



Rx for learning leaders: Choose the strategy that works for *your* school

I recently read a blog post in *The New York Times* about the advances resulting from what medical professionals term evidence-based medicine. In evidence-based medicine, decisions about medical care are informed by the best available evidence about what works to treat a particular patient with a particular condition.



However, the article states, for all the effort expended on selecting proven treatments for patient care, “for many patients, evidence-based medicine isn’t working” (Chen, 2011).

Why? Because when many patients leave the hospital or doctor’s office, they no longer adhere to prescribed treatments. Evidence-based medicine “ignores the impact of the patient’s life at home, and results in fractured and desultory care” (Chen, 2011). When they get home, patients may not have the money or the means, for example, to change their diets.

To respond to this problem, some are suggesting a broader approach — a turn to evidence-based health, blurring the lines between the doctor’s office

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and the real world in which patients live. In such an approach, health care professionals would work more in the community, responding to the real-world needs of often-impooverished patients.

Acknowledging health care’s abundant challenges, we can be encouraged that professional learning’s journey has made great progress in moving toward an evidence-based environment. While we haven’t reached the point where every instance of professional development is planned based on student needs and evaluated on results, we are certainly much farther down that road than in years past. The role of research-based learning strategies for students and adults has also increased significantly.

Articles in this issue also highlight many schools’ and districts’ progress toward something like what health care professionals term evidence-based health. That is, not only are educators implementing what they learn from research to improve student learning, they are taking an approach that responds to the on-the-ground needs of the people who learn and work in schools. It isn’t enough to hand over a prescription for a treatment. Those who lead learning need support and tools to transform their learning lifestyle.

Such a transformation recognizes that all educators are at different stages. For some schools, external partners provide the necessary expertise and

support. For others, school-based coaches working day-to-day with learning teams advance achievement’s progress. Still others find their learning enhanced by structural changes inspired by an innovative look into the future.

I’m excited that one of the members of Learning Forward’s Learning School Alliance is featured in this issue. As you’ll read in the article on p. 10, those who work in such schools open themselves up to difficult change processes and use a network of peers both within and beyond their schools to build knowledge and sustain growth. Read Executive Director Stephanie Hirsh’s column on p. 68 to understand her dream of a learning school on every corner.

Again, we express our gratitude to our partner, The Wallace Foundation. Their sponsored article, “Think outside the clock: Planners link after-school programs to classroom curriculum” (p. 46), shares information from their years of research on the importance of out-of-school time learning and what makes such learning effective.

What are your reflections on these topics? Get in touch anytime.

REFERENCE

Chen, P.W. (2011, March 10). When doctor’s advice is ignored at home. *New York Times* health blog. Available at <http://well.blogs.nytimes.com/2011/03/10/when-home-life-trumps-health-care/?ref=health>. ■