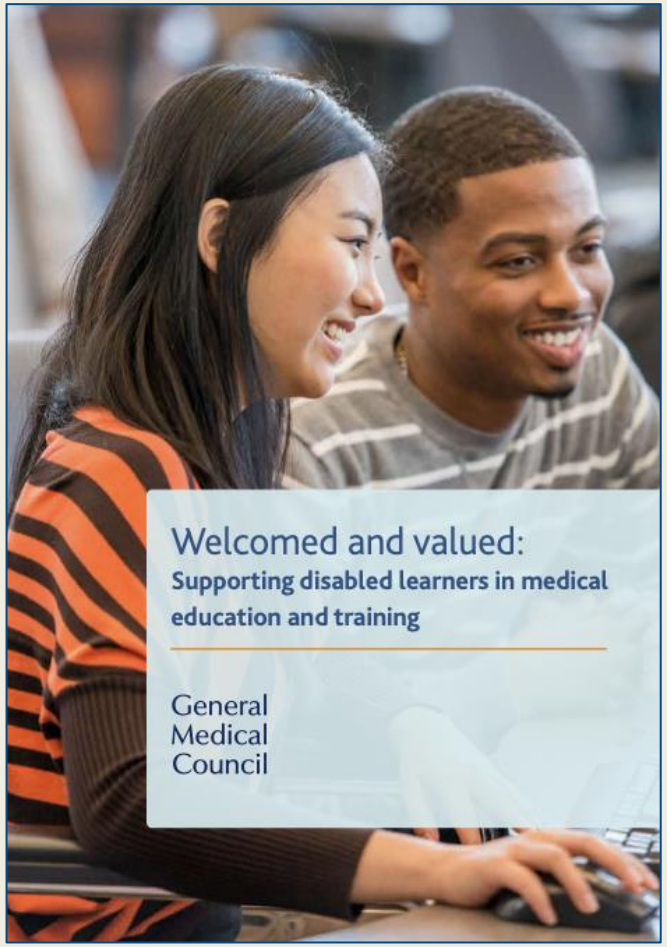
1. Inequalities negatively effect the health of entire communities (Williams et al, 2022, PHE, 208)

2. A duty to empower our students to be become an active citizens

3. Mandated by regulators and beyond an ethical imperative (GMC, 2018, 2022)

4. Requires adequate and authentic representation

5. Despite efforts, poor experiences and outcomes seen for those in marginalized communities



Health inequalities faced by LGBTQ+ people

- 1 in 7 LGBT people have avoided seeking healthcare for fear of discrimination from staff
- 1 in 8 have experienced some form of unequal treatment from healthcare staff because they are LGBT
- 1 in 4 have witnessed healthcare staff make discriminatory or negative remarks about LGBT people.
- One in 10 LGBT people have been outed without their consent by healthcare staff in front of other staff or patients.
- One in 20 have been pressured to access services supposed to change or suppress their sexual orientation and/or gender identity whilst accessing healthcare services.

(Stonewall, 2018; RCGP Northern Ireland, 2015)

Queer Medicine

Blood, sweat and tears
Society

This article is more than **3 years old**

I'm a medical student, and I'm gay. Work would be simpler if I were heterosexual

Anonymous

Thu 29 Aug 2019 10.40 BST

504

Does the pledge for doctors to be honest include our sexuality? If I tell the truth, I risk losing patient trust to homophobia

- 3.1% over the age of 16 LGB in UK
  - 5-7% in Ireland
- ~200k-500k identify as trans in the UK
- LGBT doctors face discrimination
    - colleagues and patients
    - gender and sexuality identity
- Students perceive low confidence & readiness
- Students with greater contact demonstrate more holistic history taking
- Medical students *want* more training on this
- Role of queer identity in professional practice unclear, unexplored, unsupported
- Students and trainees vulnerable and unsure

(ONS, 2019; GEO, 2018 ; Arthur et al, 2021; Tollemache et al, 2021; BMA, 2016)

