

Tim DORNAN – CHAT researcher



Who I am

I am a British doctor who completed a clinical and research career as a specialist in internal medicine, diabetes, and endocrinology in the UK before becoming a whole-time academic. A leadership role in educating medical students fostered my interest in education research, which led me to complete a Masters and PhD in Health Professions Education in my fifties. Since then, I have been a research Professor in Medical Education in the University of Manchester and Queen's University Belfast in the UK, and Maastricht in the Netherlands. I am now retired, though I hold a Visiting Professorship at Semmelweis University, Budapest, Hungary.

My guiding assumptions

My most fundamental tenet is that (clinical) education is a social good, freighted with humane values. I have also, as a result of my research, arrived at the metaphysical position that learning emerges from social interaction within a field in which power and opportunity are unequally distributed and characterised by social complexity and emergence rather than determinism. The neoliberal/populist turn that has characterised the last quarter century fuelled my research: I observed health, illness, and professional practice being appropriated by governments and their proxies, regulators. In the field of health professions education, this conservative trend was manifested as quality-assured competencies becoming the currency of a labour market. This trend in health professions education is perhaps most clearly exemplified by: *The Lancet*, Vol. 376, No. 9756, p1923–1958.

Influences on me

A happy set of circumstances led me into the company of a group of (mathematics) education researchers in Manchester, which set me off along the critical research pathway that I have followed for some 20 years. Guiding lights along my path have been Julian Williams (Manchester, UK), Yvette Solomon (Manchester UK), Yrjö Engeström (Helsinki, Fi), Stephen Billett (Brisbane, Au), Andy Blunden (Melbourne, Au) and the many medical students and trainee doctors, who have participated in my research. Under their influence, CHAT and Bakhtinian dialogism have provided a basis for my most recent scholarship. In the CRADLE context, Yrjö's concept of Knotworking and his analysis of professional practice in his book 'Expansive Learning' are the clearest theoretical articulations of the nature of medical practice that I have encountered. My Maastricht years allowed me to supervise doctoral students in five continents, which led me to view health professions education as a global enterprise, where opportunity is even less equitably distributed than in my own national context. From that perspective, critical research informed by CHAT has much to offer.

The orientation of my work

My work is motivated by a wish for education research to be a means towards greater social justice in the field of healthcare. Doing observational research, alone, is insufficient. We must intervene. Since complexity feels more natural to me than simplicity, I have adopted complex interventional methodologies, of which Change Laboratory is a prime example. The field of healthcare has, quite recently, started turning towards complexity. This is illustrated by the radical turn towards regarding health problems as indeterminate ones in the UK Medical Research Council's latest recommendations for Complex Interventions research. I find Damschroder's 'Consolidated Framework for Interventional research', derived from the field of healthcare, a valuable complement to the MRC's recommendations.

The specifics of my work

Having found that social features of workplaces influence young doctors to make potentially harmful mistakes when prescribing drugs, I focused my work largely on how students and doctors learn to prescribe. This has provided me with a productive model of how complexity subverts educational challenges that seem, superficially, to be simple. CHAT has provided a theoretical orientation for this work.

Three pieces of CHAT-related research that illustrate my programme of research

Reluctant heroes: new doctors negotiating their identities dialogically on social media. Dornan T Armour D, Bennett H, Gillespie H, Reid, H. *Medical Education* 2023; 57: 1079–1091

Within a theoretical framework provided by CHAT, we conducted a dialogic analysis of posts on Twitter (now X) made by newly qualified doctors entering the workforce. This brought to light hierarchical distance between institutions and the graduates they had educated. New doctors had fragile professional identities and negative affects, which may contribute to the loss of medical workforce that has become a serious problem in UK healthcare.

Dornan T, Lee C, Findlay White F, Gillespie H, Conn R. Acting wisely in complex clinical situations: 'mutual safety' for clinicians as well as patients. Medical Teacher. 2021;
<https://doi.org/10.1080/0142159X.2021.1951693>

This research, with a theoretical orientation towards Expansive Learning, reports a complex intervention to help new doctors conduct the safety-critical task of prescribing insulin. CHAT helped us demonstrate that the narrow pursuit of 'patient safety' can make it psychologically unsafe for doctors to care for patients, particularly when any clinical action may have negative as well as positive effects. We coined the term 'mutual safety' to expand the conceptualisation of to retain a functional workforce as well as the health and wellbeing of patients.

Dornan T, Kearney GP, Pyörälä E. Destabilising institutions to make healthcare more equitable: Clinicians, educators, and researchers co-producing change. Medical Teacher. 2021; 43(1): 4-6.

This commentary covers a themed issue of the journal *Medical Teacher* devoted to CHAT research in healthcare. It argues that neoliberalism has been a conservative force that limits the ability of healthcare to respond to the changing context in which it is practised. CHAT provides an ideological as well as theoretical platform for a more equitable type of healthcare.

Other articles relevant to CHAT

- Mattick K, Goulding A, Carrieri D, Brennan N, Burford B, Vance G, Dornan T. Constraints and affordances for UK doctors-in-training to exercise agency. A dialogical analysis. *Medical Education* 2023; 57: 1198-1209
- Johnston JL. Harnessing insights from an activity system–OSCEs past and present expanding future assessments. *Medical Teacher*. 2021; 43(1): 44-49
- Dornan T, Pearson E, Carson P, Helmich E, Bundy C. Emotions and identity in the figured world of becoming a doctor. *Medical Education*. 2015;49(2):174-85.
- Johnston J, Dornan T. Activity theory: mediating research in medical education. 2015. In: *Researching medical education*. Cleland J, Durning S (eds). Chapter 9: 93-104. Oxford: Wiley Blackwell. (Chapter)
- Yardley S, Teunissen PW, **Dornan T**. *Experiential learning: AMEE guide No. 63*. 2012. Dundee: Association for Medical Education in Europe.

- Yardley S, Teunissen PW, **Dornan T**. Experiential learning: transforming theory into practice. *Medical Teacher*. 2012; 34(2): 161-4.
- Dornan T. Communication, knowing and being in work-based learning. In: Cook V, Daly C, Newman M, editors. *Work-based Learning in Clinical Settings*. London: Radcliffe; 2012. p. 207-17. (Chapter)
- de Feijter JM, de Grave WS, Dornan T, Koopmans RP, Scherpbier AJ. Students' perceptions of patient safety during the transition from undergraduate to postgraduate training: an activity theory analysis. *Advances in Health Sciences Education*. 2011; 16(3): 347-58