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Empirical Study of
Phronesis in Medicine

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Measuring *phronesis*?

- Pellegrino and Thomasma hold that practical wisdom is an indispensable virtue in medicine in that it coordinates all of the doctor's other (separate) virtues in action. (1993: 84 – 6)
- Kaldjian (2010: 560) has suggested that good clinical judgement and practical wisdom are the same thing.
- This invites us to consider whether we can *tell* whether one doctor is wiser than another
- Driver (1999) would hold that this is impossible – *phronesis* (like the other virtues) are non-codifiable

This presentation

- A canter through previous empirical research on *phronesis*
- Key quantitative measures
- Qualitative studies on *phronesis* in the health professions
- What we take away from those studies
- Our project plan

Literature

- I searched PubMed for combinations of the following terms
 - *Phronesis* (86 studies retrieved)
 - practical wisdom (114 studies retrieved)
- And narrowed it with: ‘Quantitative’, ‘psychology’, ‘scale’, ‘qualitative’, ‘interview’, ‘narrative’, ‘physician’, ‘doctor’
- Most of the papers that were clearly about medical ethics were theoretical/philosophical
- There was a surprising number of empirical papers reporting qualitative wisdom studies in nursing (fewer in medicine)

Key Quantitative Measures

The four main wisdom scales in psychology are:

- Self-Assessed Wisdom Scale (SAWS) (Webster, 2003, 2007)
- Three-Dimensional Wisdom Scale (3D-WS) (Ardelt, 2003)
- Adult Self-Transcendence Inventory (ASTI) (Levenson *et al.*, 2005)
- Berlin Wisdom Paradigm (BWP) (Baltes and Smith, 1990; Baltes and Staudinger, 2000)

The 4 Scales (1)

The four wisdom scales all measure different things (Gluck *et al.*, 2013):

- ‘personal wisdom’ – the insights that a person has gained regarding to their own life or experiences and the degree to which they are reflective about their own life (measured by the SAWS, ASTI, aspects of 3D-WS)
- ‘general wisdom’ – the insights that a person has gained into human life and the human situation generally (measured by the BWP) and
- ‘other-related wisdom’ – the empathy and concern that a person shows other people or humanity at large (measured by aspects of the 3D-WS).

The 4 Scales (2)

- Most wisdom research in psychology focuses on exploring personal wisdom – that is the insight a person has gained about their own life and experiences.
- This is great... but there is no obvious practical link between this personal wisdom and the ability to make good clinical judgements or wise decisions on behalf of patients (that researchers in the medical field would be interested in).
- Current wisdom research in psychology relies heavily on self-reporting

Qualitative Studies

- 20 papers on the empirical study of *phronesis* in the health professions were identified
 - 10 concerned nursing
 - 1 midwifery
 - 1 psychoanalysis and psychoterapy
 - 2 patients
 - 3 physicians
 - 4 turned out to be theoretical

Qualitative Studies (2)

- Johansen *et al.* (2012) conducted narrative interviews with 14 Norwegian GP's on accompanying patients through cancer
- Jordens and Little (2004) conducted narrative interviews with 10 Australian clinicians at a colorectal cancer clinic (including two colorectal surgeons and one GP)
- Peiris *et al.* (2011) interviewed 21 GP's on the introduction of a new electronic decision support tool for heart disease management

Qualitative Studies (3)

- None of these studies try to:
 - Define what medical wisdom is in the round
 - Chart how it develops
 - Make suggestions for medical education
 - Etc.

Our Project: Participants

- 30 x 2nd year medical students
- 30 x 5th year medical students (ditto)
- **30 x F1 – 2 doctors**
- 30 Experienced doctors

Around three nodes – Birmingham, Warwick, Nottingham

Our project: Data Collection Methods

- Narrative interviews
- Observations
- Journal entries

- For 2nd years, 5th years and experienced doctors this will be once-off
- For F1 – 2 doctors this will be repeated – once in F1 and once in F2

Our project: Analysis

- Identify narratives of:
 - Practically wise judgements in medical practice
 - *Unwise* judgements in medical practice
- These must be narratives that:
 - Typify *phronesis*
 - The development of *phronesis*
- Use these both as qualitative data in their own right *and* use the narratives to form the basis of storylines for the performance element

- Ardelt, 2003. 'Empirical Assessment of a Three Dimensional Wisdom Scale'. *Research on Aging* 25 (3)
- Baltes and Staudinger, 2000. 'A Meta-heuristic (Pragmatic) to Orchestrate Mind and Virtue toward Excellence' *American Psychologist* 55 (1)
- Driver, 2001. *Uneasy Virtue*, CUP
- Gluck et al. 2013. 'How to Measure Wisdom' *Frontiers in Psychology* 4
- Johansen et al. 2012. 'I Deal with the Small Things' *Health* 16 (6)
- Jordens and Little, 2004. 'In this Scenario, I do this, for these reasons' *Social Science and Medicine* 58 (9)
- Kaldjian, 2010, 'Teaching Practical Wisdom in Medicine through Clinical Judgement, Goals of Care and Ethical Reasoning' *Journal of Medical Ethics* 36
- Levenson et al. 2005. 'Self-transcendence' *International Journal of Aging and Human Development* 60 (2)
- Peiris et al. 2012. 'New Tools for an Old Trade' *Sociology of Health and Illness* 33 (7)
- Pellegrino and Thomasma, 1993, *The Virtues in Medical Practice* OUP
- Webster, 2007. 'Measuring the Character Strength of Wisdom' *Aging and Human Development* 65 (2)