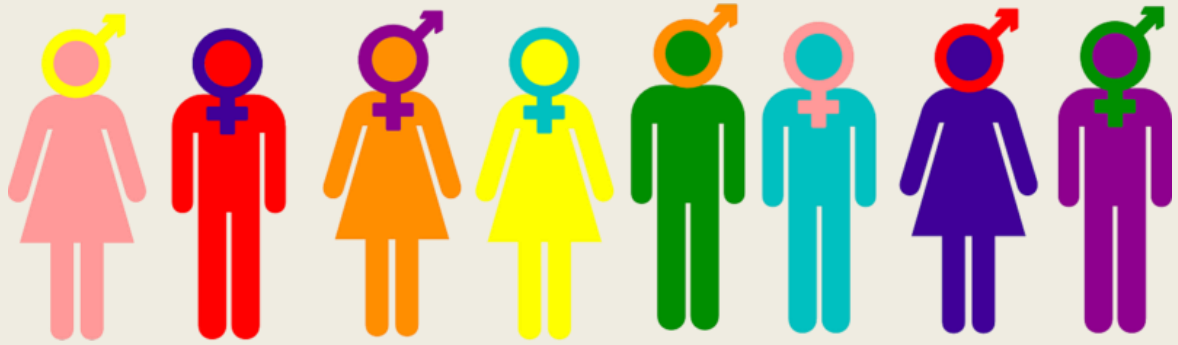
Regulation & Representation

GMC's Outcomes for Graduates:

"newly qualified doctors must be able to recognise the potential impact of their […] personal biases on individuals and groups"

GMC's Promoting Excellence:

"medical school curricula must give medical students experience in a range of specialties […] with the diversity of patient groups that they would see when working as a doctor"



Representation in curricula:

Undergraduate

- ~5% schools feel they have a 'good' level of representation across the curriculum
  - Most represented: mental health, GUM, gender affirming surgery
  - Least represented: adolescent health, chronic disease management, maternity and fertility
- 95% plan to implement changes to increase in the near future

Postgraduate

- RCPCH > GUM > CSRH > O&G > GP > Psych
- Other specialties – zero
- Often single learning outcome
- Usually associated with sexual health

(Swift, 2022; Tollemache, 2021; GMC, 2018)

Microaggressions

- Are verbal and nonverbal behaviours
- Communicate negative, hostile, and derogatory messages to people
- Rooted in marginalized group membership
- Occur in everyday interactions
- Can be intentional or unintentional
- Are often unacknowledged

Brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership

(Wing-Sue, 2010)

Framing as a ***wicked*** problem

From planning and policy:

'A social or cultural problem that is impossible to solve because of incomplete, contradictory or ever-changing requirements that are difficult to recognise'

4 characteristics of 'wicked' problems:

1. Wicked problems don't have a definitive formula
2. There's no stopping rule for determining when a solution has been discovered / is effective
3. Solutions are only good/better or bad/worse, not absolute in their truth or falseness
4. Solutions are not immediate and cannot be tested

…so, problems are not themselves 'evil' or 'bad' but:

- Difficult to recognize and define
- Resistant to change and solution

(Churchman, 1967; de Lameida Kumlien & Coughlan, 2018)

If it is ‘wicked’, can it be solved?

If a problem is ‘wicked’ and therefore evades full understanding and resists change and solution, can we solve it at all? And if not, then what is the point in exploring it?

1: solution of complex and ‘wicked’ problems is rarely achieved in one single step or cycle, but rather is incremental, with changes being more/less ‘good’.

2: we rarely know when a ‘wicked’ problem is ‘solved’ as there is no ‘stopping point’

3: as scholars and educators, we arguably have a duty to scrutinize how we contribute to structures that maintain inequity and disadvantage

Positionality…

- Think - what lens do we view the world through?
- Privileges we have and lack will impact on our experience of barriers and the problems / solutions we may consider

Inclusion in BSMS curriculum development

Integration throughout curriculum:

- **Y1:** *Child and family development includes diverse families*
- **Y2:** *Anatomy of the pelvis, including range of diverse anatomy in transgender people*
- **Y2:** *Endocrine module: Talking about gender, and Affirmative treatment for trans and gender diverse people*
- **Y4:** *GP module: care of trans patients in general practice*

Integrated strand through all 5 years: Inequalities & Inclusion in Healthcare

- *'isms in health and medicine'*
- *LGBT health inequalities, and communication skills session*
- *Gender and sexism in health and medicine*

Cases, scenarios, assessment

- *Decolonised, diversified, de-stereotyped*

Problem Representation: A novel approach…

“what one proposes to do…reveals what one thinks is problematic”

Carol Bacchi’s WPR approach:

- Post-structural feminist
- From of interpretative policy analysis
- Framework of 6 questions

‘read policies with an eye to discerning how the ‘problem’ is represented within them and to subject this problem representation to critical scrutiny.’

