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## Chapter 9

# Reconceptualizing Medical Curriculum Design in Strategic Clinical Leadership Training for the 21<sup>st</sup> Century Physician

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### **ABSTRACT**

*This chapter provides an insight into the value of tacit knowledge and how this contributes directly to the concept of human factors in the context of multi-disciplinary teamwork. In considering the notion of implicit or intuitive knowledge and how this can be taught in practice, the authors draw on the field of creative praxis as a means of harnessing knowledge from other (often under-acknowledged) signature pedagogies of direct relevance to medical practice. The authors focus on the significance of situational awareness and context of medical and healthcare provision as a means of driving debate around the value of affective domain learning and its role in 21<sup>st</sup> century physician practice. These are bracketed under the category of non-technical skill acquisition, which is linked heavily, in the published literature to date, with holistically positive patient outcomes.*

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## **INTRODUCTION**

The optimization of prognostic outcomes for all patients, are endpoints that all physicians have a moral and ethical obligation to provide in their daily practice. Medical and surgical curricula have traditionally emphasized the importance of functional psychomotor and underpinning cognitive skill and placed less significance on tacit knowledge as an integral part of the human factors influencing non-technical skills in applied practice. Within the context of this medical education and pedagogical praxis, the relative inseparability of the cognitive domain and the affective domain have long been debated, but in an environment where the recognition that leadership and multidisciplinary team-working is a fundamental key to the enhancement of prognostic outcomes then this must become a core focus of all medical curricula. Our shared authorship of this chapter originates from the tri-partite stance of pedagogic practice, emergency obstetrics and creative practice, all of which we value and believe have the potential to add credence to the concept of tacit knowledge. The core commonality in the epistemological basis of each of our professions is evident and we believe our deliberate transcendence of disciplinarity, in relation to how 21<sup>st</sup> Century Physicians ought to be prepared for the real world, reflects our own work in applied professional, clinical and creative professional praxis.

## **AFFECTIVE DOMAIN LEARNING IN MEDICAL EDUCATION**

At the heart of successful affective domain learning lies the capacity for situational awareness and higher order critical thinking skills, which characterize the relative immediacy of advanced clinical decision making in medicine. Implicit within both these core critical thinking skills and decision making processes, is the concept of tacit knowledge, which harnesses the innate ability of surgical and medical practitioners to effectively communicate, lead, work as part of a team, use initiative, harbour resilience and be assertive at the front line of patient care. On a global level, these skills are critical to safe and efficient medical practice, regardless of the situational context of care delivery. The precedence they are given is commensurate with the concept of the safety critical environment, demonstrated, for example, in this chapter,

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