

Episode: *Author Interview: "How to Gird Up 'Watch One, Do One, Teach One' for the Moral Psychological Demands of Just Action"*

Guest: Christy A. Rentmeester, PhD

Host: Tim Hoff

Transcript by: Cheryl Green

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[bright theme music]

[00:00:04] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Christy Rentmeester, the managing editor of the *AMA Journal of Ethics*. She's here to discuss her article, "How to Gird Up 'Watch One, Do One, Teach One' for the Moral Psychological Demands of Just Action," in the January 2024 issue of the Journal, [Critical Pedagogies in Health Professions Education](#). Dr Rentmeester, thank you so much for being on the podcast. [music fades]

DR CHRISTY RENTMEESTER: Glad to be here, Tim. Thank you.

[00:00:45] HOFF: So, what's the main ethics point that you're making in this article?

RENTMEESTER: It's common in health professions education, especially in medical education, to hear that students and trainees learn procedures and skills according to a model that's called Watch One, Do One, Teach One. And this is a very old model, and it's tried and true in general. But the trouble with it is that there isn't really any room in it to acknowledge the key role of critical thinking about why students and trainees should learn what they're being taught and who has the most to gain or lose from their being taught that way. So, in a theme issue devoted to critical teaching and learning, it's really key for us to have content on equipping students and trainees to interrogate the habits of perception that they learn and internalize during their classroom-based and clinic-based modules.

[00:01:45] HOFF: And so, what's the most important thing for those health professions students and trainees specifically to take from this article?

RENTMEESTER: Well, when health professions students are learning their trades, they're really learning how to see. They're internalizing habits of perception. So, for someone like me who's trained to take a moral psychological view of ethics, learning how to see also means learning by which reasons you should feel motivated to act. But in many years of teaching medical students health policy and ethics before I came to the *AMA Journal of Ethics*, never once did I hear anyone other than me asking students or resident physicians or fellows to freely form their own thoughts about how they were being trained to see and how they were being trained to feel motivated by the patient's needs and vulnerabilities.

So, what I'm trying to offer readers in this article are some critical reflection questions so that students and trainees have a few of those tools ready to hand when they want to think about and kind of interrogate how they're being encouraged to watch, do, and teach. So, for example, one of the critical reflection questions that I offer is, which are the habits of perception that you're being taught to cultivate and why and when? And who is well served or ill served when clinicians see patients' needs and vulnerabilities in those specific ways?

[00:03:20] HOFF: And finally, if you could add a point to this article that you didn't have the time or space to fully explore, what would that be?

RENTMEESTER: Paulo Freire is a cornerstone of this theme issue, and I think a lot more could be said about his work. And though he didn't apply his ideas specifically to health care, Freire certainly

demonstrated a really thoroughgoing understanding of moral psychology and ethics, specifically these connections among perception and motivation, just action, and character. So, even though he doesn't acknowledge all of those specific concepts explicitly, he's very interested in those connections, and specifically in character formation and just action.

And it's long been popular, for example, to talk about this notion of "calling" in health professionalism, so this idea that clinicians are called to do what they do. And it's also been very trendy over the last 20 years to talk about clinicians suffering burnout. And both of these concepts, calling and burnout, are important and really key to understanding. But we have to also understand that these are really metaphors for talking about the source of moral motivation—that's calling—and if we're talking about what erodes their moral motivation over time, and that's burnout. So, much more can be said about the moral psychological phenomena of motivation and character preservation over the course of clinicians' career development and over the course of clinicians' career trajectories. [theme music returns]

[00:05:08] HOFF: Dr Rentmeester, thank you so much for being on the podcast, and thank you for your contribution to the Journal this month.

RENTMEESTER: Thank you, Tim.

HOFF: To read the full article as well as the rest of this month's issue for free, visit our site, journalofethics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.