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Learning my music how I learn my medicine

I have a secret ambition. One day, I'd like to be the soloist in William Walton's *Viola Concerto*. Perhaps it's more a fantasy, than an ambition, as I'm not a good enough viola player to manage it. But if I were to have a go, my main experience of learning things has been in medicine. Is learning music the same?

Perhaps I should start by writing some competency statements. Let's assume, that in order to start the module 'Walton's *Viola Concerto*,' I have met the course prerequisites, such as being able to read the viola clef, and knowing what *Andante comodo* means (a comfortable walking pace). Then, I need to be competent in playing an A, a longer C, B, C ... you get the idea. I'm still not sure that being able to play these notes, or play on two strings in the scary bit coming up, will get me to the point of competency in Walton's *Viola Concerto*. I might play those notes, and you might just find it a bit boring.

It should never be boring. When I listen to this piece, I get swept away in the bitter-sweet melody and the jazzy rhythms, sometimes wondering how the soloist does all those amazingly tricky things, but competence is never a word that comes to mind.

This word doesn't come to mind for music students, either. A group of researchers in Canada asked medical students and music students about the cultures in which they learnt their respective crafts.¹ The medical students aimed for competence, related to completing their studies and working independently. The music students were uninspired by this outcome, and wanted to perform in a way that stood out. They aimed for excellence, but never considered a time where they would be independent of teachers or mentors.

Clearly, I'd be foolish to try to play the *Viola Concerto* without guidance. If I am going to learn a viola concerto in the way I learn medicine, perhaps I can listen to and watch many excellent viola players at work. Perhaps I can copy William Primrose's bowing, see what fingering Yuri Bashmet uses, and play quietly when Lawrence Power

does. What learners in medicine seem to prize most is the ability to perform, while the musicians preferred teaching ability. There seems to be an open secret in music education; that those who are excellent performers may not be excellent teachers. In medicine, however, we seek out excellent clinicians or researchers, often paying little attention to their teaching ability.

When I find a viola teacher, I'd expect that there would be just pupil and teacher, and I'd have to play phrase by phrase, based on intensive moment-to-moment feedback. There may only be a small amount of discussion about the music, most of this will come from playing the music. In medicine, we sometimes behave as if all we need are a set of facts collected from a dark library or lecture theatre to be able to perform in clinic, although in real life we quickly realise this is not sufficient.

The other ingredient I'm going to need is intensive practice, on my own, stripping down speeds and fingering of all those difficult passages. It's something I don't remember doing much of for my consultation skills. Sadly, I'm not sure I've got time for this, what with having a day job of medicine to do.

If you ever do see me up in front of an orchestra playing the *Viola Concerto*, you'll know that I'll have probably retired, and I might be disappointed if you think I'm merely competent. While I must have been practising my viola perhaps I should have been practising my medicine.

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