

At Last

Practitioner Inquiry and the Practice of Teaching: Some Thoughts on “Better”

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One would think, given the public representation of teachers and teaching, the steady proliferation of top-down policies and mandates, and the dismal views of public education, that teacher research would be on life support. The fact that the field is actually alive and well surprises even—or maybe especially—those who have been closest to the work over time. Teacher researchers aim not primarily to “do research,” but, rather, to *teach better*. The large and rapidly growing literature written by and with practitioners attests in myriad ways to the possibilities for positive change in education. Much practitioner inquiry remains radical and passionate, deeply personal and profoundly political—richly embedded in situations where teachers have agency around their own practice and where their commitments to educational access and equity remain clear in spite of these “trying times.” The persistence of the practitioner inquiry movement broadly, however, is nevertheless confounded by the fact that the practice of teaching is widely misunderstood and misinterpreted. Disturbingly absent from the public representations of teachers and teaching is knowledge of how the practice of teaching involves complex struggles teachers engage on behalf of what my colleague Judy Buchanan refers to as “improving the life chances of students.” And there are powerful and painful ironies in the ongoing reauthorization crisis around No Child Left Behind and, indeed, what and who are being left behind. Particularly distressing to me has been the rapidly disappearing notion in the public discourse of teaching as a professional practice *with the capacity for and the commitment to improving itself*.

In recent years I have been marked by encounters with the medical system that have been disturbing on both a personal and more comprehensive level. People I know have been ill and dying, and people I love have been suddenly faced with complex and persistent health issues that are read as routine by some health professionals, sometimes with terrible consequences. Several years ago, I gave a talk in

which I took up the question of teacher research by exploring the relationships between deficit stances on the elderly with dementia and deficit assumptions about teachers who were ironically assigned the major responsibility for fixing a broken system. I spoke then about the last ten years of my mother's life in several memory-loss and assisted-living institutions, rehab centers and hospitals, detailing the ways that the low expectations for her capabilities derailed even the most earnest efforts to care for and engage her. In counterpoint, I have also become a patient of Elihu Goren, a sensitive and knowledgeable doctor who intently looks at and listens to me, who continually considers and orchestrates the resources he has to offer me, acting on the assumption that together we will negotiate an approach to my *getting better*. He does not perform the role of expert, fixing me, but rather takes the stance of a learner, instructed by his attention to the data and to the specific parameters and contours of my situation. This is a doctor who used to practice and do research at the university and NIH and who chose to leave these institutions to work with people in what is essentially a small-town practice. His status as a MD/PhD and his constant reading and attendance at seminars aside, he grounds his practice in the local, the critical contexts created by the particulars of his patients' lives.

So it felt both accidental (and *not*) when this summer I encountered a book, written by a physician, about the nature of practice in medicine, a book that gave me a space to think anew about the purposes and possibilities of teacher research. In *Better: A Surgeon's Notes on Performance*, Atul Gawande (2007) writes about his life as a surgeon and public health consultant informed by the experiences of his everyday practice and his forays into the work of others in the medical profession. His point is to try to think about how to improve medical practice—from the inside. He is singularly intent on performance and improvement, on doing what he does *better*. In the literature on teaching and teacher education, we are familiar with this concept of *better*, as in better test scores, better alignment of materials with standards, better programs, scripts, directions, compliance, even oft-repeated phrases that signal whole shifts in the field about the relationships of knowledge and practice, like “teachers who know more, teach better.”

Gawande's description of the practice of medicine immediately drew me in—as a kind of “living on the line,” rife with moral “decisions and omissions,” based on a “vast and incomplete” knowledge base, with “daunting expectations,” “uncertain steps,” “high stakes,” and “complexity in performance” (p. 4). Without pressing the literal comparison with teaching, I find myself resonating with these ideas, “reading” the intimate portrait of Gawande's experiences as somehow full of questions and issues that seem familiar. Gawande writes: “In medicine, as in any profession, we must grapple with systems, resources, circumstances, people—and our own shortcomings as well . . .” (p. 8). Although there are obstacles, we still are obliged to improve. The task of “betterment,” he says, is a “perpetual labor”:

to live as a doctor is to live so that one's life is bound up in others' and in science and in the messy complicated connection between the two. It is to live a life of responsibility. The question, then, is not whether one accepts the responsibility. Just by doing this work, one has. The question is, having accepted the responsibility, how one does such work well. (p. 8)

Turning to Gawande's narration of the story of his practice and his learning, I am struck by the simplicity and enormity of what it means to be *better*, what he calls the three core requirements for success in medicine or "any endeavor that involves risk and responsibility": *diligence, to do right, and ingenuity*.

In the section on "diligence," Gawande tells three stories—about compliance issues around washing hands in hospitals to avoid infection, about the care of soldiers in Iraq and Afghanistan, and about the effort to eradicate polio in India—all designed to show how avoiding errors requires attention to detail and to constructing and enacting solutions that emerge from insiders in the local context. I see that he is not illustrating dramatic discoveries or major breaks in the scientific research tradition related to particular situations or diseases, but, rather, telling stories of what he calls "positive deviance—the idea of building on the capability people already had rather than telling them they had to change" (p. 25).

