

A qualitative look at practice. A comment on ''Analysis of the clinical behaviour of anaesthetists''

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In this edition Klemola & Norros present a study which is both interesting and important. They asked consultant anaesthetists to reflect on their practice of anaesthesia. Most described an orientation which the authors termed 'reactive'. These anaesthetists were deterministic. They followed a plan, and relied heavily on information from the instruments they were monitoring. The others showed a 'realistic' orientation. They saw each patient as unique, had a 'communicative relationship' (even when the patient was anaesthetized), and recognized the uncertainty and unpredictability of their work. The reactive anaesthetists were alarmingly limited and potentially dangerous but those with the realistic orientation were more flexible and adaptive.

A decade ago Schon (1983) drew a distinction between a technical/rational and a professional artistry view of practice. Klemola & Norros' reactive and realistic orientations appear similar but have clinical consequences.

The importance of the study goes much further. Reactive practice appears potentially unsafe yet is by far the most common. Medical education emphasizes facts and certainty. It sees humanity largely in scientific and reductionist terms. Once qualified, a doctor's professional development is often construed as 'knowing more'. The Klemola & Norros study reveals the inherent flaws in this perspective.

In reality professional practice is based more on people's 'know-how' than formal knowledge. As professionals, we do not directly apply theory to practice. Rather we create our own personal knowledge (Eraut 1994) of practice, much of which is apparent only in the action (Schon 1983). Professionals make judgements, often of a moral nature. Clinical practice therefore is sometimes told to be more an art than a science. Can we honestly educate practitioners about the practice of medicine solely through a training in science?

Klemola & Norros also demonstrate a form of research which opens up many possibilities. While scientific research has an honourable tradition in health care for the development of treatment and therapeutics, it has little to offer professional practice. This study looks qualitatively at clinical practice. It clarifies the problem – how can we educate doctors so their practice is flexible enough to meet the patient's actual needs?

However, the study does not yet go far enough. While more research of this kind is needed it still fails to address the development of a doctor's practice. This will need a new approach, and one is suggested where professionals research their own practice from the inside (Fish & Coles 1998) to understand it more clearly. Insider practitioner research, as its name suggests, enables doctors to look at their actual clinical practice. It does so either directly through the use of video recordings (as general practitioners have for years) or through critically examining incidents (Tripp 1993) or surprises in their practice (Schon 1987). Through this they unearth their hidden expertise and recognize the influence on what they do and say of their personal theory – their assumptions, attitudes, beliefs and values.

What then is the role of external researchers? It is to enhance the knowledge creating capacity (Eraut 1994) of professional practitioners – to engage practitioners in researching their practice – not primarily to generalize but to enlighten, not to create new knowledge but to enable practitioners to become more knowledgeable. If people's experience of engaging in research of this kind can be made available through publication and conference presentations, we the wider professional community will surely benefit.

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