

# Chapter 21

## In Pursuit of Time: An Inquiry into Kairos and Reflection in Medical Practice and Health Professions Education



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### 21.1 Introduction

In teaching and practicing medicine, there is pressure to work efficiently and be task-focussed (Hodges 2010). Although there are only so many hours available in a day, staff and trainees need to absorb the ever-expanding volume of technical knowledge and manage an increasingly complex medical practice (Cunningham and Sutton 2008). In response, scholars have begun to rethink the meaning of ‘taking time’ and being a health professional in a demanding environment where time is precious (Kumagai and Naidu 2021; Wear et al. 2015). Indeed, taking time is easier said than done, particularly in reference to reflective practice: “for busy professionals short on time, reflection runs the risk of being applied in bland, mechanical, unthinking ways” (Bindels 2021, 8). Likewise, trainees who are task-oriented find little motivation to voluntarily reflect (de la Croix and Veen 2018; Chaffey et al. 2012; Albanese 2006). Nonetheless, medical educators are encouraged to help trainees take time and integrate reflection into the curriculum (Mann et al. 2007; Albanese 2006).

A lack of time challenges reflection because it is assumed that “taking time to stop, think and evaluate” is a fundamental component of reflection, which could reduce burnout (Lack et al. 2019, 228; Kuper et al. 2019).

Taking time to work through an experience that breaks in some way with the expected course of things allows students to return to and begin to make sense of that which troubles or delights them. (Wear et al. 2012, 608)

Similarly, medical staff need reflection time to process emotions to cope with work pressure (McPherson et al. 2016). Therefore, at first glance, we ought to designate

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specific portions of our schedule to document an appraisal of our day. Although this is valuable, there are alternative ways to think about taking time and reflection.

Contemplation for early Greek thinkers was never seen as a task or activity, but as precisely the opposite, as freedom from tasks and activities in order to think (Arendt 1958; Pieper 1963). In this chapter, we introduce the Greek notions of *kairos*, *chronos*, and *scholê* to explore taking time to think without it being a scheduled task during a busy day. Then, with Walter Benjamin's work on time, we explore why *kairos* is important to question an instrumental view of reflection as a task. Finally, we discuss the practical implications of *kairos* for medical practice and education.

## 21.2 Experiencing Time

When we boot up our devices during our medical practice or at our medical schools, a calendar app or other time management technology appears on our screens to structure our day. They produce notifications that flag upcoming tasks, that we should move along to our next meeting, or that patients are waiting. What can this experience with time and calendars tell us about taking time and reflection?

Generally, calendars create order in an otherwise demanding environment. Such technology provides a convenient overview of tasks and helps us keep track of our day. Calendars divide tasks into manageable items that are either 'to do' or 'done'. They offer a gratifying sense of closure when something gets done, while they also generate urgency, nudging us along to our next task. Presently, to imagine work without the benefits of such organisational technology is hard. Its integration with our daily tasks epitomizes and shapes the experience of our work as a sequence of events that requires management (Giddens 1987).

Calendars provide a beneficial sense of control; however, they also require micro-managing. Calendars divide time into distinct blocks by singling out individual moments with abstract tokens like May 6th 2021, 08:30–09:15. As such, calendars prompt what some philosophers call the 'vulgar' interpretation of time. Time is an abstraction that exists independently of man and is measured by clocks (Keller 1999). Although measurement with clocks helps us 'be on time', its "increased accuracy leads one to become more and more concerned with ever smaller units of time" (Keller 1999, 196). We divide our worktime with greater precision into neat, chronologically organized blocks. We have one hour to finish task X, then twenty minutes for meeting Y, fifteen minutes' lunch, and afterwards ten minutes per consultation. In sum, pre-allocated time slots dictate the pace of our work as an endless string of loosely connected, sequential moments.

