ED 454 174   SP 040 044

AUTHOR   Elmer, Roger
TITLE   Power and Professionalism: Reconstruction of Medical
                    Educators' Practice by Way of a MA(Ed).
PUB DATE   2001-04-00
NOTE   15p.; Paper presented at the Annual Meeting of the American
                    Educational Research Association (Seattle, WA, April 10-14,
                    2001).
PUB TYPE   Reports - Descriptive (141) -- Speeches/Meeting Papers (150)
EDRS PRICE   MF01/PC01 Plus Postage.
DESCRIPTORS   Case Studies; Elementary Secondary Education; Foreign
                    Countries; Higher Education; Interdisciplinary Approach;
                    *Medical Education; Medical Students; *Preservice Teacher
                    Education
IDENTIFIERS   *Professionalism; United Kingdom

ABSTRACT
                    England's King Alfred's College offers a MA(Ed) professional
enquiry for teachers. In 1997, four medical doctors expressed interest in
developing educational perspectives. Critical examination of the MA(Ed)
indicated close parallels with the work of medical educators. The congruity
was in an educational philosophy: people's internal values and experiences of
education are central to how they perceive their own actions and those of
others, and that by exposing these, educators can develop new perspectives on
their practice. This study explored how some medical educators came to
appreciate: how their personal theories of education relate to their practice
of education in their own professional setting; and how they could critically
examine the degree and manner in which their personal theories of education
and commensurate practice had changed since their participation in the
reconstructed MA(Ed). The five participants appeared to have gained from
studying the MA. They believed that it helped them validate their "gut
feelings" on what was good and bad about their earlier educational
experiences. They valued exposure to a greater understanding of what it meant
to be a professional, the nature of professional knowledge, and how
professional practice actually changes through discussion with colleagues.
(Contains 40 references.) (SM)

Power and professionalism:
reconstruction of medical educators' practice by way of a MA(Ed)

Roger Elmer

School of Education, King Alfred's College of Higher Education, Winchester, UK.

Abstract

For many years King Alfred's College has provided a MA(Ed) Professional Enquiry for school teachers. In 1997 four medical doctors expressed an interest in developing educational perspectives. Critical examination of the MA(Ed) indicated close parallels with the work of medical educators. Most markedly, the congruity was of educational philosophy; that people's internal values and experiences of education are central to the way that they conceive of their own actions and those of others, and that by exposing these, educators develop new perspectives on (and develop) their practice. The paper explores the degree and manner in which the personal theories and commensurate practice have changed for some medical educators since embarking upon the 're-constructed' MA(Ed).

Aim of the paper

The paper explores in the style of case study research how some medical educators came to appreciate that their personal theories of education related to their practice of education in their own professional setting, and that, through this, they examine critically the degree and manner in which these personal theories of education and the commensurate practice have changed since embarking upon a 're-constructed' MA(Ed).

Background

For many years King Alfred's College has provided a range of in-service academic qualifications for school teachers seeking to develop their careers. A modular programme leads to the award of MA(Ed) Professional Enquiry, with exit routes of Diploma or Certificate in Advanced Educational Studies. To achieve the MA students must accumulate four non-Compulsory modules from a wide selection offered each year and complete two Compulsory modules and a Dissertation. This is a fairly common pattern for MA programmes in education in the United Kingdom. However, a key feature of *this* programme is its underpinning philosophy; in summary, appreciating one's practical theory enables one to understand one's practice and hence develop it (Stenhouse 1975), (Carr, 1995), (Eraut, 1994). A fuller account of the programme's philosophy is given below.

In Autumn 1997 four medical doctors expressed an interest in undertaking a higher degree in education. Critical examination of the MA(Ed) modules by Professor Colin Coles, Educational Advisor to the Postgraduate Deans of the South and West Region of the National Health Service (NHS) indicated close parallels with the work of medical educators, such that with only minor modifications these modules could be

1   2

made relevant to their needs; in some cases by simply substituting the words 'professional' for 'teacher' and 'work place' for 'school'. Most markedly, the congruity was of educational philosophy; that people's internal values, beliefs and experiences of education are central to the way that they conceive of their own actions and those of others, and that by exposing and exploring these, educators develop new perspectives on (and develop) their practice. Once the innovation had been established a number of dedicated non-Compulsory modules have been validated specifically for medical educators including: *Leadership in Medical Education, Teaching in General Practice, Developing Role of the Educational Supervisor.*

In autumn 1998 the first group were completing their dissertations and a new cohort was established and it is the 1998 cohort that this paper draws on. To assist contextualisation for the research presented here some detail is given of the cohort's experience of the MA programme at the time the data were gathered and a highly compact biography is outlined of the four respondents who took part in the group discussion and the fifth who was unable to attend but who made a written contribution.

