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Living comfortably in the liminal spaces: Trickster and medical education

Julie Browne
Cardiff University School of Medicine
Centre for Medical Education
College of Biomedical and Life Sciences
Neuadd Meirionnydd
Heath Park
Cardiff
CF14 4YS

Tel: +44(0)29 20 687901
Email: brownej1@cardiff.ac.uk

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Three papers in this issue, although they vary in subject matter and approach, exemplify the challenges of medical education, positioned as it is at the intersection of so many boundaries. One paper addresses the tension between clinical specialties (1); a second discusses the age-old conflict between education and service (2); a third focuses on how individual teachers navigate the hinterland between vulnerability and credibility in their day-to-day contact with students (3).

Fault lines, gaps and tensions characterize the working lives of medical educators. Our academic literature reflects everywhere our preoccupation with how to achieve a working balance between so many competing demands and expectations. Medical education is at a pivot point between undergraduate, postgraduate and continuing medical education. It is (sometimes uncomfortably) wedged between university, hospital and community; it spans all medical disciplines and increasingly intersects with other clinical and healthcare professions; it is about individuals and populations; it is both a science and an art; it has many diverse teaching modalities; it makes use of multiple research paradigms. Indeed, we are sometimes not even sure how to describe it: is it a field, a discipline, an interdiscipline or an applied practice?

A number of recent papers that have examined the experiences of medical educators reveal how difficult it is to maintain a strong sense of purpose and identity when most of us inhabit least two (and usually more) professional roles – clinician, scientist, researcher, teacher, or manager within this complex environment (4- 6). We spend much of our time helping our students and trainees to learn how to deal with the uncertainty that comes from being 'no longer a student but not quite a doctor' - while we ourselves are faced with similar challenges as we progress from a primary professional identity (such as doctor, researcher or scientist) towards a new identity that comfortably accommodates our medical educator role (7).

Unsurprisingly, this is stressful (8). As individuals and as a profession we cope with it as best we can, in the ways we know best; journals such as *Medical Education* provide a valuable place for us to discuss our uncertainties and concerns and, where possible, to resolve these. Most of our strategies involve problem-focused approaches: defining and characterizing the sources of tension, generating alternative solutions, weighing alternatives, evaluating possible courses of action to manage or solve the problem, and so on. This is what the medical education literature has been doing for decades in the form of published research; and we are remarkably good at it. Yet the stress is still there, and increasing. We want, both for

our students and for ourselves, an attitude of mind that helps us to live more comfortably in the between-spaces – where tensions cannot be reconciled and where we must be satisfied with not having all the answers - but we struggle to find it for ourselves, let alone to teach it.

The humanities are often proposed as a useful way to address this need within medical education. As Bleakley warns, however, they need to be approached with great care (9). Art may have healing and reconciling properties but is just as often a disruptive, provocative force. It is not a workhorse but a unicorn, and it is dangerous to attempt to harness it. A key figure in the humanities literature reflects this strange paradox – the character of the Trickster (10). Trickster is an ancient mythological figure who occurs in most classic legends from around the world. Trickster is an ambiguous figure who can be both a force for disruption and a force for reconciliation; he (although sexually ambiguous in many traditions, Trickster is generally described using the make pronoun) (10) is an impersonator and mimic who lives in the space between heaven and earth; and when he encounters humans, he always brings about disruption and change. Examples of Trickster figures from various cultures include Loki, Hermes, Maui, and Krishna, but there are many more. He can be wicked, but in his more benign forms he is a powerful agent of education and progress. Trickster plays a number of essential roles in his relationship with humanity; but I would like to point to four key ways in which we medical educators share some common characteristics with this mischievous and ancient spirit.

First, Trickster is a shape shifter, capable of appearing in different guises depending on whom he is interacting with. He sometimes takes on protective camouflage, and sometimes draws attention to himself to make a point. Likewise, medical educators are privileged to be able to work with numerous different groups to educate and advocate on behalf of our students and patients: sometimes we wear our education credentials boldly; but sometimes it is wiser to adopt a subtler approach that better harmonizes with the group we are addressing. Medical educators are often dogged by a sense of imposter syndrome, of 'not belonging' to a particular group (9): but, like Trickster, we can also use this to great advantage as we use multiple approaches to implement educational improvements.

Secondly, Trickster is an educational opportunist. When he appears, learning always takes place. The lesson learned isn't always the one that was planned, and sometimes it all goes horribly wrong – but there is always a clear learning outcome both for Trickster and also for the people and animals he encounters. Trickster himself is both a learner and a teacher. We all know medical teachers who not only help students achieve set learning outcomes but, at the same time, welcome the

unexpected learning opportunity and who are not put out when things don't go entirely to plan. Being light on our feet so we can spot the chance educational opportunity is a great skill. For if our students only learn what we planned to teach them, then they are being short-changed.

Thirdly, Trickster doesn't just tolerate ambiguity and uncertainty, he thrives on them. He rarely seeks to resolve tensions – his more usual response is to blow them apart and in so doing, reshape the world using the pieces. Trickster is not afraid to make things happen. His disruptive imagination can challenge deep-rooted assumptions, generate new ideas and knowledge and act as a catalyst for change. As medical educators we often discuss how to help our students cope with uncertainty and change; but it is important for us to show in our own working lives how we do this. It is sometimes necessary to break things apart and play around with the pieces in order to bring about the improvements we want to see.

Finally, Trickster has fun. While many of the lessons that Trickster teaches are deadly serious, involving life and death and good and evil, his boundless creativity and energy make him an attractive character and an effective teacher. Medical educators know how to have fun – one has only to attend a medical education conference to see how much we enjoy one another's company – but they do this in the context of, and sometimes in spite of, a complex and challenging educational environment. We do well to remember that games, jokes and playfulness are an important component of our own learning and that of others, keeping us human and approachable in the midst of difficult circumstances.

Trickster is a fundamental part of our human condition; and he is everywhere in the messy, fragmented world of medical education. Molloy and Bearman (3) point intriguingly to a place in which educators and students may actually find benefit and even enjoyment through education which occurs in the risky liminal space between credibility and vulnerability. Kneebone and colleagues similarly draw attention to the increased engagement and pleasure that comes from simulation sessions that, although structured, deliberately transcend 'normality' by incorporating elements of play and narrative, arguing that 'the boundaries between reality and nonreality are anything but firm but rather negotiated and shifting' (11 page 377). Medical education really comes alive when we push back at the boundaries.

Like Trickster, medical educators live in a complex between-space, where we are frequently pulled in a number of directions. Sometimes these tensions become so acute that we reach the point where we ourselves feel unsure of our identity and purpose. While we have a serious professional function, and medical education is not a job to be undertaken lightly or frivolously, we may yet borrow some of the

lessons that Trickster can teach us about how to live more comfortably with the gaps, tensions, ambiguities and anxieties that characterize our working lives.

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Pullouts

1. Fault lines, gaps and tensions characterize medical educators' working lives.
2. Most of our strategies involve problem focused approaches.
3. Art may have healing and reconciling properties but is just as often a disruptive, provocative force.

4. Trickster is an essential part of our human condition; and he is everywhere in the messy, fragmented world of medical education.
5. Medical education really comes alive when we push back at the boundaries.