While we are very familiar with how calendars work and adapt to them, something else happens when loved ones ask how our day was. We never list a perfect sequence of chronologically transpired events as if we were calendars ourselves. We are not objects "that correspond to statements about events occurring at various clock-times"

(Keller 1999, 240). For instance, the day was not hectic at 15:37; instead, I experienced a hectic day because I was invested in doing my job and fulfilling my roles. I will tell my loved ones a story about tensions, and that too many things converged around midday, and *how* I was unable to cope with my responsibilities (Keller 1999). These stories punctuate an otherwise abstract flow of clock-time, and illustrate how we are deeply, personally invested in our surroundings.

### 21.3 *Chronos* and *Kairos*

The two aforementioned ways of time perception, time as a ‘chronological sequence of events’ and as ‘lived experience’, can be put into perspective with the help of an Ancient Greek distinction (Sipiora and Baumlin 2002). Greek thought offers the notion of time as *chronos*: a destructive force of time, “an objective, measurable time and a long duration of time” (Lindroos 1998, 11). Time is uniform with each second, minute and hour lasting exactly the same amount since the beginning of time. Such time is about “quantity of duration”, and prompts questions like “How fast? How frequent? How old?” (Smith 2002, 47). Time receives order with ‘before’ and ‘after’ that provide a “grid upon which processes of nature and the historical order can be plotted” (Smith 2002, 49). Our experience can, thus, be timed and standardized, allowing us to date events, which is vital for how we organize life and our historic understanding. In contrast, Ancient Greeks also know of time as *kairos*. This notion is complex and multidimensional, since it was used variably throughout Greek culture in epic literature and tragedy, and spanning among others Presocratic, Platonic, Aristotelian, Sophistic and Stoic philosophy and rhetoric (Sipiora 2002; Kinneavy 2002).

Generally, *kairos* is related to the meaningful moment, “the uniquely timely, the spontaneous, the radically particular” (Miller 2002, xiii; Lindroos 1998). It is “the right or opportune moment to do something, or right measure in doing something” (Kinneavy 2002, 58). Rhetorically, *kairos* implies that one can learn theories and strategies based on previously successful discourse, but theory cannot “cast a net over the unforeseen, unpredictable, and uncontrollable moments” (Sipiora 2002, 6). Speaker and audience find themselves in a unique context that requires adjustment and reinvention of discourse in the moment itself. As Aristotle argues, *kairos* is situational (Kinneavy 2002; Kinneavy and Eskin 1994). Beyond rhetoric, *kairos* spans many other dimensions of experience. *Kairos* particularly comes into play when we face decisions in unique situations about means and ends, morals and values “that cannot be a matter of law alone but require wisdom and critical judgement” (Smith 2002, 56). To explore *chronos* and *kairos* for medical practice and education, we turn to a personal experience of one author of this chapter, Camillo Coccia.

### Case Study:

I was on a night shift in the Emergency Room and saw a new patient brought in. Exhausted, I paged through a file and formulated the problem list: 26-year-old, end-stage cervical cancer, now with loss of appetite. Working in this particular Emergency Room, I had seen a multitude of patients with these conditions and was already thinking of a possible differential diagnosis and a set of investigational strategies for the particular pathology that might be present. Then, I noticed the frontmatter of the file and was struck by recognition. I had met this person before, but looking at her face now, she was unrecognizable. Wasted and delirious, the patient did not resemble the memories I had of her.

We might not be so blithe as to justify Coccia's bleak encounter as a mere learning experience, but also perceive it as something much more profound and upsetting. In Coccia's case, the face of a suffering patient no longer disappeared behind the usual signs, symptoms, and procedures that help 'transform' people into patients. Here, a rupture occurred between *kairos* and reason (*logos*). Reason deals with generalizable ideas and truths that are steady throughout time, whereas *kairos* represents "the special occasion in the course of events when such truth must be brought to bear by an individual somewhere and somewhen" (Smith 2002, 53). For Coccia, the patient ceased to be just another scheduled patient who rationally represented a typical case of cervical cancer. *Kairos* illuminated the contours of Coccia's general ideas of 'being a doctor' and 'cervical cancer' that normally guide him on the job (Dewey 1933; Garrison et al. 2012). Moreover, the ideas partly failed him in *this* confrontational moment. In unique situations, *kairos*-thinking emphasizes the individual and calls for critical judgment "on the value and norm aspects of ideas" (Kinneavy 2002, 63). *Kairos* provides particular constellations of events that create *opportunity* (*opportunitas* as the Latin translation of *kairos*) for a qualitative reappraisal of ideas or transitions (Smith 2002). To make sense of such disruptive experiences, doctors and trainees might need additional time to incorporate such confrontations with death and suffering back into their clinical understanding, and we ask how *kairos* invites further reflection.

