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Unit three

Making the Classroom “Better”

 So many aspects about how we can improve our learning at work came to me while reading Atul Gawande’s book “Better”. The idea that impressed me the most was learning to use what we already have/know more effectively to create an improved quality of care or education. The most overlooked tools already in an educator’s possession I think are “openness” and what Danielle Ofri refers to as “critical instinct”. Gawande provides several examples of how doctors are able to simply use a “pen and their wits” to produce quality care despite terrible odds; examples being the fight against polio, the wars in Iraq and Afghanistan and Dr. Ashish Motewar in India. I would list a few teachers I know who are effectively teaching at ill-funded inner city schools. The same physical “feel” that helps a doctor know when the forceps are just right; is used visually by the educator to determine teachable moments or when a student really understands vs. “just saying” they understand. This intuitiveness is often understated I think in both fields of medicine and education. As the article “Learning how to see” explains, we often are stuck in a mode of “brain-born images” or “habitually” seeing what we expect to see, not taking time to be diligent enough to see what is really there.

 The notion of a “positive deviant” made me look at my own classroom and think of ways I could improve, not by buying the latest reading enhancement series or educational software, but by simply taking the time to analyze the current situation. Out of habit “learner blame” can become the answer when it appears a teacher has done all they can do. Yet, after reading about the reasons why women don’t schedule an annual mammogram, I was reminded of a study I learned about in another course. This study was about adults why fail to participate in education. (pg 233) Reasons such as cost, time, inconvenience or discomfort prevented both student and patient from attending to their needs. It may seem like a stretch, but the reasons are almost the same. (“Learning in Adulthood” page 65 “Barriers to adulthood”). How many of my students would have been more engaged if my colleagues or I had taken the time to ask an “unscripted” question? I thought about what would happen if I were as assertive as Warrick with his CF patients, pushing my students to get at the heart of the issue behind unfinished assignments, instead of just marking them with a zero. Is there anyone on my team already working in this fashion I could reference for help? I started wondering if we as educators should work together, to cater to these barriers more effectively. Educators could gain a lot if we utilized the type of openness described in this unit.

 With openness we will learn what we need to make improvements. In a similar fashion to the University of Cincinnati and their treatment of cystic fibrosis, we can utilize those at the higher end of the bell curve to assist those in the middle. Education may be doing well, but we could do better. “Learning how to see: Doctors making Judgments in the visual domain” states page 301 “Appreciative inquiry emphasizes that while practice may already be good, continuous reflection, as an art in itself can bring further in enhancements. This approach also stresses passionate heart-felt involvement with the subject matter as a legitimate research stance rather than cool detachment.”

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 I think of the process implemented by the members from the “fastest learning” hospital inspected by Richard Bohmer could easily be amended for doing teacher training. Microteaching is the same as the “dry run” used for the procedure. When providing feedback for teacher trainings I usually have everyone present their sample class then I give quick feedback afterward…quickly telling them what they did well. I was not concerned with being too detailed as I thought with enough practice improvements will happen. Now I see how important this debriefing time is and that “how you practice” is more important than “how often”. In the future I will implement a more detailed and timely debriefing session and ask others to observe my “dry run” class as well.

 This “openness” is mentioned by Atul Gawande, Don Berwick and the article “Beyond Training: reconceptualizing learning at work “. In order to obtain this openness “experts (must) relinquish their power and believe that solutions already exist in the system.” Better” page 227 states “but the lessons are hidden because no one knows who the high performers really are. Only if we know the results from all can we identify the positive deviants and learn from them”.