During 1998 four of the cohort had undertaken the newly validated *Leadership in Medical Education* module. From January to Easter 1999 all six had undertaken the first of the programme's two Compulsory modules. The aims of these Compulsory modules are precisely the same for school and medical educators; any differences lie solely in the illustrative material utilised. The programme team would have wished to have this commonality of learning aims illuminated, and possibly challenged, through a group combining both school and medical educators but logistical differences prevented this. The doctors had 'protected time' and wished to attend day-time sessions whilst teachers could only come at the end of their school day. The written description of the first Compulsory module, *The Nature Of Educational Enquiry,* is:

> The module sets out to probe and question assumptions about the nature and purpose of educational enquiry. It introduces students to the main philosophical arguments pertaining to the methodologies of social research, and enables them to read and critique research papers and proposals using these arguments. This will enable students to take a well argued methodological and philosophical position for the research that will form their dissertation. (Course Document, 1998)

This paper's data were gathered at the end of the second Compulsory module: *Research Methods and Dissertation Planning.* The five students contributing to this paper elected not to use pseudonyms and their compact biographies, as written by themselves, are:

James is a newly appointed Consultant in medicine in a busy teaching hospital. He feels that he is an 'enthusiastic amateur' and concerned primarily with putting education as a priority in regard to the changes occurring in NHS practices. He hopes the insights afforded to him by the MA will clarify his objectives and help him work more effectively to further them.

Jo is a Specialist Registrar in Obstetrics and Gynaecology and Co-ordinator of the Postgraduate Education Programme for Specialist Registrars in Obstetrics and Gynaecology in the Wessex Deanery.

Tim, aged 42, is a Consultant Physician and an 'interested amateur' in education.

Roger is a clinical director in old age psychiatry and clinical tutor for five years. He joined the MA because of his interest in learning and the nature of shared professional working in a better "academic" culture – as witnessed in the team where he works in Swindon. He has despaired of medical education for some time and feels that its bureaucratic nature and enforced training is not producing professionals with appropriate values – just specialists to perform a job. This will perpetuate doctor's remoteness in the NHS. This module has made this clearer, helping open some conundrums; and added social science to a more natural science upbringing – putting the complexity of medicine into a more understandable, yet uncertain form.

Will (written contribution) is a Registrar in surgery, coming to medicine following a degree in applied physics. One of the attractions of medicine over physics was the view of medicine as an art rather than a science. The disappointment of medicine was discovering that it was considered necessary to carry out research based upon the scientific model. The role of the doctor as an educator has historically been given a low priority in medicine, and training is still a unrewarded activity that does not constitute part of a new consultant's required skill set. The MA has given him tools to make the arguments for change to this *status quo*.

Philosophy of the Programme

This programme is founded on a long tradition supporting the concept of action oriented approaches to research. In education in the UK this tradition of enquiry stems greatly from the seminal work of Lawrence Stenhouse (Stenhouse, 1975, 1984) at the Centre for Applied Research in Education at the University of East Anglia. This work was developed further by Elliott (1989, 1991) and others at the Cambridge University Institute of Education, in other institutions by, amongst others, Carr (1980, 1984), Adelman (1975, 1981), Simon (1980), Walker (and McDonald, 1976), Hammersley (1990) and Woods (1979, 1981, 1986). Their individual work was enhanced by a high degree of collaborative working (Carr and Kemmis, 1986), (Adelman and Walker, 1975), (Elliot and Adelman, 1975), (Walker and Adelman, 1976), (Woods and Hammersley, 1977). The theoretical underpinning of this programme, of requiring practitioners to think seriously about the validity of personal theorising and to see its manifestation in practice, draws on the foundational work of Michael Polanyi (1973) and Donald Schon (1983, 1987, 1991).

This tradition holds that the work of an educator/ researcher is only intelligible in the light of the complex inter-actions between biographical context, organisational climate and culture of the work-place, and the personal qualities brought to that professional role. The validity of theories which action-based enquiry generate depend not so much on tests of truth as derived from the natural sciences, but on their usefulness in helping practitioners to act more intelligently and skilfully. This involves clear identification of what constitutes 'success' and 'quality' as defined by individual educators, institutional and national policies and how this is interpreted by learners themselves and expressed through development and action plans.

The philosophy of the MA in Education: Professional Enquiry is grounded in a particular form of professionalism; that of research-based teaching. This conception is one where educators engage in the life-long continuous process of enquiry in which concern about the learning of others is translated into the need for evidence about what is effective in what circumstances. It is founded on the belief that practitioner research has a critical role to play in improving the quality of education in practice-based settings.

The programme has, as its starting point, the belief that educators' own internal values, beliefs and experiences of education are central to the way they conceive of their own actions and those of others. It has a conception of research-based teaching that involves three interrelated elements.

The first element involves educators in critical examination of the way their own personal theories relate to practice in the context of complex learning environments. This is seen as the corner stone of being a reflective practitioner. Educators' judgements are made on the basis of what are often unarticulated personal beliefs about what works in practice, and critical examination of the effects of their actions ensure these are tested and validated and provide valuable evidence beneficial to other educators. Secondly, the programme seeks to build on this professional activity by stimulating critical examination of the interrelationship between practice and education policies that are generated by the practice-based setting or are externally imposed. The unique conditions of practice-based settings and the educational policies that inform them are believed to be crucial factors in determining the effectiveness of educators' actions on others' learning. These need to be clearly articulated if achievements in one context are to inform reliably improvements in others. Finally, the research-based professional is seen as one who extends the scope of his/her critical examination to include a third dimension, that of research conducted by other educationalists. Practitioner research is necessarily limited by the context in which individual educators conduct their enquiries. There is a strong conviction that the quality of education is advanced when educators both value and contribute towards the kind of research that presents evidence about the conditions effecting practitioner improvement and learner achievement using sound and rigorous methodologies.