The day can be divided in time at work and time off work or leisure time. Ancient Greeks had a particular view of empty leisure time that contrasts with ours. Their notion of leisure time was *scholê*, to which our word 'school' is etymologically related (Skeat 2005). We might assume that *scholê* as leisure means time free from work, or time spent away from specific commitments. In Greek thought, however, work was a time during which *scholê* was impossible (Pieper 1963). The negative *ascholia* describes everyday work activities and labour connected to the basic necessities to sustain human life (Kalimtzis 2017). *Ascholia* contrasts with the more fulfilling times of life in *scholê*, which is a conscious abstention from any such necessary labour (Arendt 1958). Moreover, Aristotle saw *scholê* as an end in itself. It was not leisure on the weekend as time off from work that had some specific goal, like resting

so we can improve our functionality when we go back to work (Zimmern 1911; de Gennaro 2020). Neither was *scholê* a comfortable state of mindless relaxation or consumption (Arendt 1958). On the contrary, lacking specific goals in *scholê* is what is valuable, and does not make time spent in leisure void or pointless. Why is that so?

Taking time without having a goal in mind can reinvigorate previous understanding and knowledge. The common formulation of knowledge and reflection in health professions education is to understand phenomena in terms of their existing purpose: ‘I reflect in order to improve myself at task X...’ (Kolb 2015; Coffield et al. 2004; Winkel et al. 2017; Roessger 2014; Nguyen et al. 2014). Teaching trainees about these pre-existing purposes that are embedded in standard procedures, basic facts, and learning goals is valuable. For instance, reflection during a pre-scheduled reflection session on Thursday from 10:30–11:00 can prompt goal-oriented reflections that move within the regular parameters of work. A goal-oriented reflection by Coccia could include evaluating how he can more effectively execute protocols for cervical cancer patients or re-assess the adequacy of his doctor-patient communication when doctors know patients privately. Such reflections are important and functional. Moreover, they are likely to occur within accepted parameters because *at work* we are deeply invested in our roles and responsibilities that come with our jobs (Keller 1999). However, Coccia could also focus on the shock and disruption of the encounter; how someone’s personhood disappears behind a disease, medical graphs, and symbols, and address the upsetting weight of the encounter in the face of his medical task to deter death. It is in *scholê*’s absence of goals that reflections could move beyond accepted reflective parameters that predetermine how we should ‘normally’ function and reflect during *ascholia*.

In sum, when we contrast *scholê* with our contemporary view of time, we see how we presently divide time into periods of working and periods that are before or after work. The periods that are within worktime are usually goal-oriented, organized by the helpful *chronos* grid. From Greek thought we take that *kairotic* moments could disrupt us from this way of working habitually and move us away from the grid. We are, for a moment, not ensnared by our calendars to achieve our micromanaged string of goals but receive the opportunity to question our ideas. Now, we can ask why disruptions and questioning our ideas are valuable, for which we turn to the philosophy of Walter Benjamin.

## 21.4 Walter Benjamin

When we commonly think about time spanning years, months, or even weeks, we tend to use the following *chronistic* method of making sense of the present. A patient’s history requires a general overview of many particular points of significance that culminate in a timeline that explains the present. This method represents how all these moments are (causally) interconnected and lead up to the present condition. However, sometimes, a small piece of information can entirely reorganise the way we

understand the timeline and radically alter our current understanding and diagnosis. For instance, a doctor might presently notice an error, a missing piece of information or uncover a lie from a patient which disguised a latent problem. For Benjamin, an early twentieth century thinker, this was not exclusive to patient histories but more fundamentally applicable to our historical understanding and personal lives. However, Benjamin also noted a cultural trend that posited a current state of affairs only as an inevitable result of the past – as if a series of events pointed unequivocally to the present and on toward the future. This trend is widespread, and, we argue, also prevalent in medical practice and education.

