"Becoming" a Professional

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"Lifelong Learning" has become a central theme in education and community development. Both international and national agencies, governments and educational institutions have adopted the idea of lifelong learning as their major theme for address and attention over the next ten years. They realize that it is only by getting people committed to the idea of education both life-wide and lifelong that the goals of economic advancement, social emancipation and personal growth will be attained.

The *Lifelong Learning Book Series* aims to keep scholars and professionals informed about and abreast of current developments and to advance research and scholarship in the domain of Lifelong Learning. It further aims to provide learning and teaching materials, serve as a forum for scholarly and professional debate and offer a rich fund of resources for researchers, policy-makers, scholars, professionals and practitioners in the field.

The volumes in this international Series are multi-disciplinary in orientation, polymathic in origin, range and reach, and variegated in range and complexity. They are written by researchers, professionals and practitioners working widely across the international arena in lifelong learning and are orientated towards policy improvement and educational betterment throughout the life cycle.

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"Becoming" a Professional

an Interdisciplinary Analysis of Professional Learning

Edited by

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Josie and Gabriel

Editorial by Series Editors

This volume is a further publication in the Springer Series of publications on the theme of *Lifelong Learning*, edited by David Aspin and Judith Chapman. In this series, we have taken as our principal agenda a number of themes for future research and development, analysis and expansion and strategies and guidelines in the field of lifelong learning. The domain of lifelong learning has become a rich and fertile ground for setting out and summarising, comparing and criticising the heterogeneous scope and remit of policies, proposals and practices in its different constitutive parts across the international arena.

This volume is an outcome of some of the important issues that were raised in the first edition of the International Handbook of Lifelong Learning. It deals, in particular, with the questions about the ways in which people "become" professional. It is the work of our colleague Lesley Scanlon, who has gathered together contributions to this important theme from a range of international scholars and writers in that field. The writers analyse the nature, development and function of becoming a professional and the generic attributes we may look for in them in an age of uncertainty. The authors that Lesley has brought together look at the relationship between professional attributes and changing conceptions of learning, as well as the relationship between professional learning, in a range of professions medicine, nursing, teaching, the law, the caring professions, engineering - in a world where opportunities for employment and their concomitant requirements are constantly changing. They pay particular attention to the evolution from institutional requirements of professional development to a more profession-directed and profession-driven approach, in which the needs, interests and aspirations of the learners themselves play a far greater part in determining the structures and directions of the learning programs that are set up to help them become proficient agents in their chosen fields. Particular attention is paid to the changing nature, type and function of generic attributes and learning in professional settings, where examples and illustrative cases are drawn widely from across the international field.

Lesley Scanlon and her colleagues have done us all a signal service in the preparation of this book. Their work has demonstrated a clear commitment to the emancipatory potential of lifelong learning to become a professional. Their argument is that the contemporary focus on the transition to work and the role of generic attributes needs to be conceived more realistically and coherently as part of an ongoing and interactive lifelong learning process. The professional environment can provide individual and collective opportunities to build on and integrate learning gained from a much wider set of activities and experiences. Learning to become a professional is, they argue, an important part of lifelong learning, as it is a site for personal and general forms of learning, as well as for the further development of technical and professional knowledge to be activated and deployed in a particular professional field. For them, the issue of how to enhance the notion of professional beliefs and behaviour, ethics and attitudes and the application of more general capacities like communicating, relating to people and using technology is a matter of encouraging better learning, prior to entering and while engaged in the work of their profession.

We believe that this important work comes forward at an especially significant and fruitful time when the worlds and institutions of learning and work are in a state of considerable, not to say radical, change and upheaval. We believe that both employers and institutions will benefit enormously from reading and reflecting on the messages contained in this work. We are pleased that the work helps carry forward the agenda of the Springer Book Series on Lifelong Learning. We thank the anonymous international reviewers and assessors who have considered, reviewed and assessed the proposal for this work and the individual chapters in the final manuscript and who have played a significant part in the progress of this work to completion. We trust that its readers will find it as stimulating, thought-provoking and controversial as we who have overseen this project and its development have found it. We commend it with great confidence to all those working in this field. We are sure that this further volume in the Springer Series will provide the wide range of constituencies working in the domain of lifelong learning with a rich range of new material for their consideration and further investigation. We believe that it will encourage their continuing critical thinking, research and development, academic and scholarly production and individual, institutional and professional progress.

January 2011

David Aspin and Judith Chapman

Contents

	roduction ley Scanlon	1
1	'Becoming' a Professional Lesley Scanlon	13
2	Becoming As an Appropriate Metaphor for Understanding Professional Learning Paul Hager and Phil Hodkinson	33
3	Learning to Be – At Work David Beckett	57
4	Higher Education and Becoming a Professional Madeleine Abrandt Dahlgren	77
5	Becoming Authentic Professionals: Learning for Authenticity Thuy T. Vu and Gloria Dall'Alba	95
6	White Coats, Handmaidens and Warrior Chiefs: The Role of Filmic Representations in Becoming a Professional Lesley Scanlon	109
7	Becoming a Medical Professional Alan Bleakley	129
8	Professional Practice and Doctoral Education: Becoming a Researcher Alison Lee	153
9	Becoming a Professional Doctor Kirsty Foster	171
10	Becoming a Professional Nurse Jane Davey and Sandie Bredemeyer	195

11	Teacher Professional Becoming: A Practice-Based, Actor-Network Theory Perspective Dianne Mulcahy	219
12	And the Conclusion for Now Is? Lesley Scanlon	245
Bio	graphies	247
Ind	Index	

Introduction

Lesley Scanlon

Looking back, looking forward

This book had its genesis in reflexive musings, a kind of 'looking back, looking forward' on my continuing professional journey. 'Looking back', I observed a journey of iterative professional 'becoming other' as I navigated countless boundary crossings from and within education sectors as distinct as secondary schools, Technical and Further Education and Higher Education, and knowledge domains as disparate as Chinese Mandarin, Anthropology, History, Education, and English. After each crossing, I found myself a professional stranger in an unfamiliar land. Looking forward, I see a continuous journey of 'becoming other' – an iterative adventure of lifelong learning. These musings led me to wonder about other professional 'becomings' and hence this interdisciplinary exploration of professionals.

So what does becoming a professional mean? A commonsense answer to this question might go something like this: the would-be professional acquires a degree in their professional field, perhaps engages in field placements, gains certification through an outside accrediting authority (if appropriate) and begins professional practice – *quod erat demonstrandum*, they has become a professional. So far so good, but the commonsense explanation leaves significant questions unanswered, for instance, what do we actually mean when we speak of 'becoming'? Is it a kind of end-game achievement that once accomplished remains forever valid? Does it represent a continual process of lifelong learning within and across professional fields? When and where does this 'becoming' occur? Is it bestowed with tertiary degree status or with formal accreditation or registration or employment or rather is it something that comes with longevity of service? Is 'becoming' a self-bestowal, a way of professional self-identity recognition, or an institutional or workplace bestowal? The commonsense answer takes for granted that 'professional' and 'profession' are unproblematic terms on which there is widely acknowledged

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agreement. However, this is far from being the case. As we see in the next chapter, these terms have been debated in the literature for over 100 years without any resolution being reached.

Forming a backdrop to these debates about the nature of the professions and of the people who work in them is a panorama of the ever-changing nature of the professional world. Taken-for-granted notions of the superiority of the professions grounded in such things as an exclusive knowledge-base or the service ideal and altruism are no longer tenable in an age of a better educated client base and increased public accountability. Claims to professional status are no longer restricted to the traditional professions such as doctors, lawyers and newer professionals such as teachers and nurses. Google 'professional' and there are over 500 million results, including a wide variety of organisations representing a range of 'professionals' – doctors, real estate agents and teachers, and individuals such as wedding planners, fitness experts and flower arrangers. It seems that the professions are not what they were. Moreover, professional workplaces in the twenty-first century are also not what they were; they too have 'become other' as they respond to the inexorable forces of globalisation and new managerialism.

This introduction frames the discussions in the book by surveying the twentyfirst century context of professional practice. To do this, I first refer briefly to globalisation and associated ideologies and how these impact on the professions. Second, using a number of professional examples, I examine the impact of multiculturalism on the traditional construct of the professions. Finally, the challenge of deprofessionalisation is explored across a range of professions.

1 The Twenty-First Century Professional Context

The twenty-first century world, in which professionals engage in iterative professional becoming, is vastly different from the world in which the traditional professional construct, examined in detail in Chap. 1, developed. An overarching reason for this is globalisation - that set of social, cultural and economic arrangements which, Dale (1999, p. 3) argues, emerged following the decline of the post-1945 economic and political order. Globalisation, through its discursive practices, has had a significant impact on how nation states have restructured their economies and public institutions. Within this new world order, one of the most influential constructs of the new global discourse is the competitive state, which has replaced the welfare state. Nation states have responded to the challenges presented by the competitive state in two ways. Individually, they have prioritised economic activities; collectively, they have reacted to globalisation by setting up a framework of organisations like the International Monetary Fund, the OECD, G-7 and the World Bank (Dale 1999). These global organisations and nation states have adopted the discursive practice of economics which has permeated professional practice, particularly in the public sector, through new managerialist policies.

New managerialism or neo-liberalism, Davies (2003, p. 92) argues, may be the most significant discourse in the construction of professional practice hitherto experienced. New managerialism, its adherents claim, is about efficiency and effectiveness (Deem 2001, p. 9); its critics argue that it has led to increased accountability, surveillance and control (Davies 2003). Within teaching, for example, this has meant increased control by administrators resulting in the development of measurable standards for both teachers and students alike. Reduced government spending on public institutions has also been associated with new managerialism, and this has resulted in the professionals who work in public institutions – teachers, doctors and nurses amongst them – being particularly vulnerable to globalisation because these institutions are 'creatures of the state' (Tatto 2006, p. 234). New managerialist practices ensure that administrators take precedence because professionals cannot be allowed to interfere with the management aims of their leaders (Beckman and Cooper 2004, p. 5).

Globalisation, because of its supranational dimension, has resulted in professional practice no longer being confined by national borders. Thus, the professions have adopted cross-national professional credentialling to enable the unprecedented mobility of professional labour. In the new competitive environment, the old exclusory licensing contexts which favoured citizens over migrants have given way in the European Union (EU) to favouring EU citizens (Evetts and Dingwell 2002, p. 165). Thus, the standardisation of professional education was an early EU priority which has, however, proved problematic; the UK has been slow to accept European standards for speciality licensing (Evetts and Dingwell 2002, p. 160) and UK engineering qualifications have had limited acceptance in Europe because, for example, in Germany, engineering is seen as a far more prestigious career than in the UK (Carter and Crowther 2000, p. 26). There is also no common agreement about the purpose of education, curricula priorities and the skills and qualities required of teachers or their responsibilities - that is, about the working life of professional teachers. Teaching, therefore, furnishes another example where mobility within the EU has been affected by different nations and traditions (Sayer 2006).

The new professional mobility has resulted in a hitherto unknown global hierarchy of labour. For example, German lawyers who operate internationally have higher salaries and have higher specialisation levels than those who practice within the confines of Germany. These international lawyers, according to Shaw (2005, p. 224), are considered at the top of the professional pyramid. The result, Shaw claims, is that they feel closer to their international colleagues than they do to their German colleagues who confine their legal practice within Germany's national borders. Ball (2004) locates a different kind of hierarchy in the large-scale movement of Filipino nurses to the Middle East and the USA. These nurses do not belong to a global healthcare elite: rather they form a marginalised workforce because they accept positions which local nurses are unwilling to fill.

Within the global context, there are two significant challenges to professional 'becoming' in the form of multiculturalism and deprofessionalisation.

1.1 Multiculturalism

The chapters in this book are situated within the socio-political-cultural contexts of the UK, Europe and Australia. This world is not a cultural monolith as the concept of becoming a professional varies across national boundaries. It is also the case that demographically, nations are increasingly culturally diverse. My focus in this section is on the challenges to the professions, created by the global importation of the Anglo-American concept of professions to societies which have vastly differing socio-cultural and political contexts to those of the nation states in which the professions developed.

A useful way of examining the impact of multiculturalism on the professions is Walton and El Nasr's (1988, p. 137) adoption model which they used to examine how the western concept of social work was introduced into Egypt. The adoption process they suggest consists initially of the transmission of the western construct through importation; this is followed by indigenisation, in which local modifications are made to the western model and finally authentisation, in which professionals develop local authentic practice. Developing authentic social work practice in Egypt, the authors point out, requires social workers to acknowledge the Islamic foundations of Egyptian society. According to Al-Krenawi and Graham (2000, p. 5), this means an acknowledgment of the collectivist social foundation of Islam. In terms of social work practice, professionals, in constructing the problem and devising the treatment regime, must incorporate not only the patient but also the extended family and the community. One way of bridging the gap between local culture and professional practice is to use cultural mediators. Al-Krenawi and Graham (2001) examine the use of mediators in a Bedouin-Arab community in Israel, explaining that these individuals must be of high status with extensive community knowledge if they are to become ambassadors for professional social work (p. 678). Tsang and Yan (2001, p. 435) illustrate the concept of authentisation in the adoption of social work in China. In the Chinese context, researchers advocate *zhongti xiyong* rendered in English as 'Chinese corpus, western application'. In this authentisation model, 'Chinese corpus' refers to the social institutions, cultural traditions and values of China while the 'western application' refers to aspects of professional practice adopted from the west.

The complex processes of indigenisation and authentisation are further illustrated in the multiple local factors which impact on nursing in Hong Kong and China, for example. Here, the universal construct of what it means to nurse is influenced not only by traditional Chinese culture but also by the colonial culture of the once British colony. The Chinese cultural influences include Confucianism, Buddhism, Taoism, as well as myths and legends and traditional notions of family. Traditionally, these influences dictated that caring for the sick was the role of women within the family; nursing of the sick by a woman outside the family is an imported western concept (Pang et al. 2004, p. 658). Another traditional influence that Pang et al. (2000, p. 23) found was that nursing was associated with servants' work. The authors point out that while the acts of nursing are universal, the manner of caring is cultural. Ultimately, finding 'genuine and authentic tools in local systems' means 'what goes on between practitioner and clients has to be linked to the meaning system of the local culture' (Kwong in Hutchings and Taylor 2007, p. 388). The colonial legacy in Hong Kong, Foong et al. (1999, p. 543) suggest, is one in which the conferment of status is based on wealth creation; consequently, nurses who receive low salaries have a low status.

Another importation study examined the role of culture in the implementation of teacher appraisal in Hong Kong (Walker and Dimmock 2000). These authors challenge the value of importing 'foreign' educational structures, policies and practices into cultures that are vastly different from those in which they were initially conceived (p. 156). One of the major cultural differences which impacts on teacher appraisal is that the western models adopted in Hong Kong are based on western individualist concepts which are alien to the Chinese collectivist culture. In collectivist cultures, identity is achieved through group membership where harmony is a predominant consideration and individuals control personal emotions to avoid confusion, competition and conflict.

Political contexts also impact on the way professionals define themselves and their work. Traditionally, for example, governments in liberal democracies have interfered less in professional practice than single party states such as China. Hutchings and Taylor (2007, p. 386) observe that, in the case of social work, in liberal democracies, the role of social work is to promote social change and to improve the life experiences of individuals. Promoting social change in societies such as China may be dangerous and may result in oppression and persecution. The significance of the political context is further illustrated by Lai and Lo's (2007, p. 59) examination of teacher responses to government-initiated reforms in China and Hong Kong. Politically, Hong Kong has a British colonial tradition in contrast to the socialist tradition which has permeated every aspect of life in China since 1949. In Hong Kong, Lai and Lo found that teachers adopted a more independent stance to proposed government reforms by embracing only those government initiatives which they felt would benefit student learning. In Shanghai, however, teachers were found to align their thinking with state rhetoric and to more readily and uncritically adopt government initiated reforms (p. 64).

Lawyers, as the term is understood in the Anglo-American tradition, are relatively new in China, first appearing in the early twentieth century (Zheng 1988). However, the autonomy and the independence which characterise legal practice in the west have not been distinctive features of the Chinese legal system. Lawyers until recently were required to openly commit to 'love the Peoples' Republic of China and support the socialist system' (p. 487). In contemporary China, lawyers are now 'autonomous, independent and self-reliant' (Michelson 2006, p. 12) following the passing of the 1996 Lawyers' Law. This law defines lawyers not as 'state legal workers' but as professionals providing services to society (Komaiko and Que 2009, p. 46). As a result, lawyers are now more able to vigorously represent clients whose interests may not be 'wholly synonymous with the state's' (Alford 1995, p. 32). This is an interesting example of the process of importation, indigenisation and authentisation almost coming full circle – as the importing nation has undergone political change so too has professional legal practice which has shifted closer to its western conceptualisation.

The preceding examples indicate the ways in which so-called universal concepts of the professions are mediated through local cultural and political practices. Becoming a professional is situated in temporal and spatial contexts and as these change through the impact of globalisation and multiculturalism, so do the professionals who work in these contexts.

How then do professionals prepare to become global practitioners? Lynch et al. (2009, p. 112) advise engineers that they would benefit from familiarity with a foreign language, literature and culture if they are to deliver services to foreign clients, either in countries other than their own or indeed within the multicultural context of the contemporary nation state. In this new global context of practice, there are a variety of moral and ethical backgrounds that ensure that specialised professional knowledge alone is no longer sufficient for practising professionals.

To accommodate these changes, many professions have developed journals focusing on 'transcultural' aspects of professional practice – the *Journal of Cross-Cultural Psychology, Journal of Transcultural Nursing, Transcultural Psychiatry, Journal of Multicultural Social Work*, are a few examples of this trend. Another accommodation is the introduction into professional curricula of 'cultural competencies' which emphasise the development of culturally relevant attitudes (Tuck et al. 2010). By thus adapting to global practice, the professions avoid what Walker and Dimmock (2000, p. 164) call 'false universalism' and recognise the need for cultural adaptation in order to provide professional services in a global world.

1.2 Deprofessionalisation

Within the global context of the twenty-first century, the professions, and those who work in them, are assailed by the process identified as deprofessionalisation. Haug (in Halmos 1973) defines deprofessionalisation as the loss by professional occupations of their unique qualities, in particular their monopoly over knowledge, public trust, autonomy and authority over their client base. These unique qualities or essences are examined in detail in Chap. 1. Here, I want to foreground that examination by suggesting the different ways in which the deprofessionalisation process is working across the professions.

One way in which deprofessionalisation manifests itself is in the provision of professional services by, what Kritzer (1999, p. 720) calls, 'specialised general professionals' or non-professionals. Examples of this can be seen in the provision of conveyancing services by non-lawyers and the provision of routine medical services by nurses in walk-in clinics. Even the clergy have not been immune to the forces of deprofessionalisation. Horii (2006) examines the case of Buddhist clergy in Japan and locates the origin of the deprofessionalisation process in the incursion by rival occupation groups (p. 28), including funeral companies which have emerged to provide the mortuary rites, once the preserve of the clergy. Counselling is

another service previously offered by Buddhist temples which is increasingly being subsumed by medical and non-medical professionals in Japan.

Another form of deprofessionalisation is the loss or distillation of skills. Jeffrey and Woods (1996, p. 328) provide examples relating to the teaching profession: the routinisation of work; the loss of conceptual, as opposed to operational, responsibilities; loss of time for reflection and for recovery from stress; the weakening of control and autonomy; and, in general, a move from professional to technician status. In the new managerialist climate, increased workloads engage teachers not in pedagogical work, but in administration. This increased surveillance and control, Smyth et al. (2000) argue, means that teachers have become more like industrial workers than professionals. This increased administrative work has also led, according to Diment (Avis 2007, p. 94), to 'underground learning' where teachers, in order to maintain a productive learning relationship with students, and to preserve their own sense of professional self-identity, teach over and above their allocated teaching hours. Teachers then bear the cost in terms of overwork and stress.

The deprofessionalisation of teachers' work is also active in Further Education (FE) which has seen a systematic deskilling through the displacement of teacherstudent contact with online flexible learning, lowering academic standards and performance assessment by external agencies (Randle and Brady in Avis 2007, p. 99). Previously, traditional teachers in FE adopted a professional identity grounded in notions of subject specialty; recently, the professional subject expert has given way to 'the pedagogue who facilities learning' (Avis 2007, p. 9).

Deprofessionalisation also results when a professional's core values are attacked. Chin (2001, p. 582) notes Pellegrino's identification of two sources of conflict unique to twenty-first century medical practice – the commodification of healthcare and commercialisation and profit making, resulting in the worth of a physician being measured in terms of productivity only. Another aspect is the individualisation of professional practice which has contributed to a loss of collegiality, manifest, for example, in doctors withholding medical knowledge from each other for selfish and ambitious reasons (Chin 2001, p. 583).

The redefinition of the professional workplace is another facet of deprofessionalisation; the discourse of new managerialism with its accountability and surveillance techniques constructs all workers as 'replaceable' (Davies 2003, p. 93). In the past, lawyers joined a legal firm and anticipated years of substantial income within that firm. However, today, firms regularly shed partners, dissolve and merge, introducing instability into what was previously a more stable workplace (Kritzer 1999, p. 732). Universities have not been exempt from workplace change, and academics are working in rapidly changing workplace contexts (Healy 2010). An article in an Australian newspaper, *Universities Facing Crisis of Confidence*, identified the academic environment as one of rapidly rising student–staff ratios, redundancies and low morale. The Higher Education sector, according to one Australian academic, quoted in this article, is 'facing a perfect storm'. Barnett (2003, p. 6) examines what he calls the fragile, shifting and uncertain world of the university which, he argues, is in a 'perpetual state of becoming' with no end point and no definite state of realisation – a professional workplace in an iterative state of 'becoming other' as are the professionals working within this context.

This book problematises the often taken-for-granted notions of individual professional 'becoming', the contexts in which professionals work and learn, the professions themselves and the client base of professionals. The intention of this book is to encourage reflexivity in experienced practising professionals, beginning professionals, student professionals, educators of professionals and clients across the professional educators to engage in 'thinking as usual' within often outmoded constructs of what it means to be a professional – there are continual challenges to the epistemological and ontological claims of professionals. These challenges make professional engagement in iterative cycles of becoming and lifelong learning fundamental to claims of becoming a professional.

2 Overview of the Book

All the contributors bring their experiences of becoming a professional and assisting and researching the professional becoming of others to the chapters in this book. Each explores becoming a professional from a different theoretical perspective, across a range of professions and in different contexts of work and study. From these chapters, what emerges is a view of becoming a twenty-first century professional, which is far more problematic than the commonsense answer suggested earlier.

In the first chapter, I examine the concepts of 'becoming' and 'professional'. I begin by locating the provenance of 'becoming' as an evolutionary, iterative process by which a sense of professional self is developed. I argue that this is a process which eschews endpoint notions of professional being such as those found in novice to expert models. I explore the second concept of 'professional' by examining the still unresolved search for a satisfactory definition of what constitutes a professional essence' and the twenty-first century challenges to this essence. I conclude the chapter by linking the iterative concept of 'becoming' to lifelong professional learning.

Hager and Hodkinson in Chap. 2 carry the notion of 'becoming' into their examination of professional learning through their use of 'becoming' as a metaphor for learning. 'Becoming', they argue, is a more fruitful metaphor for investigating professional learning than the common alternative metaphors such as acquisition and transfer, participation and construction. 'Becoming' as a metaphor emphasises that learning, practice and dispositional development are ongoing and are never completed. This metaphor best captures the iterative formation of a professional and aligns closely with the concept of lifelong learning.

In Chap. 3, Beckett emphasises the relational nature of becoming, the sociality of practice and the significance of making practical judgements. He challenges the individualistic nature of traditional concepts of 'professional' which focus

on disciplinarity, professionality, learning and human cognition, and argues that professional becoming is 'socially located' – a view of professional becoming central to lifelong learning.

Abrandt Dahlgren in Chap. 4 situates the discussion of 'becoming' within the worklife transitions of students, specialising in psychology and political science, from universities with different learning and cultural contexts. Becoming professional is here studied as a function of how students understand their professional university studies on entering university and what they see as the relationship between study and work.

In Chap. 5, Vu and Dall'Alba draw on Heidegger's concept of 'being-in-theworld' to examine 'becoming' in terms of 'becoming authentic'. They argue that neophyte professionals need to develop a critical approach to learning by taking responsibility for forming their own perspectives through interactions with peers, teaching staff and others. They point out that educators of professionals have a key role to play in raising with students issues about who they are becoming and what it means to become skilful, authentic professionals.

I take 'becoming' to the movies in Chap. 6 and, through a detailed review of the literature, examine the dominant ways doctors, teachers and nurses have been represented in film and on television. I explore how the 'reel' is conflated with the 'real' and the impact this has on professionals and also on society's expectations of professionals. I argue that exploring filmic representations provides professionals with 'possible' professional selves which can be rehearsed for authenticity in 'real' situations.

In Chap. 7, Bleakley draws on the work of Deleuze and Guattari to examine becoming a medical practitioner in the twenty-first century. He argues that doctors must adjust to more horizontal, democratic work practices and be prepared to account publicly for these practices. Doctors' work is no longer confined to healthcare in the sense of 'producing health and repair'; doctors must ensure patient safety through effective communication with other healthcare workers and with patients. He calls for a new kind of doctor, a 'medical citizen', who works collaboratively, learning from peers and patients.

Lee in Chap. 8 examines 'becoming' through engagement in professional doctoral studies. Professionals who undertake these studies become a new kind of subject – a 'practitioner-researcher'. These doctorates locate becoming in a new place at the interface of academic, professional and workplace knowledges. Doctoral learning, she suggests, is a fraught and incomplete process of learning how to know and be, differently.

In Chap. 9, Foster views becoming a medical practitioner as one of irreversible transformation. She deconstructs the process of becoming a doctor into several stages, from choosing to become a doctor to becoming an independent medical practitioner. In each of these stages, she recognises moments of 'being' which are nonetheless temporary as the practitioner continues to become in a lifelong process of professional learning.