The philosophical position enunciated in this programme is in sharp distinction to one which views educational theory as constructed in an institution, frequently a higher education institution, and where these theoretical principles are then transmitted to practitioners for them to apply to their work situation. This programme seeks to enable educators to engage in enquiries in their own practice-based setting that confirm or challenge existing theories about what is effective practice, building on existing educational research by extending or refining it and replacing it with better evidence. This would contribute to the formulation of theories more relevant and accessible to practising educators in the future and motivate dissemination through professional activity, local conferences and publications.

Methodology
The study utilised a case study approach grounded in specific ontological (the nature of professional practice that it seeks to depict) and epistemological assumptions (the nature of the knowledge that underpins that professional practice). These lead to the two methodological issues of **how** did this researcher go about learning about these things and **why** did this researcher go about learning about these things?

Case study research is aimed at understanding practice in all its complexity and places emphasis upon reflection and deliberation, on context and meaning (Fish, 1998), (Bassey, 1999). Golby (1993) argues that properly conceived, case study is uniquely appropriate as a form of educational research for practitioners as it is 'synonymous with professional activity; it is what professionals do day by day.' (Golby, 1993, p11). It is not a study of uniqueness but of particularity and although small scale a case study like a poem, painting or a piece of music can carry important truths to its audience (McDonald and Walker, 1977).

The study's ontological and epistemological assumptions are grounded in a 'professional artistry' view of professional practice, not a 'technical rational' one. Dewey (1916) argues that teachers need to see themselves as more than classroom 'technicians' and should move beyond the goal of technical rationality towards being a 'reflective practitioner'. He identifies a key distinction as being whether the teacher acts predominantly on the basis of routine action or reflective action. Dewey's distinction is the basis of that drawn by Schon (1983, 1987) when he refers to the need to move away from 'technical rational' view of professional practice to a 'professional artistry' view. The latter believes in the unavoidable significance of professional judgements in professional practice, holds that the most easily measurable is often the most trivial, and that issues involving moral complexities are never resolved by resort to empiricism. A key issue that Schon (1987) identifies is that the knowledge involved in professionals' knowledgeable actions is tacit and difficult to bring to the surface:

> What is striking about both kinds of competence [practitioner and everyday] is that they do not depend on our being able to describe what we know how to do or even to entertain in conscious thought the knowledge that our actions reveal (p22).

It is difficult to formulate and difficult to convey to others in simple words. This problem affects both professional development as well as research into professional activities. Schon's work has been critiqued and built upon by, amongst other, Beckett (1996), Eraut (1994), Fish (1998), Fish and Coles (1998).

The how of the study needed to acknowledge and facilitate these beliefs concerning the nature of practice and the nature of the knowledge that is central to practice. The why of the study, using Carr's phrase 'whose interests are being served by the enquiry?' (Carr, 1995, p95), was neatly caught by the respondent Roger This paper is not about us – it is for us. The explicit intention of this study has been that the research and the construction of this paper should be educative experience for those involved in it.

The methodology had two sequential facets. Firstly, the ideas underlying the MA in general and the first Compulsory module in particular need to be contextualised for all students. Early in this module all students, whether school or medical educator, undertake a written 'critical biography' through one or more critical incidents to prompt reflection:

> The ideas discussed in this module need to be contextualised for each of you. One of the most enduring and powerful contexts will be your own experiences of education. Undertake a 'critical biography' which prompts reflection on these experiences. (Module programme, 1999)

The use of critical incidents (Flanagan, 1954) (Brookfield, 1990, 1992) (Tripp, 1993) (Fish and Coles, 1998), represents one means of probing a learner's world of assumptions; one point of entry into this ingrained, internalised, often unchallenged and sometimes contradictory, world.

Secondly, later in the programme, four of the six students took part in a tape recorded, group discussion which explored the degree and manner in which their personal theories of education and practice had changed since commencing the MA. It was envisaged that the critical incident(s) identified and reflected upon in the previous assignment might be used as an initial prompt for this discussion, but in the event the students did not explicitly call upon them. The discussion was transcribed, each participant received a copy of the whole transcript and was invited to seek themes in their part of the discussion that contributed to the aims of this paper. I have endeavoured to do two things; reflect on the themes identified by the participants and to seek themes myself in the original discussion data.