Born in Berlin in 1892, Benjamin was a member of a wealthy Jewish business family. In 1940, he took his own life after a failed attempt at crossing the French-Spanish border. His writing intertwines different disciplines and covers high and low culture (Rosenthal 2014). His style is fragmentary and associative, which some call kaleidoscopic (Lindroos 1998). Besides classically written academic work, many manuscripts consist of assemblages of shorter texts, aphorisms, quotes, or vignettes. They:

...provoke his reader to reject the idea of the linearity of the text, and to approach it as separate pieces of thought, which, however, become bound together in the act of reading. (Lindroos 1998, 32; Löwry 2005)

In the following, we explore some of his views on time in reference to his treatise ‘On the concept of history’ (1940) (Benjamin [1942, 2006b]). We further elucidate these with his biographically inspired vignettes from *Berlin Childhood around 1900*, which he started writing in 1932 but was only posthumously published (Szondi 2006; Cosma 2019; Steiner 2010). The breadth and depth of Benjamin’s work on history and time is complex and extensive. Here, we only introduce his work for the sake of medical practice, and it is by no means exhaustive.

## 21.5 A Boy in Berlin—A Man in Paris

It is 1932, and Benjamin tries to come to terms with his pending exile. He starts writing about his earliest memories from when he was a boy in Berlin around 1900, and once in exile in Paris in 1933, continues working on this project (Steiner 2010). His aim is not objectively chronicling some facts about his Berlinian past; rather, his descriptions cause images from past and present to clash (Cosma 2019). For instance, in his vignette about the larder:

With what endearments the honey, the little heaps of currants, and even the rice gave themselves to my hand! How passionate this meeting of two who had at last escaped the spoon! Grateful and impetuous, like a girl borne away from her father’s house, the strawberry marmalade let itself be enjoyed here without a roll and, as it were, under the stars; and even the butter tenderly requited the boldness of a suitor who found entry into its humble quarters. Before long, the hand – that juvenile Don Juan – had made its way into every nook and cranny, behind oozing layers and streaming heaps: virginity renewed without complaint. (Benjamin [1950] 2006a, 128–129)

With these descriptions, Benjamin adds layers of meaning to a moment in the past that encompass more than just grabbing food from a larder. Items become objects of desire, hands turn into lovers, the larder is a place of excitement. Butter and marmalade are no longer mere ingredients but come to life and act like willing lovers who give themselves to an eager hand. No longer is slipping a hand through the crack of the larder door an act of boyish thievery; it is a passionate meeting and erotic exploration. The spoon, perhaps a symbol of restraint, correctness, and proper etiquette, no longer constricts those who want to meet more intimately. Side-lining the cutlery even underlines the physicality of the act of touching food with fingers, or touching another's naked body. Lovers find each other, unencumbered, and the butter even rewards the carnal approach of the beloved. The boy's hand transforms into a bold Don Juan, who unveils and explores the lover's body, encountering oozing layers and streaming heaps in every fold and crevice, nook and cranny.

Benjamin's larder vignette contrasts with the interpretation of the present as the outcome of a string of past events. In short, Benjamin moves from understanding time as an overly *chronistic* clock-time that is mechanical and linear, to a meaningful lived moment filled with *kairotic* potential where past and present are not seen linearly (Lindroos 1998; Kinneavy 2002). This vignette exemplifies this move, and is what Benjamin calls a 'dialectical image'. He understands an image in broad terms that includes photographs or illustrations, but also mental images, memories, or knowledge (Wiegel 2015; Lindroos 1998). Generally, we think of images as static objects. Photographs or films freeze moments in the past, and memories could, likewise, be seen to encapsulate past events that we carry with us into the present. Benjamin, however, argues that images are not always purely static or unchangeable; images can move, too (Lijster 2016). In the case of the larder, an image from the past (the Berlinian boy) clashes with the image of the present (the man in Paris). How is that odd clash visible in the vignette?