‘The undertaking …signals a commitment to include oneself and one’s thinking as part of the ‘material’ to be analysed.’

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(Bacchi, 2009 & 2012; Shrewsbury et al, 2018)

Bacchi's What's the Problem Represented to be (WPR) approach:

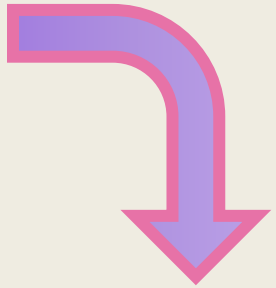
6-question framework:

1. What's the 'problem' represented to be in a specific policy?
2. What presuppositions or assumptions underpin this representation of the 'problem'?
3. How has this representation of the 'problem' come about?
4. What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought about differently?
5. What effects are produced by this representation of the 'problem'?
6. How / where has this representation of the 'problem' been produced, disseminated and defended? How has it been (or could it be) questioned, disrupted and replaced?

Typically applied to policies and document analysis we (Jo Hartland & me) propose it's use as a **dialogical tool of reflective analysis on practice**

- We adapted this framework, focusing on 3 questions:

1. What is the problem / problematization?
2. What are the assumptions that underpin the problem / problematization?
3. How are these problematizations created and maintained, and are these factors mutable?



Our process

Step 1: identification of a wicked problem – an area of pedagogy that has resisted efforts to improve outcomes

Step 2: dialogical reflection on pedagogical practice, drawing on the 3 questions to prompt

Step 2: drawing on post-structural interpretivist lens interrogate reflection (either as written account, or dialogue)

Step 3: identify themes within the analysis that help tell a coherent story about the structures and factors at play

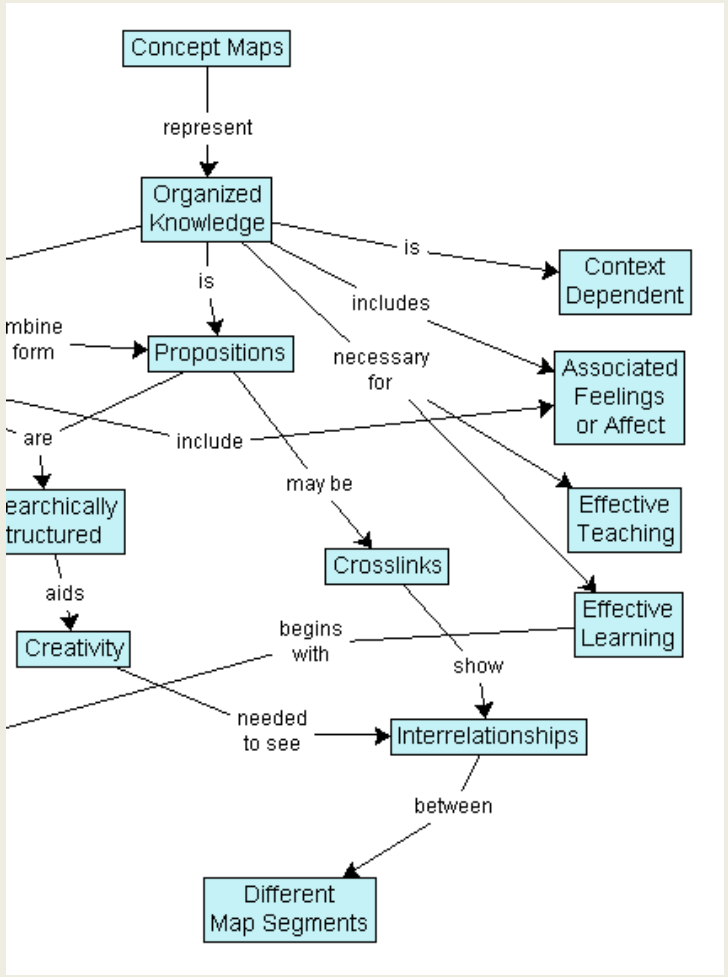
(Hartland & Shrewsbury, 2022)

Dialogical reflective inquiry

Once you have chosen which problem you wish to explore and unpick, find a colleague to work through it with you *dialogically*:

- A reflective conversation, involving challenge
- Ideally from similar field but different discipline
- Independent of the practice being scrutinized
- Critical friend, familiar with the ideas underpinning critical / post-structural inquiry
- To be done in complete confidence, allowing fully candid discussion and exploration
- Best done in two sittings: initial reflection, then critical review of reflection and interpretation
    - Allowing ‘fresh eyes’ and distance from strong emotions
    - Affords additional reflective insights

Analytical approach



The aim of the analysis is to provide a coherent explanatory narrative

This narrative may consist of, or be informed by themes that you recognize within the data, which is consists of:

- the reflection on your pedagogical experience
- your answers to the 3 questions, and
- your reflection on the dialogical process of answering these questions)

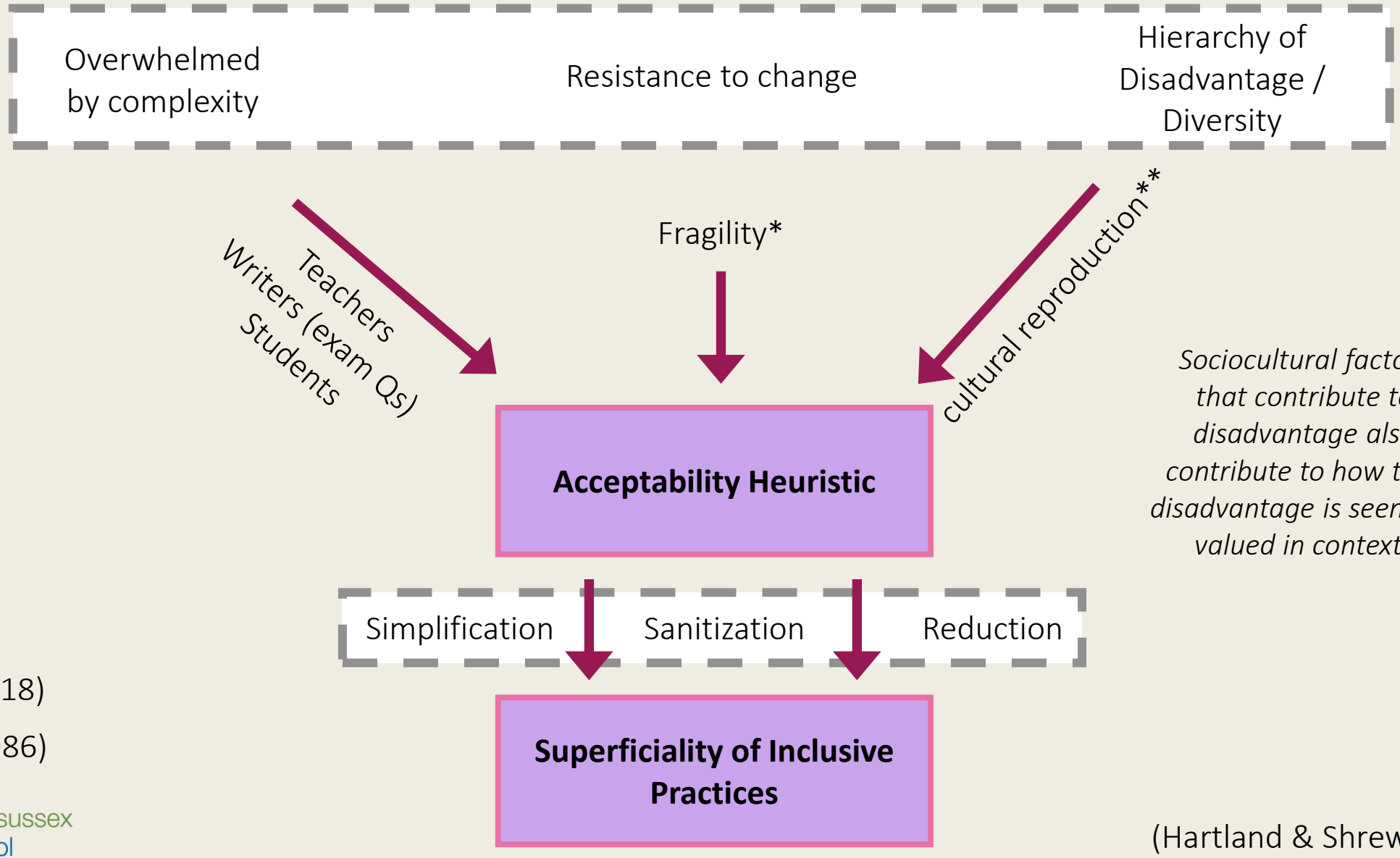
The process of crafting and / or communicating the narrative may be augmented by the use of concept mapping, to help organize thoughts and key ideas:

- visual representation to organize and structure knowledge
- suggests relationships between concepts, may use linking phrases
- often hierarchical, but not necessarily so
- developed by educationalists based on a 'learning theory that focuses on …propositional learning as the basis on which individuals construct their own idiosyncratic meanings'

(Novak, 1984)

A worked example

How are inequalities maintained?



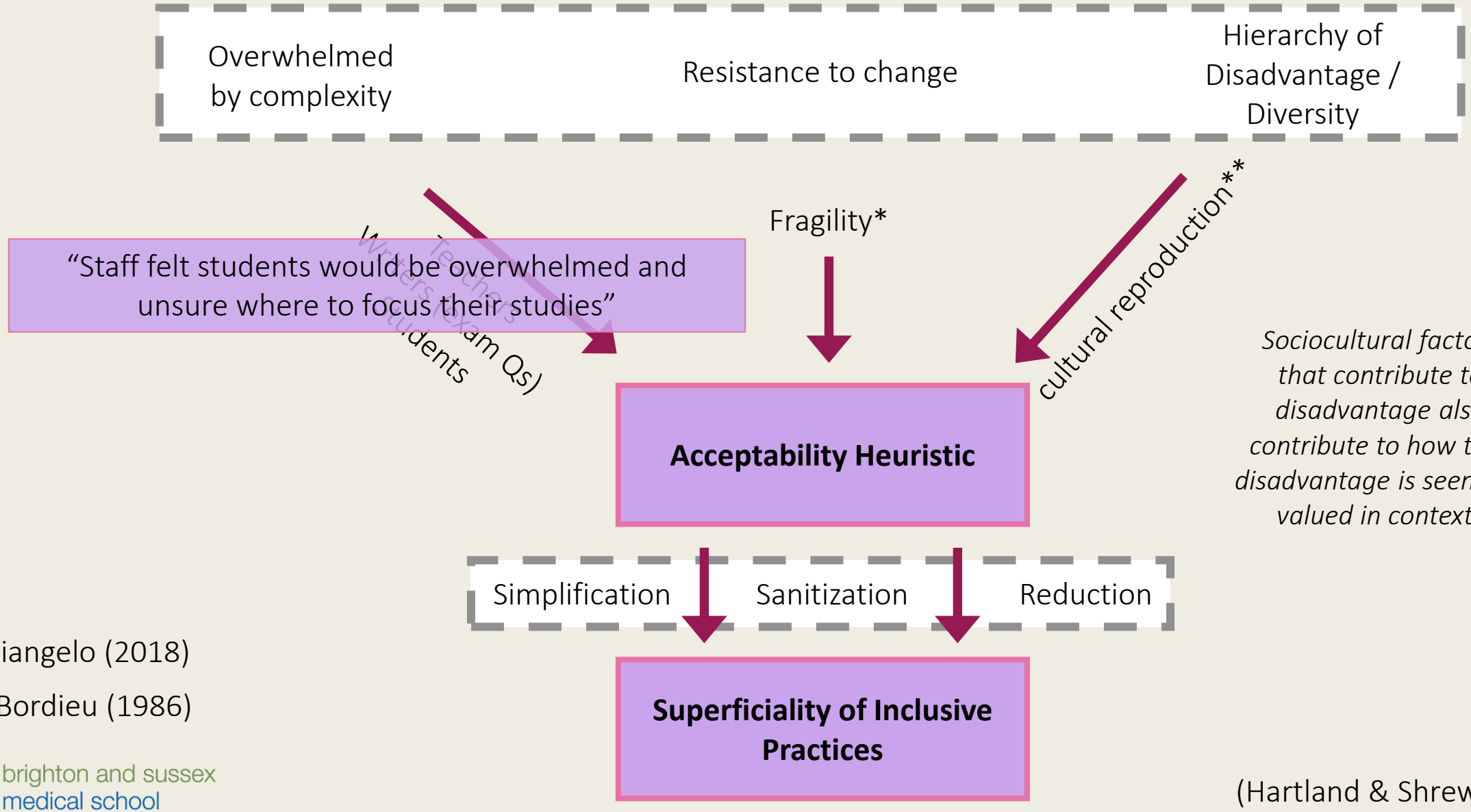
Sociocultural factors that contribute to disadvantage also contribute to how that disadvantage is seen and valued in contexts