In this endeavour I recognise the aspiration to be disinterested from its outcomes. However, I recognise equally that as a major stake-holder in the programme there is a natural human inclination to show that change is occurring, that the aims of the programme are being achieved; the *Aren't we doing well* response. There would appear to be two major facets to this potential 'bias'; firstly during data gathering and subsequently during analysis. Another tutor and myself were present at the discussion and our position may have influenced the discussion but I believe that a rapport has been established with the students that allowed them to speak openly and honestly. Most certainly they are used to speaking very openly and honestly in their professional lives. Our approach to 'validity' has been through participant (respondent) validation. Once a reasonable draft of this paper was made, participants received a copy and they were invited to comment on it and in particular on the interpretations contained in *Analysis and Discussion* below. In some cases revisions were made to the commentaries.

Data

It was envisaged that the paper would draw on two sources of data, the critical biographies and the recorded group discussion. As the participants of the discussion did not explicitly call upon these biographies they have not been used in the construction of the paper. The analysis and synthesis of the group discussion has been approached in three ways:
1. the participants identify themes in their 'own' data;
2. the author reflects on the participants' themes;
3. the author synthesises the participants' and his own interpretations of the emerging data.

There were four participants in the discussion as two students were absent on the day, one of whom (Will) made a written response. Discussion took place in a recording studio for clarity of recording and thus ease of transcription. Each participant knew of the discussion in advance and was prompted to reread their critical incident in order to sensitise themselves to the discussion's planned nature and aims. Each participant in turn gave their view, lasting between 10 to 15 minutes, and then there was a discussion of that participant's

7

view. The total discussion lasted 90 minutes. On a small number of occasions the two tutors asked questions and made contributions to the discussion but these were very minor in scale. The tape was transcribed by an experienced transcriber and no changes were made to the content of the text other than correction of obvious errors, eg spelling of authors' names and technical terms. Participants received the transcription approximately one week after the recording. Their responses to the transcript were made in writing over the following six weeks. The full transcript runs to 14,000 words and for economy it has not been attached as an appendix but is available to an interested researcher.

Analysis and Discussion

1   The participants identify themes in their 'own' data

Responses, varying in scale from 150 to 500 words, were received at various times from the four participants. They were invited to comment on my summary of this response and its final form, incorporating any amendments, is given below.

For James four themes emerged in his part of the group discussion: his previous definition of medical education and the source of this; importance and source of tradition and culture in the functioning of medicine; tensions produced by viewing education as controlled by forces, particularly political ones, external to the person; these external forces not so far producing clear benefits. The MA has prompted rejection of his previous definition which he now sees as an impoverished view of education and helped to forge a new one which encompasses a greater emphasis on shared beliefs and values. Jo had a gut feeling at the start of the MA that something was 'not quite right' about medical education and the MA has allowed her to be confident in this feeling and to be able to justify what now seems to her to be a more enlightened alternative view. Tim made a number of points but some were more a segmentation of the text rather than the identification of underlying themes. However, 'uncertainty' – which has developed through studying the MA – appears to run through many of his points. Roger's dominant theme in his data was of self-discovery coupled with enlightenment. The module has given him the chance for internal themes to undergo critical review (reconstruction) and impart growth and realisation that the work doctors do is part of a larger order that cannot be explained in positivist terms (e.g. RCT - randomised controlled trials, which currently form the dominant research paradigm in medicine). This discovery is also the insight into the notion that education is about instilling power to the individual to learn for themselves and not just receive, and the true role model is one who has achieved an internal honesty and can cope with uncertainty. This creates a better self–image, improves motivation and allows learning to be fun

Although Will was absent from the discussion he received a copy of the transcript and was invited to comment on it. In his response he spoke of major shifts in his thinking, especially in terms of the nature of research. He is 'now able to express my educational aims and research ideas in a way that doctors and educationalists can understand'. He now teaches in a more learner centred way. As a trainee the MA has had a great impact on his approach to his trainers, seeing them more as equals and that he 'seeks out education in the areas that they the trainers have most to provide'. The MA allows practitioners to find the necessary mental space to develop their own 'theory of education' and that the cross speciality interaction that occurs is essential to this.

<u>The author's reflection on the participants' themes</u>
My view is that their written response is less an analysis of their discussion data and more a separate, extended reflection that the discussion had prompted. Approaches to the analysis of qualitative data had been explored in the second Compulsory module but these ideas were relatively new to some of the participants. However I believe that there are a number of congruous themes.

<u>The author synthesises the participants' and his own interpretations of the emerging data</u>
This analysis commences with a summary of each of the participant's themes in turn: Tim, Jo, James, Roger [all references in the paper are to Roger a participant, not Roger the author], utilising in some cases sections verbatim from the discussion. I then endeavour to identify the overarching dominant themes of the discourse. My overview of the quality of the discussion is that it becomes more coherent and deeper as it proceeds, in particular towards the end the participants are making connections with points made earlier. Overall there is a sense of 'critical reconstruction' of the concepts they are handling, and of 'shared understanding'. In the spirit of the programme's philosophy the research process, in this sense alone, proved to be educational.