Benjamin's vignette mysteriously ends with 'virginity renewed'. This sentence accentuates the collision of images, since we wonder whose virginity has been renewed. It is unlikely that the nine-year-old boy in Berlin has lost his virginity, or that he was overly conscious of any eroticism when slipping his hand in the larder. Therefore, we might assume that it is not the boy whose virginity is renewed but the man's. By revisiting the image of a nine-year-old Berlinian boy from an adult perspective in exile, the youthful act of breaking into the larder in the past collides with an image of eroticism that only the adult Benjamin is conscious of. Something erotic is revealed in the acts of a boy in the past, while something boyish simultaneously shows itself in an adult's idea of eroticism in the present. In the confrontation between past and present, Benjamin changed: his virginity was renewed.

Benjamin names this back-and-forth between past and present *now-time*, which has two qualities. First, truth as we presently know it is no longer the result of a stable progression of history. Conversely, truth for Benjamin is dynamic. Truth (re-) establishes itself "in the right constellation of words and things, as a montage of ideas, or as a (re)construction of previous truths" (Lindroos 1998, 63). For instance, in the larder the 'adult man' and his understanding of his idea of eroticism and virginity clashes with the boy's world of stealing larder goods. In the present, these

two merged and constitute new meaning. Similarly, in Coccia's experience, seeing a woman Coccia knew from the past clashed with the present wherein she appeared as a patient whose personhood he barely recognized. For Benjamin and Coccia, past and present came together and shifted their understanding. In Benjamin's case it shifted his idea about eroticism, and it made Coccia reconstitute his idea of being a doctor deterring death.

The second quality of now-time is that it allows us to advance into the future without being fully determined by our past, while we simultaneously hold some connection with our past. Simplified, in now-time, one is not prompted to say: 'because I am a doctor, I will always perceive every patient I henceforth encounter in the ward *as a patient*.' We simply do not function mechanically, and now-time captivates the dynamic understanding of ourselves "by virtue of the interruptive force [that images] are understood to impart to experience" (Osborne and Charles 2020). Now-time loosens the tight, causal chain of history that one-directionally determines the meaning of the present. In Coccia's case, his past and medical surroundings prompt him to predominately think and 'be' a doctor who treats patients, yet the encounter with the cancer patient he once knew privately made him question this truth.

Benjamin stresses the importance of upsetting any simplistic, chronological interpretation of our (personal) history because we so easily explain our present as the unidirectional result of our past. For Benjamin, the past is never settled, especially when it clashes in *kairotic* moments with the present. These confrontations hold the potential to change our understanding of ourselves and the ideas we inherit from the past.

## 21.6 Historicism

Benjamin's aim to upset an overly *chronistic* way of thinking about time is embedded in his work on history and time in his *Arcades project* and in a series of theses 'On the concept of history', written in 1940 (Steiner 2010). The war and political situation prompted him to revise the traditional view of history that he labelled *historicism*, which was conducive to the dire political situation (ibid). Historicism implies interpreting history as a linear evolution through time. Where we are today is unequivocally the product of our past, that steams onwards towards an inevitable future. The causal chain of successive historic events determines us. A positive historicist interpretation of history shows how we ultimately move towards utopia, whereas a negative historicist interpretation shows how we end up in a dystopia (Lindroos 1998). History becomes *teleological*; it moves towards its end-goal or final purpose that is foreshadowed in the past. Historic examples include the arrival of true communism or the Third Reich.

Benjamin does not question the truth of historic facts or their chronological order; rather, he criticizes historicism's way of relating to the past as a solely linear process towards a certain future, and how we naively adopt such views elsewhere. Academic



ways of relating to history influence politics, culture, and trickle down to how individuals relate to their own personal time and work. For example, a historicist interpretation of ourselves entails that ‘I am the product of (my) history, and as a doctor I simply follow protocols handed down to me’. We do not imply that protocols should always be questioned. However, “the uncritical reception of tradition implies a problem, which is transferred into a ‘truth’ of this heritage and is conceived of as temporally stable and non-transformable” (Lindroos 1998, 56). The past washes over us like a big wave, and individuals can only undergo its advancement, act along, or even use the past as an excuse to evade responsibility. The simplest version of the latter would be insisting on ‘I did not have time to do it...’ Time becomes *chronistic* and destructive: I lost my individuality to the progress of the past and even clock-time itself (Lindroos 1998; Keller 1999). With now-time, Benjamin hopes to rebalance past and present to provide an alternative to historicism that creeps up on us in surprising ways, for instance, in medical practice and education.