Davey and Bredemeyer in Chap. 10 explore the concept of becoming a professional nurse. They begin by drawing on the literature to examine the socio-historical tradition of nursing in Australia. They examine the inconsistent educational practices used to prepare nurses, and some of the negative socialisation processes experienced by nurses entering the workplace. They emphasise the importance of multidisciplinary, situated practice in the development of professional identity and the professional becoming of a registered nurse.

In Chap. 11, Mulcahy examines teacher professional becoming through actornetwork theory. She argues that professional becoming as a field of practice is constituted through inter-weavings of people, places, bodies, texts, artefacts and architectures. Professional becoming occurs in an 'in-between' space in the interaction between learning in the academy and learning in schools. Thinking about professional becoming in this way dissolves theory practice dichotomies.

I return in Chap. 12 to the question – 'what does it mean to be a professional?' I briefly 'answer' this question by noting some of the core arguments from the chapters, and I examine the viability of the notion of the traditional professional essence in the twenty-first century. I then conclude with what becoming a professional means to me ... for now.

What then are the professions and how do we account for professional becoming?

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Chapter 1 'Becoming' a Professional

Lesley Scanlon

1 Introduction

This is the foundational chapter of the book. It problematises professional becoming through an examination of the two principal concepts – 'becoming' and 'professional' – which underpin each of the chapters in this interdisciplinary work. To do this, I suggest ways we might answer the question posed in the introduction – what are professionals and how do we account for professional becoming? The chapter has three main sections which examine the nature of 'becoming' using different theoretical constructs, the search for an understanding of what is a professional and the role of lifelong learning in professional becoming.

I begin the chapter by locating, within the scholarly literature, the provenance of 'becoming' as an iterative and emergent concept of identity formation. Adopting 'becoming' implies a rejection of conventional novice-to-expert explanations of being a professional and accepting instead the 'ongoingness' of developing a professional self and all that this implies. I make use of Schutz's 'stranger', Wenger's 'trajectories' and Ibbara's 'possible selves' as theoretical frames to guide the discussion. Next, I draw extensively on the literature to consider the claimed cultural specificity of 'professional'; this is followed by a consideration of the long and still unresolved search for a satisfactory definition of professional, again with extensive reference to the literature. I then turn to what has traditionally been taken to constitute the essence of a professional by looking at the epistemological and ontological dimensions of this essence and at the same time consider contemporary challenges to these dimensions. The chapter concludes with a discussion of the ways in which 'becoming' is contiguous with lifelong learning.

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2 The Nature of 'Becoming'

The provenance of becoming is located in the work of scholars such as Cooley (1922), Mead (1934), Schutz (1964) and more recently the work of Wenger (1998), Ibarra (1999) and others. What emerges from these eclectic origins is a sense of becoming as an evolutionary, iterative process through which individuals develop a sense of a professional self, a professional identity. In this view, professional becoming cannot be reduced to the acquisition of knowledge and skills within formal educational environments which are then enacted in a professional workplace. Of course, knowledge and skills are significant and together with professional performance help constitute identity. This professional identity is multidimensional and includes not only individual and collective identity situated in specific professional practices but also provisional identity, a kind of rehearsal for a professional self. Moreover, this professional self is an ever changing phenomenon, never fully realised, always in the process of becoming other.

The book makes a distinction between 'becoming' and 'being' a professional. I argue that 'being' a professional denotes the notion of arriving at a static point of expertise. It is a concept frequently encountered, for example, in typologies of professional practice where the expert is the final stage in a lineal professional development beginning with the novice and suggested by scholars such as Berliner (1986), Dreyfus and Dreyfus (1986) and Kagan (1992). On the other hand, when we conceptualise professional identity as 'becoming', we highlight the evolutionary, processural nature of developing a professional self. It is an iterative concept that eschews notions of arrival and end-point achievement of expertise. It is for this reason that 'becoming' is contiguous with notions of lifelong learning. In the context of the knowledge society of late modernity, where professionals must continually adapt to new knowledges and the new contexts in which these knowledges are actualised, final expertise is unachievable.

In 'looking back, looking forward', in the Introduction to the book, I used the word 'stranger' when describing my professional becoming through a series of transitions. I did this quite deliberately as a segue into Alfred Schutz's seminal paper *The Stranger* (Schutz 1964) which is a useful conceptual lens through which 'becoming' can be observed as an iterative process. Schutz defines the stranger as 'an applicant in a closed club' (Schutz 1964, p. 91). This is an effective way of viewing the fledgling professional as they approach their initial entry into professional practice. Pre-service professional preparation involves the budding professional in the acquisition of theoretical knowledge and workplace experience. Regardless of the degree of pre-professional workplace experience, the professional context when first encountered as a fully fledged professional is an unfamiliar cultural world, a 'field of adventure' (Schutz 1964, p. 104). This is a problematic situation for the stranger as well as for the old culture because the initiate is not bound to worship, as Schutz (1964, p. 104) puts it, 'the idols of the tribe'. The new professional may not even recognise the idols or the degrees of worship accorded

to them. Within the professional context, the idols may include sacred professional texts, experts as truth sayers, revered values and ritual practices, for example.

Why strangers face these difficulties is that they have what Schutz (1964, p. 93) calls, drawing on a distinction made by William James (1902), 'knowledge about' the new professional context rather than 'knowledge of' this context. This 'knowledge about' is naïve, decontextualised and untested knowledge not verified through actual engagement. This contrasts with 'knowledge of' which is contextually tested insider knowledge consisting of 'trustworthy recipes' which provide professionals with routine procedures and ways of interpreting the new situation (Schutz 1964, p. 94). The acquisition of this recipe knowledge is a critical step in becoming a professional within the context of practice. (I have used this conceptualisation of knowledge elsewhere [see Scanlon et al. 2007] to examine the transition and identity construction in first-year university students.)

Schutz explains, however, that this 'recipe knowledge' or what he calls 'thinking as usual' works only until a crisis situation occurs in which the tried-and-true recipes are no longer adequate. Within the ever-changing context of professional practice in the twenty-first century, with, for example, new medical knowledge and procedures and new curriculum structures constantly evolving, professionals face recurring crisis points where their knowledge-base and their established practices may cease to operate effectively. Practice thus becomes problematised leading the reflexive practitioner to locate new knowledges and practices. This new knowledge, once brought into the context of practice, changes not only the practitioner but also the practice. Thus, not only the professional but professional practice is in an iterative cycle of becoming other. Because of this ever changing world of practice, a professional might at any point be relegated to the role of a stranger within a professional context in which they were previously a member. Thus, the once explicit 'knowledge of' the context of professional practice becomes 'knowledge about' that practice.

This iterative element of professional becoming or identity construction can be seen in more recent works such as that of Wenger (1998, p. 56), who uses 'trajectory' to signify the continual motion that is identity formation. He suggests that 'identity is a becoming' and that the work of identity is ongoing and pervasive. He sees identity as negotiated experience in the sense of being a community member, as a learning trajectory, as a nexus of membership and as a relation between the local and the global (Wenger 1998, p. 149). The experience of identity in practice is a way of being in the world because it is produced as a lived experience of participation in specific communities (Wenger 1998, p. 151). What both Wenger and Schutz are examining is of course socialisation or acculturation into a cultural practice and this is fundamental to becoming a professional. Ibarra (1999, pp. 765–767) similarly argues that identity is a negotiated adaptation by which people strive to improve the fit between themselves and their work environment. I should like to emphasise that the use of 'fit' here does not imply a static, unchanging context which members must accommodate; the inclusion of a new member results in a change of context which itself is in a constant state of becoming with the arrival of new members.

'Crafting' a professional identity, a professional self (to use Ibarra's terminology), is always in the process of becoming as individuals actively choose, alter and modify their identities based on what will enable them to get along best in their professional context (Baumeister and Muraven 1996, p. 405). These professional identities are formulated and maintained over time in an ongoing negotiation of self, a process during which individuals are defined by others and in turn define and redefine themselves (Coover and Murphy 2000, p. 125). This is a view notably propounded by George Herbert Mead (1934, p. 158), in which the individual develops an identity grounded in the assimilation and acceptance of contextually specific shared beliefs, rules, values and expectations as a result of interaction with significant others and with the generalised other, that is, with the attitudes of the social group to which the individual belongs. A similar position is taken by Franzak (2002, p. 258), who argues that we live in a world of negotiated identity where we continually construct and revise visions of self. Britzman (in Weber and Mitchell 1995, p. 25) refers to the perpetual incompleteness of identity and suggests 'identity is a constant social negotiation that can never be permanently settled or fixed'.

All professional contexts offer both opportunities and constraints for becoming a professional for, as Berger (1966, p. 107) suggests, 'Every society contains a repertoire of identities that is part of the "objective knowledge" of its members'. As the individual is socialised, this objective reality is subjectively appropriated, that is, socialisation brings about symmetry between objective and subjective reality, and between objective and subjective identity. The individual recognises their identity in socially defined terms and these definitions become reality as the individual lives in society (Berger 1966, p. 108). Becoming a professional is not only about developing an individual identity but also about developing what Cerulo (1997) calls a collective identity, requiring lifelong negotiation and renegotiation. Collective identity is a social artefact, an entity moulded, refabricated and mobilised in accord with reigning cultural scripts and centres of power (Cerulo 1997, p. 387). These identities can be rehearsed as 'possible or provisional selves' (Ibarra 1999) or 'ideal identity' (De Ruyter and Conroy 2002).

'Possible or provisional selves' and 'ideal identity' are powerful tools in professional identity construction. Ibarra (1999, p. 765) argues that individuals adjust to new professional roles by experimenting with images that serve as trials for possible, but not yet fully elaborated professional identities. These provisional selves are temporary solutions that individuals use to bridge the gap between current capacities and self-conceptualisations, and the representations they hold of what attitudes and behaviours are expected in the new role (Ibarra 1999, p. 765). The idea of provisional selves builds on the idea of possible selves suggested by Marcus and Nurius (1986) and these not only serve in the initial formation of professional identity but may also provide a means of renegotiating identities during career passages. Ibarra (1999, p. 767) argues provisional selves are makeshift until they are rehearsed and refined with experience. When building a repertoire of possible selves, Ibarra (1999, p. 772) identifies the importance of role prototyping to determine what constitutes credible performance. This is achieved through observing successful role models and thus learning tacit rules and ways,

and important professional traits. It is, however, in the doing that the 'real' self is actualised.

These role models may be encountered during academic professional preparation particularly when authentic learning spaces are created where these possible selves can be rehearsed before formal entry into the 'real' professional world (Scanlon 2008a, b; 2009a, b). Other sources for possible selves include practicum experiences, working with mentors or the rich array of filmic representations in popular culture, all of which contain potential exemplars of desirable and, of course, undesirable possible selves.

3 What is a Professional?

'Professional' is the second key construct in the title of this book and there is an extensive literature on what constitutes a professional and the professions, their origin, distinctive characteristics and contemporary challenges. It is not my intention in the following section to provide a comprehensive review of this literature, but rather to selectively highlight from this vast resource some of the critical issues relevant to the discussion of becoming a professional. I begin with some general comments about the nature of the professions and the unsuccessful search for a definitive definition. This leads into a consideration of the epistemological and ontological dimensions traditionally seen to constitute the essence of the professions. Woven through this examination are the current challenges to many of these traditional claims made by professionals.

I have taken Evetts's (2006, p. 135) lead here and identify professionals as practitioners who work in knowledge-based service occupations. These occupations require tertiary education followed by formal credentialing, and have an agreed standard of ethical behaviour. These 'knowledge workers' service fundamental social needs such as health and education. This is a working definition only as there is no agreed definition of either a professional or a profession nor is the concept a universal one but rather like cricket, according to Burrage (1990, p. 4), an anomaly of which the English are proud and no one outside the old empire understands the rules. Friedson (in Dingwell and Lewis 1983, p. 26) agrees, calling the professions 'the English disease'.

Scuilli (2005, p. 915) supports 'the English disease' thesis and argues that the concept of profession does not exist in Europe because he says there is no linguistic equivalent in any European language. The closest European equivalent, Scuilli suggests, is *Burgertum* which is equivalent to the 'middle class', or *Bildungsburgertum*, the 'cultivated middle class'. Nonetheless, his work on the rise of the visual academies in Europe – Florence in the fifteenth century, Rome in the sixteenth century and Paris in the seventeenth century – firmly establishes the rise in Europe of the first practitioners to provide expert occupational services (Scuilli 2007, p. 38). An extensive study (Jarausch 1990, p. 4) of lawyers, teachers and engineers in Germany in the first half of the twentieth century notes that the lack of the term

in German has rendered studying the professions in central Europe difficult. He argues that in the nineteenth century, the word *Beruf* (a Lutheran notion of 'calling') when combined with *Stand* and rendered as *akademischer Berufsstand* was used to indicate a profession. However, Malatesta (1995, p. 5) points out that *akademischer Berufsstand* does not, unlike the modern *professinalizierung*, carry any connotation of self-organised closure of a profession but rather refers to class-based distinctions between intellectual and manual work.

Collins (in Torstendahl and Burrage 1990, p. 15) acknowledges the existence of professions in Europe and identifies the difference between the English and 'continental' professional models. The continental model, he says, emphasises elite administrators who hold office through academic credentials while the English model stresses freedom of employment and control of working conditions. Collins locates this difference in the origin of the professions which in Europe developed alongside the growth of the nation state. Jones (1991, p. ix), in his study of professions in the Soviet Union and Eastern Europe, supports Collin's claim and argues that in one-party states, unlike liberal democracies, there were no 'free' professionals, but employees of the state. The state was not only the employer, but also shaped the general environment in which all occupations operated. He argues that the knowledge-base of professionals, the source of their power in liberal democracies, poses a danger to state control in socialist societies. He cites the infamous doctors' case in the Soviet Union which effectively 'tamed' doctors and made them servants of the state. In liberal democracies such as Britain, the professions became high-status precisely because they separated themselves from the state by forming monopolies of service (Collins in Torstendahl and Burrage 1990). Whatever their origin, Cheetham and Chivers (2005, p. 35) argue that professionals are the most influential group in society, although they are not an homogenous group, but a varied collection of occupations in different sections of the economy with different vested interests (Brint cited in Freidson 2001, p. 3).

The three principal professions examined in this work have been selected because they represent different kinds of professional profiles. The most widely recognised of all professionals are doctors. Nurses and teachers still struggle for professional acknowledgement; however, their professional status is widely questioned amongst the clients they serve and amongst scholars. The status of doctors remains largely intact although there is growing public critique and scepticism.

3.1 In Search of a Definition

That the professions and the individuals who work in them have played a significant role in the English speaking world is evidenced by the fact that they have been well worked over by English and American sociologists, according to Bennett and Hokenstad (in Halmos 1973, p. 21). During the 100 years of sociological scrutiny, each decade of the twentieth century and the first decade of the twenty-first century has seen significant studies on the nature of professions. I cite only a few of

these: Abraham Flexner (1910), Carr-Saunder and Wilson (1933), Parsons (1939), Lieberman (1956), Greenwood (1957), Etzioni (1969), Halmos (1973), Dingwell and Lewis (1983), Freidson (1983), Perkins (1989), Eraut (1994), Freidson (1994), Hoyle and John (1995), Sachs (2003), Cheetham and Chivers (2005), Scuilli (2005) and Dingwell (2008).

This prodigious sociological outpouring has, however, not produced a satisfactory definition of what constitutes professional work and what, therefore, distinguishes a profession from other occupations. Dingwell (2008, p. 12) says that the logical outcome has been that 'a profession is nothing more or less than what some sociologists say it is'. Freidson (in Macdonald 1995, p. 7) in 1980 even suggested that 'profession' was a lay or folk term and that assessing the professional status of any one profession is what the folk do and it is not the real task of sociologists. Freidson (in Dingwell and Lewis 1983, p. 22) also argued in his early work that 'profession' is not a generic concept, but rather a changing historical one. Twenty years later he commented (2001, p. 4) on the continued search for definitional clarity insisting that 'instead of building a sturdy tower of knowledge, this activity has created a number of scattered huts...' Nonetheless, Freidson (2001, p. 180) at this time offered an ideal type model of a professional as having a body of knowledge based on abstract concepts and theories and requiring the exercise of considerable discretion, an occupationally controlled division of labour, credentialing procedures, training programmes and an ethic which emphasises doing good rather than economic gain.

Much of the literature on the professions from the early 1900s to the 1950s is found in the social sciences and philosophy (Cruess, Johnston and Cruess 2002, p. 11). However, one of the first systematic studies was undertaken not by a sociologist, but by a researcher with the Carnegie Institute in the United States, a former secondary teacher and school principal Abraham Flexner. His report in 1910 for the Carnegie Foundation for the Advancement of Teaching resulted in the closure of 50% of the medical schools in the United States and Canada and introduced improved admission qualifications and education for physicians through the establishment of a specific model of professional training. Flexner based this model on the Johns Hopkins' scientific rather than practice-based approach and it is the Flexner model which still dominates medical education today. This has also been adopted by other professions; for example, Shulman (1998, pp. 522–523) argues that this educational model harmonises with Dewey's vision for teacher preparation in which pre-service teachers are first immersed in theory and it is in practice that this theory is verified.

In Britain, the first study of the professions was undertaken by Richard Tawney (1921), an economic historian and member of the Fabian Society who placed the professions at the forefront of the struggle against entrepreneurial values. Tawney argued that the professions were a cure for the 'acquisitive society', saying that they 'lifted men [sic] out of their baser selves', enabling them unselfishly to serve others. This and other comments by Tawney, according to Haskell (1984, p. 181), are 'the friendliest things' said by a serious scholar about the professions (p. 186).

From the 1930s to the 1970s scholars such as Talcott Parsons (1939), Carr-Saunder and Wilson (1933) and Goode (1969) adopted a functionalist approach which saw professionals emerging as experts and the development of the professions as the product of a division of labour which helped maintain the social order. This approach focused on identifying key professional attributes or traits that distinguished the professions from other occupations. Carr-Saunder and Wilson (1933) regarded the professions as one of the most stable elements in society because they 'inherit, preserve and pass on tradition' (cited in Macdonald 1995, p. 2) and, along with other functionalist like Goode (1969), identified the chief professional attributes as specialised intellectual study and training as the basis for providing skilled services. Talcott Parsons emphasised the social value of the professions and included such attributes as a 'scientific approach' and universalism. This attributive approach, Scuilli (2007, p. 36) and Eraut (1994) argue, emphasised the knowledgebase as the key defining attribute of professional practice. This approach suggests that professions institutionalised universalistic rather than particularistic standards of behaviour and at the same time contributed to the social order. This functionalist approach Roth (1974, p. 7) regards as 'misdirected zeal' in search of a definition.

Beginning in the 1960s, the literature shifted; physicians in particular were accused of exploiting their monopoly position and failures in self-regulation and protection of unethical practitioners were also identified. For the next 20 years, Scuilli (2007, p. 36) says, a different approach to the study of the professions was adopted with what he called the age of the revisionists whom, he argues, accord more with George Bernard Shaw's comment that the professions are 'a conspiracy against the laity' (Hoyle and John 1995), than with the previous more 'friendly' approach of the functionalists. This was a period in which there was a widespread backlash against the professions in which sociologists such as Larson (1977, 1990), Johnson (1972), Collins (1979) and Abbott (1988), to name a few, highlighted the elitist and monopolistic tendencies of the professions. Subsequently, the professions became a 'malevolent force' making no contribution to the social order (Scuilli 2007, p. 916).

The sociological debate about what it means to be a professional was reinvigorated by Scuilli (2005) when he argued for a constitutive definition of professions to be used independently of context. He suggested that this definition must include: first, high social esteem based on the provision of expert service provided by professionals from a position of power, trust and discretion; second, the recognition that professionals have two fiduciary responsibilities – to advance client well-being and to take responsibility for the governance and regulation of activities of their particular profession and third, engagement in lifelong learning to better serve client needs; and finally, professionals should provide services within existing regimes of truth (Scuilli 2005, p. 936).

Evetts (2006, p. 134), in response to Scuilli, considers definitional searches a time-wasting diversion. Similarly, Atkinson (in Dingwell and Lewis 1983, p. 227) considers 'profession' to have no specific denotation, arguing rather that it is a title claimed by certain occupations under certain conditions at specific times. Downie (1990, p. 148) warns against a definition of professions that becomes solidified

around law and medicine, arguing that new knowledge areas are developed and so there will always be new contenders for the status of professional. If the professions are a transient phenomenon, one already passed its zenith as Stichweh (cited in Pfadenhauer 2006, p. 566) suggests, why bother with a definition?

4 The Professional Essence

In this section, I use epistemology and ontology as lenses to analyse the essential, interlocking ways that the literature identifies in becoming a professional. These ways of becoming have been separated for the purposes of discussion, but also because they represent, though controversially, the way in which becoming a professional is still largely perceived and reflected in the still extant Flexner and Dewey model of professional education. Epistemology and ontology, as well as being lenses for exploration, are also contexts. Epistemology is the intellectual, knowledge-based context of professional preparation; ontology is a way of professional being in this world of knowledge as well as in the world of practice.

In exploring these ways of 'becoming', I consider the conventional notion of epistemological and ontological professional becoming, along with the challenges currently encountered by professionals. The result of these challenges is a new kind of reflexive professional (Giddens 1991) who must constantly question and restructure their professional self as a lifelong project, addressing the changing nature of professional knowledge and the socio-economic conditions in which professionals practise, and acknowledging the impact of the recent assault on their professions (Freidson cited in Beck and Young 2005, p. 184).

4.1 Epistemological Dimensions

A traditional claim of the professions is that what distinguishes them from other occupations is their cognitively superior knowledge-base defined not only by its theoretical and esoteric nature (Bennett and Hokenstad in Halmos 1973, p. 24) but also by being positioned within the scientific disciplines which further enhances its aura of certainty (Hoyle and John 1995, p. 14). Knowledge thus constructed must be sufficiently erudite to require long training rewarded by formal credentials which confer professional status. It is through the production and reproduction of this esoteric and scientific knowledge that professionals, according to Popkewitz (1987, p. 6), exercise power.

It is this theoretical, abstract knowledge component that is controversial and provides a challenge to the newer professionals such as nurses and teachers in claiming professional status. That the cognitive nature of the knowledge-base is significant in determining professional status is illustrated by Etzione's (1969) claim that teachers and nurses are 'semi-professionals' because their knowledge-base is

intuitive, emotional and interpersonal, thin and underdeveloped. Below, I focus on teachers' knowledge which Hoyle and John (1995, p. 52) suggest is an example of still fragmented and peripheral knowledge. The parlous state of teachers' knowledge has been exacerbated by the fact that theoretical knowledge has largely been excluded from teacher education programmes and replaced by school-based or practical knowledge (Beck 2008, p. 136). Moreover, 'standards frameworks' which have also replaced theoretical knowledge exclude pre-service teachers from 'elaborated forms of academic study' which, Beck continues, would equip them to become critically reflective about the way their professional training has been structured.

However, there are scholars working in the area of teacher education who mount a strong claim for the recognition of a substantial teachers' knowledge-base. Shulman (1987, p. 8) identifies a teachers' knowledge-base which consists of content knowledge, general pedagogical knowledge, curriculum knowledge, pedagogical content knowledge, knowledge of learners, knowledge of educational contexts and knowledge of educational ends and purposes. The key to the knowledge-base proposed by Shulman is pedagogical content knowledge which represents the core of teaching because of its blend of content and pedagogy, that is, of theory and practice. It is this knowledge that entitles teaching to be called 'a learned profession' and the teacher a member of a 'scholarly community' (Shulman 1987, p. 9). Other scholars such as Hiebert et al. (2002, pp. 3-7) have also mounted a defence of teachers as professionals; their argument is also grounded in the knowledge-base of teachers which they suggest can be constructed from teachers' craft knowledge, that is, knowledge which is detailed, concrete and specific, integrated, public, storable and shareable and with mechanisms for verification and improvement. At the heart of the discussion of a professional knowledge-base is the acceptance of the division of knowledge into theory and practice with the former being more highly valued than the latter. Examples of the integration of theory and practice in pre-service teacher education are examined elsewhere (Scanlon 2008a, b; 2009a, b).

The relationship between theory and practice, Shulman (1998, p. 517) suggests, is the essential pedagogical challenge for professional education. Freidson (2001, p. 95) illustrates this by pointing out that preparation for the professions involves initial acquisition of theoretical knowledge in an educational institution where frequently the pre-service professionals are insulated from the immediate practical demands of everyday work. The argument for this approach, he says, is that for professionals to be able to make the discretionary decisions required in practice, they must first have an adequate theoretical grounding upon which to base these decisions. However, in the context of this theoretical education, there are tensions; for example, the research practices of professional faculties frequently focus on esoteric procedures and techniques and this, according to Freidson (2001, pp. 99–100), separates the faculty from practitioners. This encourages the creation of ideal type standards of performance, which demean the improvisations required in the 'confusion and impurity' of practice. One of the teacher participants in Jensen's research (2007, pp. 495–96) described the fragile nature of theory and how it is

essential that the teacher work intensively with everything connected with that theory to make it fit with practice.

Discussions of professional knowledge highlight not only the distinction between theory and practice but also a distinction that is often made between the art and science of the profession – as pertinent in teacher education as it is in medicine. In medicine, the science is seen (Patel et al. 1999, p. 75) to reside in the biomedical sciences of anatomy, biochemistry, physiology and applied science such as pathology, radiology and medical physics. The science is in clinical practice in which the physician employs deductive reasoning to reach a diagnosis; the art is in patient care which engages the physician's intuition, experience and holistic perceptions. Similarly, the science of teaching resides in discipline content knowledge and foundational pedagogical principles; the art of teaching is in classroom practice and engagement with students.

4.1.1 Challenges to the Knowledge-Base

The first challenge questions the very foundation of what it has traditionally meant to be a professional, that is, the nature of abstract knowledge. Schon (cited in Curry et al. 1993, p. 28), for example, argues that scientific knowledge grounded in technical rationality is not sufficient to tackle the complexity, uncertainty, instability, uniqueness and value conflict that characterise real practice. What is required is not scientific certainty but professional practice, that is, wise action in complex, unique and uncertain situations with conflicting values and ethical stances (Schon in Curry et al. 1993, p. 17). The second and related challenge acknowledges that professional knowledge is no longer defined by rationality but by relativity (Pfadenhauer 2006, p. 571). This means that education, the ritual core of professional preparation, is being challenged in terms of confidence and subjective legitimacy as the intellectual content has become specialised, relativistic and reflexive. As Collins (in Burrage and Torstendahl 1990, p. 41) poignantly comments, 'The magicians, in the privacy of their classroom, are becoming self-conscious of their own tricks'.

