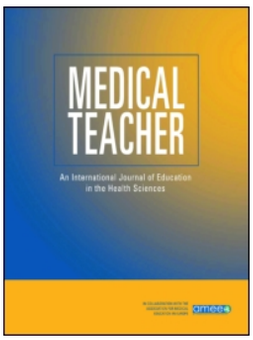

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Pedagogical validity: The key to understanding different forms of 'good' teaching

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ABSTRACT

The interrelationship of pedagogical skills, educational ends, and underlying values and assumptions constitute a teacher's 'pedagogical validity' – who they are as a teacher and why they teach the way they do. If reflection, judgment, and improvement are to be helpful, they must have regard for a more complete understanding of what frames a teacher's pedagogical validity. This article briefly describes four kinds of pedagogical validity that teachers draw upon when explaining or justifying their notion of 'good' teaching. Teachers generally have some part of each, but most of us draw upon one or two more than all four as we define ourselves as teachers and make sense of our teaching.

> "…any (teaching) perspective one embraces comes replete with values and assumptions about what is valid and trustworthy, what methods are legitimate, what counts as evidence, and hence helps determine the ends that are worth pursuing." (Eisner 1984, p. 22)

We often think of good teaching in terms of pedagogical skills, such as setting learning goals, delivering content, engaging students, asking questions, assessing learning, and providing feedback. Faculty development programs, more often than not, tend to focus on developing a "toolbox" of pedagogical skills, the sum of which is assumed to produce good teaching. We believe such a conception of good teaching is fundamentally flawed. It is flawed not because pedagogical skills are unimportant, but because they can only be deemed valid, trustworthy and legitimate if we know the ends to which they are the means. To fully understand the ends, we must also understand the values and assumptions that support what teachers are trying to accomplish. The interrelationship of pedagogical skills, educational ends, and underlying values and beliefs constitute a "pedagogical validity" that is key to fully understanding someone's teaching.

This article briefly describes four kinds of broad pedagogical validity that clarify and justify different perspectives on 'good' teaching. More detailed explanations and the research behind these forms of pedagogical validity is available in Pratt, Smulders and Associates 2016.

Practice points

- Good teaching depends on more than a set of pedagogical skills.
- Good teaching depends on an alignment of pedagogical skills and pedagogical validity.
- Good teaching requires being able to interpret and respond to dynamic patterns of significance.
- Patterns of significance are interpreted through frames of reference and habits of mind.
- Frames of reference and habits of mind arise from a teacher's pedagogical validity.

Intellectual validity

Teaching is an intellectual activity that makes claims to truth, evidence, and particular forms of reasoning. Whether in clinical or classroom settings, intellectual validity requires a deep understanding of the knowledge and forms of reasoning that characterize scholarly or professional work. Teachers that justify their teaching by its intellectual validity identify and explain key ideas, central issues, threshold concepts, and unresolved questions in their discipline or specialty. To be effective, teachers must be able to actively engage learners in those concepts, issues, and questions. Once core concepts are mastered, it is not so much a matter of informing learners that describes this pedagogical validity, as it is a matter of helping learners improve their thinking and reasoning under conditions of uncertainty and complexity.

Across disciplines and medical specialties, this is the most commonly espoused form of pedagogical validity. The argument in support of it is based upon the necessity of developing a fundamental connection between the learners and the intellectual work and/or content in a discipline or medical specialty. We see its footprint across a wide range of educational activities, from the judicious application of principles of pathophysiology and biochemistry to understanding disease to the inculcating and refining of approaches to taking a clinical history. What is taught must be learned in its authorized form, and assessment must be able to locate learners within a hierarchy of

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knowledge and performance that is presumed valid for practice. Within an ethos of evidence-based practice, many medical educators consider intellectual validity foundational to the training of future practitioners.

Relational validity

Teaching is also a relational activity that creates interdependent roles and responsibilities. Teachers that emphasize this pedagogical validity believe that learning is influenced by the relationship they have with learners. The underlying assumption is that everything teachers say to learners is interpreted through the relationship between them. Learners look to their teachers for explanation, elaboration, assessment, feedback, guidance, encouragement, and role modeling. The extent to which learners believe and trust that their teacher has their best interests in mind determines how learners will listen and interpret what their teacher says. Similarly, a teacher's willingness to display uncertainty is also dependent on the relationship that that teacher has with learners. From this perspective, good teaching is fundamentally relational.

This is particularly evident in the process of feedback. For example, Telio et al. (2015, 2016) describe an "Educational Alliance", that is, a relationship between teachers and learners where there is a mutuality of trust and respect. When there is a convincing and consistent expression of that trust and respect, it is safe for learners to reveal their uncertainty, take risks, learn from their mistakes and receive feedback that challenges prior ways of thinking and believing.

Mutual trust and respect are, therefore, at the heart of relational validity in teaching. No trust, no validity; no respect, no validity. Together, mutual trust and respect create a learning environment that is challenging yet supportive, where it is safe and comfortable for learners and teachers to wonder aloud amidst uncertainty. We see their effects in classrooms but also in clinical settings as preceptors listen to and help trainees shape their impressions, management plans, and case presentations. Within this form of pedagogical validity, teachers not only teach what they know; they also teach who they are as a person and as a professional.

Moral validity

Teaching is also a moral activity involving judgments, decisions, and actions that cannot be arrived at by ethical rules or professional guidelines alone. In classrooms, clinics and operating rooms teachers are confronted with situations that are complex and often confusing, for example, when assessing advocacy, providing critical feedback to learners, giving autonomy in the operating room, or enacting patient-centered care. These are often situations for which rules or guidelines cannot directly answer "What should I do?"