Tim raises two outcomes from studying the MA. Firstly he gained most (fun as he calls it) from talking about education with others in a way that 'professionalises' him, that makes him feel less of an amateur. He prefers talking and listening (the oral tradition which he says he is fixed in) rather than reading and writing, which he does not enjoy or find easy. Secondly the MA clarified for him the importance of role models in the practice of medicine. The source of these role models is not clear, whether drawn from the people whose ideas he is exposed to, largely through discussion, or through other sources such as reading? He made a third point concerning clarification of educational terms such as training, teaching, learning and education itself and much of the subsequent discussion focused on this, in particular to clarify the distinction between training and education in medicine. Concepts associated with education included: beliefs and values, growth, internal rather than external motivation, and learning by experience in a supervised setting. Some of the group felt that the MA had enabled them to develop a very different, and for them a deeper, more enlightened understanding, of education, but that this 'distanced' them from their former colleagues. There was some consideration that the group was highly selected and unrepresentative of doctors generally, but that one (possibly negative) effect was that the MA was increasing the gap between themselves and others. There was good education going on 'in medical practice' but that this was not always acknowledged ('unconscious competence'; Epstein, 1999, p834). When 'good' education is identified a common response is to introduce more formal teaching of this 'good'. Some argued that the MA had made them 'think more about what they do, but that the problem in medicine was that this took time, and particularly took doctors away from 'doing' medicine. Roger called this 'the job' of medicine which overwhelmed what he called 'the professional side' of medicine. Also, doctors didn't know how to think about their practice, and tended to reject this thinking as 'touchy-feely' and 'nebulous'. One or two thought some doctors had opted not to be professionals, or that the Colleges (which regulate the clinical specialities) perpetuated the 'job side' of medicine and education. One or two felt that the MA had indeed helped them to see what it meant to be 'professional'; not just doing the job of medicine or education.

Jo's main point was that the MA has allowed her to confirm her 'gut feeling' about what she thought was good and bad about her educational experiences in medicine. Now she knows where that gut feeling came from and thus she feels 'validated', she now has good evidence to support it. She values exposure to both discussion and the literature as means to become more professional, but now also writing, which had been difficult at first. Initially on the MA she felt she was 'floundering, not quite knowing where she was'. She has changed her values and beliefs 'to some extent' and now feels she talks about education in a different way to her colleagues.

Tim picked up on the notion of 'humiliation' in the training of doctors and he distinguished between 'being humiliated' and 'feeling humiliation', suggesting that someone might 'unconsciously' humiliate someone else, and how unfortunate this would be. This led to a discussion on 'authority', especially in medicine, and particularly surgery where some would see the need for surgeons to have confidence and certainty. Jo felt that you could be good but still feel uncertain, and noted that she learnt best from people with whom she could discuss her uncertainties, and she respected those who expressed theirs to her. This notion of 'uncertainty' in medicine was then developed. One problem was being in authority, of being exposed and isolated at the top of a hierarchy. Some said that a view was being perpetuated in Government and society that doctors are, or should be, infallible but that this was a problem because medicine was characterised by uncertainty and occasional things going wrong. However there is the potential to learn from this uncertainty. This led to a consideration of good and bad medical teachers and a crucial attribute distinguishing them was their exercise of power. Bad teachers might 'know' a lot but saw their role as teaching people to know this too and to do what they did, with the learners 'standing to attention and listening'. Good teachers recognised that education comes from the trainee and the need for the trainee to be actively involved in their own training (although sometimes these good teachers were intolerant of trainees who didn't hold this view!).

James traced his educational career from school, through the early years in medical school, through his clinical years, to his postgraduate education and now continuing professional development. He sees some significant changes. At school – a sixth-form college – there was an ethos of 'if you want to turn up that's fine'. He did well in this culture, read a lot and talked a lot with his colleagues. However, initially at medical school 'you were put in a room and sat there for 35 hours a week where a little man stood at the front and read from a set of notes and gave very clear facts, figures, numbers' that you were supposed to almost verbatim copy, memorise and reproduce'. He did much less well in this environment. Then, the undergraduate clinical course was more of an apprenticeship – 'talking to members of staff and patients, seeing how they do things, what their attitudes, beliefs and values are, and how they do things there and trying not actively to internalise them but just thinking about what's going on'. This was much better for him, he did well. However he believes this was not 'cerebralised' (or 'reflected upon' or 'deliberative') enough for him. All of this has been confirmed by the MA: that education is 'not about the transmission of knowledge' but more about 'creating a level of understanding that's shared through the profession'. Was it shared through the whole profession? James felt that junior staff appreciated the one-to-one interaction but are not aware that they are actively learning, though 'at some level they value those experiences'. Discussion focused on the contrasting view of 'having to be there to do the job' with the danger that juniors 'should be working 100 hours a week and be up all night and doing the job because that's actually how you learned to do it' with the alternative of 'let's take people out and take their bleeps away and talk to them' (or as James

added, 'talk **at** them'). The issue of 'protected time' for teaching was discussed (as the alternative to informal learning on-the-job) and many said this was not an improvement, believing it was a top-down 'solution' by people who didn't understand informal learning.