The third challenge focuses not only on the relativity but also on the 'temporalisation' of what are recognised to be rapidly ageing stocks of professional knowledge (Pfadenhauer 2006, p. 570). This strikes education at the ritual core of becoming a professional because it is no longer sufficient for professionals to acquire the necessary knowledge and training prior to practice. There is increasing pressure for individual professionals to continually adapt their stocks of knowledge and to introduce effective monitoring in respect of continuing professional learning – to engage in 'becoming' as a lifelong learning project. Fournier (1999, p. 303), using a Foucauldian analysis, argues that it is not regimes of truth that constitute professions, but rather it is the construction of truth and legitimacy in the eyes of others. For example, academic knowledge, according to Abbott (1988, pp. 53–54), functions more symbolically than practically. Herein, he says, lies a difficulty and he signals that the maintenance of professional jurisdiction lies in part in the power and prestige of its academic, abstract knowledge which the public mistakenly believe implies effective professional work. It is of course not simply that the professional must acquire new knowledge because, as Abbot (1988, p. 179) rightly points out, change in knowledge incorporates both growth and replacement as new knowledge replaces the old and the professional must not only learn the new but also must unlearn the old. As I discussed previously, the old may be conceptualised as recipe knowledge (Schutz 1964) and it is when this is challenged that the professional may again feel a stranger within a profession in which earlier they were a confident member, and it is this challenge which necessitates iterative becoming and lifelong learning.

A fourth epistemological challenge is to the exclusivity of the professional's knowledge-base. This exclusivity is challenged on two fronts: the first results from the massification of university education and the subsequent inflation of formal educational degrees resulting in a falling rate of return on education (Pfadenhauer 2006, p. 570). Second, and closely related to the massification of education, is the changing technologies which render the previously exclusive and scarce knowledge of the professions available to a better educated and more critical client base. These technologies not only enable physical access to professional knowledge but also provide that knowledge in both professional and everyday discourse. In this way, the lay person is more aware of the limitations, for example, of modern medicine and is more willing to question professional advice (Kenny and Adamson 1992, p. 3). The lay public is also better educated and while, as Wirt (1981) argues, more education does not make everyone a critic, it does increase the chances that the myth of professional omnipotence will be questioned.

Not only is professional knowledge no longer exclusive, but also it is no longer scarce. This is particularly true of teachers' knowledge. It is not only that almost everyone in liberal democracies has been to school and the educational levels have improved amongst the general population, but there is also a growing sector of the population whose knowledge far exceeds that of teachers (Jones 1991, p. 155). This is significant, for, as Perkins (1989, p. 378) argues, one of the defining features of the professional concept was the scarcity of the supply of expertise. This was not a natural but an artificial scarcity which required protection and seemingly that protection is no longer effective.

4.2 Ontological Dimensions

The ontological dimension is about practice *in situ*, requiring 'strong doses of socialisation' (Fournier 1999, p. 287), where the professionals, as traditionally perceived, are expected to display altruism, trust, autonomy and knowledge of their client base. This dimension requires professionals to develop a sense of who they are in terms of professional practice, how they inhabit the professional world and on what terms and how they interact with others in that world. Professionals must learn to 'become' in the context of the twenty-first century, where the spaces in which professionals develop their identity include not only 'real world' domains such as

hospitals, clinics and classrooms, but also 'authentic' professional learning within formal educational institutions (Scanlon 2009b). Within the context of practice, challenges to professionals, according to Downie (1990, pp. 148–149), come from those who argue that professions are elitist, class-biased and profiteering as well as monopolistic and restrictive. The general public, Downie argues, remains mildly sceptical of the mysteries behind the professional façade.

4.2.1 Altruism

It can be argued that the professional service ideal arose because the traditional professional services such as caring for the sick and teaching were public services provided by the Churches. This altruistic attribute privileges the collective above the individual both in the sense of serving society and in the sense of professional cohesiveness. Early work by Tawney (1921) suggested that the professions were a check to destructive individualism. However, the twenty-first century has seen the resurgence of individualisation and this must be factored into any account of professionals. Beginning in the 1970s, there was a backlash against the perceived power, privileges and pretensions of professionals (Perkins 1989, p. 472). This, according to Halmos (1973, p. 6), arose from the laity's view that the service claims of professionals were a myth which they used to cling to a monopoly of power and privilege. In Australia at that time, Boreham et al. (1976) asserted that the professionals made care decisions based not on altruism but on gender, race and class.

4.2.2 Trust

Another traditional attribute of the professions has been what Hughes (cited in Halmos 1973, p. 26) called 'institutionalised trust', that is, a mandate from the client public to the professionals. Pragmatically, it can be said that this trust, particularly in the medical profession, resulted from the inability of the general public, until recently, to evaluate the physician's esoteric activities. This trust, however, is no longer unconditional; the lay person can now evaluate these esoteric activities through easier access to knowledge, as discussed above. There is also greater public accountability resulting, for example, from the publication of hospital mortality rates, school league tables and extensive media coverage of professional malpractice.

Another challenge has been a withdrawal of the public's mandate, a 'rebellion of the public' (Gerhards cited in Pfadenhauer 2006, p. 568) or, as Haug and Sussman (cited in Boreham et al. 1976, p. 27) claim, a 'revolt of the clients'. The 'sovereign consumer' (Svensson 2006, p. 581) now shops around for 'second opinions' or embraces alternative therapies in medicine, and 'parental choice' has become a significant element in education. There are a number of dimensions to this rebellion, the first of which is epistemological and which, as Pfadenhauer (2006, p. 568)

points out, undermines notions of the exclusivity of the professionals' knowledgebase, which I examined above. Second, the public rebellion has questioned the existence of a previously viewed social consensus which surrendered to professionals problems that were collectively viewed as significant. A consequence of this is that professional solutions are no longer accepted without question (Pfadenhauer 2006, p. 569).

What has developed is a distrust of expert systems (Giddens 1991), that is, a general distrust of the exclusive competence of the professional and this is yet another challenge to trust. The provision of expert services is now dependent on the cooperation of the client, as Pfadenhauer (2006, p. 567) argues using an example from Kurtz, who instances the teacher who provides a positive learning environment, but is dependent on students' cooperation as the learning must be done by them.

4.2.3 Autonomy

The trust traditionally given to professionals enabled them to practise large degrees of professional autonomy, itself a critical attribute of traditional professions (Bennett and Hokenstad in Halmos 1973, p. 24). If we take autonomy to mean self-employment, then there are few professionals in the twenty-first century who can own to this degree of autonomy experienced by earlier professionals in the English context. This kind of self-employed autonomy is now an illusion (Murphy in Torstendahl and Burrage 1990, p. 72). The current situation more closely mirrors the earlier European model where professionals were more restricted by the state. Even physicians who remain the most privileged in their ability to self-employ are increasingly either working within bureaucratic structures as public professionals or as private professionals within franchised 'for profit medical centres'. Moreover, Hoyle and Wallace (cited in Evans 2008, p. 21) argue that autonomy has given way to accountability to outside agencies including government bodies.

Autonomy also extends to licensing arrangements and to self-regulation, for example, where the traditional professions have fared better than teachers and nurses in retaining control of the licence to practice (Evetts 2006, p. 136). The restructuring of teachers' work in Britain, it is argued, has been 'an official state reworking and redefinition of the concept of teacher professionalism' (Troman 1996, p. 473). This is also found elsewhere, for instance, in the creation of statutory authorities, such as the NSW Institute of Teachers in Australia. This institute oversees undergraduate requirements for admission to initial teacher education programmes, much of the content of these university programmes, the discourse employed in textual renderings of graduate teachers through a complex, bureaucratic system of registration. This has effectively not only limited the professional autonomy of pre-service teacher educators in universities. This is what Fournier (1999) refers to as 'organisational professionalism' in which standardisation, accountability,

target-setting and performance review are adopted as mechanisms of control. The result of this bureaucratic organisation of work has, as Freidson (cited in Evetts 2006, p. 136) predicated, resulted in the demotivation of practitioners and an 'occupation identity crisis' (Evetts 2006, p. 139). The result has been what might be called the advent of differently constructed new professionals.

5 A New Kind of Professional?

The new professional has taken different forms, for example, a 'new' kind of teacher professional has emerged, though, like the 'old' professional, there is little definitional agreement. Hatcher (cited in Troman 1996, p. 474) identifies a new kind of technicist professional whose interests and values articulate with those of the central government. This sounds frighteningly like the professional in the one-party states examined by Collins (in Torstendahl and Burrage 1990, p. 15). However, Riseborough (cited in Troman 1996, p. 485) found that teachers were still able to create a 'rich unofficial underlife to official policy intention'.

Another kind of new professional has been described as 'unsettled' – the postmodern professional (Pfadenhauer 2006, p. 573) who has doubts about professional claims to superiority having in the course of individualisation and pluralisation lost 'faith' in the completeness and exclusiveness of, and lack of alternatives to, the pool of solutions managed by the profession and available to the professional. Postmodern professionals distance themselves from traditional professionals with their claims to cognitive and normative superiority as propagated by professional associations and their functionaries (p. 576). These practitioners develop individual strategies for overcoming crises and prefer to sort out unsettledness for themselves. This new professional, because of the doubts they experience, may seek support from counter-experts because they themselves no longer exclude other problem perceptions or problem-solving strategies.

The appearance of the so-called postmodern professional is consistent with Ibarra's (1999, p. 765) position that when individuals find themselves in new situations, these situations demand that the individuals produce 'new repertoires of possibilities'. These new situations may arise, for example, in practice when practitioners are confronted with competing knowledges and where recipe knowledge proves inadequate in the new situation. It can be argued from this that the twenty-first century knowledge society is a new situation in which professionals more than ever before must produce new repertoires as they engage in learning. The central feature of the self in modern society is its reflexivity, a constant questioning and reconstruction of the self in a lifetime project. We are constantly reconstructing and revising our personal stories and so reconstructing ourselves (Craib 1998, p. 3). It is this which links becoming a professional to lifelong learning.

6 Lifelong Learning

I have argued that the concept of 'becoming' is contiguous with that of lifelong learning because the iterative cycle of 'becoming other' examined in this chapter encompasses the notion of learning throughout one's professional life. It might therefore seem redundant to have a separate, albeit short, section on lifelong learning. However, I wish to make other observations related to lifelong learning and the professionals.

In the current neo-liberal discourse, lifelong learning has been harnessed to the economic needs of the state (Scanlon 2006), and projects a deficit model of learning - 'a kind of life sentence of schooling endless schooling' (Ohlinger cited by Boshier in Holford et al. 1998). This is a vocationalised version of lifelong learning and is in contrast to the integrated continuous learning involved in becoming a professional. The iterative cycle of identity formation formulated here is not about being bound to a 'Catherine wheel' of continuous course attendance and certification; it is about professionals continually constructing and reconstructing their identities as they engage with and critique new knowledges, skills and practices; it is about new ways of relating to more informed, questioning and often demanding clients; it is about dealing with emerging government bureaucracies bent on increased surveillance and it is about a continuous 'becoming other' in ever-changing contexts. Jarvis (2007) takes a similar position and argues that the individual is always becoming through continuous learning experiences which are incorporated into their individual biography. In this way, identities are always shaped by the external world in which we live (Jarvis 2007, pp. 153–154). If we do not continue to learn, we are destined to live in ignorance (Jarvis 2007, p. 39) or in Schutzian (1964) terms to remain 'a stranger' in changing contexts.

The Dewey Flexner model of professional preparation is in question because, as Jarvis (2007, p. 172) argues, knowledge, particularly in some professional areas, changes with such rapidity that the research is out of date when published and the situations reported in the research have also changed. Following this line of argument it is logical that any theory taught *before* practice will be outdated *in* practice. This then leads to the privileging of what Gibbons et al. (1994) have called 'Mode 2 knowledge' – knowledge generated in and for the workplace. It is not only that some forms of knowledge have a limited use-by date but also that there is a strong sense of 'antiscientism' in which science, now only one of many 'language games', is no longer unique (Leicester 2000, p. 75).

Learning becomes the condition of flexibility and flexibility is seen as the condition of learning (Edwards and Usher 2001, p. 279). In a risk society, one cannot stop learning, not only in relation to work but also to life in general. I commented elsewhere (Scanlon 2006) that scholars and government departments have linked lifelong learning to both individual and national economic survival. However, Sheehan (2001, p. 4) notes that the OECD recognises that lifelong learning is not only about employability, it is also about social inclusiveness, democratic

engagement and personal fulfilment. It is this view of lifelong learning which infuses professional becoming – being prepared to learn and do differently.

This view of lifelong learning signals the end of notions of 'mastery' in all spheres of human activity. This resonates with my argument advanced earlier in this chapter for the end to notions of the 'expert'. We only ever become lifelong apprentices, Rikowski (1999, p. 69) contends. Mastery is a momentary illusion because what we are attempting continually changes. There are therefore no experts, only some are more expert than others ... for now.

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Chapter 2 Becoming As an Appropriate Metaphor for Understanding Professional Learning

Paul Hager and Phil Hodkinson

1 Introduction

Accepting that human understanding of learning inevitably employs metaphor, this chapter argues that the idea of professional learning is most fruitfully illuminated by employing the metaphor of 'becoming'. The argument has two strands. Firstly, we show that 'becoming' enjoys significant advantages over common alternative metaphors, such as acquisition and transfer, participation and construction, which are still favoured by various policy makers and industry bodies. Secondly, we outline and discuss several examples of professional learning, derived from various research projects, to illustrate the value of the 'becoming' metaphor for analysing and enhancing professional learning. The 'becoming' metaphor also serves to make it clear that professional learning is a part of lifelong learning.

2 Learning and Metaphors

It is a somewhat surprising and little-noticed fact about learning that humans are unable to think about it without resorting to metaphors. Perhaps because learning, or the lack of it, is such a ubiquitous feature of human experience, and the language widely used to describe it seems eminently in line with common sense intuitions. Hence, it is mostly taken for granted that everyday thought and talk about learning, featuring concepts such as 'acquiring learning' or 'transferring learning', are closely descriptive of concrete reality. This seeming tangibility of these common

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learning metaphors is reinforced, perhaps, by their wide deployment within peoples' experience of compulsory schooling. It is precisely because common sense is typically unexamined, that it comes as a surprise to many to realise that 'acquisition' and 'transfer', when employed in relation to learning, are metaphors. Their being metaphors means that it is, at most, in some respects only that learning is analogous to things being acquired and transferred. However, as Scheffler long ago warned educators, every metaphor has limitations, 'points at which the analogies it indicates break down' (1960, p. 48). He argued for the need to explore the limitations of dominant metaphors, thereby 'opening up fresh possibilities of thought and action' (Scheffler 1960, p. 49). In recent decades, theories of learning have illustrated Scheffler's point by proposing and investigating the worth of a series of alternative metaphors for conceptualising learning, including participation, construction and becoming. This chapter will discuss each of these metaphors, including a detailed consideration of the 'becoming' metaphor.

Exactly why the use of metaphors is inescapable in thought and talk about learning is itself a complex matter, one that is well beyond the scope of the present chapter. (For some suggestive ideas on this matter, see Murdoch 1997; Lakoff and Johnson 1980, 1999; Hager 2004). However, the limitations that attach to metaphors, especially the respects in which the two things being compared are not alike, is an important theme in what follows.

3 Critique of Existing Professional Development Theorising and Its Metaphors

At first sight, 'professional development' is a sound term for expressing the concept of the ongoing education of professionals through the various stages of their careers. According to dictionary definitions, the term 'development' primarily has biological connotations: growth, evolution, gradual unfolding and fuller working out, for example. Thus, the development metaphor, as employed in 'professional development', actually implies that professionals are in a process of 'becoming'. In keeping with its biological connotations, the development metaphor suggests that development arises both from within and from without. That is, professionals continuously develop their own capacities, but always in response in part to goings on in their own particular environment. When professional development is understood in this biological sense, the connections between professional development and the concept of lifelong learning become readily apparent.

However, we think that as it has gained widespread currency, the term 'professional development' has largely lost these biological connotations. This is so because professional development has become increasingly associated with the linked 'acquisition' and 'transfer' metaphors that constitute the common sense understanding of learning. The main effects of linking the 'acquisition' and 'transfer' metaphors with professional development, thereby erasing the original biological connotations, can be summarised as follows:

- Acquisition and transfer suggest pre-specification and standardisation. Professional development becomes delivery of content decided by outside 'experts'. Rather than connoting an organic unfolding process, development comes to stand for professionals being stocked with pre-packaged material supplied by outside developers. This does not sit well with notions of professional autonomy and agency.
- 2. The nature of professional practice is greatly over-simplified. Practice is thought of as application (transfer) of (acquired) theory. This leads to a valuing of theories and understandings that were gained from formal professional preparation courses, and a devaluing of theories and understandings derived informally from experiences as a professional practitioner. As this problematic formal/informal dichotomy takes hold, the more tacit and less readily articulated aspects of professional practice become overlooked. Whilst this might sit well with current performativity agendas, it means that only some kinds of knowledge and ways of knowing and learning are recognised.
- 3. Professional development is focused exclusively on individuals and individual learning. As will be shown later, both individual learning and social learning are key components when learning is viewed as 'becoming'.
- 4. Professional development routinely is divorced from actual practice. The commonest model is to deliver it in formal settings away from the professional workplace. The new learning once transmitted and acquired is supposed to be taken back to the workplace and applied (transferred). In this way, professional development is supposed to change and update practice. On this model, learning is no longer an interaction of learner (professional) and professional work environment as the biological roots of 'development' imply.

In summary, the once helpful development metaphor has been twisted out of all connections with its original biological connotations. Taken together, the above four trends set up an unhelpful, but inevitable, gap between the rhetoric of professional development, continuing professional education, and the enriching experience of learning from practice over time, usually with others. This gap encourages the perception amongst some, seemingly capable, professionals that continuing professional education and the like is an unnecessary chore that gets in the way of 'real' professional learning. Clearly, this is an unhealthy educational situation for any profession to be in. Yet despite their widespread deployment and unreflective acceptance, the 'acquisition' and 'transfer' metaphors, being metaphors, have distinct limitations as Scheffler reminded us earlier.

4 Limitations of the 'Acquisition' and 'Transfer' Metaphors

In unreflective thought and talk about learning, it is assumed that the term 'acquisition' is used in its normal everyday sense. Closer inspection shows this to be not so. The common-sense view, mirrored in many theoretical views of learning that

adopt the acquisition metaphor, is that when someone acquires (possesses) learning, both that acquisition process and what they have learnt are inside of them (in their mind/brain for propositional learning; in their body for skill learning). But this is not normally the case for instances of acquisition and possession. People acquire and possess items such as cars, blocks of land or works of art. But none of these possessions is thereby located inside of their owners. Why should the matter be any different for acquisition and possession of knowledge or skills? Recent work in neuroscience (see Bennett and Hacker 2003) challenges the 'common sense' understanding of learning as a 'thing' located in the head, as it is suggested by the acquisition, possession and transfer metaphors.

There are also problems with the transfer metaphor itself. Closer inspection turns up puzzling oddities. In normal usage, to transfer something or someone is to convey, remove or hand them over to a new place or position. To be transferred is literally to leave place or position A and go to place or position B. So, say, property is transferred (conveyed) from a previous owner to a new owner. A footballer is transferred from one football club to another. But this is definitely not the sense in which we 'transfer' knowledge and skills when we teach them. Professional developers do not literally transfer their knowledge and skills to professionals. Rather, if the professional development session is successful, a new instance of the knowledge or skill is created, seemingly in the professional's head or body. But the professional developer still retains the skill that has been supposedly 'transferred' to the professionals. This is definitely not transfer in the usual sense. The metaphor misleads us.

An apparently simpler case is that of a professional transferring knowledge and skills from place to place. The professional learns, say, 'x' in location 'y'. Then, they move to location 'z' and use it (transfer it). But, once again, this is an odd usage of 'transfer'. Surely when professionals use the learnt skill, it is more accurate to say that they applied it to the new situation. If they literally transferred it, they would leave it behind when they left the new situation. It is more accurate to say that professionals having skills transfer from place to place, rather than the skills themselves transferring. Once again, the metaphor can easily mislead us.

5 Other Influential Metaphors

In the last several decades, diverse writers about learning have sought to take account of its social and situated character. This theorising has specifically aimed to also encompass learning that occurs outside of formal education settings. The diversity of both this theorising and the cases of learning that it encompasses suggest that seeking a single general account of learning may be unrealistic. That is, there may be many inherently different types of learning. This work has led some to view learning as a conceptual and linguistic construction, one that is widely used in many societies and cultures, but with very different meanings, which are at least partly contradictory and contested. On this view, there is no external, reified entity that is

'learning'. Rather, people construct and label certain processes/activities/products as 'learning' (Saljo 2003). In these theories, the ideas that 'learning is a reified thing' and 'individuals are the main or only locations of learning' are both rejected. These newer learning theories include situated learning, socio-cultural activity theory, cognitive apprenticeship and more. Here, we will not attempt a separate account of each category of theory, as that is a lengthy and complex task (see Hager and Hodkinson 2009). Also, see Hager (2011) for a critical overview of these theories as they relate to understanding learning at work). Instead, we will consider the various alternative metaphors that are employed by these newer theories and how our understanding of professional learning is creatively changed by these alternative metaphors. The metaphors that are invoked by these newer learning theories tend to be employed across theories rather than one particular metaphor being distinctly associated with just one theory. The main metaphors, which will be discussed here are: participation, construction and becoming. In each case, these alternative metaphors for understanding learning fit more congenially with the lifelong learning concept than did the *acquisition* and *transfer* metaphors.

5.1 Learning As Participation Metaphor

The metaphor of learning through *participation* in human practices gained wide attention through the seminal work of Lave and Wenger (1991). Their key idea that learning arises from learners participating in communities of practice is also referred to as *situated* learning. For them, viewing learning as situated within a community of participation means that it is highly contextual. They thereby reject the 'common sense' view that learning is a thing that can be acquired and transferred independently of its surroundings. Situatedness and participation also draw attention to the process aspects of learning. In this approach, learning becomes a process that is inseparable from the socio-cultural setting in which it occurs. This contrasts sharply with the common-sense idea that learning is a product to be acquired and transferred. In later works, the participation metaphor has been widely employed even by thinkers whose work otherwise has little in common with that of Lave and Wenger. Thus, *participation* has become an important metaphor in diverse writings about learning.

The participation metaphor and its related ideas suggest a very different understanding of learning from that captured via the metaphors of the 'common sense' account. The 'what' of learning becomes a complex social construction, one that subsumes the individual learner. Rather than learning being a thing or substance (the 'common sense' view), here it is a complex entity that extends well beyond the individual learner. It is a set of more or less complex practices, a social construction undergoing continuous change. On this account, learning results from active participation in social practices. The learner can be thought of as gradually being subsumed into an evolving set of practices that comprise a complex social construction. Thus, learning is located in social situations, not in the individual learner. Furthermore, in contrast to the 'common sense' view, learning is no longer viewed as independent of and simply contained within the learner and the surrounding context. In the long run, the evolving set of practices will itself have a history, one that is independent of the participation of any given learner. As well as not locating learning within individual practitioners, participation theories also raise the possibility, indeed the likelihood, of communal learning, that is, learning by teams and organisations that is not simply reducible to individual learning (see, e.g. Hager 2011).

As already discussed, the common-sense understanding of learning includes notions of movement that underpin the transfer metaphor. Participation theories also invoke movement. The difference is that whereas the 'common sense' view posited movement of the 'thing' that was learnt, the participation metaphor replaces this with movement by the learner. Learning for newcomers to a profession is thought of as movement of the novice professional from insignificance to greater prominence within the practice of the profession as they increasingly engage in it. The practice is viewed as a 'thing' that is 'there' well before novices begin to engage in it. New practitioners move within the practice from being novices to, mostly, proficient performers; from legitimate peripheral participation to full participation. Whilst early participation theories focused on the learning of newcomers, later work, for example, Wenger (1998), came to view legitimate peripheral participation as a special case. This shift of focus came about as it was realised that all professionals, even very experienced ones, need to continue to learn from their ongoing participation in evolving practices.

This focus on the need for continuous learning is reinforced by the central emphasis of participation theorists on learning being inherently contextual. If what is learnt includes significant contextual features, then it follows that the professionals as learners are highly likely to learn something of value from each novel case or situation that they encounter. Of course, they will also draw on previous learning, but given that there are some novel features in the present situation, there will likely be a need to modify and adapt earlier learning to deal effectively with the new context. If professional learning does indeed proceed in this way, then the acquisition and transfer metaphors are seen to be too simplistic. According to the participation metaphor, professional learning (and the professional) continues to change as contexts change (Hager and Hodkinson 2009, pp. 9–11). This is why the participation metaphor brings to the fore the ongoing learning of experienced practitioners rather than just concentrating on the initiation of novices into professional practice, as in the early work of Lave and Wenger. Overall, if this continuous learning account is applicable to all kinds of human practices, it means that learning is a much more complex phenomenon than the common-sense 'acquire it and transfer it' model would have us believe.

This notion of professional learning being an integral component of ongoing successful participation in the practice of the profession has the potential for refurbishing current ideas of professional development and for continuing professional education. It also sits well with the concept of lifelong learning. The notion that professional learning is inherently contextual contrasts sharply with the 'common sense' view that learning transcends context. However, such is the sway of the ubiquitous acquisition and transfer metaphors that continuing professional education is too often viewed as acquisition of pre-specified products in locations remote from actual professional settings, followed later by transfer when professionals return to their worksites. Theories that view learning in terms of participation practices would suggest that continuing professional education needs to focus closely on the learning opportunities arising in actual professional practice. Current continuing professional education arrangements also show the abiding influence of the 'common sense' view of learning in that the focus is almost exclusively on learning by individual practitioners. However, learning theories centred on the participation metaphor suggest that both learning by individuals and learning by teams or groups are important. In many professional occupations, there is a growing stress on working in teams, often of a multidisciplinary kind. So learning theories featuring the participation metaphor imply that continuing professional education needs to be centred more on professional learning as a complex, ongoing process that springs from real community of practice problems.