## 21.7 *Opportunities in Medical Practice and Health Professions Education*

Based on our outlined framework on time, we wish to address two issues in medical practice and health professions education. First, the *chronistic* clock allows us to seize control over our work, however, it also controls and dictates the lives of health professionals and medical trainees. There is much to do in little time, and that requires superb organisation skills, but *kairos* does not let itself be planned. We would not deny that *kairotic* moments never occur during busy days. Rather, we point to *kairotic* moments getting lost once they have occurred during a busy day because there is little time to let the potential force of the *kairotic* moment land. This is why we support taking time to reflect, for instance in scheduled ‘reflection groups’ (Veen and de la Croix 2017; van Braak et al. 2021). However, from the perspective of *scholê*, we must be aware that, at work, we are encapsulated in protocols, values, and norms that dictate our goals. We wish to reach goals because at work we are very invested in our roles as medical trainees or practitioners. This can invite typical (scripted) reflections (de la Croix and Veen 2018) that abide by our prescribed responsibilities at work (*ascholia*). *Kairotic* moments like Coccia’s disturbing one or more light-hearted ones, signal opportunities to break free from the *modus operandi*. To pursue such opportunities, we can keep the idea of *scholê* in mind. Contrary to *ascholia*, in *scholê* we are freer from obligations and goals. We do not argue that this process is binary. We suggest that pre-scheduled reflections during worktime can more easily elicit reflections that stay safely within accepted parameters and socially desirable outcomes (Hodges 2015), but that being vigilant about the latter might free reflection, even when it is scheduled during work time.

The second point we wish to raise is related to the *chronistic*, linear and goal-oriented perception of reflection and learning that is sometimes prevalent in health

professions education. For instance, in health professions education David Kolb's 'learning cycle' is a widely acknowledged model for learning and reflection and has inspired other reflection and learning models (Veen and de la Croix 2017; Nguyen et al. 2014; Roessger 2014). What is particularly puzzling in these models, but Kolb's work in particular, is the conception of learning as both static and flexible (Coffield et al. 2004). They focus on learning as process, while simultaneously formulating a historicist fixed end-goal once the models are applied correctly.

In Kolb's model, learners initially belong to one of four learning styles. Any progression requires cycling through four learning phases, and each is related to one of four learning styles. Cycling through the phases successfully leads to expertise. Put simply, learners need to make sense of past experiences by reflecting upon them, then formulate a hypothesis, apply a technique to experiment, and assess its effect in practice (ibid.). Being an expert means reaching the 'integration stage' and drawing from all four learning styles (ibid.). Although Kolb's model has received extensive criticism (ibid.), in the case of skills acquisition one could assume that such a linear approach to use the past in light of the future might be effective. Nonetheless, the model becomes questionable because it also functions linearly on one's professional identity:

The process of socialization into a profession (...) instils not only knowledge and skills but also a fundamental reorientation of one's identity. (Kolb 2015, 261; See Chapter 3 for in-depth discussion of professional identity formation and socialisation)

Kolb's model and those that draw inspiration from it (Nguyen et al. 2014) exemplify a historicist propensity. In the 'integrated life style' of the expert, Kolb argues,

...we see complex, flexible, and highly differentiated life structures. These [high-ego-development] people experience their lives in ways that bring variety and richness to them and the environment. (Kolb 2015, 326)

Conversely, those who have not reached the integrated stage experience more conflict in life, are less flexible, less creative, and bring less variety to their environment because they are unable to integrate all four learning styles (Kolb 2015). Here, historicism's 'utopic' or 'dystopic' qualities are visible depending on one's success. On the one hand, the model provides some control over the learner's development if learners instrumentalize the past correctly; however, on the other hand, the model exerts control over the learner. The utopic end-goal comes with many positive qualities that any non-expert currently lacks. If learners fail to follow suit, they remain stuck in a dystopic 'low-ego-development'.