Roger spoke about the MA providing him with 'some sense of why I was doing things the way I was'. Earlier, in James' contribution, he had said:

> 'I think education is a personal thing and in order to be a good educator you have to trigger something inside somebody...True learning is something that you develop within yourself...A lot of what happens that influences you is uncomfortable, not humiliating, but if you challenge your internal schema...then you will probably develop'. [...]
>
> 'we're very good at training specialists. I'm not sure we're very good at training professionals. I think medicine is getting worse at that'.

He gave as reasons current trends such as NICE (The National Institute for Clinical Excellence, a recent government initiative which sets out to determine clinical policy). James added, 'training specialists is what external forces think a professional should be whereas we may well argue that the professional is something very different and it's about values, beliefs, judgement'. Roger added 'you can produce a learning culture by tapping into the professional bit'. He quoted experiences from management courses where he had been with other professionals 'we could all have been doing the same job, we all had the same problems, all had the same difficulties'. Whether they had all the same values was not explored. He added that the MA had made him (and he thought others in the group) 'academics' in the sense that 'we're actually critically analysing what we do'. He contrasted this with traditional academic posts in medicine. On the MA we were 'doing critical reconstruction, critical work' even though this 'causes unease but we're actually doing true, academic research all the time. And that's probably what makes our job a bit more fulfilling than those that actually don't question it.' Jo thought 'everybody ought to do an MA in Education because it will change the way they think about things'. Roger and James agreed that it 'changes your practice'. James added 'it will change your beliefs'. They agreed 'that's pretty scary stuff for a lot of them'. Jo added 'it's the best thing I've ever done in medicine'. James added 'because it makes you think of your own practice'.

I now endeavour to both summarise the more discursive sections above and, as indicated in the methodology section, seek to remain disinterested from the outcomes of our analysis. My strong impression is that all five had gained from studying the MA. These gains were variously described but commonly they felt the MA had helped them validate their 'gut feeling' about what was good and bad about their earlier educational experiences. This had come about chiefly through having the opportunity for discussion, probably reinforcing their narrative competence (Charon, 1994), within the 'oral tradition' (Greenhalgh and Hurwitz, 1999), but reading and writing were becoming stimuli for change for some. They valued exposure to a greater understanding of what it meant to be a professional, the nature of professional knowledge (rather than propositional knowledge) and how professional practice actually changes through discussion amongst interested colleagues. They noted that this understanding was missing in most medical education at any level. This omission was a serious matter at the present time; that medicine was lacking a professional

perspective as it was too caught up in 'the job' and a 'technical/rational' view (Fish and Coles, 1998), which they felt was being perpetuated by Government policy and societal attitudes towards professionals.

They believe that not just themselves but students and trainees generally welcome and feel more comfortable with a more interactive and iterative educational approach. Beliefs and values were talked about quite a lot as key features of developing a sense of being professional, but there was also a sense that currently there are moves at policy maker level, which they see as being in the wrong direction, towards more formal teaching and less a valuing of informal, opportunistic education. This formal teaching is frequently delivered (sic) (Fish and Coles, 1998) through protected time. Informal teaching rests on the relationship between teacher and learner, a common respect for one another, and a willingness to deal seriously with the uncertainty which lies at the heart of medicine and clinical practice.

Finally I seek to identify some super-ordinate themes in the data. This section is brief as this is an emergent rather than a finalised analysis. Embedded in all of the above are broad questions concerning the nature of teaching, the nature of learning, the nature of the 'reality' of medicine, and the nature of knowledge. However, I propose that for the purposes of this paper there is one super-ordinate theme in the data. All of the participants have come to feel differently through exposure to the ideas, discussions and reflections surrounding the MA but I believe it is specifically an intersection of power and knowledge that underlies much of this change.

> Jo   *[...] It's the pot filling metaphor again.*
>
> Colin   *Knowing gives you power and authority for that person.*
>
> Jo   *Absolutely.*
>
> Colin   *But for the other person knowing is something different.*
>
> Jo   *Yes, it is something different. It still gives you power. Of course it does. It gives you more power in my opinion.[... I think if you want to be the power pot filling person, that says something about you as a human being really. Perhaps you haven't quite got to grips with life really.*
>
> Roger   *The abused often become abusers.*

Power is manifest in a number of ways:

1 There is now a developing power and confidence to verbalise the previously tacit. Education as simply uncovering the truths buried in oneself has a long and prestigious lineage going back to Socrates in the Meno. Jo in particular believes that she now has the means to validate a previous tacit view.

> *I started off from thinking that it wasn't all quite right and maybe if I did an MA in Education the light would dawn a bit about what it was all about and why perhaps we hadn't got it wrong and I have to say that I think that's probably what I've got out of it more than anything else really, **that I now know where my gut feel came from** if you see what I mean [... I now feel that I know where this gut instinct came from about things not being quite right and I'm able to verbalise that a bit more and if you like become more professional about the fact that I know a little bit more about the background and where things have come from and how I can access things and all that sort of stuff. So that's been one of the key things for me really in terms of change, that I feel as though I've got a bit of substance behind this gut instinct that maybe things could be done slightly differently. [... I feel that*

there is good evidence to support the way I feel about the way things should work and all the rest of it

Jo

Actually I think we were qualified before we started the MA and that's why we got here.