By emphasising the role of contextuality, the participation metaphor challenges any tendency to assume that there is uniformity in the continuing professional education needs of members of a profession. The implication is that the learning needed for the practice of a designated profession should not be conceived of as a standard list of items to be acquired by all would-be practitioners. Rather, professional practice is better thought of as participation in a continually evolving social process, one featuring constant appearance of novel situations, new kinds of equipment, local traditions or preferences. This suggests that the learning needed for successful practice is continuous and is not fully specifiable in advance. A practitioner being proficient in a given area of practice does not necessarily translate into proficiency in neighbouring areas of practice. In circumstances where professional learning (participation) is a continually evolving process, transfer and acquisition quickly lose any appeal as general explanatory concepts. However, the participation metaphor does not seem to have made much impact so far on continuing professional education arrangements. Whilst it is common parlance for professionals to refer to 'participation' in continuing professional education activities, this too often means mere attendance at lectures, workshops, conferences and the like that attract specific continuing professional education points towards the mandated total. This is participation in a system unconsciously founded on crude notions of acquisition and transfer. Whatever its limitations are, the participation metaphor at least suggests something richer than this.

5.2 Limitations of the Participation Metaphor

However, whilst the participation metaphor does offer fruitful ideas for enriching continuing professional education, it does not in itself provide satisfactory answers to all questions about learning. Various limitations have been noted. One is that it

embeds learning so completely within the particular social context that it is silent on exactly how individual professionals are reshaped (another metaphor) by their learning. It is a feature of participation theories that they say nothing about the professionals' individual learning as their personal identities change from that of novices to full participants in the practice of the profession (see, e.g. Guile and Young 1999; Elkjaer 2003). According to participation theories, the individual professional is simply integrated into a social participatory process. What is missing is any sense of the individual life history, dispositions and agency of the learner. An account of learning that fails to address these is surely incomplete (Billett 2001; Hodkinson and Hodkinson 2004b).

A further deficiency is that most of the theorising and research studies that use the participation metaphor centre upon a single learning context such as a particular workplace. As the focus has shifted more onto the learning of experienced practitioners, this has meant that there is a tendency to ignore what had happened in previous work locations or what might happen in future ones. It is a feature of theories centred on the participation metaphor that they say very little concerning the effects of previous learning on present learning or of past and/or present learning on future learning.

We conclude that all human learning entails participation in a social context even if that context is a desert island or preparing for a quiz show. However, we do not think that the participation metaphor alone can adequately explain all learning, particularly when we note that there are many different kinds of learning for many different purposes. (Somewhat controversially, Sfard (1998) does think that, taken together, the acquisition and participation metaphors can provide a full explanation of learning).

5.3 Learning As Construction Metaphor

This construction metaphor (and associated metaphors such as *reconstruction* and *transformation*) views learning as the remaking of either professionals or of professionals together with their environment. Thus, issues of identity and identity change are important for this approach (see, e.g. Hager and Hodkinson 2009). There are at least two main kinds of theories associated with the construction metaphor. The first is the group of theories that are often called simply *constructivism*. This group of theories is focussed on transformation or construction going on *within* the individual learner. It has been very influential within fields closely associated with propositional knowledge, particularly mathematics and science education. The key idea is that learning involves the transformation and reconstruction of what is already known by the learner. An important subsidiary metaphor is 'scaffolding' – the suggestion is that new learning is built onto existing understanding along the lines of bricks being added to an existing wall. Learners are transformed into professionals, in much the same way that a wall is transformed into a building. The metaphor presents learning as continually changing as the learners construct/reconstruct their

own evolving understanding of it. Here, it may look to be similar to the learning through participation metaphor. But the vital difference is that constructivism sees the context of learning as an external container, of marginal significance, whereas the context is active and is of central importance for participation theories. For constructivism, the individual changes while the context remains the same. However, there are more or less radical versions of constructivism. Extreme radical versions view the 'what' of learning as differing across individuals, because each learner constructs his/her own unique understanding. Less radical versions accept that much important knowledge, such as the content of science, remains relatively unchanged (Phillips 1995). These less radical versions of constructivism are preoccupied with how individual students can be assisted to construct the same, that is, the correct, understanding.

Widely influential in the preparation of professionals has been Schön's work (1983, 1987) on the 'reflective practitioner'. Although Schön's work is not usually labelled as 'constructivist', this is a convenient place to consider it briefly since Schön's reflective practitioners do, in effect, continually construct and reconstruct themselves. Schön's starting point was a rejection of technical rationality (i.e. the view that professional practice consists essentially of practitioners using standard disciplinary knowledge to analyse and solve the problems that arise in their work). Since technical rationality clearly assumes 'acquisition' and 'transfer', Schön could be seen also to be rejecting these metaphors. Schön (1983) advanced an alternative epistemology of professional practice, centred on the notion of 'reflective practice'. A 'reflective practitioner' exhibits 'knowing-in-action' and 'reflectingin-action'. For Schön, knowing-in-action is underpinned by 'reflecting-in-action' or 'reflecting-in-practice'. These are accompanied by spontaneous episodes of practitioners 'noticing', 'seeing or 'feeling' features of their actions and consciously or unconsciously changing their practice for the better. So for Schön, reflective practitioners continually construct and reconstruct themselves in the course of practice. Despite its wide influence, the limitations of Schön's work have become apparent in the light of later developments (see Hager 2011). These include:

- 1. It focuses sharply on individual practitioners.
- 2. It focuses almost exclusively on the rational, cognitive aspects of practice.
- 3. It tends to present practice as thinking or reflection followed by application of the thinking or reflection. In this respect, it retains vestiges of this 'acquisition' and 'transfer' metaphors.
- 4. Points 1–3 taken together mean that learning from, and during, practice is assumed to be akin to formal learning, thereby favouring the acquisition metaphor.
- 5. It fails to acknowledge sufficiently the crucial roles that social, organisational and cultural factors play in learning from, and during, practice.

A second main group of theories that employ the learning as construction/reconstruction (or transformation) metaphors are more holistic. They take as their unit of analysis the learner(s) together with their environment. Thus, they view learning as a complex relational web that transcends the individual learner. Moreover, this complex relational web is an evolving process. This process includes, of course, the learner evolving. As well, learning, as this complex, evolving, relational web, can involve emergence of novelty as new understandings and/or new contexts are formed. An example of such theories is Engeström's (2001) version of sociocultural activity theory. The focus here is on the activity system as a whole – learning is located in the system and it is the system that changes, usually as a result of either internal or external contradictions or pressures. The context in which individual learners work and learn is regarded as changing, and they, in turn, change with it. However, the emphasis is mainly on the impact that a changing context has on individual learners, rather than the other way around.

A key idea for this second main group of theories that employ the learning as construction metaphor is the notion of collective learning. Because they pay attention to holistic learning systems, the possibility inevitably arises that 'collective entities can learn' (Salomon and Perkins 1998, p. 10). Salomon and Perkins view this sort of learning as being overlooked in the past because it is not prominent in formal education settings. Their own position is that not only does 'a great deal of individual learning and education' occur outside of formal education arrangements, but that a lot of it is group learning. Like the participation metaphor, the construction metaphor, especially in its more holistic forms, has obvious links with the lifelong learning concept.

As with the other metaphors already discussed, construction and associated metaphors also have limitations. A major one is that not much of the literature advocating this approach to understanding learning addresses both individual change and the changing context. However, rather than discussing the construction metaphor and its possible limitations further, in the following section, we pursue two lines of investigation, which are linked. Firstly, we show how it is possible to integrate some features relating to the participation metaphor with aspects of both versions of the construction metaphor. In achieving this, we argue that the problem of splitting the individual professional from the surrounding context is overcome. Secondly, we suggest that 'becoming' as a metaphor provides a very productive way of viewing this integration of aspects of the earlier metaphors. As well, we argue that the 'becoming' metaphor is especially suited to theorising professional development.

6 Learning As 'Becoming' Metaphor

As the main metaphors of professional learning are inadequate, it is necessary to find an alternative that moves beyond them. That metaphor must retain and blend the following understandings about professional learning:

 Learning, including professional learning, entails participation in something, whether that something be a classroom, a workplace, a leisure activity or family life. Hodkinson et al. (2008) argue that this 'something' can be understood as the cultural practices that influence learning. They term these practices the 'learning' culture' of any situation. They argue that learning cultures can be found in all situations. Thus, when someone learns in a workplace, they do so by participating in the learning culture of that workplace. Learning cultures are not like boxes, which contain learning. Rather, they operate like a field of forces, many of which originate outside the specific physical context in which a person learns.

- 2. Similarly, engaging in learning entails personal development. People progressively construct and reconstruct their understanding, knowledge, skills and practices. This can entail shifts in deep-seated dispositions (what Bourdieu terms 'habitus') and/or in identity. It can also entail consolidation of existing dispositions, identity and practices. This means that for any learner, the content of learning may change through that process. That is, learning is about the construction and reconstruction of content as well as of learners. Moving from one location to another then becomes part of what might be thought of as a learning journey.
- 3. The learning cultures of the contexts in which learning takes place change and are constructed and reconstructed through the practices and interrelationships between participants as part of the wider field of force. However, it is rarely possible to separate out simple causal relationships. Rather, as Lave and Wenger (1991) argue, learning is relational, in the sense that many complex factors, influences and processes are inter-related. If one is changed, others may also alter. Specifically, individual workers/learners influence the learning cultures they participate in, and vice versa.

When these three principles are combined, a new take on learning emerges. This has various features associated with the theories employing construction metaphors, but also has aspects of the learning through participation metaphor. The metaphor of learning as 'becoming' seems to capture the main outlines of this combined perspective. At the level of the individual learner, 'becoming' combines construction with a sense of belonging – participating as the social membership of a group or setting (Lave and Wenger 1991). 'Becoming' is a socially embodied process (Hodkinson 2004). That is, it is the whole social person who becomes. It makes little sense to write or talk of 'becoming' involving mind only.

Learning cultures also become something different over time. As with individuals, this process of becoming may be imperceptible and slow, or dramatic and rapid. As with individuals, change may happen alongside consolidation of existing practices. From both the individual and learning culture perspectives, learning is as likely to be a reaction to change, as the cause of it.

The nature of any learning culture, just like the nature of any individual learner's habitus, will enable some learning, whilst constraining or preventing other learning. Put differently, the interactions between the individual and a learning culture will determine horizons for learning (Hodkinson et al. 2008). Because it is the interaction between the individual and the learning culture that matters, two professionals in almost identical situations may have quite different horizons for learning. Similarly, if the same professional moves between situations with different learning cultures, the horizons for learning will change. Finally, both the individual and learning

culture may also change and changes in one will influence the other so that horizons for learning are often in a state of flux. However, there will also be significant aspects of both the individual and the learning culture that are stable and resistant to change.

At the centre of the metaphor of learning as 'becoming', as we understand it, lie three central insights about professional learning:

- 1. Professional learning takes place in the interactions between the individual and the learning cultures found in the situations where they live and learn.
- 2. Professional learning entails combinations of change and consolidation. These combinations vary over time, from place to place, and from person to person.
- 3. Because learning is relational and is influenced by so many interacting forces and factors, the specifics of particular situations and individuals are fundamentally important in determining that learning.

7 The Benefits of Using 'Becoming' As a Metaphor for Professional Learning

We have advanced the argument that professional learning can be usefully understood as 'becoming' for three related reasons. Firstly, as we have already shown, there are serious weaknesses with other commonly used metaphors for learning. Secondly, the use of the becoming metaphor can help us deal with some problematic dichotomies in current ways of thinking about professional learning. Thirdly, we think that the becoming metaphor provides useful insights that can help guide the provision of and support for professional learning in practice. We deal briefly with the practical uses of the metaphor at the end of this chapter. Before that, we next show how the learning as 'becoming' metaphor helps overcome problematic dichotomies through reference to concrete examples of professional learning, drawn predominantly from our own empirical research.

Hodkinson et al. (2008) have already argued that the metaphor of learning as becoming can overcome unhelpful dichotomies of mind and body, individual and social, and between structure and agency. Here, we are more directly concerned with three more:

- 1. The need to understand professional learning from both the perspective of the learning situation and that of the individual professional learner.
- 2. The need to understand both the ongoing, routinised learning of established professionals and the learning associated with professional transitions as and when a newcomer enters the profession.
- 3. The need to blend both formal and informal learning in our understanding of professional learning.¹

¹Whilst the business of defining formal and informal learning is a complex one (see Hager and Halliday 2006, pp. 27–40), for present purposes the following will suffice. 'Formal learning

We start by considering learning as an ongoing part of everyday practice, for established professionals.

8 Routinised Professional Learning

Many professional organisations, professional employers and governments are concerned about the need for professionals, such as doctors or lawyers, to continue learning. Professional practices will change considerably during the career of a professional. Consequently, the argument goes, they need to keep up to date, in order to do the job. There is increasing pressure for proof of such continuing learning to legitimate membership of many professional bodies so that such learning becomes a requirement of a continuing licence to practice. A central problem is that this work to recognise and sometimes enhance ongoing professional learning is often implicitly based upon the acquisition metaphor, whereby practitioners provide proof of having attended mainly formal learning events. The assumption is that such certified attendance will have led to further knowledge being acquired.

This acquisition view of professional learning flies in the face of considerable research evidence showing that learning at work is mainly informal and is ever present. So how can the metaphor of learning as 'becoming' help us better understand such routine professional learning in ways that might better inform moves to enhance and support it? To examine this issue, we draw upon a study of secondary school teachers' learning, conducted in the UK by Hodkinson and Hodkinson (2003, 2004a, b; 2005).

This study was planned from a participatory view of learning. The fieldwork focussed on four subject departments (art, music, history and information technology) selected from two different schools. Right from the start, the researchers were concerned to take into account learning by individual teachers as well as more obviously social learning by groups of teachers. Both kinds of learning are important for a rich, situated participatory perspective. To this end, the four sample departments were all small enough for the researchers to interview and observe all the teachers in them, several times over a 2-year period. A further advantage of this sampling method was that teachers at all stages in their careers were included in the sample as were teachers of differing career status – from newcomers at the bottom of the career ladder, to heads of departments.

This research showed that for all the sample teachers, learning was an ongoing and inherent part of their practice. Occasionally, this learning was aided by the provision of formal learning events or courses, but most of it was what most people

typically applies to a situation that includes these three items: a specified curriculum, taught by a designated teacher, with the extent of the learning attained by individual learners being assessed and certified..... All other situations in which people learn are for us informal learning situations'. (Hager and Halliday 2006, pp. 29–30)

term informal. It happened as an ongoing part of everyday practice. Initially, most of the teachers did not even recognise most of this learning, though they progressively came to do so as the research progressed.

In the published accounts of that research, Hodkinson and Hodkinson explained their findings mainly through the learning as participation metaphor. They showed how the cultural practices in the four departments were very different so that some provided richer and more expansive learning environments than others. However, they also showed how the dispositions of individual teachers strongly influenced their own learning and practice, and the ways in which they participated influenced the practices of the departments where they worked. Whilst these explanations were fine as far as they went, they underplayed the understanding of individual teacher learning as part of an ongoing working career, and as a part of an even wider ongoing lived life. Hodkinson and Hodkinson focussed on this lifecourse view of learning in a later project, which we return to later in this chapter.

Seeing the learning of these schoolteachers in their departments as 'becoming' helps retain the valuable insights about participatory learning whilst also incorporating this individual learner perspective. Put simply, each teacher was learning throughout his/her teaching lives. As they learned, learning became part of them - part of their habitus. Sometimes, that learning reinforced existing dispositions. The art teachers, for example, were constantly learning new ways to teach art and were developing new possible art projects and activities, but all this learning reinforced their existing dispositions towards art teaching and working in an art department. In a very different way, attempts by the head of history to introduce more collaborative working and learning in the department largely failed, because the everyday practices and learning of many of his colleagues reinforced their existing dispositional preferences to work largely alone. On other occasions, learning brought about dispositional change as when the music teachers collectively worked on how to make more use of computers and other IT in their teaching or when a geography teacher (who was a part-time member of the history department) learned to modify his teaching, following a formal learning event focussed on a new examination syllabus. This learning entailed the integration of learning in the formal course with further 'informal' learning which was a part of the teacher's practice in the school, once he returned from the course.

Using this 'becoming' metaphor reinforces one of Hodkinson and Hodkinson's findings that existing teacher dispositions influence both ongoing practice and ongoing learning. 'Becoming' adds to their original understanding because it helps make clear that learning, practice and dispositional development are ongoing and are never complete. Teachers continue to 'become'.

From a different perspective, exactly the same point can be made about the subject departments. Much of the learning reported by Hodkinson and Hodkinson resembles collaborative and collective learning by departmental groups of teachers that cannot be reduced to the learning of individuals. During the course of the fieldwork, the department cultures and practices can also be understood as 'becoming'. The learning done by teachers in those departments, both individually and collectively, contributed to both the reinforcement of some existing practices

and also the development of new or modified practices. Changes in departmental practice were sometimes deliberate and self-initiated. Sometimes, the changes were externally imposed such as the introduction of a school-wide drive to teach English language across the curriculum, which led to changed practices and new learning in the Art Department. Sometimes, changes arose through a largely tacit process of gradual development. In all types of case, individual and collective learning as becoming were centrally involved.

For experienced professionals, there are occasionally major changes in working practices that bring with them greatly intensified periods of learning. One common example is a major institutional reorganisation, which significantly disrupts existing practices. The result is much more intense and visible learning, likely tensions between existing dispositions and the new situation/requirements, and a more obvious period of change in the 'becoming' of individuals concerned, working teams and even wider organisations. Put more abstractly, major shifts in organisational practices also change the learning cultures, resulting in partly unpredictable changes in learning, which, in turn, feed back into the changes to practice.

This brief analysis of what we have termed routine professional learning also illustrates that the metaphor of learning as 'becoming' should not imply that learning is some sort of unproblematic linear developmental process. Becoming is partly unpredictable, erratic and uneven.

9 Professional Learning and Boundary Crossing

For many individual professionals, there are key stages in their career when they cross boundaries. This happens when they move from situation to situation, for example, from a fulltime university course to a first job, from one school or hospital to another, perhaps to get a promotion, or from fulltime work into retirement (Hodkinson et al. 2008). Within the professional learning literature, most attention is paid to the first of these examples. The concern is mainly with how education can adequately prepare professionals to work, and how the skills, knowledge and understandings developed in university can be transferred into the workplace and applied there by the new professionals. Hager and Hodkinson (2009) have argued that this emphasis on learning transfer leads to a misunderstanding of the nature of progression between education and work, and that this misunderstanding leads in turn to emphasis on the wrong issues in trying to enhance this process. So, how might the use of the learning as 'becoming' metaphor work better?

In a study of orchestral musicians in Australia, Hager and Johnsson (2009) show that the learning done in music school and that in the orchestra are different and apparently contradictory. In the music school, the emphasis is on individual virtuoso performance. In the orchestra, the emphasis is on becoming a team player – on ensemble work. If this transition is seen through the metaphor of learning transfer, then there is a major problem – because the music schools are not teaching the right things: the skills of ensemble playing are of prime importance to the orchestra.

Yet, Australian orchestras have been playing world-class music for many years despite this apparent problem: so maybe there is not a problem at all. The music school and the professional orchestra work in very different ways, in very different situations and with very different goals. The result is that the learning cultures of these two organisations are also very different, and one element in that difference is the focus on virtuoso playing in one, and ensemble playing in the other. Moving from music school to orchestra entails crossing a clear boundary between one situation and the other. Before that boundary crossing, the budding musician is learning in the music school. He/she is becoming a hopefully successful student, gaining high grades through better and better virtuoso playing. Towards the end of the course, the student hopes to have become proficient enough to gain a place in a professional orchestra. In turn, when recruiting new players, the orchestra wants high quality virtuoso playing, amongst other qualities. That is, they want someone who has become musically skilled enough to contribute to high quality orchestral performance. What they do not want is someone very well-trained in team work, but whose actual instrumental performance is not of the best.

Once the successful student takes up that first position in the orchestra, the move across the boundary into a very different situation with a very different learning culture results in a period of intensive learning, associated with becoming a full member of the orchestra. Amongst other things, newcomers learn to be team members and to do well at ensemble playing. Their individual learning and performing blend into the collective learning and performing of the orchestra. In doing so, they do not lose that virtuoso ability, which is a taken-for-granted part of their professional practice. Put differently, virtuoso playing ability is a necessary condition for a successful professional orchestra player, but it is not sufficient.

Using the metaphor of learning as 'becoming' changes the way in which the relationship between the music school and the orchestra is understood. Now, we can see two very different but largely complementary periods of learning, linked in the 'becoming' of the professional musician himself/herself, as he/she participates successfully in both situations, crossing the boundary from one to the other.

Kilminster et al. (2010) studied the transitions made by junior doctors in the UK, when they moved from University Medical School into their first hospital job. In this case, the learning in the Medical School centred upon the understanding and practice of medicine. However, once the doctors took up their first posts, they were unprepared to take responsibility. This was learned whilst on the job, in what Kilminster et al. (2010, p. 1) term a 'critically intensive learning period'. As with the orchestral example, taking a conventional view of learning transition, from an acquisition perspective, places the problem firmly within Medical School education, which has, somehow not properly prepared the doctors for this key part of their role. Seeing learning as 'becoming' shifts the problem to focus on how doctors can be supported in taking new responsibilities when they take up those challenging first jobs. Put more abstractly, if the act of moving across the boundary from Medical School to hospital is itself seen as an intensive learning period, as part of learning to become a doctor, then it is possible to examine the whole transition process to see where learning can be most effectively enhanced. It then becomes clear, as

Kilminster et al. (2010) point out, that learning to take professional responsibility is best done whilst having to actually do the job of being a doctor. Whilst in Medical School, any focus on this is likely to be artificial and abstract in nature, and is unlikely to address the central concerns of taking responsibility in practice.

10 Professional Learning Journeys

In the examples of learning as 'becoming' we have examined so far, we have looked at particular situations over a relatively short professional timescale. However, whether we focus on the professional learner or the learning situation, these short periods are themselves part of much longer periods of learning as becoming. Thus, Hodkinson and Hodkinson's schools, Kilminster et al.'s hospitals and medical schools, and Hager and Johnson's music schools and orchestras have long histories. Current practices and current learning in those organisations/institutions can only be fully understood in the context of that ongoing history. That is, at any one time, the practices and learning in an organisation or workplace are both enabled and constrained by that past history. Put differently, learning in workplaces, classrooms and larger organisations can helpfully be understood as a process of becoming that can and sometimes should be studied at different scales of view: both largescale investigations over short time periods and smaller-scale investigations which cover much larger time periods. We lack both the space and personal research experience to explore this in more detail here. However, we can examine this issue of learning as 'becoming' from the perspective of individual professionals as a learning journey of many years. In the process, it will become evident that the 'becoming' metaphor aligns more closely with the lifelong learning concept than do the metaphors discussed earlier.

A life-course perspective on professional learning becomes apparent when a life history approach is adopted (Salling-Olesen 2001; Goodson 2003). Hodkinson and Hodkinson recently took part in a large research project which combined life history research with ongoing interview research over 3 years. This project, called 'Learning Lives' (see www.learninglives.org for publications), did not focus explicitly on professionals, but one of the subjects was a school teacher who later became a researcher. Her pseudonym was Anna Reynard. We give a brief summary of part of her learning life here, before showing how using the metaphor of learning as 'becoming' can help us understand learning journeys like hers.

When the 'Learning Lives' research began, Anna was 65. She had always had a deep interest in education for its own sake and for all people. She learned from her parents the importance of good education in getting a good job, but also the love of learning for its own sake. This was part of a strong socialist, liberal and humanist value position, which was held throughout her life. She initially wanted a creative career related to languages, but having dropped out of university at the time of a serious relationship breakdown, she was talked into getting a teaching qualification.

Anna's life since then has been committed to education, theoretically, for herself and for others – especially those whose access to it was restricted. She wanted others to share

her joy in learning. She spent much of her life as a teacher, in a variety of quite different jobs, with occasional career breaks. At various stages in her life, she studied for further qualifications: a Post-Graduate Diploma in Educational Psychology and Sociology, a short Preschool Playgroups Association course and, eventually, a PhD.

In her middle age, she worked training teachers in a Higher Education College, but eventually left, determined to work in schools again and 'prove herself' (her words) before returning to training teachers. The next few years were demoralising. She chose to take a temporary job in a deprived area comprehensive school. The head of the department gave little support and, Anna felt, was looking for a female college lecturer to fail. She found it very difficult to cope with the classes. She then took a job in a comprehensive school 80 miles from home, which had the sort of ethos of support for staff and pupils which she believed in. Anna fitted in well, but still struggled with the difficult pupil groups. Failure to live up to her own ideals, plus the stresses of the long journey, led to a near nervous breakdown. She then took a job in a comprehensive school in a nicer area nearer home, where she did quite well with the more able students, but not with the pupils she really wanted to help.

The latter part of her teaching career convinced Anna that although she enjoyed it, she was not fit to go back and teach student teachers to teach. The Higher Education College, which had recently become a University, was advertising a bursary for someone to do a research degree. The detailed reflective journals she had kept at the three schools where she had worked most recently provided a mass of data, which Anna used for her PhD.

Anna's is an unusual story – but the 'Learning Lives' data suggests that so are the life stories of most people, when looked at in detail. The issue that concerns us here is the utility of the learning as 'becoming' metaphor in understanding any professional learning journey, using that of Anna to illustrate this. The first obvious point is that Anna's professional learning continued throughout her life: she continued to 'become'. In that process, we can see a combination of continuity – in her case, of a love of education and a desire to help less advantaged students and change. Anna's is a career of many job changes and, in ways not described above, of balancing family and work commitments. The detail of her story provides ample evidence of the significance of gender and social class. We have evidence of her learning at home and in relation to work, and these were sometimes interrelated. Her story also shows, especially when we examine a level of detail not possible to present here, the ways in which much of what we have termed routine learning happened, interspersed with what Kilminster et al. (2010) term 'critically intensive learning periods' often, but not always, associated with boundary crossing, for example, from Higher Education college to school, or from school to school.