If we confront Benjamin's criticism of historicism with the goal-oriented reflection and ideals surrounding professionalism, we argue that becoming a professional is not as unidirectional as some theories would project it. One can schedule and practice suture techniques, but scheduling 'professionalism' is much harder. Professionalism has a certain unplannable nature to it, and in the formative moments "truth

must be brought to bear by an individual somewhere and somewhere” (Smith 2002, 56). Becoming aware of *kairotic* opportunities helps disrupt solidified truths (about ourselves, professionalism, doctors, and so forth) without unidirectionally projecting new, fixed truths into the future. “This mental presence emphasises the ability to intuitively prophesise on the present, not through the past, but from the perspective of the present” (Lindroos 1998, 40). Therefore, we suggest that we should speak, instead, of *professional (present-) awareness* (Weigel 2015). Following Benjamin’s philosophy, historic facts are not questioned, but the interpretation of those facts result in ideas (about professionalism) that are reconstructed when past and present clash. If one is alert to *kairotic* flashes of now-time, they provide us with opportunities to either adopt or (re)constitute those inherited truths that make up medical practice. Consequently, the image of the ideal, professional doctor does not exist as a stable entity we inherit but is a contingent montage of images and ideas in the present (Wyatt et al. 2021). Such (re)constitution could happen in the moment itself or could be explored at a later point in time through reflection by oneself or with others to become sensitive to *kairotic* moments.

## 21.8 Conclusion

In this chapter we have argued that there is a relation between *chronistic* and *kairotic* experiences of time. Moreover, we have explained that there is a difference between *scholê* and *ascholia*. We have further unpacked *kairos* with the help of Benjamin’s criticism of historicism as a linear appropriation of the past that determines the present and future. These considerations lead us to raise two issues within medical practice and health professions education.

First, *kairotic* moments can occur at any time and are of value. However, there is a danger that ‘taking time to reflect’ occurs only with predetermined goals in mind for the sake of our responsibilities at work. Taking time as *scholê* is a way to break free from this inclination. Faced with endless tasks and vast volumes of information, opinion and demands for health care workers, it is labour that engulfs us. When one task ends, the next one begins. By bringing tasks to an end and allowing ourselves to come to rest in *scholê*, we might give ourselves time to rethink the purely goal-oriented sequence of daily events that encapsulate us. Perhaps the *kairotic* moment, when it strikes, is a call for inaction by setting aside the endless list of tasks and goals and embracing freedom from tasks.

Second, we emphasise that *kairotic* moments can interrupt the tendency to reflect on professional development and the development of medical practice in an overly linear, deterministic, and teleological manner. Consequently, we recommend moving away from terminology that shrouds models of learning and reflection in terms of linear professional growth and development (Table 21.1).

**Table 21.1** Practice points

1.	Learning theories, protocols, and strategies based on previously successful experiences are valuable, but theory cannot always cast a net over uncontrollable moments which require you to be open to unique circumstances
2.	Institutionalized, goal-oriented reflection is valuable, however, dare to embrace the opportunity <i>kairotic</i> moments provide you to reflect on your ideas that guide your everyday habits
3.	By bringing tasks to an end and allowing ourselves to come to rest in <i>scholê</i> , we might give ourselves time to rethink the purely goal-oriented sequence of daily events that encapsulate us
4.	The image of the ideal, professional doctor does not exist as a stable entity we inherit from the past but should be debated as a contingent montage of images and ideas infused by <i>kairotic</i> moments in the present
5.	Thinking <i>chronistically</i> isn't wrong or bad, and we should not abandon it; we require <i>chronos</i> for our organisational and historic understanding of our past, and it provides the space for <i>kairos</i> and a qualitative interpretation of our time

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