*Diangelo (2018)

**Bordieu (1986)

(Hartland & Shrewsbury, 2022)

Problematisation: *pitfalls in inclusive pedagogies*



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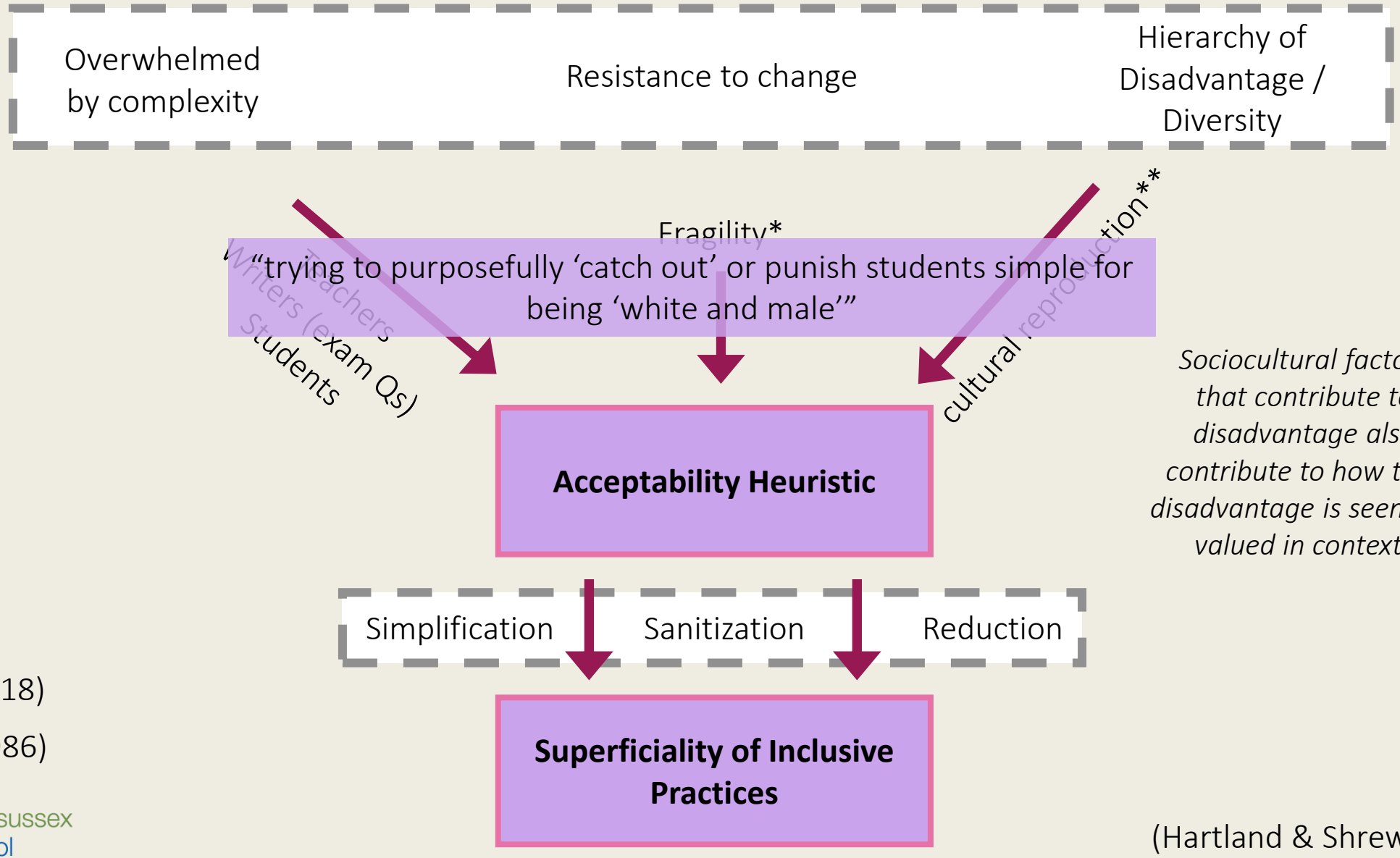