It is possible to understand Anna's learning as 'becoming' at a variety of scales. The extract above covers about 40 years of her working life. However, it is also possible to focus on much shorter periods – such as her experiences in the distant but supportive comprehensive school, or whilst working on her PhD. When we do this, the 'becoming' metaphor still holds. At all scales, we can see the complex interactions between Anna's dispositions and identity on the one hand, and her positions in a range of situations, each with its own learning culture. She learned by participating in those learning cultures, which included those in formal educational settings and varied workplaces. Thus, even though the focus here is on one person, it makes more sense to understand Anna's learning as taking place in the interactions between her and the situations where she learned, than as simply being inside of her person.

Her story also shows that whilst some of her learning was intentional, much was not. This is not just a simple dichotomy. For example, whilst in two difficult comprehensive schools, Anna was intentionally striving to educate the students. As an integral part of this process, she was learning much about how difficult this is, and about what she saw as her own shortcomings as a teacher. This learning reinforced her deeply held idealism, but resulted in a significant shift in her identity as she came to terms with what she saw as her limitations as a teacher.

What Anna's story also illustrates is that if we choose to focus on a short period in her professional life, this can only be really understood in the context of what had gone before, and would have implications for what followed afterwards.

11 Practical Implications

Using the metaphor of 'becoming' to understand professional learning leads to several significant implications for practice. Here we highlight a few of these, related to ways in which professional learning can be supported and enhanced. As we have argued, professional learning takes place in the interactions between an individual learning and the learning cultures she practices in. Improving such learning can be approached in three ways, which are inter-related in practice. These ways are:

- 1. Enhancing learning cultures
- 2. Supporting individual learners
- 3. Enhancing learning associated with boundary crossings

11.1 Enhancing Learning Cultures

Both in education and in workplaces, much can be done to improve learning cultures. Where successful, this increases the likelihood of learning that is both valuable and effective. However, learning cultures are complex and relational, and many of the forces acting within them lie beyond the influence of policy makers, managers or practitioners. Changing one aspect of cultural practice will often have knock-on and partly unpredictable effects on others. Despite these limitations, recent UK research suggests two strategies for improving learning cultures. The first is to make those learning cultures more expansive (Fuller and Unwin 2003, 2004), creating greater opportunities for and likelihood of learning. This is particularly significant in workplaces where opportunities to learn are sometimes very restricted by the nature of the job. For example, some of the teachers in the Hodkinson and Hodkinson study wanted to learn more about school management issues or about pastoral care, but their current job roles gave them no opportunity to engage with these issues. Moreover, at the time of the research, there were no funded opportunities for them to do this. Making a learning culture more expansive can

be done either through providing new opportunities or through making changes to the practices and procedures of the organisation – changes which workers need to respond to, and thus intensify their learning for a short time.

One common way of expanding learning opportunities at work is through the short course – often provided on or near the job. The Hodkinson and Hodkinson research showed that such courses did not always work. However, if they were valued by staff and could be easily integrated into current teaching practices, they could be of use. For example, there is little point in providing training in using computers in the classroom if the teachers being trained have no computers to use. Too often, such courses are done first so that some new equipment or procedures can be introduced later. This is implicitly based on the acquisition model of learning. Once the content has been acquired, then the new conditions can be introduced. But Hodkinson and Hodkinson's research shows that such formal learning inputs work when the content can be immediately related to the teachers' practices as in the example of the geography teacher who changed his practices after going on a course run by an examinations board. Give the teachers computers first, then find ways to enhance learning about how to use them.

The second way to enhance learning cultures was discovered in research reported by James et al. (2007) on learning in English Further Education. This research showed that learning was more effective when the forces contributing to the learning culture in a college course were synergistic rather than dysfunctionally conflicting. It follows that learning is more likely to be effective if dysfunctional conflicts between forces can be reduced and synergy enhanced. The problem here is that, in education or in work, many of the forces that might be in conflict lie outside the control of policy makers, managers and practitioners. It is difficult to imagine any learning culture without any conflicts or tensions, and perfect synergy is almost certainly unattainable. In any context, the needs of policy makers, management and practitioners are often themselves in at least in partial conflict. In the workplace, things are made more difficult because the main purpose of the practices is related to achieving the bottom line, not worker learning.

Operationalising either of these approaches to enhancing the learning culture of an educational or workplace situation entails micro and sometimes macro-political activity, around establishing what learning is to be valued and enhanced, and around conflicts between changes desirable for learning and other institutional priorities.

11.2 Supporting Individual Learning

The second approach to enhancing professional learning takes learner careers/biographies as the focus. The concern from this perspective is how to best support individual professionals in ways that are likely to enhance their learning through their careers. This can partly be done through creating challenges and opportunities to learn at work. That is, there may be ways of expanding the learning culture in a workplace that enhance the opportunities for ongoing professional learning. The provision of more formal courses can also have value. Short courses can help learn specific content but, as we have seen, that content needs to be integrated into ongoing practice if it is to have any lasting value. Longer courses may have greater value in bringing about personal change. Some of the subjects in the 'Learning Lives' research, and some of the teachers in the Hodkinson and Hodkinson study talked about the lasting influence of long course taken several years in the past.

Personal guidance and support, in work or outside, can also be valuable, and this can be informally or formally accessed. Greater success is likely if the support centres upon the interests of the learner rather than on externally determined objectives. A common problem with institutional schemes of professional development is that they are driven by institutional needs. Where such needs do not coincide with the wants of an individual worker, the result is often strategic compliance, or even resistance, rather than enhanced professional learning. Finally, the 'Learning Lives' research showed that helping people reflect upon and construct narratives of their lives through biographical and life history methods, can sometimes help people refocus their lives, and increase their ability to achieve agency in their lives (Tedder and Biesta 2007). Personal guidance can help in this process as can some longer courses where this sort of reflective learning is built in to the procedures (Dominicé 2000).

11.3 Enhancing Learning When Boundary Crossing

Supporting and enhancing the learning done when a professional crosses a significant boundary to a new job or from education into work, entails the integration of both the previous approaches. Rather than focussing too much on the nature of any content learned in the first location, which can then, supposedly, be transferred to the second, understanding learning as 'becoming' draws our attention to the transition process of boundary crossing itself. As the examples of orchestra players in Australia (Hager and Johnsson 2009) and doctors in England (Kilminster et al. 2010) show, it is important to work out what learning can be valuably and effectively done in each of the two different situations, each with its own learning culture.

In practice, much transition learning will take place after the boundary has been crossed. Thus, the learning culture in the second location can usefully be enhanced to support the learning of newcomers. Beginning teachers, doctors or orchestral players need to be helped to become full members of the new working community. The same will be true when a newly promoted senior staff member takes up his/her post, though we are not aware of any research explicitly looking at learning in this sort of boundary crossing context. Clearly, providing personally organised support and guidance can play a significant part in enhancing such transitional learning. Such personal support might be provided in either or both locations, before and after the move, and could be formal or informal.

12 Conclusion

It is inevitable that humans resort to metaphors when they attempt to describe or understand learning. This chapter has argued that for understanding professional learning, the metaphor of 'becoming' offers major advantages over rival metaphors. This conclusion was established in two parts. Firstly, a critical analysis of the various metaphors and their implications demonstrated that 'becoming' has major advantages over common alternatives such as 'acquisition' and 'transfer', 'participation' and 'construction'. Secondly, a detailed consideration of several examples of research on professional learning illustrated the value of the 'becoming' metaphor for analysing and enhancing professional learning.

Our support for the 'becoming' metaphor also has strong resonances with the concept of lifelong learning. Lifelong learning suggests that learning is ubiquitous in people's lives. From this perspective, professional learning/development is but one strand of what might be termed a learning life. However, an ongoing problem is that, even now, lifelong learning is taken too often to be a desirable goal for learners to achieve and for educational authorities to provide. The becoming metaphor serves to correct this by reminding us that learning is an inherent part of living.

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Chapter 3 Learning to Be – At Work

David Beckett

1 Introduction

One of the great debates in philosophy is the nature of existence: 'to be or not to be: that is the question'. How do we experience our 'being'? Mercifully, this chapter avoids that debate, assuming humans know we exist, but more interestingly for the book, delves in to how we come to know ourselves as workers. Thus, this chapter is about 'becoming' in the sense of (mainly) professional formation through the doing of work, that is, in workplaces.

Consider this case of 'becoming', where future school leaders are identified, according to particular criteria. There are important concepts embedded in the criteria, and I develop the shape of this chapter from them, as below.

Most head teachers agree that spotting leadership potential is relatively straightforward, even at [an] early stage in a person's career. Among head teachers, the traits most commonly identified as early indicators of leadership potential include:

- appropriate professional confidence and credibility as a practitioner
- the *ability to see the big picture* and to *make connections* between key management processes within and across the school
- *knowing and understanding* his or her role and how it *relates to the roles of others*
- seeking opportunities to develop personally and professionally
- shouldering responsibilities and taking brave decisions

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- initiative and *self-motivation*
- intellectual curiosity and the capacity to learn
- resilience and empathy. (Jones 2009a, p. 5, italics added)

These eight 'early indicators of leadership' are a powerful way into this chapter not because we would contest them much, but rather because they reveal, in the emphases I have added, assumptions about professional formation which are quite telling in education, health, social work and indeed a wide range of work where people are the focus of the activity. 'Becoming' a professional is, in this chapter, about the formative, and, indeed, the performative manifestations of a new practitioner identity; these early indications of educational leadership are examples of what at least some people look for, in one context.

Is the list, above, authoritative? I believe so. In a subsequent personal communication, Jeffrey Jones, in the UK, explained to me (J. Jones, personal communication, April 13, 2009) that this list was distilled from a 'think tank' organised by the National College for School Leadership in 2008. So it has the authenticity of principals' rich experiences in how schools should be run, at least in contexts like the UK. But, looking especially at the emphases I have added, notice some implicit desiderata, in the eight 'indicators'.

Most notably, the first four of the eight 'early indicators' cluster around the sociality and the ethos of the workplace: 'appropriateness', 'credibility', making connections, seeing the big picture, knowing and understanding roles and seeking opportunities in relation 'to the roles of others' are, if taken together, clearly prioritising the collective and cultural significance of (in this case) professionalised leadership. By contrast, the latter four 'early indicators' cluster around the individual and his/her personal ethic, such as 'taking brave decisions', 'self-motivation' and exercising a 'capacity to learn', with 'empathy'.

Next, across both the social subset and also the individualistic subset of desiderata, we notice that values and attributes intermingle: what is 'appropriate' or 'credible' will be cashed out by one's peers, or, in the case of potential educational leaders, one's actual leaders. Professional ethics and an ethos will be shown in how 'roles' are relationally understood, that is, in connection with others' roles and processes in a school, and 'opportunities' one seeks bridge into the latter half of the list, where enterprising ('seeking') individuals show self-awareness of their agency, alongside the regard for altruism.

What is there, then, to 'becoming' an educational leader? In deconstructing this list of desiderata and generalising from it to all professionals' formation, I want to show that the priority it gives to the sociality of practice and to the significance of practical judgements of rightness (or 'appropriateness') by both one's peers and by oneself are underpinned by a legitimate claim that *our professional identities are shaped by what we do, and what we normally do is relational.* It is, simply, in our doing that we find our being. 'Becoming' a professional arises from doing

things differently. This chapter sets out what such 'doing' should be like, and why it should be like it.

So, although my methodology is one of conceptual analysis and argument, I do not eschew the normative. Quite deliberately, this 'epistemology of practice' explores what is valued learning for professionalised practitioners, by taking Aristotle seriously when he claimed that all practice should have a purpose beyond itself. What can this mean for 'becoming' a professional?

The shape of the chapter unpacks my answer to this question. I first need to spell out where professional learning has traditionally come from. After that, the new socially relational perspective is outlined, and then epistemic relations themselves are set out. Then, working relationally, the centrality of training and then immersion in providing opportunities for those 'becoming' a professional are both advocated. In the last parts of this chapter, closer attention is given to decisionality or practical judgements as formative experiences within workplaces where new practitioners need to develop the confidence to do well. Links are made to lifelong learning at that point.

2 The Traditional Individualistic Practitioner

Traditionally, professional practitioners hung out their shingle or put up their brass plate, and opened the door and waited for the clients. Not surprisingly, their professional formation was also individualistic. Theories of professional learning tended to assume that learning was primarily an individual attribute, constructed through a cognitive process involving the transmission, acquisition, storage and application of a 'body of data, facts and practical wisdom' (Gherardi and Nicolini 2000, p. 330) which resided in the head, that is, the brain of a solo practitioner. Central to this 'standard paradigm' view of learning is the assumption that 'coming to know and understand something' involves arriving 'at a *state of mind* as evidenced in accounts of what is cognitively the case' (Beckett 2006, p. 4, author's italics; see also Beckett and Hager 2002). When considered from this standpoint, individual practitioners are understood to 'possess' the necessary disciplinary knowledge and professional expertise 'in their heads and bodies' which they then transfer to the situation at hand (Hager and Halliday 2006). Hall and Weaver's (2001) description of healthcare team working illustrates this traditional view well:

Each member of the team contributes his/her knowledge and skill set to augment and support the others' contributions. Each member's assessment must take into account the others' contributions to allow for holistic management of the patient's complex health problems. Team members preserve specialized functions while maintaining continuous lines of communication with each other, placing themselves somewhere along the continuum of interactions and responsibilities. (p. 868)

This conception of healthcare team working whilst hinting at the potential for collective learning and interdependent action is still largely in keeping with traditional characterisations of learning which, according to Hager and Halliday (2006),

fail to recognise the possibility of collective learning by teams and workplaces 'that may not be reducible to learning by individuals (p. 143). As Lingard et al. (2006) put it, there is a continuing belief and expectation in healthcare practice:

...that the work of one profession is fundamentally independent from that of other professions. This belief reflects a sense of professional autonomy, [and] a failure to appreciate fully how one profession's competent performance is dependent on the others. (p. 480)

Traditional professional formation for medical practitioners, for example, has been in silos, within which, not surprisingly, the solo or individualistic nature of specialised practices has been embedded.

3 The New Sociality of Professional Practice

While I certainly recognise the need for sophisticated individualistic disciplinary and technical knowledge in healthcare and other practices, yet, as our UK 'early indicators' list of school leadership desiderata showed, our professional identities are mainly socially shaped.

This sociality is apparent in what we do (our 'practices') and, I claim (cf. Beckett 2009), this is relational: it is in the judgements of what is 'appropriate', which is both an ethos – what our peers enfold our individual practices within – and an ethic, a personal commitment to doing the right thing. Such an approach to an epistemology of practice integrates what developmental psychologists have called the social, the cognitive, the affective and the embodied (or 'psychomotor') domains of learning. As Beckett and Gough (2004) explain, taking this holistic and socially situated view of learning seriously,

contrasts with traditional classroom learning activities, which ... assume an individualistic learner and knowledge that is often presented atomistically, in abstract propositions, and out of context. In the past this epistemology has marked the professional formation of medical practitioners as much as it has many other professionals. (p. 197)

By contrast, an emphasis on the sociality of practice has come from many places. Lave and Wenger's (1991) social practice perspective, for example, is helpful in reconsidering the relationship between learning and 'the social situation in which it occurs' (p. 35). For Lave and Wenger, learning:

is not merely situated in practice– as if were some independently reifiable process that just happened to be located somewhere; [i.e. a particular workplace setting or in an individual's head], *learning is an integral part of generative social practice* in the lived-in-world. (p. 35, italics added)

In exploring a relational, social perspective (based, in this section, on Radomski and Beckett 2010, in press), I therefore seek to open a more complex professional learning landscape that recognises the *socially negotiated* character of meaning (Lave and Wenger 1991; Billett 2003) and the role that particular mediating

artefacts (such as other people, technologies, languages, mnemonic techniques and domain-specific tools) have in contributing to the construction of knowledge and the realisation of purposeful and intelligent action (Gherardi and Nicolini 2000; Griffiths and Guile 2004).

This more emergent, particularistic and interdependent view recognises that learning and knowledge generation occur through engaged action (practice) in the world and are 'a function of the activity, context and culture in which it occurs' (Beckett and Gough 2004, p. 197). Knowing and learning can therefore be seen to extend beyond the individual and beyond the traditional disciplinary boundaries (Usher et al. 1997). As Gherardi (2003) again helpfully explains,

[t]he idea is that the relations which constitute the social are continuous. They do not halt at the ontological barriers that separate nature and culture, actor and structure, organisation and environment: the dynamics of interaction prescind from these categories, forming a seamless web. Consequently, knowing is a collective accomplishment which depends on a range of spatially and temporally distributed local practices lying outside the control of any organisation [or individual] and within a network of relationships. Learning thus *becomes an epistemic relation with the world*, and it takes place as much in people's minds as in the social relations among them, in the oral, written and "visual" texts which convey ideas and knowledge from one context to another. Knowledge is in its turn both social and material. It is always unstable and precarious, located in time and space. (p. 352, italics added)

The idea that learning, in all its sociality, forms an inseparable part of practice, which stands as a challenging counterpoint to traditional individualistic conceptions of disciplinarity, professionality, learning and human cognition. I argue that to practise is to learn because the sociality of practising inevitably generates understandings of the world. It is in this sense that learning "becomes an epistemic relation with the world" (as Gherardi puts it).

There is some support for this view, already. Writing from a social work perspective, Bronstein (2003) argues that interprofessional practice is a challenging and potentially problematic way of working, which calls for collaborative action 'in' and 'through' a complex terrain of inter-professional and intra-professional relationships and competing professional accountabilities. Here, we see again that how a practitioner knows what to do is shaped by the performance of his or her work in social contexts.

But if we look more closely, we also see, as I claim here, something more profound. What counts as the 'context' is not as significant for professional formation as what is learned in the *performativity* (the very 'doing') of knowing how to go on, amidst any single social dynamic. I mean by this that a 'context' such as a 'community of practice' or a work 'team', or a hierarchy of roles and responsibilities are all and only structures. They remain, as it were, inert, bounded ways to regard the sociality of practice.

Rather, by decentring such structured approaches to professional practice – whilst not denying their importance in particularising significant learnings and shared expectations – we are able to focus on the relationality itself – the dynamics of a group such as a team – in the very performativity of their daily work together. How do they grapple with the contingencies of a diversity of clients, customers,

patients, learners? How do they learn, amidst their discourse, how to go on, how to proceed? In short, a more profound sociality of practice investigates the 'knowing how and knowing why' thus-and-so is the 'right' ('appropriate') way to proceed. Any conceptualisation of learning a professional identity – how to 'be' – needs to engage knowing how and knowing why, in the daily social practices of working together. Therefore I now turn to how learning becomes, for such practitioners in groups, an 'epistemic relation with the world'.

4 Epistemic Relations

Here the epistemological story is easy to tell. Traditionally, high-status learning, that is, propositional knowledge, as represented in the rich intellectual legacies of libraries, data, formal schooling and examinations, and, especially relevant for this book and vocational university courses, has prevailed. In a modernist world, such learning glitters from afar. It entices families into early labour market decisions (the '11+' fork in the road), articulates into 'High (and Grammar) Schools' and Technical Schools. The former mark out the high status 'professional studies' leading to the spoils of elitist practice; the latter mark out low status 'trades' leading to apprenticeships (see Beckett and Hager 2002, for more discussion of this dualism).

But beneath even that low-status formal learning lies low-status informal learning, typically called 'nouse', 'intuition' or 'common sense' or simply 'know how'; it is receiving long-overdue critical attention. And at one place, it is receiving this in the high status arena of some professions, where, we may say, traditionally propositional ways of knowing meet the experiential, head on. One vivid summary of this epistemological tension is given by Kathryn Montgomery (2006) as part of her detailed account of the clinical judgement of medical doctors:

Along with "wisdom", "intuition" and "talent", Donald Schon [1987 p. 13] lists "artistry" as one of the terms typically used as a "junk category" to describe what cannot be "assimilate[d] to the dominant model of professional knowledge". (p. 30)

As educators shift their attention to the world of adults' lifelong learning, especially as shown in workplace experiences (Hager and Beckett 1998), it is little wonder that daily life – a 'junk category' of knowledge for the past 2000 years of Western civilization – is found to provide exceptionally rich opportunities for truly educative experiences.

To understand the significance of bringing a junk category of knowledge in from the cold, it is important to establish more firmly what contemporary work actually consists in. Earlier, I claimed that professionals' work is mainly about the daily grappling with the contingencies of unique situations or cases, and that, increasingly, the sociality of such contingencies is the best way to reconceptualise practice. Moreover, I am now taking this beyond the structuralism of 'communities' or cultures' or organisational design, right into the hearts, minds and embodied human experiences of those who work together: into their relationality at work. How will relationality pan out? Primarily, it is in the energy and purposefulness of the group (its dynamism) that we will find the formation and re-formation of new professionalism, a new way of 'being'. The dynamism should be apparent as a *reflexive way of knowing*, where the groups' memberships and their various individualistic, discipline-based backgrounds and agency are each contributing to, and being changed by, the dynamics of the daily contingent situations they all share. Reflexivity shows up in the negotiation of meanings that these situations present, and the equality of the discourse across the group as it addresses, shapes and reshapes practices and identities simultaneously.

Thus, I argue that such reflexive epistemic relations issue in understandings of how to go on and that these are constructed in the 'hot action' of their daily work. In a chapter in Tara Fenwick's book on workplace learning (Beckett 2001a), attention is drawn to

 \dots a reflexivity between, on the one hand, a worker "knowing how" to do something \dots that is, what they are drawing upon at work \dots , and, on the other hand, the "knowing why" they find themselves drawn to act. Both the "know how" and the "know why" are up for constant renegotiation as, anticipatively, actions unfold – amidst "hot action" in the workplace. (p. 83)

Now, almost a decade later, I want to claim that such reflexivity in epistemic relations is first and foremost a social phenomenon. This sociality of practice is the primary site of such renegotiation of purposeful practice. In linking 'knowing how' and 'knowing why', I am exploring *what it is to come to understand something*, at a fundamental level: at coming to understand the achievement of 'understanding' itself, through work experiences for adults.

Essentially, *coming to understand something* at and through one's work is very context specific. But here, I am not claiming that the 'context' drives the learning. Rather, I claim that the reflexivity of social relations in particular situations is where we should be looking for both a new epistemology of practice, and also, simultaneously, for a new ontology of practice: as I stated at the outset, the question is not Hamlet's 'to be or not to be'. Existence can be assumed. I claim that this 'being' is the efflux of the doing – of work, that is, of working. The question therefore is one of *formation*: how do professionals (at least) learn to 'become', by *doing* – that is, by *acting* – differently, when they are working?

5 Working Relationally

In addressing that question, it is tempting to simply retrieve an 'apprenticeship' model of professional formation. After all, since medieval times, trade and craft expertise have been acquired over time by the novice standing alongside the expert, learning the skills of, say masonry, by observation, replication, modification and repetition. The eyes, the hands and the intelligence were integrated in the sociality

of the trusting relationship between two workers: one, the master, the other, the apprentice. The secrecy of the craft was imparted to those worthy of acquiring it, and mutual trust was apparent in the assumption that the 'real' (that is authentic) skills would be divulged by the master, and that the apprentice would respect the confidence, and the confidentiality placed in him (sic), as part of that process. Thus, in this tradition of workplace learning, we see – and, indeed, we can tell by looking – how the normative and the behavioural are intimately intertwined.

My argument is that relational work is very much at the heart of education. If the normative and the behavioural are intimately intertwined in an apprenticeship, as I have claimed, the larger claim I now make is that this is apparent in any pedagogical situation. Where there is any teaching and learning, I believe that what is worthwhile is shown in the very ways it is being taught, and that these very ways are what is experienced as learning. And these intimately intertwined 'ways' are *tacit*.

The tacit has a long educative tradition, reactivated most famously by Polanyi (1967): 'we know more than we can tell', and then explicitly by Schon (1987), in his articulation of the significance of 'knowing-in-action' and 'reflection-in-action'. But, there is an unhelpful version of the tacit. For example, the practice of chicken sexing (taking day-old chicks in the hand, inspecting their genitals and sorting them into male and female, at a speed of several hundred an hour) has been explained as 'intuition', where a meditative state helps in this rapid and accurate sorting (Martin 1994; R. Martin, personal communication, September 28, 1997); to be interrupted and to have to explain what is going on, degrades accurate performance. Chicken sexers pride themselves on high accuracy, but they cannot explain how they do it. Beginning as a chicken sexer is somewhat like an apprenticeship - you learn by osmosis, but, unlike in masonry, there is no articulation of 'how', much less of 'why'. Of course, chicken sexing is a simple unitary 'way of seeing', whereas masonry is a complex multi-skilled 'way of doing', with seeing just one aspect of the tacit. But my point is that the tacit is unhelpfully mystified by examples of skilled performance like chicken sexing. Not only is the relational almost nonexistent (newcomers pick up a chick, and little else, to help them become skilled), but it is barely social (other than with day-old chicks).

Professionals do rely on the tacit, in this intuitionistic way, quite a bit. For example, a nurse in a burns unit can be drawn to a bedside to investigate a hunch that a seriously ill patient, for whom the technology is indicating clinical stability (the monitoring is beeping along well), is, despite that evidence, actually in trouble. She touches the skin, which is clammy, infers restless and unease, and makes an intervention. Similarly, busy leaders form impressions of their staff, or of potential staff, in the first few moments of an encounter, such as in a selection interview, backing up these hunches as time and the interview unfold. In both these examples, the tacit is central to the judgement. This is not to claim that the judgement is entirely reliant on the tacit, only that it is a point of entry to more sophisticated relational work. It is hard to see any of that in the chicken-sexing example.