Roger

*But as soon as we started on certainly the professional enquiry module, then you say about your gut feeling and I had the same thing. Suddenly there was some sense being made of why I was doing things the way I was doing them or had always done things the way I was doing them. **It was like coming home really**.* Roger

2 There is now a developing power of willingness to let go from previous certainties; the problem of believing you know.

education is thought of in terms of having skills, having transmissible knowledge. I increasingly believe that educating or helping a doctor improve his practice is not about that. It's about sharing beliefs and values and ideas. Yes, there is some knowledge that needs to be acquired, but there's an awful lot more of that. James

Each time I discover more things I've become more and more uncertain, or more and more sure of how much I still don't know. Tim

3 In a minor key, there is now a developing view of the power invested in hierarchies. James expresses the problem of hierarchies in medicine.

You could also argue that some of our worst mistakes in medicine are probably related to people functioning independently and because of the hierarchical structure of being at the top and being fairly isolated not reviewing what they're doing. James

Summarising, their personal theories of education have changed in regard to the locus of power: the move from other to self as the significant source of educational action.

Summary

The paper reports both individual experiences and common themes that have emerged from the study. One outcome of the study is the recognition that re-constructing an educational Masters programme for one set of professionals from an existing programme initially devised for different professionals confirms the universality of the issues being studied and reinforces the sense of community educators can share through becoming 'reflective practitioners'. For the five participants of this enquiry, studying for the MA in Education has

provided them with an enhanced view of professionalism which has changed (or at least developed) their views of themselves, of medicine, and of their own practice. They see this as important (even crucial) for medicine at the present time and want others, possibly everyone, in medicine to experience this too; although this may be tinged with the whiff of evangelism by the newly converted! The overarching theme developed by this paper is that the participants' personal theories of education have changed in regard to the locus of power: the move from other to self as the significant source of educational thought and action.

References

Adelman, C et al (1975) *Ford Teaching Project. - the stranger in the classroom* Cambridge, Cambridge Institute of Education.

Adelman, C (1981) *Uttering, Muttering*, London, Grant McIntyre.

Adelman, C. and Walker, R (1975) *A Guide to Classroom Observation* London, Methuen

Bassey, M (1999) *Case study research in educational settings* Buckingham, Open University Press.

Beckett, D (1996) 'Critical judgement and professional practice' *Educational Theory* 46, pp135-149.

Brookfield, SD (1990) 'Using critical incidents to explore learners' assumptions'. In J Mezirow and Associates *Critical Reflection in Adulthood* California, Jossey-Bass.

Brookfield, SD (1992) Uncovering assumptions: the key to reflective practice, *Adult Learning*, Vol 3 (4), pp 3-18.

Carr, W (1980) 'The gap between theory and practice' *Journal of further and Higher Education* 4(1), pp60-69.

Carr, W (1984) 'Adopting an educational philosophy' Cambridge *Journal of Education* 4(2), pp1-4.

Carr, W (1995) *For Education: Towards Critical Educational Inquiry*, Buckingham, Open University Press.

Carr, W and Kemmis, S (1986) *Becoming Critical: Education, Knowledge and Action Research*, Lewis, Falmer.

Charon, R (1994) 'Narrative contributions to medical ethics: recognition, formulation, interpretation, and validation in the practice of the ethicist'. In DuBose ER, Hamel RP & O'Connell LJ (eds) *A matter of principles? Ferment in US bioethics*. Valley Forge, PA, Trinity Press International, pp 260-283.

Dewey, J (1916) *Democracy and Education*, New York, Macmillan.

Elliott, J. (1989) 'The Professional Learning of Teachers' *Cambridge Journal of Education* 19, (1), pp81-101.

Elliott, J. (1991) *Action Research for educational change* Buckingham, Open University.

Elliott, J and Adelman, C (1975) *Ford Teaching Project. - The language and logic of informal teaching* Cambridge, Cambridge Institute of Education.

Epstein, RM (1999) 'Mindful Practice' *Journal of the American Medical Association,* 282, 9, pp 833-839.

Eraut, M (1994) *Developing Professional Knowledge and Competence,* Lewes, Falmer

Fish, D (1998) *Appreciating Practice in the Caring Professions: refocussing professional development and practitioner research* Oxford, Heinemann.

Fish, D and Coles, C (1998) *Developing Professional Judgement in Health Care* Oxford, Butterworth-Heinemann.

Flanagan, JC (1954) 'The Critical Incident Technique' *Psychological Bulletin* Vol 51 (4).

Golby, M (1993) *Case Study as Educational Research* Exeter, Fairway Publications.

Greenhalgh, T & Hurwitz, B (1999) 'Narrative based medicine: Why study narrative?' *British Medical Journal*, 318, pp 48-50.

Hammersley, M (1990) *Classroom Ethnography* Milton Keynes, Open University Press.

McDonald, B and Walker, R (1977) 'Case study and the social philosophy of educational research'. In Hamilton, D, Jenkins, D, King, C, *et al Beyond the numbers game - a reader in educational evaluation* London, Macmillan.