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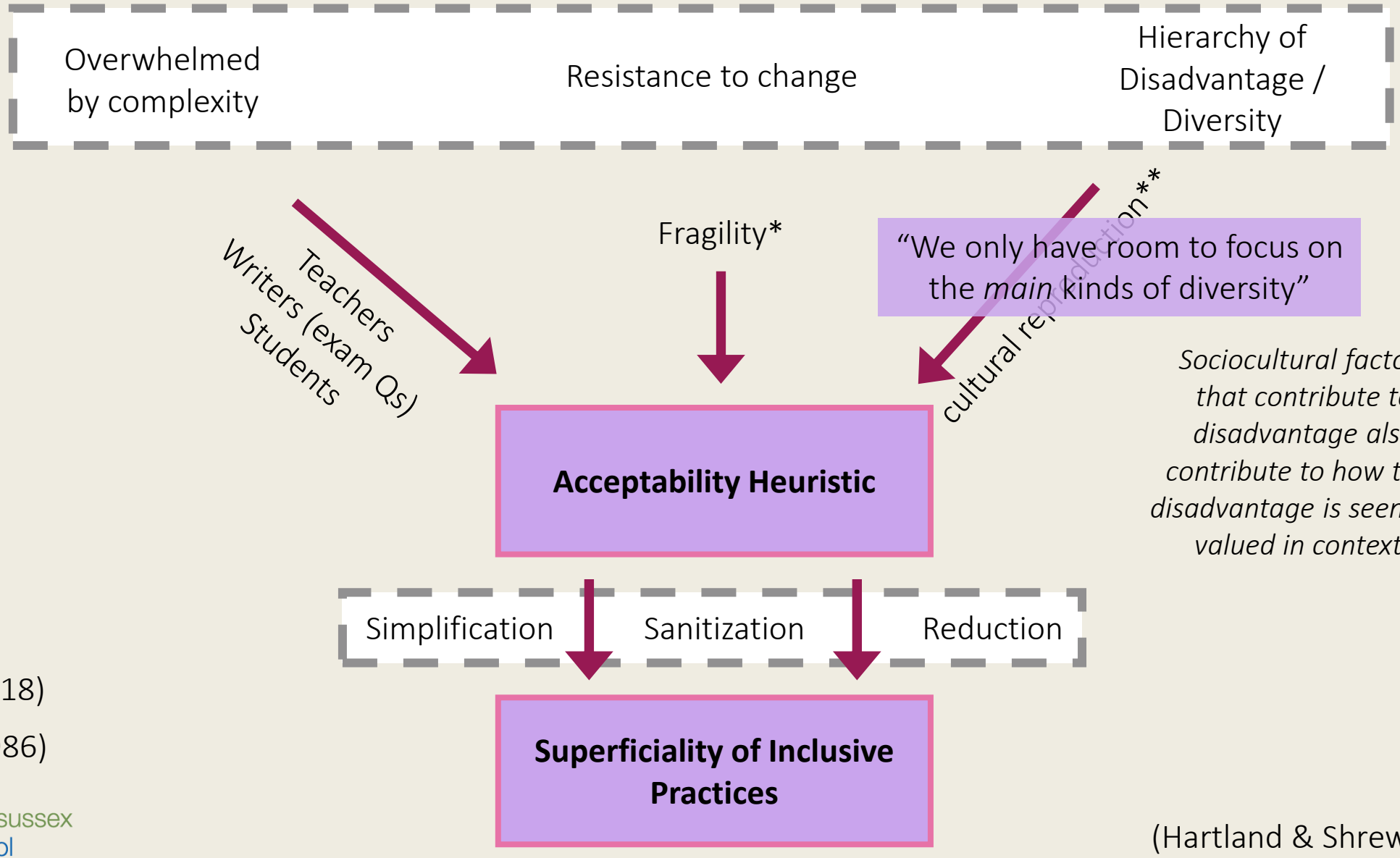

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(Hartland & Shrewsbury, 2022)

Examples of the *three muses of superficiality*

'These patients cannot exist in our minds because they do not exist in our curricula'