So, if the tacit is significant for educationally intertwined relationality, it is for its deliberate attention to *what* to look for, *what* to do, *what* to show (or, equally, *how* to look, *how* to do, *how* to show). Teaching and learning tacitly is driven by marking

out features of the world, and our experiences with it, which are significant for the educative purpose in hand (and by 'in hand', we normally mean immediately in front of us, in our purview). Beginning to learn something with the guidance of another is social, relational, and perspectival. It is first and foremost seeing attentively in a shared way, because the 'teacher' or guide draws attention to it in a particular way – from a perspective of authority, and invites the learner to see it thus and so. This bringing of something into a shared perspective can be shown, rather than voiced. By directing attention to a stone (an object) or a horizon (a view) or a chapter (a reading) or a state of elation or disease (an experience), tacit teaching gets a foothold and so does tacit learning. This relationship begins to legitimate the journey from 'peripheral' to eventual central, skilful participation in a 'community of practice', as Lave and Wenger (1991) have famously set out.

There is a continuum of broadly tacit relationality. Nicholas Burbules (2008) describes these:

[First]... we are observed unknowingly and in this become examples to others whether we realise it or not [although we may be] actively behaving with an eye toward how others may be learning from us.

Second, in trying to explain one's tacit know-how one person may try to indicate at least ostensively and indirectly what they want another to notice: 'see that?' 'try to do it like this' etc...

Third, a certain kind of know-how is gained only through repetition: watching and doing the same thing over and over, under the watchful eye of a skilled practitioner. Over time, proper performance becomes habitual in ways that may be almost entirely tacit and inexpressible... such repetition is sometimes called 'practice'.

Fourth, one sometimes tries to demonstrate the correct way of doing something by at least being able to point out when it is being done incorrectly...

Fifthly, and similarly, sometimes teaching through questions can lead thought towards important inferences and connections, without saying explicitly what they are – this kind of teaching can provide a kind of scaffolding that can guide the learner to formulate their own version of understanding against their background knowledge, experiences, and point of view.

Finally, analogies or similes can be useful, though indirect, ways of guiding understanding: 'look at it like this', or 'imagine if it were...'. Needless to say, those are open to interpretation and guesswork too. (pp. 672–673)

Burbules' point with these examples is that 'there is a degree of structure or intention in the process of teaching (it need not be entirely tacit), even when it must necessarily involve processes of indirection, allusion and guesswork' (p. 673), and I agree with him. Becoming a worker, from crane driving on the building site to lawyering in the court room, is centrally about learning from the intertwining of the normative (what is worthwhile) with what is behavioural (what is being done), and the glue is the tacit: we show and we are shown, we see and we are seen, we try and we are 'trying' (very 'trying', sometimes!). In brief, new learners, and new workers, are invited into a perspective on the world, and they may take it up, diversely, in ways of knowing that are more or less skilful, and more or less their own.

Inviting learners, especially beginners, into ways of seeing which are new to them, is not an invitation to a settled or definitive perspective. The teaching of Ludwig Wittgenstein, as well as his genius as a writer, illustrates this. Burbules (2008) relates this account from Cambridge in the 1940s:

Sometimes Wittgenstein, sitting in a plain hardback chair, 'would break off, saying, "Just a minute, let me think!" or he would exclaim "This is difficult as hell" (Gasking and Jackson 1967, p. 52). Sometimes the point of his many examples became suddenly clear as though the solution was obvious and simple. Sometimes the class stood in lengthy silences. Gasking and Jackson report Wittgenstein as saying that he wanted to show his students that they had confusions that they never thought they could have ... (p. 667)

I was taught by Jackson at Monash University in the 1970s, and his own teaching was tacit in this emergent and dynamic way: sometimes the class on epistemology was cancelled because he told us that he hadn't done any thinking for it. In the class, Jackson conversed with us, grappling with the topics in a way that invited us to see philosophising as dynamic, as arduous, as, really, 'showing' (that is, 'doing'). Only rarely was there any printed reference – a fragment of Wittgenstein's *Philosophical Investigations*, for example.

A workplace can itself generate ways of seeing hitherto unknown to those who work there. For example, aged care staff – those who care for residents with dementia – can be encouraged to 'see' themselves as knowledgeable and professionally authoritative, even in an industry which regards them as low skilled and peripheral. In Beckett (2001b), I trawled their tacit experiences on a daily basis with residents whose 'challenging behaviours' had to be managed. In one vivid case, one resident threw food at dinner time, and it turned out that she had regressed to the farm where, as a youngster, her responsibility at dinner time was to feed the chooks in the farm yard. In asking the simple Wittgensteinian question: 'What do you find yourself doing [with the residents with dementia]: trying, guessing or showing?', I was unpacking the tacit – the literally messy – in their work.

Such staffs have immense and deep professional knowledge, although they initially denied it. One of them said to me when I first met them: "David, we know nothing!" She meant they had no formal recognition of their learning. They had not 'seen' themselves as knowledgeable workers, because their context had never expected them to show that they had 'become' such workers. Yet, they were steeped in knowledge as I pointed out to them in due course. Their 'knowing how' to deal with, say, residents' food throwing or incontinence was socially located (they discussed during each shift how to manage) and comprised an interweaving of the normative and the behavioural. Each shift, they assisted each other to construct explicatory stories which arose from the residents' unusual realities (dementia does this), thus making sense of challenges hitherto unforeseeable. Like Wittgenstein's and Jackson's philosophy classes, aged care staffs were challenged to see, and to practice, differently, by the dynamics of the kind of workplace in which they found themselves.

6 Climbing the Ladder

Becoming a practitioner normally, and normatively, means improving in some ways. Can working relationally in the ways I have outlined be calibrated? Is there, in short, a 'tacit' ladder from novice, or initiate, or fringe dweller, on the lower rungs, to expert, accomplished professional right at the top? In posing the question thus, I am leaving aside other ways of conceptualising occupational, vocational or organisational hierarchies, such as by qualifications, by promotions, by salaries and titles. My purpose from the start is to analyse how learning, through experiences, can generate how one becomes a professional so that the focus on educative experiences, not these other types of experiences, is maintained here.

In understanding how novices can best learn, can we learn from those with expertise? Expertise in workplace performance is a tricky notion, as Jarvis (2009), who sets out the history and current state of the debates on it, makes it clear. There is a strong 'decisional' or judicial character in expert performance, which is relevant to my argument here. What can this mean? Gigerenzer (2007), taking a research perspective on 'gut feelings', indicates how the accomplishment of experts is shown in the speed with which they cut to the *decisional moments*, discarding the psychic and experiential scaffolding that has defined their competence in the past. We may say that having climbed the ladder (of competence, of accomplishment), they can kick it away.

Montgomery (2006), in analysing the clinical judgements in medicine, puts the same point this way, in drawing upon the landmark 'novice to expert' work of Patricia Benner, for nursing: "The acquisition of a clinical skill is a process that goes beyond mastery of rules...to a stage where the rules are no longer recalled: each case is comprehended wholistically". She acknowledges that Benner drew upon Dreyfus and Dreyfus, who '... maintain that experts reason not by methodical inference but "holographically"...' (p. 35).

Montgomery further states that clinical judgements are marked by 'practical reasoning necessitated by an absence of certainty' (p. 42), and, central to this analysis, what practitioners bring to such reasoning is '[d]escribed as intuition . . . essential to good practice, those "gut feelings". This is 'a sort of know-how: as nonscience, this must be art' (p. 30).

Notice, however, that this is the unhelpful usage of the tacit which I discussed earlier using chicken sexing. There is a persistent mystification in relying on 'gut feelings' and 'intuition' which enshrines a Cartesian sense of the individual. Rather, I am keen to advance the socially located practitioner, working relationally in ways that construct learning through perspectival and dynamic experiences, albeit with others as 'teachers' (broadly construed as guides of learning).

So the interest now is on how improvements in practice can be tacitly undertaken, but this is not a new interest. Parents have undertaken this for millennia. It was Aristotle who stated that training is essential for the development of character, since if someone in youth acquires, through repetition, the 'right' habits, he/she will come to internalise them as his/her own valued practices as life unfolds. 'Training up' a child will give you the mature adult. Can beginning professionals be similarly 'trained'?

The problem with training is its limiting but pervasive provenance in behaviourism, without the leavening effect of the normative. By mindless repetition, it instils a change in behaviour – it works well for animals. By contrast, training to some worthwhile, and agreed, purpose, with activities which engage the whole person, not merely the hands, is an important educative experience at the centre of the formation of a professional. Training is in skill acquisition. It has a specific ambit, so it does contribute to the details of 'know-how' within professions, where for most there are correct, safe and efficacious ways to 'go on'. This 'knowing how to go on' is a curious phenomenon. As Wittgenstein has argued, knowing how to go on (in following a sequence, such as a pattern of odd numbers), is an example of being able to follow a rule. But to follow it, you must have an understanding of it (that it is every second number in a pattern beginning on an 'odd' number, such as 13...etc). The debates are about how such an understanding is achieved. What learning activities will help? As Luntley (2008) puts it:

If the activities in question in pointing, using an example, saying things like 'and so on...' are intentional activities, they are activities that exhibit understanding... that are conceptually structured... it is not training that provides the platform of resources to respond to reasons. That platform is supplied by the prior conceptual understanding manifested in the pupil's [or any age learner's] capacities to undertake a variety of intentional activities. Training will have an important role to play as we exercise the activities that manifest such understanding. But that is simply to note that when we 'work out' intellectually, the moves we make need not be restricted to the silent moves made within an inner language of thought; they can include the moves we make in those bodily activities in which we express our intentionality. (pp. 702–703)

Such a Wittgensteinian view of training thus requires intelligent action in the very performance of skills and implies that skill-acquisition activities will need to engage the mind, especially because our capacity for understanding is a 'resource' which is manifest in, say, knowing how to follow a rule. In the rule-following itself, we are making apparent our understanding of the rule, and can give an account of it when asked.

Notice here, then, that training is correctly a 'tacit' activity of the kind I advocate. It is socially located, relational and normative in the sense that it fits some understanding of why and how the skill to be acquired is worthwhile. Luntley goes on:

... words often give out when we explain meaning. We do not and often cannot explain the meaning of a word in other words. Words give out and we explain meaning implicitly by resorting to action...But this reach beyond the scope of words is not a reach beyond the scope of reason...The activities that figure here are *activities that express an understanding*. (p. 703, italics added)

The crucial point is that it is in the *doing* that the *understanding* is apparent. 'Understanding' how to go on is not some psychologically prior state ('having an intention') which is then manifest in doing. The intentionality of the action is shown in the doing of the act itself. That is, although the meaningfulness of training is bound up in the commitment made to undertake it, the actual learning – and the development of this learning as calibrated in further rungs up the ladder of skilfulness – is shown in the doing, which is done from intelligent commitment. This 'doing' is the explicit aspect of such training. It is this which 'expresses an understanding'. Understanding 'understanding' in this way – as tacitly acquired (that is, an implicit, often indirect set of learnings broadly as Burbules listed above) – implies that it is an equal partner in an intertwining of behavioural and normative experiences, which are coextensively authentic, as I have argued from the outset. We know by doing, simultaneously as behaviour and as purpose; we call these 'actions'. And they are, hopefully and typically, intelligently enacted. Moreover, such intertwined experiences are not just coextensive. I make the stronger claim: they also *jointly constitute* 'understanding'. They simply *are* what we mean by 'understanding'. In this way, they are fully integrated in activity, and amount to a Deweyian (1916) holism, grounded in our materiality – our embodied practice (O'Loughlin 2006). What does coming to understand something amount to? It is fully manifested in the intertwining of the behavioural and the normative as jointly apparent in what human, more or less intelligently, *do*. Hence, we 'become' a worker – by working. And we do so, knowingly. Training can be regarded as contributing to this overall ontology.

But, training is not enough. Despite this intentionally integrated, experientially holistic, and, let's say it, broadly humanistic approach (see how far it has come from its simply behaviourist ancestry), training does not exhaust this analysis of how professionals are best formed, although it is central to it. Becoming a worker, by working, needs careful attention to the growth of *intelligent* action, as I now explain.

7 Giving Reasons

In addition to carefully calibrated training of the type I have outlined here, what is also required of those 'becoming' a professional is immersion in practice. This is also an aspect of the tactile. In many organisations and associations, various structures such as shadowing, mentoring and coaching will seek to make sense of the seemingly inarticulable for the new appointee.

Many such structures range across the six varieties of the tacit as Burbules listed above, united by the intentionality I have unpacked in the previous section. Immersion in work targets growth in intelligent action(s). Intelligent activities at work can be reflected upon equally intelligently, in, say, a mentoring programme, from which a new staffer can learn, in Wittgensteinian terms, 'how to go on'. These reflections are typically not of the private, meditative type. They fit the socially located, relational tactility which is central to this analysis: 'Why did you do it that way?' 'What did you find yourself doing next?' 'How will you go about making that change?' are questions a mentor can ask of a mentee which invite the giving of reasons. Yet, this is not reason giving in a narrow cognitivist sense. Often responses to these questions will deal with feelings, values, willpower, colleagues and embodiment. This is what makes them experientially holistic and intentionally integrated (as in the previous section). In non-training contexts – as in the messiness

of immersion in authentic work – such questions and such a structure like mentoring take on new significance.

If beginning professionals are to make sense of their new identities, and their grasp of the bottom rungs of the ladder of skill formation, they need particular encouragement in giving and receiving reasons of the kind I have just specified. After all, a *professional* practitioner joins a peer group, by definition (colleague professionals), and initiation into the codification and an ethic of practice (and, similarly, of 'malpractice'). These are, each of them, both normative and behavioural. How to act or how to 'do' one's profession is calibrated not just hierarchically via skill development, but also laterally through one's quality of immersion in practices and with practitioners.

In this lateral immersion, it is the reason giving that locates one's professional participation. As I have argued at length elsewhere (Beckett 2004), reason giving for the decisions one takes at work, is best regarded as the *making of inferences* from what is experientially significant – what differences or changes were made? What was brought to bear on them? Where do these lead for your practice, or your part of the organisation? A good mentor will bring this out, in inferential questioning like this. Beginning practitioners need to learn how well to respond to this because they are part of a socially located, relationally tacit environment. As Beckett and Mulcahy (2006) put it:

Briefly, our claim is that how a person goes on to do something (what 'know how' consists in) is not about something other than itself (like a propositional state, or a product, such as is Given), but rather about what that person finds herself or himself undergoing, in what it is to be human. Frequently, what humans find themselves doing is making decisions (judgements) about what to do next. Workplace learning is increasingly shaped by this sort of fluid experience ('knowing how' to go on), but it needs to be made explicit... The 'making explicit' is what the best adult teachers and trainers can do, in facilitating, even revealing, adults' experiences for educational purposes. Mentoring schemes are an example.

Judgements under this latter, inferentialist, model of agency are practical in that they are expected to be efficacious: they deal in what is thought to be good (that is to say, appropriate) in specific contexts in which they are embedded. (p. 248)

Immersion in the relationally tactile giving and receiving of reasons, at work, enables new professionals to become confident in the integrity of their experiences as a source of learning: shadowing, mentoring and coaching, for example, may not give many insights into learning from experience in a narrow, cognitivist sense, but, as I claimed about inferentialism, such wider, more holistic rationality is 'at several points "ostensively tied" to reality (that is, are about *this* world *now*)' (p. 246). Ostensive activities, like showing by pointing, hinting, trying and simply moving about are educationally powerful but hitherto low-status ways of knowing, as the aged care staff case exemplified.

A relationally tactile analysis, based in inferentialism, links ways of seeing and ways of knowing into provocative reflective questioning inviting the making of inferences about what happened, what should have happened, and what yet could happen and the consequences of all the three. In this richly interrogative sense, new professionals learn better at and from work. In Beckett and Mulcahy (2006), we call this the 'communal, self-correcting' nature of professionals' practice, and I claim it is essential that those becoming professionals learn to do it well and that immersion at work may provide the structures through which it can take place.

8 Making Judgements

But I do want to emphasise that this communal self-corrective reason giving is rational in the broader (almost metacognitivist) sense that Luntley meant, above, in his defence of tacit activities as manifesting rational understanding. In educating beginning professionals, we need to stay away from narrow cognitivism. Bent Flyvbjerg (2001) describes the problem thus:

Regrettably, the pervasiveness of the rational paradigm to the near exclusion of others is a problem for the vast majority of professional education, and especially in practical fields such as engineering, policy analysis, management, planning and organisation ...

This has caused people and entire scholarly disciplines to become blind to context, experience and intuition, even though these phenomena and ways of being are at least as important and necessary for good results as are analysis, rationality and rules. (pp. 24–25)

Flyvbjerg directs us to the way forward, which I share:

The person possessing practical wisdom (phronimos) has knowledge of how to behave in each particular circumstance that can never be equated with or reduced to knowledge of general truths. Phronesis is a sense of the ethically practical, rather than a kind of science. (p. 57)

Aristotle's *phronesis* is indeed helpful (as Beckett and Hager 2002 claim) in making sense of this reliance upon strange experiences. Flyvbjerg goes on:

... Phronesis goes beyond both analytical, scientific knowledge (episteme) and technical knowledge (techne) and involves judgements and decisions made in the manner of a virtuoso social and political actor. I will argue that phronesis is commonly involved in social practice ... (p. 2)

 \dots and is [the]m most important because it is that activity by which instrumental rationality is balanced by value rationality, and because such balancing is crucial to the sustained happiness of the citizens in any society, according to Aristotle. (p. 4)

And throughout his chapter entitled 'Rationality, body, and intuition in human learning', Flyvbjerg (2001) refers for support to the 'Dreyfus' model of competences and skill formation, suggesting that traditionally individualistic models of learning skills are unhelpful:

Practical experience consists precisely in an individual's ability to readily recognise skill and virtuoso experience. [In relating an experiment with paramedics and experienced teachers of paramedics...] 'The teachers attempted to identify a competent rescuer by looking for individuals who best followed the rules the teachers themselves had taught their students in CPR. The teachers' concept of "good" resuscitation technique was simply to follow the rules... Being novices, the students could do little else'. (p. 23) Again, Montgomery (2006) articulates a similar way forward; for her, it is based on research into how our contextuality frames our practices:

Bourdieu's habitus and Geertz's common sense are useful concepts because, like Aristotle's phronesis, they characterise a kind of knowing that is not hypothetico-deductive, not scientific, but nevertheless deserves the label 'rational'. Those who possess this rational capacity or virtue in great measure are often regarded as wise...

Because competent clinicians embody a habitual and "automatic" commonsense method of responsive knowing, the idea of a rationality that is both deeply ingrained and largely unaware of itself is essential to understanding their enculturation, the formation of the professional self. (pp. 165–166)

9 A Wise Way Forward into Lifelong Learning

Overall, I have just argued that *immersion* in opportunities for rationality as it is apparent in socially located and relationally tacit practices is how we should be shaping new professionals. Prior to this, I also argued we should be providing *training* which is rich in such opportunities.

In this analysis, I am, overall, arguing for a Wittgensteinian approach to particular programmes of skill formation and particular attention to workplace and professional practices, which have both normative and behavioural characteristics glued together in experiences that are decisional. This Wittgensteinian approach is underpinned by Aristotle's epistemology, where decisionality constructs practical wisdom or prudence, through judgement. That is the sense in which these are rational – not narrowly so, but holistic, in that they take thinking, feelings, sociality, one's embodiment and the conative (willpower) as aspects of a unitary phenomenon: human experience as manifest in moments of decision – 'what to do next?' – in pursuit of some good. This is Aristotle's *phronesis*. Beginning professionals can, indeed, must, learn this capacity, but they need particular guidance through training and immersion of the kind I have specified.

In advocating such particularities, I am disavowing any reliance on 'learning how to learn', or any mystical capacity or ability to acquire this, or be taught it. Christopher Winch (2008) explores what sense can be made of such a generic 'learning' and concludes that apart from literacy and numeracy (both particular skills) not much can be claimed for it ("it can be acquired and maintained", p. 661), although it is often stridently advocated by developmentalists (e.g., Rousseau, Chomsky) and many Western government policy statements. Indeed, the 'lifelong learning' agenda seems to assume such a capacity, almost as a given: 'learning how to learn' is meant to mark out the ultimately self-aware individual. Where has this mystical ideal come from? Is it any more helpful than chicken sexing in illuminating self-awareness?

Lifelong learning was revived around the world in the 1990s as a neo-liberal policy umbrella under which many governments articulated their plans to build the vocational capacities of their various populations. It justified upskilling, deskilling

and reskilling, and the shift from a focus on employment as a national aspiration, to 'employability'. Working 'smarter' meant working within the risk of losing your job, and lifelong learning became the mantra for staying just ahead of the current labour market demands for skilled workers. Lifelong learning under this umbrella was usually about individuals planning their fragmented futures, and managing the prospects of subgroups of vulnerable individuals (early school leavers, mature age redundancies, immigrants and so on). Learning, labouring and social welfare and cohesion were all bundled under the 'lifelong' umbrella (James and Beckett 2000).

Such a bleak analysis masks the potential for lifelong learning in more generative situations such as within fairly stable workplaces, and in most recognised professions. But it needs to be seen as agentive, not as attributional. By this, I mean lists of skills, capacities and competencies (which is how governments, unions and professions have operated under the policy umbrella) which are attributed as desiderata to individuals or groups of individuals, and which merely preserve the old atomistic way of seeing work and identities. Generic or key competencies in themselves are not undesirable. Who would disagree that the new workplace needs team players, communicators, problem solvers and so on? The issue is that these are bolt-on attributes of more or less successful workers or aspiring workers, who themselves have no acknowledgement of their relational engagement to bring these about in the very intelligent activities of their work. Rather, as this chapter has argued, a relational approach insists on the epistemic value of practical judgements at work and on the justification of such judgements amongst one's peers. This approach will display the usual generic or key capacities or competencies which governments or unions or professionals seek, but not by atomistic attribution (Task: 'Check the box – has or hasn't the practitioner "got" the skill?'). Instead, a relational approach to such desiderata goes about constructing these in the very doing of the work (Task: 'From what practical evidence can we infer the practitioner's judgements were, or were less, effective?'). A relational approach under such a thoroughly vocationalised lifelong learning umbrella locates the agency of the practitioner or the worker at the centre of the learning, but insists on the sociocultural context as the site of the epistemic relations which constitute such learning.

To reiterate claims I made earlier and to apply them under the lifelong learning umbrella: the learning we do (sic) is in the linkages, not in the head or the heart, or in various 'bolt-on' attributes, of any individual worker. To come to 'understand' something is to enter into relationships which construct and display understandings, which are, themselves, emergent characteristics of practices. In this relational approach, agency is a shared relationship, for those with peer groups, which is most of us, at work. I have argued and shown, for example with the aged care staff, that typically we see our decisionality – our ability to enact differences in situations – amongst others' abilities to do this as well. It's the linkages here which are the first and most epistemically profound ways of seeing ourselves. We can be guided to see ourselves differently: less as novices, more as experts; less as intuitionistic (like chicken sexers), more as accountable (like school principals). We 'become' workers of various kinds *through the doing of the work with others*, which requires an active (agentive) intelligence. Immersion and training are therefore central to

lifelong learning, but they have a richer epistemic significance than an attributional approach confers. An attributional approach supplies 'bolt-on' skills and capacities, desirable though these may be in themselves, but understates the agentive, the social and therefore the relational character of lifelong learning at and through work.

Stepping out from under the vocationalised lifelong learner umbrella, such an agentive, relational approach is also central to our life, in our familial and most intimate relationships. In our homes and communities, we find fulfilments in the immersion and training we find ourselves undergoing informally as parents, lovers, partners and local leaders of groups which are not vocational. Again, this is Wittgensteinian, and Aristotelian: we literally 'find ourselves' in our local worlds, and the languages game we are immersed within. Our 'selves' are constructions, where each individual's agency is only part of the story – the rest is out there, with us, in the relationship-constituted world we are born in to.

This world – my world and your world together – is what we know best; it is also our way of seeing what we know best. And we make judgements every day as we negotiate our ways of acting and ways of seeing amongst others. Skilfulness at this grows over time – it emerges in the doing, as it were – and we are almost always in situations of having to account for our actions amongst those we love most or hold in high esteem. Whether we are fully aware of it or not, we find ourselves on pathways to maturity as well-integrated adults. Success or otherwise is more up to others to judge – our peers, we can claim.

Scepticism about attributional wish lists of purported 'lifelong learnings' is justified, then, in favour of support for the more holistic and relational analysis of such desiderata, established in this chapter. Properly conceptualised, lifelong learning can be generative, for and around workplaces and elsewhere. If it is powerful, I believe it is so because relationality builds only one generic capacity, *self-confidence*. Winch (2008) puts it this way:

One key point is that success in an activity tends, other things being equal, to bring confidence that future attempts will lead to success. Confidence in doing something is a motivational factor since, again, other things being equal, someone who is confident that they will succeed in achieving something if they attempt it, is more likely to attempt and succeed than someone who is not. (p. 661)

He advocates literacy and numeracy as 'crucial specific transferable abilities' which are likely to bring about such confidence. In the world of adults' professional formation, we could do well to advocate particular learning designs and opportunities, centred on training and immersion experiences, as I have claimed throughout.

But, in addition, to building self-confidence in beginning professionals, we must be mindful of those UK school leadership indicators with which I began. What do we learn from that list, and how it was established? I suggest that, using the indicators as 'evidence' of a sort, even being named as a potential school leader, is motivational because one is being *paid attention*: this is *perspectival*, *socially located and relationally tacit*. It tells an up-and-coming practitioner that she has been noticed, and for reasons which are organisationally and professionally defensible. Her peers and her workplace hierarchy have given and received reasons in the form of messages about practices, both real and desirable. These real and desirable practices are, each of them, both behavioural ('what you are doing is fine') and normative ('why you are doing it is appropriate/good/worthwhile'). Such expressed reasons amount to judgements which are of real and desirable practices. Thus, they instantiate *phronesis*, and they shape a professional and his/her confidence as he/she moves up, and further into, his/her chosen career.

