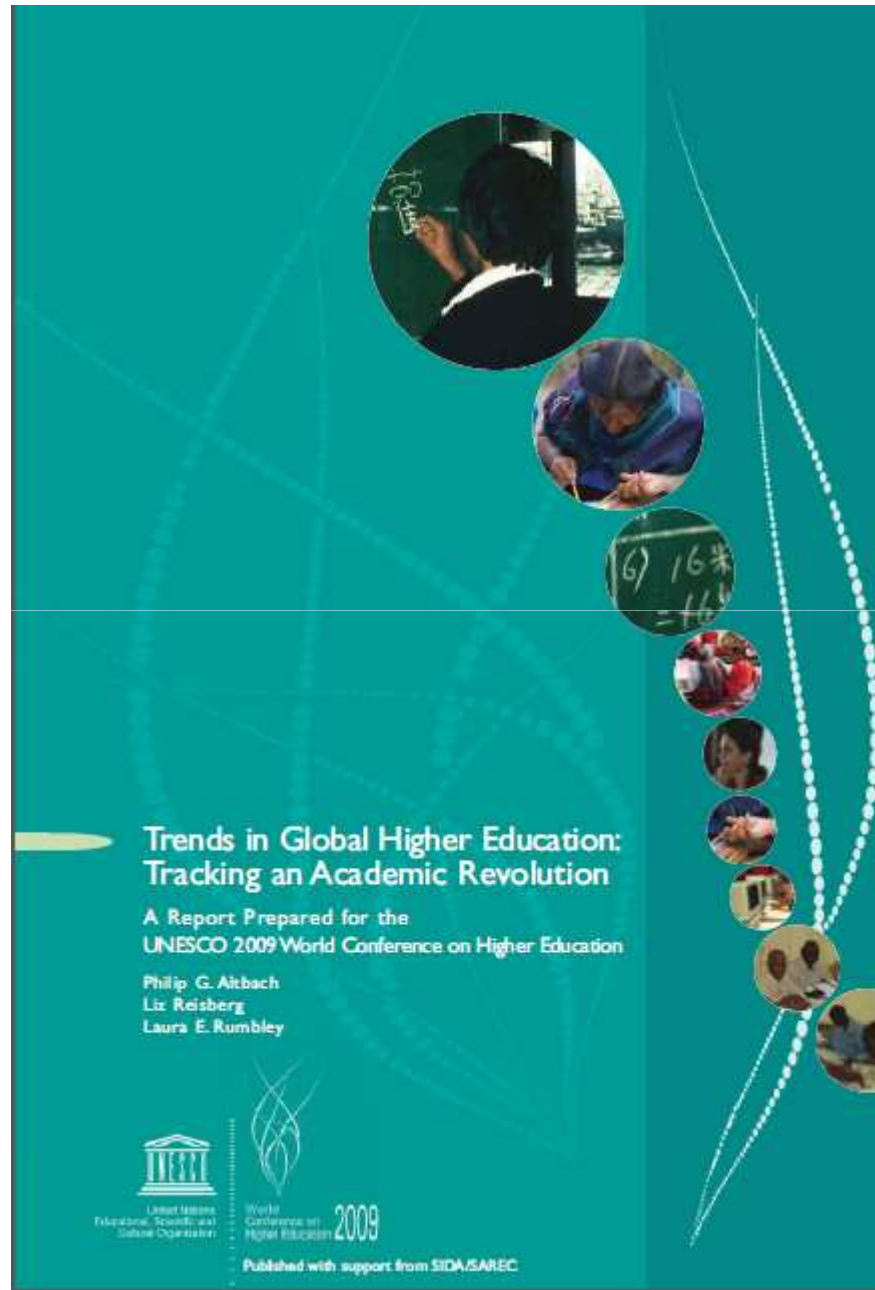An analysis of contemporary issues for leaders in healthcare education:

Achieving praxis and closing the theory practice divide

Philip Beckwith, University Bedfordshire, UK

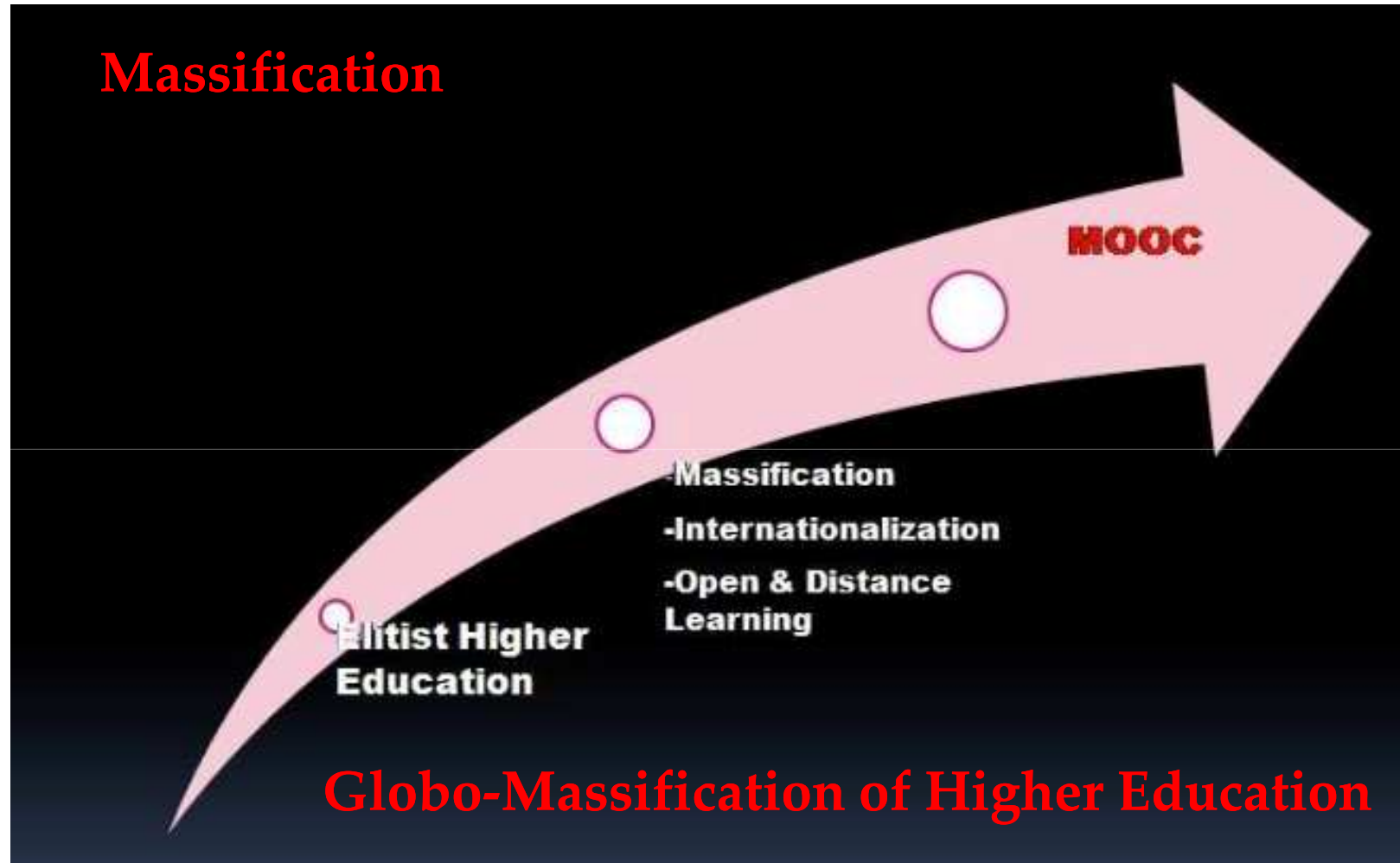Trends in Global Higher Education:
Tracking an Academic Revolution

