



REVIEW

Lifelong learning: Established concepts and evolving values



Jamsheer Jehangir Talati ¹

Aga Khan University, Stadium Road, Karachi 74899, Pakistan

Received 4 September 2013, Received in revised form 1 November 2013, Accepted 4 November 2013

Available online 22 January 2014

KEYWORDS

Biographicity;
Society;
Autopoietic;
Lifelong learning;
Vicarious;
Exigencies of life

ABBREVIATIONS

LL, lifelong learning;
LAL, learning across
the lifespan;
CME, continuing
medical education;
CPD, continuing pro-
fessional development

Abstract Objective: To summarise the concepts critical for understanding the content and value of lifelong learning (LL).

Methods: Ideas generated by personal experience were combined with those of philosophers, social scientists, educational institutions, governments and UNESCO, to facilitate an understanding of the importance of the basic concepts of LL.

Results: Autopoietic, continuous, self-determined, informal, vicarious, biographical, lifelong reflexive learning, from and for society, when supported by self-chosen formal courses, can build capacities and portable skills that allow useful responses to challenges and society's new structures of governance. The need for LL is driven by challenges. LL flows continuously in pursuit of one agenda, which could either be citizenship, as is conventional, or as this article proposes, health. LL cannot be wholly centred on vocation. Continuous medical education and continuous professional development, important in their own right, cannot supply all that is needed. LL aids society with its learning, and it requires an awareness of the environment and structures of society. It is heavily vicarious, draws on formal learning and relies for effectiveness on reflection, self-assessment and personal shaping of views of the world from different perspectives.

Conclusion: Health is critical to rational thought and peace, and determines society's capacity to govern itself, and improve its health. LL should be reshaped to focus on health not citizenship. Therefore, embedding learning in society and environment is critical. Each urologist must develop an understanding of the

E-mail address: jamsheer.talati@aku.edu

¹ Permanent Address: 6B, 7th Central lane, Defence Housing Authority, Phase 2, Karachi 75500, Pakistan.

Peer review under responsibility of Arab Association of Urology.



Production and hosting by Elsevier

numerous concepts in LL, of which 'biographicisation' is the seed that will promote innovative strategies.

© 2014 Production and hosting by Elsevier B.V. on behalf of Arab Association of Urology.

Introduction

Urologists conscientiously pursue continuing education to remain certified, be responsive to patients and to be up-to-date. No strangers to lifelong learning (LL), they maintain excellence through continuing medical education (CME) and continuing professional development (CPD).

Rather than dwell on these established pathways to competence, which are well understood, published and practised, the objective of this review is to focus on the LL that develops the competencies required for an effective and greater function of physicians in the 21st century. Throughout this article the terms 'physician' and 'urologist' are used interchangeably, as what is true for urologists applies generically across all medical professions.

A glossary of some terms used in this review is included after the conclusion. Readers might prefer to construct their own meaning of terms which appear unclear to them on initial reading, or refer to the Internet or dictionaries, and so embark on their own foray into LL about aspects covered in this review.

Methods

Ideas generated by personal experience were listed and literature searched, with initial readings generating further exploration. Concepts used by philosophers, social scientists, and educational institutions, governments and UNESCO were explored to improve the understanding and value of LL. Challenges which could become the stimulus for LL were listed and grouped pragmatically; the value of CME and CPD revisited, and concepts of LL shaped to provide a pragmatic model.

Results

Autopoietic (see the Glossary), continuous, self-determined, informal, vicarious, 'biographicised' LL, from and for society, when supported by self-chosen formal courses, and conscious reflection and analysis, can build the capacities and portable skills that allow urologists to recognise and flexibly respond to the emerging fluctuating voices from society's governance structures, and changes in environment, as they refine and increase the usefulness of work outputs.

The need for LL is driven by challenges (see below), and the desire to ensure that society adopts useful innovations. LL flows continuously in pursuit of one

continuing agenda, which could either be citizenship, as is conventional, or as this review proposes, health. LL cannot be wholly centred on vocation, and CME and CPD, important in their own rights, cannot supply all that is needed (see below). LL aids the pace of society and learning, and needs clearer definition. It requires an awareness of the environment and structures of society. It is heavily vicarious, draws on formal learning, and relies for effectiveness on reflection and self assessment and personal shaping of views of the world from different perspectives.

Discussion

Challenges that dictate the need for new competencies

Instability and an uncertain society

Uncertainty, instability and complexity accompany individuals and society, driving them and their component health caretakers to greater achievements. These attainments come at a cost to individuals' equanimity. To ensure sanity, efficiency and greater productivity in such times of rapid change, a new essential overarching competence is required, i.e., the ability to recognise and adapt to change, and manage its consequences by synergising diverse resources from all vocations 'on behalf of society at large' [1]. How can this be achieved?

The society on whose behalf physicians must work is diverse and iniquitous. Its habits and systems (and these include many corrupting aberrations) are well set. Society abhors directives, being more influenced by electronic abbreviated messaging, and 'everything seen on the net' than by rational suggestions for change. In such settings, the already overworked physician has to treat disease, pre-set notions and their psychological aurora, and then reach out further into society to ensure a reduction in the disease burden and the physicians' workload. That can only be achieved through innovative strategies for prevention and cure, as current systems cannot be applied equitably across the world.

The workload, health-worker shortages, costs, complexity and other factors cause adequate healthcare to remain an illusion, a theoretical concept unattainable universally as there is much poverty, intolerance and discrimination. In the current fragile world, just as civic sense begins to prevail, sane systems become disrupted and the cup of equity swings once again past Tantalus' lips.

Civic societies in phases of peace are attempting to bring into general discourse every individual's voice

Download English Version:

<https://daneshyari.com/en/article/4267990>

Download Persian Version:

<https://daneshyari.com/article/4267990>

[Daneshyari.com](https://daneshyari.com)