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Chapter 4 Higher Education and Becoming a Professional

Madeleine Abrandt Dahlgren

1 Introduction

This chapter addresses the question of becoming a professional from the perspective of how higher education is seen in relationship with the demands of work life, by students at four European universities. It brings into focus two study programmes different from teacher education, medical education and nursing education, namely Psychology and Political Science. The purpose of doing so is to add a different viewpoint to becoming a professional. These programmes seem very different in curricula structure and professional focus, assumingly producing different educational trajectories from higher education to working life, yet they also have several similarities. The rationale for bringing in Psychology and Political Science into the discussion is that, through the discernment of differences across the educational preparation of professionals, it is also possible to discern common features of what it means to become a professional. Psychology has a clear professional role as the endpoint in the same way as medical, nursing or teacher education has, while Political Science is a typical liberal arts course, without a designated or self-evident professional focus. What is the process of becoming professional like under these auspices?

To address this question in this chapter, I use examples from a comprehensive research programme conducted between 2001 and 2008. The first generation of research that I refer to addressed questions about how students from different European countries and study programmes become professionals (cf. Dahlgren et al. 2007 for a summary article of the project). The project was called *Students as Journeymen between Cultures of Higher Education and Work*. Data from this project will make up the main source used in the chapter.

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The rationale of the Journeymen project was that there is a mutual interplay between institutions of higher education and the students and teachers that populate them. The process of becoming professional in this sense is not only how education impacts people, but also how people impact education. This means that the students are seen as individuals as well as members of different university cultures and degree courses that have clear or less clear connection to a professional work life area. This provides a nuanced way of understanding the relationships between cultural, educational and working life contexts. Becoming professional is here studied as a function of how students understand their university culture as they enter and as they leave their university education, how they see their coming professional work and what they see as the relationship between study and work.

Another assumption in the project was that basically the same educational initiatives might bring different results in different cultures. For this reason, I will examine the different course structures encountered by students. Since the Journeymen project was undertaken, the Bologna process has been implemented in Europe in order to harmonise the system of higher education. The rationale is that this harmonisation will facilitate student and staff mobility and permit free movement of academic graduates. The Bologna process comprises several steps, including the introduction of a so-called Diploma Supplement to facilitate comparisons between degree documents. The European Credit Transfer System (ECTS) has also been implemented to increase comparability between study programmes (EU 2000).

It is reasonable, however, to believe that the programmes are still influenced by the national and local university traditions of the European countries. The research I am referring to in this chapter was undertaken in a comparative context of four European countries: Sweden, represented by Linköpings Universitet (which was also coordinating the project); Norway, represented by the University of Oslo; Poland, where the University of Gdansk is involved and Germany represented by the University of Duisburg-Essen. The project was financially supported by a grant from the Fifth Framework of the European Commission of the European Union (Project identity HPSE CT-2001–0068). The process of becoming is also investigated in a longitudinal part of the study which questioned senior students and professional novices, after about 18 months of professional practice, to investigate how they conceived of themselves as professionals, and how they in hindsight viewed their university education, particularly related to their professional work.

Against the backdrop of the common European labour market, it is of interest to investigate how the higher education systems in different European countries prepare individuals for working life. The Journeymen project induced a second generation of research where the most relevant in this context is the longitudinal study by Nyström, who in her doctoral thesis (2009) followed the Swedish students in Psychology and Political Science and their views of the professional trajectory after 3 years of professional experience (Nyström 2008; Nyström et al. 2008). Hence, data from Nyström's studies will be interspersed and used in addition to the Journeymen data. The transition from higher education to work life is also studied in a comparative context of Sweden and Australia (Reid et al. 2011), and makes up

a third generation of research that will be used to illustrate the process of becoming a professional in the fields of Psychology and Political Science.

2 Theoretical Framework

When I talk about becoming a professional in this chapter, I am particularly focusing on the dimension of identity formation that is situated in the realm of higher education studies and work. It does not mean that the formation of identity occurs only in this realm or that the concept of identity is viewed as something homogenous or as a rational and stable personality trait. Rather, professional identity formation is viewed as a multifaceted, relational and fluid concept. Viewing students as 'journeymen' indicates that the transition from university studies to working life comprises also a trajectory between different practices that have different implications for the formation of professional identities. Students embark on a journey from being expert students to becoming novice professionals (Reid et al. 2011). The formation of identity is open to influence from social interactions and contexts, and hereby also allows for consistency and inconsistency to coexist in a particular person's experience throughout the trajectory from higher education to working life. Conflicting emotions or ambivalences that arise from everyday life can be understood as subjective dynamics, which influence the construction of knowledge as well as the shaping of a professional identity (Axelsson 2008).

Axelsson (2008) emphasises the notion of the construction of knowledge and identities as lifelong projects. Two things are significant in this: first, reflexivity and the possibility of making and revising rational choices making identity formation a self-reflexive project (Giddens 1991) and second, people are influenced by general ideas and actual conditions in everyday life and the possibility to choose is thereby limited. From this perspective, identity or identification does not necessarily rest on a rational basis (Bauman 2001, 2004). Identity is here seen as a shaping process rather than an essential concept. Bauman (1991) claims that in the change to the modern functionally differentiated society, individual persons are no longer firmly rooted in one single location or subsystem of society, but rather must be regarded as socially displaced. There is no 'natural identity' that can be bestowed upon people; the creation of identity is individual and could never be securely and definitely possessed as it is under constant challenge and must be ever anew negotiated. Bauman points at a paradox in the sense that the individual needs to establish a stable and defensible identity to differentiate the self from the outer world, but at the same time needs the affirmation of social approval. 'The subjective world which constitutes the identity of the individual personality can only be sustained by intersubjective exchange' (p. 201).

Wenger (1998) reasons along similar lines when he describes identity formation in a community of practice. Identity is here viewed as a nexus of multimembership. As such, an identity is not a coherent unity nor is it simply fragmented. A nexus does not decompose our identity into distinct trajectories in each community, nor does it merge the different identities we construe in different contexts into one. In a nexus, multiple trajectories become part of each other whether they are contradictory or reinforce each other. Wenger claims that identities are at the same time one and multiple. Even if we are talking about identity formation situated in the realm of education and work, it does not mean that development of professional identity is seen as an isolated phenomenon that takes place only at the university or in the work context. Nyström (2008) shows that the process of professional identity development is rather a dynamic relationship between different life spheres. In her study of student and novice professional psychologists' and political scientists' processes of professional identity formation in their transition from higher education to working life, three different forms of professional identity were discerned: a nondifferentiated identity, a compartmentalised identity and integrated identity, which exemplify different negotiated relationships between the professional, personal and private life spheres. Nyström's study suggests that these three forms of professional identities are sequential, starting from an individual focus to more relational and integrated ways of reasoning about one's profession. Nyström argues that it is through the negotiations between personal and socially derived imperatives that identity formation progresses throughout working lives.

If we look at the context of universities, with all their diversity in disciplines, scientific and professional perspectives, they have in that sense in the literature been viewed as hosting a number of 'academic cultures' (Snow 1964) or 'tribes and territories' (Becher 1989). Then, it is not surprising that educational design, expectations of knowledge formation and identity building in students vary among the array of university programmes. Previous research shows that students also respond to these expectations in different ways during the course of their education. Their ways of engaging with learning in their respective disciplinary and professional fields have an impact on how they identify with the knowledge for the coming professional work (Abrandt Dahlgren 2003; Abrandt Dahlgren and Dahlgren 2003), and hence on the process of becoming professional.

The implication of the above perspectives for identity formation in the realm of university studies is that students as they begin their education towards becoming a professional, encounter the social practices characteristic of their chosen professional or disciplinary field. They will be exposed to the world views, theories, skills and languages embedded therein, and this will influence their identity building as they eventually appropriate some of these cultural properties. In their research in the context of learning in design, Reid and Solomonides (2007) also identified the importance of affect as a component of professional formation and engagement with the profession. In their study, the 'sense of being' – that is the students' core view of themselves – afforded different orientations towards their 'sense of artistry' (affect), their sense of being a designer (the profession), their sense of transformation (learning) and their 'sense of being within a specific context' (becoming, belonging, involvement).

3 Data Collection and Analysis

In the Journeymen project, data was gathered through semi-structured interviews with junior students in their first year of studies and senior students in the last year of their Psychology and Political Science studies. Both first-year and senior students were interviewed, 20 and 12 students, respectively, in each discipline, just under 100 students in each country. In order to get a sense of how the ideas of becoming professional developed over time, a second round of interviews was conducted with the senior students after their first year of work life experience. To supplement interview data, curriculum documents regarding the different programmes were also used.

The project group developed a joint analytical framework for the purposes of the study. There was a need for arriving at descriptive categories of how the process of becoming professional was conceived from the perspective of the informants as well as for linking these conceptions to local policies and contexts; hence, the analysis of the interviews comprised several layers of analyses. As a first layer, an analysis inspired by phenomenography was carried out. Phenomenography is the empirical study of the qualitatively different ways in which various phenomena in, and aspects of, the world around us are experienced, conceptualised, understood, perceived and apprehended (Marton 1994). The words 'experience', 'perceive' and so on are used interchangeably. The point is to suggest that a limited number of ways in which a certain phenomenon appears to people can be found, for instance, regardless of whether they are embedded in immediate experience of the phenomenon or in reflected thought about the same phenomenon. The analyses were initially performed in order to obtain a description of the processes and outcomes of meaningful learning from the perspective of the learner (see Marton et al. 1977). In the Journeymen project, the focus was on the differences and similarities at the group level rather than the differences and similarities between individuals.

A second layer of the analysis was an attempt at linking the students' descriptions to a discursive level, through a discourse analysis, based on the content of the students' experiences as these appear through a phenomenographic analysis. Discourse analysis is a set of research procedures applied to interpret complex issues of language use in specific social situations. As Gee (1999) notes, it is informed by a view of language that transcends the traditionally communicative understanding of its function (i.e. that of exchanging information). For Gee, the main functions of language are '... to scaffold the performance of social activities ... and to scaffold human affiliation within cultures and social groups and institutions' (Gee 1999, p. 1).

The linguistically expressed conceptions of educational issues were interpreted as being related to their subjective activities, their developing social and professional identities and to the cultural and institutional structures they find themselves in. The results of the first two layers of analysis have thereafter been subjected to further comparative analyses; on the one hand, within each participating European university to compare different programmes at the local level, and on the other, between the universities to compare the same programmes in different national contexts.

4 Becoming Professional: Psychology Across Four European Universities

In the following, I undertake a cross-national comparison of the four university programmes in Psychology in Linköping, Oslo, Gdansk and Duisburg-Essen which have different pedagogies and conceptions of learning. These frame conditions may impact the learners' attitudes towards knowledge, competence and their working life expectations. Before focusing on differences and similarities, I look at the various pedagogical approaches employed and try to identify possible consequences for the learners represented within the broad interview data.

Linköping, Sweden. The course uses problem-based learning to bring about an interplay between practical experience and theoretical reflection and to provide students with impressions of their future profession. Students study for 5 years with practical placements incorporated into each theoretical block. After graduation, students undertake a 1-year mentor-guided practice before certification. They also go through a period of ego therapy, in which they reflect on their own personal and professional development, under the guidance of a professional psychologist.

A characteristic feature of Psychology as a field of knowledge is the existence of a set of schools according to which individuals, their motives, functions and aims are conceived of in different ways. The eclectic mode of instruction at Linköping means that fragments of knowledge from different theoretical schools are moulded *ad hoc* and applied to a specific case, that is, the professional selects a specific theoretical perspective for a specific case. The awareness of competing theoretical schools of Psychology and the application of these in clinical practice stand out as the most important features of the learner's answers to the questions about what kind of knowledge is acquired during university studies. The trajectory from university to working life is characterised by continuity and confirmation of the knowledge base acquired during the educational process (Abrandt Dahlgren et al. 2006). Some of the interviews are also very convincing as regards students' feeling of being prepared, of putting into practice the knowledge they have developed during their studies.

I was surprised by, partly how easily I was entering the professional role and felt confident, and partly by that I could convey my knowledge to the people I met. I was a school psychologist, and there was no doubt about it.

The problem-based learning approach claims to stimulate critical reflection through an emphasis on learning through problem-solving, experiential and selfdirected learning. Theories, methods and problems in the field of Psychology are dealt with from a research perspective. It is suggested that since the scientific basis of the profession is rapidly developing and changing, it is important for students to develop the ability of lifelong and independent learning. To do this, students must identify their own learning needs as well as choose, make use of and critically assess different sources of knowledge, and finally, evaluate learning processes and their outcomes. The students are also required to actively seek knowledge with the aim of developing into independent problem solvers, capable of investigation and intervention.

Due to the small group tutorials that are the basic working form within problembased learning, the students are interacting with fellow students and teachers from the outset. There is a clear emphasis on the development of communication skills and students are expected to be engaged, talkative and capable and must therefore be well prepared and contribute to discussions. For some of the students, the learning process means hard intellectual and emotional work. The overarching aims of the programme are for students to learn relevant theories and to integrate these into their identity as Psychologists. It seems that the periods of re-occurring clinical placements work as a vehicle for integrating the content learning of Psychology with the learning about their own person.

Gdansk, Poland. The Psychology programme in Gdansk is also conducted over 5 years, but here it is highly structured around traditional lectures, lessons and seminars. For the two first years, all students study a common curriculum, specialising after the third year in their chosen area of Psychology. The main purpose is to give students knowledge and practical skills connected with work as psychologists in the medical service, education and private psychology practices.

Graduates of Psychology are prepared to care for and conduct professional rehabilitation with persons with sensory and ambulatory disabilities as well as intellectually disabled children, youths and adults. Students also acquire information, which will be of use in personnel and training departments, advisory companies, employment agencies and educational centres. In contrast to the emphasis on clinical practice in Psychology at Linköping, Gdansk is mainly based on working with the literature, and psychological problems are dealt with by means of theoretical reflection rather than by practical experiences or interplay between the two. The first-year students from Gdansk claimed to be enormously interested in clinical and social Psychology, but changed their minds during their studies. Since the courses only deal with clinical issues to a limited extent, students do not feel sufficiently well prepared for this kind of work later on. Consequently, many early career Psychologists are engaged in various working life areas, especially in management activities.

Duisburg-Essen, Germany. First-year students here also shared this initial interest in Psychology. Here, a degree in Psychology means that the graduates can work as teachers at the secondary-school level although they mostly major in general Psychology methods or industrial Psychology, and do not focus on clinical or social Psychology. However, the German students often decide to become Psychology teachers and acknowledged the social significance of their profession during the practical training period (after graduation). During the advanced study period, the main area (besides teaching) is industrial Psychology. This applied research area, however, is highly method oriented. Consequently, most of the graduates either envisage a teaching career or involvement in research institutes. The Polish and German students distance themselves from the idea of their professional role as 'social helpers'. Because of the wide range of jobs, students, especially in Gdansk, seem not to favour only one field of work, although the Psychology of management and personnel training are both popular.

Oslo, Norway. The programme is initially heavily theoretical and the integration of theoretical studies and practical/clinical-oriented work does not come until later in the course. It is largely research based with an emphasis on scientific knowledge. Students are expexted to acquire general knowledge of the most important theories, research methods and application of research results to professional work. The Norwegian students welcome seminars given by external teachers who are seen as professional role models. This is the reason for a strong demand for better practical training often expressed at the end of the students' studies. Social and practical problem-solving competencies are mentioned as most important because relational and communicative skills are regarded as essential for good clinical psychologists. The most oppositional learning conceptions were to be found in a comparison of the university programmes at Linköping and Gdansk.

4.1 Emphasising Clinical Psychology

Early career psychologists from Linköping developed a 'professional persona' through reflection on working life experiences. Without self-reflection, conflicting interests such as client and colleague, client and relatives and client and children cannot be handled and private and professional lives cannot be balanced. With respect to the differences between higher education and working life, beginners clearly welcome the demarcation between work and leisure in their daily routines. They feel well prepared by their studies to meet the requirements of their jobs. The learners' emphasis on the importance of active learning is a possible reflection of the structure of the problem-based nature of the Swedish programme. Psychology is a field of study that has a clear orientation towards a professional field, and students' professional identity building trajectories take a different course of development compared to students of Political Science, examined later. For example, Hult et al. (2003) showed that the junior students envisaged identity as a psychologist in terms of a helper or as a social engineer. These students had a personal interest in other people and had personal experiences of helping people as their incentive for undertaking their studies. Students who talked about becoming a psychologist/social engineer referred to their fascination with the subject and people's behaviour and how Psychology could be used to modify behaviour.

Senior students identified with the role of a psychologist as a helper and social engineer capable of moderating people's behaviour. Periods of clinical internship influenced the senior students' trajectory of professional identity formation. They describe how it has become necessary to separate the private and the professional spheres of life, and how the strategy of constructing a kind of professional persona, comprising elements both from their private personality as well as their professional role, is a way of accomplishing this. The strategy encourages them to differentiate between personal involvement and empathy.

It is important to be involved and empathic, without losing your critical attitude, to be able to keep a certain distance, even if you are very close It's in a way a basic condition for being able to do the job, to feel and to analyse, but also to be able to come home and not be a psychologist after work.

In the transition to working life, this strategy is even further developed (Abrandt Dahlgren et al. 2006) when the neophyte psychologists typically work as clinical consultants in hospitals, particularly the psychiatric area involving children, teenagers and adults, and also in schools. Here, the ability to contribute valuable reflections to a discussion between the team or between colleagues gives a feeling of becoming professional. At the individual level, reflection constitutes both a way of synthesising and understanding the client's problems and a way of scrutinising their own thoughts and feelings.

It is important that I dare to be a human being in the encounter with other people, it is not only about techniques, technical knowledge, facts and methods, but also that I as a human being allow myself to be moved by the meeting with the clients, and that I use my humanity to feel, reflect and draw conclusions from the meeting. To develop in my professional role, it is clear to me that I also need to develop my personal identity.

Nyström (2008) shows, in her follow-up study of the Linköping results of the Journeymen project, how students in Political Science and Psychology construe their professional trajectories in terms of their envisaged future work as senior students, and later as early career professionals. Interviews were conducted after 18 and then after 34 months of work life experience. The clear clinical and professional focus of their university studies seems to have produced a high degree of continuity between being a senior student to becoming a working psychologist. The newly graduated psychologists establish themselves quickly in the labour market and become fully legitimate participants. Six thematic categories were found which illustrate the graduates' visions of their professional trajectory in the 3 years since the first interviews:

- *Learning continuously* the graduates see the necessity of maintaining learning in their professional work, either in a particular professional field to strengthen their career, or for mere personal reasons and pedagogical interests.
- *Establishing oneself* the graduates identify with the workplace and the work tasks and this implies a stable professional role as well as a stable notion of the content of the work tasks.
- *Mastering a tool box* the focus of the future professional trajectory is on the learned technical skills or the tool box of accessible methods, which are perceived as generic and applicable to any specified professional field.
- *Fulfilling a commitment* the emphasis is on an articulated visionary purpose, which derives from a strong commitment to humanitarian motives to 'make the world a better place' or to 'help people in need'. The professional role or the relation to a certain professional field is only a means to an end since the focus is on the commitment itself.

- Searching for a professional field views of the professional trajectory as uncertain are expressed here. The professional knowledge and competence are described in a broad and generic sense almost like looking to 'find a field' of application.
- *Changing directions* portrays the view of the professional trajectory as a need to do something different, either in the same professional field or in a totally different area.

Nyström et al. (2008) show that after 3 years of working life experience, a majority of the graduates have changed direction, and are leaving their professional community with the aim of further developing their professional identity. They found that this happens as the early career psychologists seek higher status and income and also because of the difficulty of coping with the emotional stress and fatigue of clinical work.

The Norwegian psychologists highly regard the theoretical knowledge they have acquired during their studies, which they regard as essential for mastering the professional challenges facing a clinical psychologist. Similar to the experiences of students from Linköping, they describe the dilemma of drawing a line between their helping role as professionals and as private persons. Though working life offers an apparent separation of private and professional lives in terms of working hours and leisure time, early career psychologists have problems differentiating emotionally between these domains. This may partly be connected with the high level of responsibility they feel in their powerful positions in relationships with the clients. The main challenge seems to be the development of a professional distance, a challenge in all professional fields. Additionally, the Oslo students underline the significance of active participation in the learning processes rather than mere listening, taking notes and learning by heart. Critical questioning and application of the knowledge acquired are seen as fundamental conditions for learning. Retrospectively, the Norwegians value practical education more than the basic theoretical education of the first 2 years.

4.2 Emphasising Theoretical Psychology

While a professional orientation is obvious amongst early professionals in Scandinavia, it is more difficult to identity this same professional orientation amongst Polish graduates in their first year of work. From the perspective of most students, a fundamental critical attitude towards, and a theoretical distance from, reality are often seen as a main effect of university education. The domains of Psychology are observed from a theoretical perspective; interestingly enough, clinical Psychology as a field of application is not included in this view. This does not meet the expectations of the first-year students who cultivate an image of the psychology as a field of professional application and choose to work in the management area and in adult education. They feel that they do not necessarily have to work in clinical or social environments in order to act psychologically and to help other people. In their eyes, their expert knowledge can be transferred to any field of work. Some students continue to work regularly in the work places where they worked part time during their studies, even if this work is not Psychology related.

The Duisburg-Essen graduates make use of their education in primarily two areas; teaching and applied industrial Psychology such as research and counselling. Like the Gdansk graduates, they do not envisage clinical professions or jobs in social counselling. The focus of their studies is predominantly on empiricalmethodological matters such as industrial Psychology. The great interest in social tasks, which is apparent in the freshmen group, seems to have vanished in their final year. It seems that during the course of their studies, the majority of students have had to revise their former image of the psychologist as the good psychiatrist who is everybody's helper. As a consequence, they have ceased to consider themselves as psychologists even though they know that psychologists work in almost every domain. As a hypothetical explanation, one could draw the conclusion that the public discourse is more effective than the psychological expert discourse. Students who are aiming for a teaching career have nevertheless stressed the importance of social competences as essential to their professional activities. Furthermore, they refer to the ethical responsibility they have as role models. Thus, the self-image of most Duisburg-Essen psychologists is that of a teacher, even though they differ from their colleagues by virtue of their psychological expertise. This self-definition could hint at an essential identity conflict: since they are not able to mediate between the public discourse and the expert opinion concerning the characteristics of psychologists, these novices constantly feel a need for legitimacy. Because they do not see themselves as psychologists in the traditional way, it does not seem at all difficult for them to move to other professional fields.

Basically, this is also true of the Polish psychologists. In comparison with the two Nordic countries, the labour market for psychologists is less delimited and defined in Germany and Poland. Senior students often stated that they felt insecure about their future career choice. This might explain why so many decided to enter the advanced teacher training programme and with the promise of financial security as a public servant. Jobs in industrial Psychology are rarely chosen despite students' excellent prior knowledge.

The next section of this chapter focuses on Political Science graduates, who, unlike Psychology graduates, do not have a clear professional trajectory to work life from university.

5 Becoming Professional: Political Science Across Four European Universities

This book is about becoming professional in fields where there are more or less clear professional roles for the graduates after completing their university studies. What is then the rationale for the inclusion of Political Science, which does not have a defined professional role, although students after graduation take on professional roles in various sectors of working life? Becoming professional as the result of a liberal arts study is a different process compared to Psychology, medicine, teaching or nursing, and provides yet another perspective on the relationship between higher education and working life. Social, economic and political conditions are important for the evaluation of the professional development of beginning professionals particularly as there is a lack of emphasis on professional qualifications. In the following, I briefly describe the structure of the educational programme in Political Science across the four universities participating in the Journeymen project.

Linköping. Political Science and Economics in Linköping provide students with a broad knowledge of the social sciences and include international politics, institutional theory and scientific conflicts. A critical approach to various political and economic theories is emphasised in the 4-year course, which is organised around conventional lectures, seminars and supervision of the main thesis. Students choose to study Political Science as a separate subject for 2 years or as a Master's degree for 2 years. First-year students described their aims of studying Political Science, as a personal education project and to receive a broad education. Johansson et al. (2008) examined the ways in which junior and senior students in Political Science experience their studies and envisage their future working life. In this study, they pointed to the dual nature of knowledge in the discipline. On the one hand, they focused on factual knowledge about different political systems, and on the other hand, on comparisons and critical analyses of political ideologies. However, the critical element for students' engagement with learning from this example is the affinity they felt for the personal education project. In this instance, students experienced an element of autonomy created through choice. The project enabled them to reflect on their own key interests and learning goals and explore them in a way that was personally meaningful.

These two faces of Political Science (factual knowledge and critical analyses of political ideologies) as a discipline shape a heterogeneous and sequential learning trajectory for the students. In the early stages of study, conveying basic descriptive knowledge about political systems and theories takes precedence through a cycle of lectures, independent studies and seminars. Later, developing the students' abilities to investigate, analyse and compare different political systems becomes more significant. This latter stage involves independent thesis work under supervision. Contact with teachers is less prominent in the initial phase of the programme and the students feel more anonymous as first-year students than they do as senior students. Furthermore, there seems to be a lack of contextualisation and meta-reflection because the emphasis is on politics rather than immersion in politics. Johansson et al.'s (2008) study shows that the change from the descriptive to the analytic aspect of knowledge in Political Science also seems to bring with it a changed studentteacher relationship. Over the course of the programme, the teacher changes from being a lecturer or seminar leader to that of a supervisor, engaged in close dialogue with the individual students about their thesis projects. Writing the thesis provides opportunities for students to focus on a particular issue and the students apply both theories and research methods developed in Political Science. The thesis can be seen as a turning point for the students, demanding they engage actively in the construction of the learning task constituted by the thesis work.

Gdansk. Here, political studies can also be described as liberal with a humanistic profile. The main purpose of political studies is to offer the students practical skills connected with professional work in national administration, self-government council organisations, political parties, economic and social organisations, education and international institutions. The emphasis is on providing general political knowledge as well as theoretical and practical specialisation knowledge. However, the graduates from Gdansk tell a different story with a majority of them working in the private sector. There is a strong contradiction between the idealised view of the profession mentioned by many senior students and the real labour market situation. Indeed, it seems as if knowledge and competence acquisition at university were irrelevant to the subsequent professional working life.