Embedded in these examples, I see the power of asking the people who work in the particular setting what should be done about seemingly insurmountable problems, and watching the norms of behavior shift as the various constituencies take more responsibility for the outcomes. I read about the way a small number of doctors and public health workers take on an enormous challenge of quickly vaccinating thousands of children after a single outbreak of polio, previously thought to be eradicated. I learn about surgeons exceeding their own training to invent new solutions to problems no one outside of the situation could have envisioned. The stories detail practitioners' investigations, careful documentation of practice, and subsequent dramatic improvement accomplished by using the knowledge and technologies at hand, rather than waiting for new discoveries that would dictate a specific protocol. All of this happens because of what Gawande calls "simple, almost banal changes"—the kind of diligence, I realize, that is only possible on the ground, by people who know the situation intimately, and who have taken on personal and professional responsibility for human betterment.

Knowing that most research on teaching still locates expertise several layers out, I think anew about what it means to regard teachers and teaching this way, to build into the work and the cultures of schools the faith that local understandings, observations, and insights can accumulate knowledge of critical importance to the challenges and problems at hand. The work of urban second grade teacher Lynne Strieb (now retired) illustrates this combination of seeking local understandings through patient gathering of small, seemingly mundane bits of students' perspectives over time to support them in authoring their own solutions. Some

policy-makers may think that children's exclusions of each other through forming clubs on the playground have little to do with student achievement. But when Lynne solicits and meticulously records all of her students' ideas on the subject of recess, focusing questions that progressively unpack the individual struggles they begin to recount, she uses her new knowledge to invite parents into the discourse by sending home with her students transcripts of their talk—to be read and discussed collaboratively as “homework.” The gradual construction of norms for inclusion by the students themselves enables social relationships that have everything to do with learning in that classroom. And Lynne's narrative and her analysis of the events circulate among educators, prompting an array of related inquiries.

Gawande's exploration of *doing right* focuses on the centrality of doctor-patient trust and relationships, on the tough ethical dilemmas in medicine, on the litigious nature of American society with respect to health-care providers, on the difficulties in rectifying some harm that inevitably results from health care, and on the dilemmas around attending state-sanctioned executions in contradiction to a doctor's ethical code and stand on capital punishment. While not simply and loosely assuming parallels with teaching, I am reminded of the profound moral dilemmas built into the day-to-day practice of teaching, at any level, and the ways that rich, brave stories, analyses, and interpretations of these situations by practitioners inform the literature and give powerful insights into the ways expectations of teachers as professionals and their own best judgments often collide.

Elizabeth Cantafio's practice at Community College of Philadelphia entails teaching students placed into developmental reading and writing. The students come into her class dismayed and outraged that having finally made it to college, they have been informed that according to their results on placement tests they don't measure up for college-level courses and thus need to take and pass non-credit courses first. Elizabeth's moral and ethical dilemma of how to respond to her students' interpretation of the messages the college is sending and how to teach against these essentially low expectations is not trivial. Her documentation of working with so-called developmental students over time provides a site for her to work out these issues and to invent—with her students—an engaging intellectual discourse where students take on identities as new scholars and not remedial learners. To maintain an inquiry stance on her assumptions, she says she is perpetually asking herself: “What am I doing here? What am I doing it for? Who am I to be doing it? What am I paying attention to? What am I overlooking? What am I ignoring? Why? How? What does it mean?” (CantaFio, 2002). Similarly, former fifth grade teacher Gerald Campano (2007)—refusing his institution's construction of marginalization for his immigrant, migrant, and refugee students—uses his own and his students' immigrant histories and narratives to support their “self-definition, resistance, and social empowerment” (p. xv). Because, as Gawande shows, the relationships of patients and doctors (and by implication teachers and

students) are deeply personal, doing well as a practitioner (as teachers and teacher educators know well) is much more than outcomes and statistics, test scores and making AYP.

In Gawande's exploration of *ingenuity*, I find myself confronted with examples with direct relevance and evidence for the centrality of practice-based learning, but also with some knotty and persistent questions about how standards, scripted curriculum, and other policies designed to be comprehensive can also respect and honor the local context. Gawande here confronts issues of standardization of practice (how to make childbirth researchable through a common assessment), of measurement of performance (figuring out what to measure), and the ways to link demonstrated success to particulars of different contexts (figuring out what makes one cystic fibrosis center's performance consistently successful and at the same time a site of continuous improvement). He points out that most medical researchers believe the profession advances through "evidence-based medicine—the idea that nothing ought to be introduced into practice unless it has been properly tested and proved effective by research centers, preferably through a double-blind, randomized controlled trial" (p. 188). In reality, he claims, much improvement occurs "on the fly" but always by paying attention to the results and trying to make them better. He argues for his medical colleagues to "measure ourselves"—to be more open and transparent about "what we are doing." In the case of the highly effective cystic fibrosis centers, this means weekly meetings to review patient care, a vigilant, ongoing effort to consider multiple data sources in collaboration.