A Report Prepared for the
UNESCO 2009 World Conference on Higher Education

Philip G. Altbach
Liz Reisberg
Laura E. Rumbley

2009

Published with support from SIDA/SAREC

Globalization

of

Higher

Education

http://www.globalsherpa.org/wp-content/uploads/2011/06/globalization-face-map-pic.jpg

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Massification

MOOC

-Massification

-Internationalization

-Open & Distance Learning

Elitist Higher Education

Globo-Massification of Higher Education

Chinese American Scholars Association

The revolution of massification

"The post-World War II period, has witnessed profound economic changes across the globe. Many countries have shifted to postindustrial economies that require more highly educated personnel for many jobs. Even more traditional economies need a larger number of more highly educated workers, given changes in technology. The most highly remunerative and prestigious occupations invariably require postsecondary education qualifications."

(Altbach et al, 2009 pp 2)

UNESCO
United Nations
Educational, Scientific and
Cultural Organization

World
Conference on
Higher Education 2009

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Vocational training

Academic study

Theory practice divide

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Operating department practice

Assistant (vocational)

Vs.

Practitioner (academic)

Chinese American
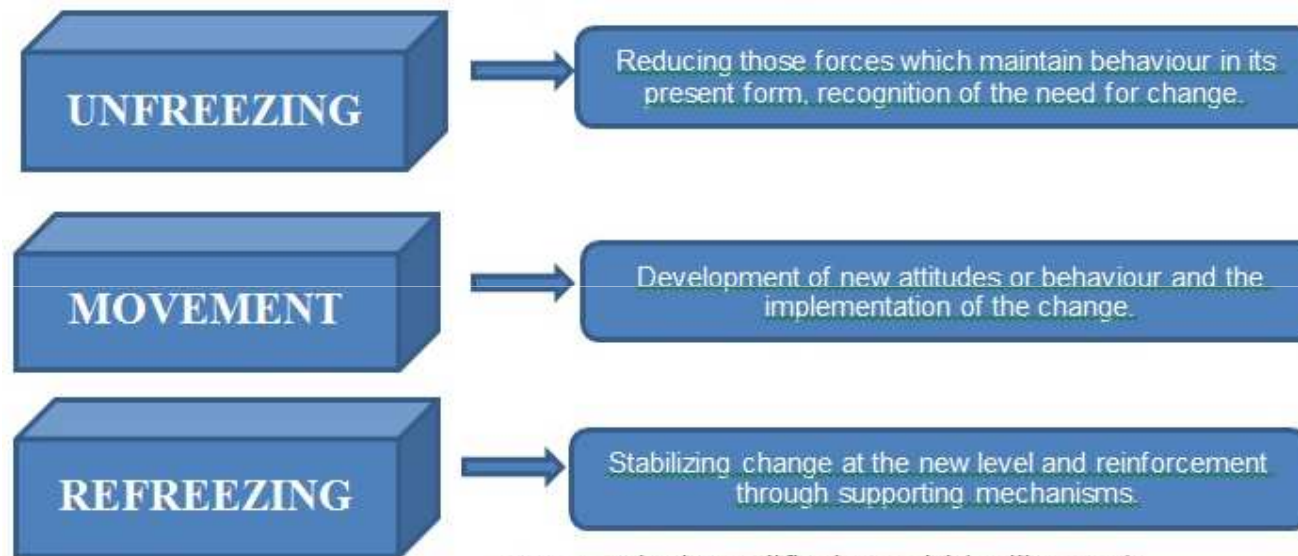Scholars Association

Management of educational transition

Lewin (1951) described change as a three-stage process involving the unfreezing of the existing organisational equilibrium, followed by the moving to a new position, and finally refreezing in a new equilibrium position.

UNFREEZING	Reducing those forces which maintain behaviour in its present form, recognition of the need for change.
MOVEMENT	Development of new attitudes or behaviour and the implementation of the change.
REFREEZING	Stabilizing change at the new level and reinforcement through supporting mechanisms.