In the face of complex situations with competing rights, strong beliefs, conflicting opinions or evidence – whether about medical or pedagogical practices – there may be no obvious "right" thing to do. In those moments a sense of moral commitment and practical wisdom (Schwartz and Sharpe 2010) can provide the motivation and clarity to enact and articulate a decision, even in the face of resistance. Here, pedagogical validity is about the congruence between actions and words. We teach more by our actions than by our words. If teachers wish to teach compassion, they must be compassionate; if they wish to teach ethically responsible behavior, they must be ethically sound in their own actions – clinical and educational. However, because the rationale for those actions may not be obvious to observers, it also requires that teachers articulate the basis for their actions to their learners.

Moral validity of teaching is, therefore, about consistency and transparency in relation to a set of moral or ethical values and beliefs – an internal moral compass – that is developed over time and which can be articulated for teaching purposes. But it is also about empathy. While effective teachers must be clear, consistent and transparent about their moral values, they must also be empathic and patient, especially with learners that disavow/contest the values espoused by their teacher. Space for disagreement and discussion has to be available. In this sense, moral validity is meaningless without empathy for their learners and the courage to persist in the face of the very challenges that require moral clarity and commitment. We see moral validity emerge in the many ambiguities of clinical care, such as, discussing whether to recommend proceeding with curative attempts at treatment versus palliation; considering a promising novel surgical procedure that nonetheless carries a high risk of morbidity; and finding productive common ground with patients and families holding value sets that diverge significantly from that of professional medicine.

Cultural validity

Teaching is also a form of cultural validity based on an awareness of how cultural values and social norms shape our frames of reference and habits of mind. As Kuper notes, most medical training essentializes "culture" into stereotypes as it applies to patients and ignores the subtleties of how culture influences training, often resulting in a tacit belief that, "… we are merely teaching our students a series of objective, scientific truths that are not culturally mediated …". (Kuper 2014 p. 1148) Yet, there is a reason to believe that countries, institutions, disciplines and even medical specialties have particular frames of reference about what "good teaching" means, which, in turn, intersects with frames of reference as to what "good doctoring" means. (Pratt et al. 1998; Pratt and Nesbit 2000; Pratt and Collins 2013) Thus, when we take on the role of teacher, we step into a role that is not entirely of our own making; it was there before we arrived. We may modify or craft it to our individuality, but it is first and foremost a social role constructed around particular values and beliefs about teaching, learning, and professional or disciplinary practices.

By its very nature, teaching is a cultural and social role infused with responsibilities and expectations that are situated in place, time and traditions. The cultural validity of teaching, therefore, recognizes that claims to truth, the nature of relationships, propriety, and moral values are culturally and historically constituted. When we teach, we are

enculturating learners into particular frames of reference and habits of mind. However, cultural pedagogical validity not only requires an awareness of our frames of reference and habits of mind, but it also requires the ability and will to model critical reflection upon those aspects of medical training and practice that are culturally infused with differences in, for example, power and privilege.

In this form of pedagogical validity, effective teachers ask themselves: Whose world am I gesturing to when teaching? Whose claims to truth do I accept as foundational? What is an appropriate relationship between teacher and learner for those whose culture is not mine? By what standards and norms should I judge the propriety of my teaching? How is our professional understanding of health and illness different than that of patients, caregivers, and family? How might power influence aspects of training and practice? These are questions of place and time – of cultural and historical location. We see cultural validity's influence when clinicians have the humility to recognize differences of another specialty's approach without falling prey to denigration, and when basic scientists acknowledge the comparative utility of different epistemologies and approaches to knowledge creation. Good teachers are cautious and tentative about their claims, so as to not assume they are the only way to claim truth, the only way to be in relationship with learners, or the only basis for deciding what is right, good or even helpful for learners. In doing so, they also make transparent the process of critical reflection on their "cultural knowledge" and positioning.

Integration – pedagogical identity

It is important to remember that good teaching involves all four types of pedagogical validity because teaching is, by its integrated nature, an intellectual act, a relational act, a moral act, and a cultural act. As teachers develop, they emphasize one of these "acts" more than the others and take on a distinctive pedagogical identity, an internal pervading sense of commitment to what they believe is necessary and appropriate for them to be "good" at teaching. Relative emphasis on one or more forms of pedagogical validity, therefore, becomes a defining character of one's teaching. It is the essence of who we are as a teacher and what we believe constitutes good teaching.

Good teaching, however, means more than having a commitment to a particular form of pedagogical validity. It also requires being present in the moment and having the ability to rise above the moment to recognize dynamic patterns of significance, grasp their meaning and invent ways to respond in accord with one's pedagogical identity. What we see, how we interpret and improvise is guided by the frames of reference and habits of mind we bring to those dynamic moments. Faculty development and/or evaluations that focus only on the technical skills of teaching likely miss the point. If we want to understand and foster good teaching, we need to look to the deeper commitments that shape and animate those skills, that is, their underlying pedagogical validity.

Disclosure statement

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

Glossary

Pedagogical validity: Points to a holistic form of consequential validity of teaching. Each form of pedagogical validity is based on a set of values and beliefs about what is most important for people to learn (consequences). Teachers make informed instructional decisions based on their intended consequences for learners. The intended consequences of each type of pedagogical validity drive teaching in different, but potentially effective, ways. If we are to fully understand different approaches to teaching, we must first understand what teachers are trying to accomplish and why they believe that is important. In other words, teaching actions can only be accurately and fairly interpreted if we know the pedagogical validity that justifies those actions.

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