I think immediately of the effort required to keep more than the required records in schools (which may or may not be measuring the "right" things)—the need for frequent opportunities to describe and document (i.e., make a record that others can access) student work and teachers' work, the power of data that teachers collect to illuminate the subtleties of classroom interaction, and the many new questions that surface in communities of inquiry about assumptions, practices, and issues of equity in teaching and learning. The Philadelphia Teachers' Learning Cooperative is a local group that has been meeting every Thursday for over thirty years to study their teaching practice in urban elementary and middle schools. Their work entails systematic documentation and rich description examined through structured processes of oral inquiry into critical problems of practice (see Himley & Carini, 2000). These teachers have deep knowledge of language, literacy, culture, pedagogy, and urban education that they bring to their teaching, but their primary source of data for this collaborative inquiry is their day-to-day work with children in urban classrooms and schools. They are "positive deviants" in Gawande's framework, working together to make things *better* by generating new knowledge, focused on how to provide access and equity to quality education for all of the children in their classrooms and schools.

In describing his visits to the clinic in a hugely under-resourced district hospital in India, Gawande reflects on the large numbers of patients to be seen in relatively short periods of time, on the hospital's scarce resources, the major challenges involved in adapting to many new and more complicated illnesses, and the "astonishing range of expertise" physicians at this hospital had developed despite all these conditions (p. 24). I am startled by the simplicity and power of his explanation:

Where they had control—their skills, for example—these doctors sought betterment. They understood themselves to be part of a larger world of medical knowledge and accomplishment. Moreover, they believed they could measure up in it. This was partly, I think, a function of the Nanded surgeons' camaraderie as a group. Every day I was there, the surgeons found times between cases to take a brief late-afternoon break at a café across the street from the hospital. For fifteen or thirty minutes, they drank chai and swapped stories about their cases of the day—what they had done and how. Just this interaction seemed to prod them to aim higher than merely getting through the day. They came to feel they could do anything they set their minds to. Indeed they believed not only that they were part of the larger world but also that they could contribute to it. (p. 244)

Through this story, I read Gawande's belief that although success is not easy—it requires intention and attention, to detail and to invention—it is possible by everybody. I think about how teacher researchers I have known for over 20 years learning from their practice, have made and might make teaching and learning better—reaffirming that it is possible, albeit slow and difficult. Starting from the assumption that physicians *want* to make a difference, Gawande prescribes five ways to become a "positive deviant"—by asking unscripted questions, by resisting the impulse to complain about how bad things are, by counting something that is interesting to you, by writing something—a blog, a paper for a professional journal, or a poem for a reading group, and finally, by looking for the opportunity to change.

On first reading Atul Gawande's conclusion, I have the perhaps predictable English/literacy teacher and resistant reader's response to the windup with advice. At the same time, I am struck with how much these simple yet provocative ideas dance with what I know and want to know about the ways teachers make teaching better, and with my immediate experience and deepest beliefs about the unique promise of teacher inquiry to guide and inform this work. As I alluded to above, there are excruciating ironies in laying all of the responsibility on teachers to rectify the multiple errors of interlocking systems of culture and poverty and elitism and tradition at the same time the message is that most teachers are simply not smart enough to do this work without being told, on a day-to-day basis, how it should be done. The increasingly ample provision of curricula, materials, scripts

and tests may be meant by some to provision an under-resourced profession, but these come with a clear message that those outside of the teaching profession are actually in charge.

Doctors don't go there. Of course, they have their own systems to cope with (and some of them are deemed oppressive by many medical practitioners), but Gawande makes it clear that there is an option, and a powerful rationale, for improving performance by using their own resources and ingenuity, laced with dedication and caring, attention to the data of everyday life, and the conviction that saving peoples' lives (like "improving the life chances of students") requires a certain unquestioned belief in the power of local practitioners to pose the right problems and seek solutions *in context*. What might we learn from teachers' and students' experiences of living with the perplexing and disturbing reality that literacy is being opened up and almost unbelievably narrowed at the very same time? What might we learn about teachers' and learners' encounters with mandated curriculum that might suggest what's better and complicate the "what works" and "best practices" mantras from different locations and perspectives? What might we learn from the documentation of practice by teachers and students about what "better" might look like, in specific settings? What can we learn from the "betters" of the experienced teachers in urban Philadelphia and other places who work within and against the system to do what they know is right for students? How should we—individually and collectively—support teachers' right to articulate their knowledge of practice? What does it mean to more than just get out of the way, to insist on creating cultures of collective learning that reflect local realities as counter to the demeaning and demoralizing messages implicit in much of what comes down from above? Maybe, just maybe, we might learn how to make things *better*.

AUTHOR'S NOTE

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