

Overview

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In July I spent an hour with Benjamin Bloom, interviewing him for next month's issue on mastery learning. When I asked what I might read to prepare for our conversation, Bloom had suggested just two papers, one on the history of medicine. That seemed odd, until I read it. The author, Lewis Thomas,¹ reminds us that for hundreds of years the practice of medicine was a matter of sheer guesswork. Doctors tried everything imaginable, often doing more harm than good. In the 1830s they began to recognize that this was nonsense; that people sometimes got well if they were left alone. Medicine entered a new era.

For about a century doctors observed, diagnosed, and counseled. They could, to some extent, tell patients what was wrong with them and what their chances were. They could prescribe ways to make the best of a situation, but not how to correct it. That continued, says Thomas, until the 1930s when the discovery of penicillin and other drugs gave physicians new powers. They were as astonished as anyone that they could now *cure* disease.

Bloom likes that article because, he says, educators are beginning to know what they know and what they don't know. The analogy goes only so far; education and medicine are quite different in their aims and circumstances. But we are making progress in our ability to help people learn. As Ron Edmonds (page 15) says, we need to



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talk less about the relationship between school achievement and socioeconomic variables educators can't do much about, and pay more attention to the factors we have some control over: what Bloom calls "alterable variables."

Other authors for this issue discuss some of these alterable variables. Their reports are encouraging because they are quite consistent with one another; research is beginning to identify practices that result in higher achievement in the basic skills.

The findings are also somewhat disappointing, because most of them apply only to direct teaching of basic skills in the early years of elementary school. They may hold true for other aims and other levels, but that cannot be said with assurance. Furthermore, as noted by Penelope Peterson (page 46),

children taught by direct instruction may score well on tests but not be as imaginative, resourceful, or self-confident as they might have been.

Another reason for dismay is that the findings seem so obvious. As Marjorie Powell (page 49) says, we have "New Evidence for Old Truths." Some of the old truths are so self-evident as to invite parody: "Students tend to learn things they are taught better than things they are not taught."

On reflection, however, not all the findings are so readily apparent, and that can be discouraging too. For example, much to the discomfort of those of us who have supported the continuous progress approach (each individual at his or her own rate) in mathematics, Thomas Good (page 39) finds that—current realities considered—more effective teachers teach their classes basically as a group.

Most noteworthy is the evidence that other teachers can learn to use research findings to become more effective themselves. Writers from coast to coast—William McCormick (page 59) in Delaware, Shirley Stow (page 55) in Iowa, Thomas Good in Oklahoma, and Charles Fisher and others (page 52) in California testify to that. We may be where medicine was 50 years ago—ready to become a more effective profession.

¹Lewis Thomas, "Medical Lessons from History." *The Medusa and the Snail*. New York: Viking Press, 1979.

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