Reduction

Stereotyping and risk factors

'challenging this is misleading…a distractor'

Simplification

The homogenisation of marginalized people

'replacing "English sounding" names'

Sanitisation

Selective editing of patient narratives

'both actors and staff sometimes suggest "toning down the case" to make it easier'

active exclusion, acceptable inclusion

"The problem patient"

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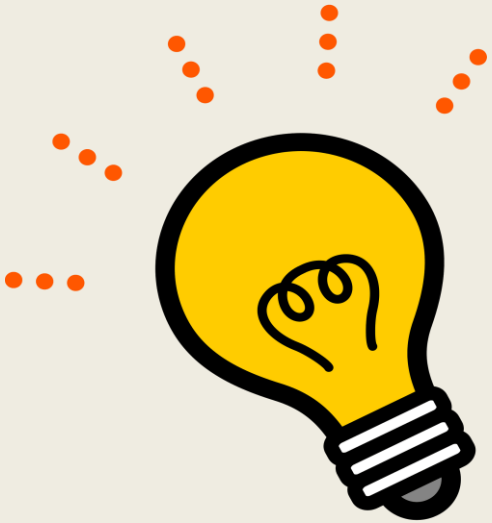
(Hartland & Shrewsbury, 2022)

Recommendations

"Difficult to define, resistant to solution, but can be critically explored"

- Critical reflection – what motivates local barriers?
  - Motivations frame or hinder solutions
  - Embed within curriculum and faculty development
- Problematized by proxy?
  - Build community of support and collaborative challenge
- Return to the authentic patient narrative
  - Co-create with public/patients to challenge the 3 muses
- Joyous representation
  - Diversity not as a problem but as a celebration
  - Not only defining communities by their trauma



(Brookfield, 2015)

Now, your turn to have a go

Finding your ‘wicked’ problem:

Step 1: Take 5 minutes to think about an area of your pedagogical practice that has been challenging, or caused you to pause and reflect, or has been difficult to change.

Step 2: does this challenge meet the criteria:

- Social or cultural problem with incomplete definition or understanding, resistant to change (lacking ‘definitive formula), usually networked and interdependent
- There's no stopping rule for determining when a solution has been discovered / is effective
- Would ‘truths’ and ‘solutions’ be absolute, or would they merely be more or less right
- Would solutions be immediately enacted, or incremental and revised?

Step 3: does this challenge feel suitable for you to tackle with the resources you have with you now, today?

- Consider your capacity, comfort and safety

Step 4: Following the 3 question-framework, write a short, concise (~500 words max.) summary of the problem, drawing on two or three concrete examples of memories or anecdotes where the challenge has manifested. Especially recall what was said and done. Avoid including names.

When drafting your reflection, think of these three questions:

1. **What is the problem / problematization?**
2. **What are the assumptions that underpin the problem / problematization?**
3. **How are these problematizations created and maintained, and are these factors mutable?**

Step 1: write your reflective piece independently, drawing on these questions, then find a partner

Step 2: drawing on your written recollection, reflect on your experience dialogically. Your partner should keep checking that the three questions are considered throughout

- BREAK -

Step 2: drawing on post-structural interpretivist lens interrogate reflection (either as written account, or dialogue). Here, the partner will challenge interpretations and hold the reflection to 'account'

Step 3: identify concepts within the analysis that help tell a coherent story about the structures and factors at play

(Hartland & Shrewsbury, 2022)

Crafting the narrative

In attempting to craft the explanatory narrative, again engage in dialogue with your partner.

Explain it to them.

They should challenge your explanation to refine and clarify.

Identify the key concepts that you are conveying in this explanation. It may help to draw them, and their relationship to each other, in a concept map.

The resultant map and explanation is the output from your critically reflective interpretivist analysis!

Summary

We encounter challenges in our pedagogical practices that are often structural, with deep social and cultural cultural roots.

Reframing these as ‘wicked’ problems helps us understand the need to constantly revisit and revise our understanding and the way in which we address these challenges.

Applying the post-structural interpretivist lens borrowed from policy analysis can support a dialogical process of reflection on practice, and analysis of challenges to develop greater understanding.

Whilst solution is inevitably not possible in single steps, each incremental change will contribute to improvement.

Thanks!

Keep in touch / send in your questions:
d.shrewsbury@bsms.ac.uk

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