Source: Behavior modification model (Mullins 2010)

Schein (1987) expanded upon these three stages. He advocated that unfreezing also involves the disconfirmation of expectations that could lead to the creation of guilt or anxiety.

https://culcjakkampj.files.wordpress.com/2012/06/zblog-related3.jpg

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"We Teach as We Are Taught?"

Timmerman, 2003

Timmerman further suggest that educators have been teaching ether formally or informally before entering the role of the teacher / educator, and that all teacher educators have memories as students.

When investigating the delivery of work based education, the vocationally trained instructor has their comfort zone well and truly embedded in mode 2 delivery of education.

"Mode 2 knowledge production is characterised by being produced in the context of application—it has to be 'performative' in a contemporary situation where the sources of supply and demand for different forms of specialised knowledge are diverse and where the market process defines contexts of application."

(Gibbons et al, 1994 pp 56-61).

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Mode 2 the context is application 'performative' in a contemporary situation

The move from Mode 2 to Mode 1 learning

A paradigm shift occurred in 2002 away from Mode 2 knowledge production to Mode 1 learning in operating department practice.

The educational leaders in clinical practice persisted in teaching as they had been taught, however, in Mode 1 knowledge production, there is a requirement for university education to foster evidence based higher order thinking and a more philosophic approach aimed at increasing the facilitation of lifelong learning (Coffield & Williamson, 1997).

Moving to this new position encourages learners to search the environment for new relevant information and to identify with a new role model or mentor. This is certainly the case for the practice educator who has moved into this new role of supporting the student within the higher education setting. With this dramatic shift in expectations, what support is available for these educators and how is this provided?

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Who or what is an educational leader in healthcare education?

The role of the advanced or specialist practitioner is defined both by the Castledine (2004) and Humphreys et al (2007) as having four distinctive roles, these being *expert practice, research, education, and leadership*. But again when evaluating educational leadership provided by advanced or specialist practitioners in the practice setting, there is no evidence that the qualities of leadership are inherent (Cunningham & Kitson, 2000; Kouzes & Posner, 2007).

It could be argued that educational leadership is a product of altruistic intent.

The French philosopher Auguste Comte first used the word altruism in 1851 and defined it as *'self-sacrifice for the benefit of other'*, (Comte, 1856).

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Is altruistic intent enough?

There is the belief that the educational leader evolves though altruism, acting as a role model and displaying the traits required of a professional practitioner.

As alluded to previously, Schein (1987) suggested that disconfirmation of expectations during the 'moving to a new position stage' could lead the clinical educator to experience guilt, anxiety, or the feeling of being 'out of their depth' which may lead to the educators reluctance to fail a student. It could be argued that one such cause would be the clinical educator's lack of confidence in their own academic strength.

Learners quickly 'catch on' to educators' personal characteristics, inadequacies and insecurities which may influence assessment outcomes, also known as 'toxic mentoring' (Gray & Smith, 2000; Gopee, 2008).

http://catchquotes.com/wp-content/uploads/2014/12/14-American-Beauty-quotes.jpg

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What of the future?

The discussion by Quinn and Hughes (2007) of the intrinsic influences surrounding the educational leader and the supportive learning environment, suggests that students will enter the learning environment with personalised levels of motivation and confidence.

It is noteworthy that these educational leaders are predominately altruistic and have little understanding of the power they have over the students' progress thus leaving to chance that the educator had good educational experiences which can by 'osmosis' be transferred to the student (Hauxwell, 2010).

Educational leaders, as opposed to clinical managers, need to be identified and sound change management models applied to prevent the ODP profession from tumbling into the abyss that awaits it. This will require resources in the way of funding and the training required to develop this group of practitioners, the same can be said for all programmes of study that transvers from vocational training to academic study

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Any Questions?

E-Leader Conference Prague 2015

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