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This is an author accepted manuscript version of “Values, culture, narrative, and medical education: the case for a renewed focus”

by Ray Samuriwo

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Values, culture, narrative, and medical education: the case for a renewed focus

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There are gaps in medical education that have been subject to little or no critical scrutiny¹. Recent literature, including Bearman et al.'s contribution in this issue, underscores the imperative by exploring the relationship between culture, values, narrative and medical education²⁻⁵. Culture is a contested concept, but it influences pedagogy, teaching and learning^{2,3,5}, so there is a compelling case for further research and theory development to bring about a better understanding of culture with its concomitant values and narratives both in medical education and healthcare writ large. Justice, prudence and fortitude or courage are thought to be chief among the values that enable people to flourish, experience joy and find fulfilment^{6,7}. Indeed, contemporary discourse often underscores the importance of delivering safe high-quality sustainable healthcare with justice and equity. Gawande⁸ argues that some healthcare professionals have mistakenly adopted an ethos where the focus of their endeavours is the survival and health of those in their ward instead of enhancing wellbeing. Such statements illustrate that the process by which values are understood, adopted, enacted and embodied as virtues is complex and merits careful consideration.

Pull out point 1

“Contemporary discourse often underscores the importance of delivering safe high- quality sustainable healthcare with justice and equity”

Values often function as unwritten rules that people use to moderate, govern and regulate their behaviour. In contrast, virtues are the aspects of a person's character that enable them to act appropriately in given context^{7,9,10}. The values people prize or aspire to are often evident in the narratives they tell themselves and others about who they are as well as how they see things. People who belong to a specific community or ascribe to a specific culture often have a common set of values that are shared through the narratives they use to define themselves and others in relation to wider society and its prevailing culture⁹. In healthcare, values discourse often centres on professional identity, license, jurisdiction, and mandate, which belies its profound impact on care organisation and delivery⁹. How this influences culture, however, is subject to differing perspectives, perhaps due to the complexity, uncertainty, and nuance of the 'muddy zones' of praxis in medical education¹¹.

Pull out point 2

“In healthcare, values discourse often centres on professional identity, license, jurisdiction, and mandate, which belies its profound impact”

Culture can be defined as an aggregated system of knowledge and meaning that people in a given situation use to derive a shared ethos about what is the right and proper way for any member of that group to act, behave and think¹⁰. Within a culture there is often a dominant 'in group' of people who reflect the prevailing mainstream and others who belong to 'out groups' or subcultures with different values, attitudes, behaviours or beliefs¹⁰. However, the pedagogy underpinning education often reflects the dominant professional culture and context where the learners are situated^{3,5} given that culture and its associated narratives influence how people understand, make sense of, respond to, and learn from the situations they encounter and things they experience¹⁰. The analysis of narrative, therefore, holds great promise for understanding culture and values, because the stories people tell about themselves, and tell to their trainees reveal how they make sense of who they are, how they have changed, and who they seek, endeavour or aspire to be^{4,9}.

Pull out point 3

“The pedagogy underpinning education often reflects the dominant professional culture and context where the learners are situated”

How people narrate who they are in relation to their role, values, attitudes, and identity often depends on juxtaposition to others in society⁹. That is, people draw upon cultural story lines to construct and present narratives about who they are in relation to the world they inhabit⁹. In other words, narratives about self, others, and the world can be understood as social representations that impact on, but are also practices in social activity^{4,9}. Understanding culture, therefore, requires an awareness of the incessantly evolving and inherently social nature of thought as people constantly construct, co-construct, or reconstruct a shared understanding or social representation that characterises who they think they are, and how they view the world^{4,9}. This perspective explains why, when people encounter the unexpected, they often embrace the 'first story' that provides comfort and control¹⁰ regardless of its veracity. This 'first story' converts the intangible and unfamiliar into something that is 'known' by an individual and seemingly true, but in fact can be a cataclysmic error of judgement¹⁰. 'Second stories,' in contrast, are often more effective at avoiding serious failures by virtue of developing through the provision of a guiding set of values or principles that can be used to focus improvement at a system level¹⁰. This is a metaphor for education writ large given that by definition education involves building understanding from previous conception. The culture change required to get to a second story, just as in learning, is challenging because the assumptions, narratives, and values that people embrace to crystallize the lessons they previously learned endure¹⁰. Better understanding, therefore, how narratives are constructed and used to make sense of life through intertwined, dynamic, social and cognitive processes that create culture is to better understand education^{4,9}.

Pull out point 4

"When people encounter the unexpected, they often embrace the 'first story' that provides comfort and control."

In sum, a better understanding of the prevailing and sub-culture(s) within healthcare along with their concomitant values needs to be our first priority if we are to improve the quality, equity, safety and sustainability of healthcare through medical education. Although culture has been understudied in our field, we need an incessant effort to understand how it influences healthcare professionals' formation and professional development because improvements efforts can only succeed when there is a firm understanding of the culture, values, and narrative that are at play in any context they encounter.

Pull out point 5

"Improvements efforts can only succeed when there is a firm understanding of the values, culture and narrative"

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