Polanyi, M (1973) *Personal Knowledge* London, Routledge and Kegan Paul.

Schon, D (1983) *The Reflective Practitioner,* London, Temple Smith.

Schon D, (1987) *Educating the Reflective Practitioner* San Francisco, Jossey-Bass.

Schon D (ed) (1991) *The Reflective Turn: Case Studies in and on educational practice.* Columbia, Teachers College

Siimon, H (ed) (1980) *Towards a science of the singular* Norwich, Centre for Applied Research in Education, University of East Anglia.

Stenhouse, L (1975) *An Introduction to Curriculum Research and Development,* London, Heinemann.

Stenhouse, L (1984) 'Artistry and teaching: the teacher as focus of research and development'. In D Hopkins and M Wideen (eds) *Alternative perspectives on school improvement* Lewes, Falmer.

Woods, P (1986) *Inside Schools: Ethnography In Educational Research*, London, Routledge and Kegan Paul.

Woods, P (1979) *The Divided School* London, Routledge and Kegan Paul.

Woods, P (1981) 'Understanding through Talk'. In C.Adelman *Uttering, Muttering*, London, Grant McIntyre.

Woods, P and Hammersley, M (eds) (1977) *School Experience* London, Croom Helm.

Tripp, D (1993) *Critical Incidents in Teaching* London, Routledge.

MacDonald, B and Walker, R (1976) *Changing the curriculum* London, Open Books.

Walker, R and Adelman, C (1976) 'Strawberries' in M Stubbs and S Delamont (eds) *Exploration in Classroom Behaviour*, Chichester, Wiley.

REPRODUCTION RELEASE
(Specific Document)

I. DOCUMENT IDENTIFICATION:

Title: Power & Professionalism: Reconstruction of Medical Educators' Practice by way of a MA(Ed).

Author(s): Roger Elmer

Corporate Source: Publication Date: Altria 2001

II. REPRODUCTION RELEASE:

In order to disseminate as widely as possible timely and significant materials of interest to the educational community, documents announced in the monthly abstract journal of the ERIC system, Resources in Education (RIE), are usually made available to users in microfiche, reproduced paper copy, and electronic/optical media, and sold through the ERIC Document Reproduction Service (EDRS) or other ERIC vendors. Credit is given to the source of each document, and, if reproduction release is granted, one of the following notices is affixed to the document.

If permission is granted to reproduce the identified document, please CHECK ONE of the following options and sign the release below.

✓____ Check here for Level 1 Release, permitting reproduction and dissemination in microfiche and other ERIC archival media (e.g. electronic) and paper copy.

or

_____ Check here for Level 2A release, permitting reproduction and dissemination in microfiche and in electronic media for ERIC archival collection subscribers only.
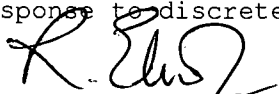
or

_____ Check here for Level 2B release, permitting reproduction and dissemination in microfiche only.

Documents will be processed as indicated provided reproduction quality permits. If permission to reproduce is granted, but neither box is checked, documents will be processed at Level 1.

Sign Here, Please   [signature]

I hereby grant to the Educational Resources Information Center (ERIC) nonexclusive permission to reproduce this document as indicated above. Reproduction from the ERIC microfiche or electronic media by persons other than ERIC employees and its system contractors requires permission from the copyright holder. Exception is made for non-profit reproduction by libraries and other service agencies to satisfy information needs of educators in response to discrete inquiries.

Signature: [signature]   Position: Principal Lecturer

Printed Name: Roger Ian Elmer   Organization: King Alfred's College of Higher Education

Address: Winchester   Telephone Number: (01962) 827260
England SO22 4NR   Date: 28/4/01

III. DOCUMENT AVAILABILITY INFORMATION (FROM NON-ERIC SOURCE):

If permission to reproduce is not granted to ERIC, or, if you wish ERIC to cite the availability of this document from another source, please provide the following information regarding the availability of the document. (ERIC will not announce a document unless it is publicly available, and a dependable source can be specified. Contributors should also be aware that ERIC selection criteria are significantly more stringent for documents which cannot be made available through EDRS).

Publisher/Distributor:

Address:

Price Per Copy: Quantity Price:

IV. REFERRAL OF ERIC TO COPYRIGHT/REPRODUCTION RIGHTS HOLDER:

If the right to grant a reproduction release is held by someone other than the addressee, please provide the appropriate name and address:

Name:

Address:

V.WHERE TO SEND THIS FORM:

Send this form to the following ERIC Clearinghouse:

You can send this form and your document to the ERIC Clearinghouse on Assessment and Evaluation. They will forward your materials to the appropriate ERIC Clearinghouse.

ERIC Acquisitions
ERIC Clearinghouse on Assessment and Evaluation
1129 Shriver Laboratory (Bldg 075)
University of Maryland, College Park
College Park, MD 20742

(800) 464-3742
(301) 405-7449
eric_ae@ericae.net
http://ericae.net