In *Duisburg-Essen*, the study of Political Science is embedded in the broader disciplinary theme of Social Science. The aim of Political Science is to provide fundamental knowledge in research perspectives and methods generally, and more specifically in the research methods of Social Science. Another aim is to qualify students for employment. This latter aim is reflected in the organisation of the curriculum through practice-seminars in different enterprises or in the public sector.

Oslo. This is a liberal programme with a heavy emphasis on developing academically oriented independence and analytical skills. The fundamental course in Political Science aims to provide a general introduction to the four major areas of political theory: international politics, comparative politics, public politics and administration and research methods and statistics. The expected profile of competence is related to the emphasis placed on independent academic understanding, scientific analysis and the capacity for systematic argumentation. In the latter part of the programme, the students can specialise in a chosen area. A glance at the Oslo graduates reveals that they have found work in sectors related to the content of their studies. About halfthe graduates work in public administration, are employed in journalism and the media and only one graduate works in the private sector. Thus, their professional work corresponds to the content of studies and the skills acquired at university.

6 Working Professionals

Early career professionals particularly value social and communicative competence and positive self-portrayal and assimilation in social contexts. Furthermore, organisational skills, flexibility and loyalty are regarded as essential for work in companies. Specialised knowledge, on the contrary, seems to be subordinate to the above mentioned skills. This appreciation of practical key qualifications is particularly surprising since the Gdansk curriculum generally marginalises practical application. It is tempting to regard this distinctive feature as a paradox: the Gdansk students try to understand and discuss current politics without any real participation in politics. Like the Swedish and Norwegian first-year students, the students from Duisburg-Essen mention the significance of Political Science in democratic beliefs and values. Most students describe their function as that of mediators between politics and citizens. In Duisburg-Essen, an important aim is to give fundamental knowledge in the technique of scientific work with emphasis on the methods of Social Science. Having gained an insight into complex interrelations between Political Science and current affairs, the graduates feel that they have been selected to hand their expert knowledge on to others. This mirrors their intensive professional identification. Moreover, the frequently emphasised appreciation of critical analytical and communicative competencies, are also intended to fulfil such a mediating function. Even though the German students are convinced that they have primarily acquired theoretical knowledge, it is very difficult for them to find a job where they can apply their knowledge and study-related competencies. Many graduates from Duisburg-Essen are either overqualified for their current jobs or are employed in sectors with little topical relevance to their studies. Most are looking for a more appropriate job.

In Linköping, the first-year students paradoxically display a more concrete idea of their scientific discipline than their older fellow students (although they still feel insecure about future fields of work), whereas the graduates in Duisburg-Essen claim to have acknowledged the significance of Political Science only at the end of their studies. While writing their Masters' thesis, the Swedish seniors start to identify with political scientists from the media. This turning away from academic role models marks the end of a development from an idealistic to a realistic understanding of Political Science if one bears in mind that for the first-year students, cooperation, democratic values and idealistic attitudes were most important. Johansson et al. (2008) showed that the first-year students in Linköping envisaged a somewhat idealistic professional role as political scientists, being watchdogs for democracy and global justice as the most important features. Students in the latter part of their studies reported a more realistic view, identifying an emerging identity as investigators and civil servants and an appreciation of the parts of the studies that enhance their generic skills.

Political Science is about critical thinking, analytical skills and thinking abstractly, having a sceptical attitude and being analytical. I think they're the two most important views of it (Political Science): thinking abstractly and objectively as far as possible.

Abrandt Dahlgren et al. (2006) showed in a longitudinal study of the same group of informants that a new role and professional identity of the political scientist as a negotiator and a mediator crystallises after the first year of working life experience. The graduates were found in a variety of different work contexts within the public sector. These include municipal administration, social welfare administration and the national migration authority, but there were also a few working in private companies. The graduates employed within the public sector reported an increasing awareness of the responsibility involved in being the advocates of the individual citizen. When describing this new role and identity, they generally pointed to generic skills, both when asked what kind of knowledge they acquired through their education and what was required in their present work. This also constitutes the answer to the more general question about the knowledge required to be recognised as a good political scientist. The labour market beginners at the end of this development would rather define themselves as empirical investigators and evaluators. Those who are employed in the public sector identify most strongly with the role of the political scientist. Often, however, they feel intellectually unchallenged at work. Employees in the private sector claim not to identify with the professional conception of political scientists. The study by Nyström et al. (2008) confirms the picture of the graduates from Political Science leaving their studies searching for a professional field and an unclear picture of their professional trajectory. After 3 years, most are employed and have transformed their general knowledge to accommodate specific areas of work. Many of them envisage at this point an insider trajectory in their professional field; the majority emphasise the need for continuous learning in their field or profession, which Nyström et al. interpret as a form of renegotiation of their identities as members of a community of practice through lifelong learning.

7 Conclusion

In this chapter, I have illustrated the process of becoming a professional through the transition from higher education to working life, based on students' experiences of participating in educational progammes with either a strong professional focus or a classical liberal arts focus. The dominating pattern of becoming a professional when we compare the results between the four European universities participating in the Journeymen project is that professional preparation in higher education, as well as classical liberal arts studies, seems to produce a process where the identification with a professional role seems to be accomplished during the later, sometimes applied, parts of the studies. Common across three universities is the sequential rather than integrated structure of disciplinary and professional knowledge. The Swedish Psychology programme is different in that it integrates theory and practice and thereby the early start of professional identification and becoming.

Psychology varies between countries from classical liberal arts in Poland to a professional programme in Sweden, where the students also develop a clear professional identity during the course of their studies. In Norway, Psychology appears to have been modelled on the idea that theory should precede application. Problem-based learning is the feature of Linköping Psychology and stands out as giving students a fairly clear identity as clinical psychologists. In addition to comprising periods of practical experience of the profession, there is explicit reference to significant features of the professional role as a psychologist. The Oslo students resemble the Linköping students although their identity as clinical psychologists is somewhat weaker. Gdansk Psychology is more similar to a classical liberal arts programme and this is perhaps why students consider working in many different sectors of the labour market. Their role models, thus, vary and consist of, for example, organisational consultants as well as teachers. The students in Political Science in all four countries display a weak professional identity at the end of their studies. They may have come across role models apart from their own teachers, as in Oslo where prominent representatives of Political Science are invited to talk to the students. The Linköping students also find role models among political scientists who appear frequently in the media. When it comes to learning in more applied contexts, the Oslo students emphasise their assignments, whereas the Linköping students state that the work on their Master's thesis during the last year of their studies is what really brings about a change in their understanding of what Political Science is all about. Furthermore, for the political scientists, a highlighted issue concerns the distinction between public and private sectors of employment of graduates. Not surprisingly, this field of study seems to be marked by greater diversity and often paradoxical relations between expectations, education and work.

A major aim of the Bologna process is that students who leave each of the three cycles of education – Bachelor, Master and Doctor – should be employable. Employability calls for a number of qualifications where a set of generic skills such as communication, cooperation, as well as problem management, is essential. Moreover, it could be claimed that the kind of practical experience that prepares students for contextualising their general knowledge in different environments might be a way of preparing them for their entry into working life. The Linköping students are obviously employable in their relatively narrow and well-defined labour market. The Gdansk psychologists are likewise obviously employable, but in a less restricted labour market. This may be indicative of the value for employability of classical academic generic skills such as analytical and critical thinking.

What I have suggested here, based on an extensive research programme, is that the perspectives of knowledge and learning embedded in professional education programmes have an impact on how students perceive their professional futures. Professional identity formation is affected by whether students view the content of their educational programmes as directly relevant to their future working life or merely content required for graduation (Abrandt Dahlgren et al. 2006). I also suggest that professional becoming transcends the boundaries of the educational context as well as the boundaries of the working life context. The process can be seen as part of the learner's life trajectory and involves the personal and private life spheres in a non-linear development of professional identity. Thus, professional identity construction can be understood as partly located in academia, and partly between academic institutions, working life experience, individual life strategies and socio-political contexts.

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Chapter 5 Becoming Authentic Professionals: Learning for Authenticity

Thuy T. Vu and Gloria Dall'Alba

1 Introduction

In the face of a changing and 'supercomplex' world, in which alternative frameworks for interpreting the world seem irreconcilable (Barnett 2004), the question of how best to prepare professionals who can move forward into an uncertain future is being debated (for example, Barnett 2004; Coulehan 2005; Dall'Alba 2009; Darling-Hammond and Bransford 2005). These debates have taken on a renewed urgency, as they are occurring in a context in which education is seen as playing a key role in equipping the workforce and contributing to productivity in countries around the globe. Educating for the professions has a particular part to play in contributing to the development of societies, due to the range of valued products and services that professionals provide. While professional education is attracting increasing attention, there are differing perspectives on what aspiring professionals should learn in preparing for work and life beyond formal education, and under which conditions this learning best occurs.

In order to prepare professionals for a changing and uncertain world, one of the approaches being adopted is the promotion of authentic learning, in which efforts are made to familiarise students with some of the challenges they are likely to encounter in their chosen professions. Although the concept of authentic learning is not new, its practice is often not clearly defined (Herrington and Herrington 2005; Hoban 2005). Conventionally, authentic learning has been equated with 'learning in contexts that promote real-life applications of knowledge' (Rule 2006, p. 1; see also Herrington and Herrington 2005). This conceptualisation of authentic learning leads to a focus on designing real-life tasks (Rule 2006) and/or creating 'a physical environment which reflects the way the knowledge will be used' (Herrington and Herrington 2005, p. 4). Learning is then seen to occur as a result of students participating in

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situations such as solving real-life problems, collaborating with peers to achieve learning outcomes or presenting and defending their work. An associated risk, however, is that a focus on the design of real-life tasks or learning environments can deflect attention from the learning that takes place.

This conventional understanding of authentic learning has promoted an importing of tasks that are similar to activities in which professionals engage into professional education programmes. Through importing these tasks, it is expected that students will learn to carry out activities necessary to professional practice so they are better prepared when entering the professions. While efforts to prepare students for work and life beyond professional education are to be encouraged, such a conceptualisation of authenticity is too narrow and limited. While authenticity inherently has a 'real-life' quality, we argue that it means much more than this. Authenticity in learning need not be an attribute of tasks or learning environments, but, rather, is *a quality of educational processes that engage students in becoming more fully human*.

This broadened concept of authenticity is consistent with a reconceptualised notion of learning as integration of knowing, acting and being during a process in which ways of being are developed for particular social practices, such as ways of being teachers, nurses and medical practitioners (Dall'Alba 2005, 2009; Dall'Alba and Barnacle 2007). This notion of learning incorporates not only epistemology – what students are expected to know and be able to do – but also ontology – who students are becoming or, in other words, learning to be. Students construct and shape what they know and can do in a process of becoming. For example, teacher trainees not only learn about what teaching involves and how to act as teachers, they also become teachers. Below, we argue that this ontological dimension is central to authentic learning or, in other words, learning for authenticity, which can continue throughout life. We draw on Martin Heidegger's concepts of being-in-the-world and authenticity in considering such a broadened perspective on authentic learning. We then discuss implications of learning for authenticity that have relevance in professional education programmes.

2 Being-in-the-World

In *Being and Time*, Heidegger (1962) explored the being of human and nonhuman beings. For Heidegger, being is not simply one quality among others that belongs to entities such as spatiality or intelligence (Heidegger 1962, pp. 82–94). Instead, being is the source, the ground and the power of entities (Heidegger 1959, p. 2). According to Heidegger, it is our understanding of being that distinguishes human beings from other beings. Understanding in this ontological sense involves understanding how we are to be even if we do not always face up to this understanding in living our lives (Heidegger 1962, pp. 182–190).

The being of human beings differentiates us, then, through the ways in which we attend to the world, carry out our activities and form our lives. As we go about our

everyday activities, we are always already embedded in and intertwined with our world so that, according to Heidegger (1962, p. 81), our mode of being is beingin-the-world. Our entwinement with others and things is not incidental, but central to who we are as human beings. We do not simply exist in a 'side-by-side' state with things and other people, but people and things have meaning for us in a web of meaningful interactions with them. For example, if we participate in a meeting with colleagues at work, we are all intertwined through our discussions and in ongoing interactions. During these interactions, we are also intertwined with things in the workplace such as computers, pens, paper and other instruments we use in carrying out our work. To some extent, due to our involvement in the world, our life is not entirely ours in the sense that others and things play a part, too. Together with others and things, we form the world. In this sense, being does not reside in individual human beings or things. Being is relational; it is being-in-the-world.

Our entwinement with the world points to our mode of being-in-the-world as being-amidst or inhabiting the world. Hubert Dreyfus (1991, p. 45) described this mode of being by saying that 'when we inhabit something, it is no longer an object for us but becomes part of us and pervades our relation to other objects in the world. This way of being-in is dwelling.' Dwelling in the world, our life is lived there; the world is the 'home' for our everyday activities and interactions.

While the world is our home, it also transcends us. It was there before we were born and will be there after we die. As we did not initiate it, conformity to social conventions is a condition of our participation in the world (Dreyfus 1991, p. 95). We do what makes sense according to accepted norms. We become one with the masses. Every one of us is doing what everyone else is doing, more or less in the same manner. However, for Heidegger, while conformity to social conventions is necessary, it can be troublesome. This is because we tend to take things for granted and accept them as they are, without calling them into question. In this way, we may not be open to exploring other possibilities, including renewing usual ways of perceiving and doing things. We 'fall' into the world and become 'lost' in it (Heidegger 1962, p. 220).

As we all exist 'in the womb of externalised and public existence' (Barrett 1964, p. 196), most of the time we fall in with a crowd and carry out our activities in a public way. However, the web of interactions with others and things in our world opens a range of other possibilities to us. This is because human beings are also self-determining. Stephen Mulhall (2005, p. 15) clarified this self-determining aspect, as follows: 'for [human beings], living just is ceaselessly taking a stand on who one is and on what is essential about one's being, a being defined by that stand.' In other words, being is an issue for us. We are interested in making our own way in the world: this is the way I do it, this is what I perceive it to be. Indeed, we are a life to live (Blattner 2006, p. 36).

In sum, our meaningful involvement in the world is central to us, as human beings. Our being is being with others, being amidst the world we share with others and things, a world in which we dwell and make our home. Our existence is conditional upon everyday understanding of how we go on in the world in a public way. For this reason, falling in with a crowd is part of how we live our lives. However, if we simply follow the public way at all times, there will be no space for creativity and advancement. Therefore, we must resist falling in with a crowd completely. At times, we must call things into question, engage in renewal and explore other possibilities. This paradox of falling in with a crowd and resisting this falling is highlighted through Heidegger's concepts of inauthenticity and authenticity, which we explore below.

3 Authenticity

For Heidegger (1962, p. 68), being human includes inauthenticity and authenticity. When we simply fall in with a crowd, thinking and acting as others do, we are operating in a mode of inauthenticity. For example, if we buy a product that is sought after or go to a popular venue simply because this is what everyone else around us is doing, then we are being inauthentic. When we, instead, take responsibility for the way we live our lives, even in living a choiceless choice such as our own death, we are in the mode of authenticity. As we are a life to live and our life is lived in the world, living involves both taking responsibility for who we are and falling in with the public. In other words, we operate in both authentic and inauthentic modes.

For human beings, being inauthentic is our 'default' mode. For most of the time, we go about the world and carry out our activities in a public manner because we are familiar with this way of operating and it is convenient to adopt it. For instance, we typically greet people we meet in conventional ways, we use available forms of travel and we work in established ways and places. While inauthenticity is our usual mode of being, as human beings, we are confronted with the call to be authentic. Magda King speaks of authenticity and inauthenticity as 'owned and disowned existence, or of being one's own self and of being a disowned self' (2001, p. 40). In other words, we can freely take responsibility for our own being or 'disown' the self and simply become lost to the world. The call to authenticity, then, functions 'not to tell us *what* we are to *do*, but *how* we are to *be*' (2001, p. 164). More specifically, we are called to take responsibility for our own thoughts, our deeds and for being ourselves.

Becoming authentic does not simply occur incidentally, then, but through continually striving to take responsibility for who we are in the way we act. This does not involve acting in accordance with an already determined 'true self', however. Although becoming authentic needs to be considered as human achievement, it is never achieved once and for all, nor is there a single 'gold standard' of authenticity against which we can appraise our efforts. Authenticity arises from our involvement in the world based on our everyday understanding of that world, awareness of being and continual efforts in striving to be authentic. These features of becoming authentic are elaborated below.

Becoming authentic arises from our involvement with others and things in our world, or from being-in-the-world. As we go about our activities, two things might happen. First, the context for our activities may change such that something breaks down such as when the equipment we use at work is broken or missing, which prevents us from carrying out our activities in the usual manner. Second, we may feel uncomfortable with some aspects of the familiar routines for carrying out our activities such as when we glimpse a more efficient or ethical way of proceeding. Either the changes in our circumstances or the discomfort with our routines may force us to explore other possibilities. Either by chance or by choice, we are confronted with the call to be authentic.

However, the possibilities that are open to us are not limitless. Through our engagement with people and things in the world, we form our surroundings while also being formed by them. More specifically, we form and are formed by the activities we pursue, the people with whom we interact, available conditions for carrying out our activities and the social institutions of which we are a part (Berger and Luckman 1966; Dreyfus 1991; Inwood 2000; Thomson 2001). Within this space of manoeuvres, our possible ways of being are realised. We work out what we can be – what is possible and desirable – within the particular context where our life is lived. In other words, we negotiate 'possible selves'. Through our involvement in the world, we can hear and respond to the call to become authentic. We take responsibility for who we are in the way we interact with people and things. In this way, we can participate more fully in the world.

In working out and realising our possibilities, we draw on our everyday understanding of the world and our expectations of the possibilities open to us. Our everyday understanding of the world involves understanding who we are, what we do and how we go about in the world. This understanding projects our possibilities. For example, when we plan a lecture or tutorial, we draw upon our understanding of who we are as teachers and what it means to teach, as well as upon the approach we tend to adopt in teaching a lecture or tutorial. In addition, we have expectations about the constraints operating such as the time period and resources available, as well as ideas about what is possible and desirable to teach in the class. In the light of the possibilities open to us, we work out our own way of proceeding that contributes to a pattern for our activities as well as for our life (Golomb 1995, p. 98). We either go along with the way the lecture or tutorial is usually taught, for instance, or we adopt an alternative approach after thoughtfully and critically considering what is appropriate for this class in this course in the present context. We become authentic by taking responsibility for our own way of being and life pattern, even if this means choosing to fall in with common ways of operating.

In this sense, authenticity is not dichotomous to inauthenticity, nor does authenticity negate inauthenticity (Heidegger 1962, p. 68). In becoming authentic, inauthenticity provides a background for our activities and contributes to forming them. In other words, we realise our own possibilities by means of our public existence. As Jacob Golomb (1995) expressed it, inauthenticity functions as a horizon upon which our possible ways of being are defined 'vis-à-vis what are not genuinely [ours]' (p. 98). Only through interactions with other people and things can we form and shape who we are becoming – both as persons and professionals.

The interdependent relation between inauthenticity and authenticity highlights that, as human beings, our lives move back and forth between inauthenticity and authenticity. We learn to operate in ways in common with others, while at the same time we instantiate our own ways of operating. I am one with the public, as well as simultaneously my own self. According to Golomb (1995, p. 112), authenticity calls and inauthenticity is called upon. Dwelling in public ways of operating, we strive to act and be ourselves by calling things into question, challenging public assumptions and renewing our usual ways of perceiving and doing things. In order to hear and respond to the call to be authentic, we should not take things for granted and simply fall in with a crowd. In other words, we should be, as we can be, aware of our being. In leading a life, we can take a stand on who we are through the ways in which we act. In short, we cannot become authentic without attending to our ways of being and acting to define who we are in what we stand for.

It follows that becoming authentic has both social and personal dimensions. Becoming authentic arises from, and is informed by, public knowledge or ways of operating, while at the same time personal efforts are needed in working out possibilities and calling into question usual ways of operating (Schmidt 1996). As we strive to be our own authentic selves, the past and future are brought together in that the past contributes to shaping the future. We are historically and temporally projected towards possibilities or, in other words, towards our future. Only in the mode of being authentic can we make a difference to our future and, in a broader sense, to our world. For this reason, becoming authentic matters to us as it enables us to be more fully human.

Given we become authentic through attending to our ways of being such that we act to define who we are through what we stand for, becoming authentic is intertwined with our everyday activities (Dreyfus 1991, p. 322). In other words, we are constantly faced with taking responsibility for our own actions or simply following the public. As Golomb argued, 'one cannot become authentic as an ontic entity [defined by characteristics] among entities, as a static being, but only as asking, searching, Becoming' (1995, p. 96). As we do not become authentic only by chance, we can become authentic by choice, such as when we take responsibility for shaping our lives by challenging assumptions and renewing routinised ways of understanding or doing things. Given that becoming authentic needs constant effort (Dreyfus 1991, p. 236), there are implications of authenticity for education, in general, and for professional education, in particular.

4 Implications of Authenticity for Professional Education

In this section, we outline several broad implications for professional education that can be drawn from the discussion on authenticity above. Professional education programmes can promote authenticity in a number of ways. First, as being human includes a call to authenticity, space and opportunities are needed throughout professional education for encouraging students to respond to this call. Enabling this to happen requires a shift in the focus of many professional education programmes from acquisition and application of knowledge and skills to integration of knowing, acting and being (Dall'Alba 2009). Such a shift in focus may entail restructuring professional education policy and practices. Epistemology – what students are expected to know and be able to do – should be integrated with, and in the service of, ontology – who students are becoming (Dall'Alba 2005, 2009). Knowledge and skills are then not seen as ends in themselves but, rather, as part of a process of enabling students to form and establish themselves in the world in relevant and responsible ways. This broader goal can then be used to guide educational processes to enhance student learning towards becoming authentic professionals.

Second, the interdependence of inauthenticity and authenticity underlines the need for students in professional programmes to be thoughtfully introduced to public knowledge and ways of operating, while also developing their capacities for critically interrogating and taking a stand on what they learn. These students not only need to learn knowledge and skills that are relevant to professional practice, but they also need to critically assess them in a way that relates to their development as professionals. Achieving a balance between being introduced to public knowledge and developing capacities for learning in the process of becoming professionals is crucial to preparation for skilled professional practice and learning throughout life, especially in a changing and uncertain world. Achieving this balance requires that students continually reflect on professional practice, while responding to opportunities for developing their ways of being authentic professionals.

Third, as becoming authentic is intertwined with involvement in the world, there is a need to attend to everyday being in the world in professional education programmes. In other words, a challenge for professional education is to attend to ways in which students interact with others and things around them. Constructive interactions with peers, teaching staff and others can contribute to developing students' understandings and can challenge them to take responsibility for forming their own perspectives through this wider exposure. This process has the potential to extend their possibilities for being professionals, including being with others and dwelling in our shared world in ways that contribute to an improved future.

Fourth, the centrality of awareness of being for authenticity points to the need to raise with students periodically the question of who they are becoming and what it means to become skilful, authentic professionals in relevant and responsible ways (Dall'Alba and Sandberg 2006; Dall'Alba and Barnacle 2007). Developing such awareness of being and becoming cannot be assumed to occur simply through gaining knowledge and skills used in professional practice. Students should be encouraged progressively to take a critical stand on responsible ways of being the professionals they seek to be, and to construct their knowledge and skills accordingly.

Fifth, as becoming authentic is an open-ended process, there is a need for learning opportunities in professional education programmes to extend beyond designated learning environments and activities in embracing students' past and future. Taking learning seriously means we have to take learners seriously (Shulman 1999). Students' prior experiences and perspectives need to be explored and respected, while they also provide a learning resource in requiring students regularly to take a

critical stand on who they are becoming. In this way, students can be encouraged to take responsibility for becoming authentic professionals.

Responding to the call to become authentic professionals can be supported through facilitating the questioning of assumptions and routinised practices, including their own. Students need to be assisted in seeing the familiar in an unfamiliar light and to engage in renewal in a 'journey of becoming other' (Scanlon, Chap. 2). For example, aspiring medical practitioners will need to be challenged to consider the practice of medicine in new and unfamiliar ways as a means of extending their possibilities for being medical practitioners. Through challenge and support in embarking on a journey of 'asking [what one stands for], searching [for possibilities for being] and Becoming [who one endeavours to be]', students are provided with a basis from which to become professionals who strive to be authentic.

5 Directions for Curriculum, Pedagogy and Assessment

In line with the implications of authenticity for professional education outlined above, we now propose directions for the design of curricula, pedagogy and assessment that promote learning to become authentic professionals. The directions outlined here are intended as broad guidelines, which would require careful thought and discussion to ensure they are appropriately incorporated into specific professional education programmes.

These proposed directions require a conceptual framework for the curriculum, which articulates what it means to become skilful professionals who strive for authenticity and also how this process of becoming can be advanced through professional education. This conceptual framework would be based upon a rationale about the need to attend to responsibility for who students are becoming and what they are learning as aspiring professionals, as likely challenges to such an initiative. In addition, procedures and practices that support this process of learning and becoming would need to be outlined. In this way, both epistemology and ontology can be explicitly incorporated into the framework for, and design of, curricula. Given there is no single 'gold standard' of authenticity, such a conceptual framework is crucial for directing teachers' and students' awareness to who students are becoming as professionals and what this process involves. In this section, and the chapter as a whole, we seek to contribute to identifying key features to be addressed within such a conceptual framework.

A conceptual framework on educating for authenticity can guide the design of specific professional education programmes in ways that ensure integrity and consistency throughout the entire programmes. As becoming authentic is a continuous process, integrity and consistency in the curriculum enables students to build on their past learning experiences towards striving to be authentic professionals. Not only is such a conceptual framework central to professional education programmes that promote authenticity, but also to designing the various courses that make up these programmes. This framework can provide direction in shaping learning objectives for courses, a range of teaching and learning activities, course content and assessment to ensure they are aligned in coherent and purposeful ways. The educational research literature has stressed the importance of such alignment for directing students' efforts towards appropriate learning (for example, see Sutton 1992; Biggs 2003; Cowan 2007).

Integrity and consistency in curriculum design will have greatest effect if they are clearly communicated in ways the students understand. This includes clarity about the alignment of learning objectives, procedures for learning tasks and expectations about performance. Adequate preparation, including clarifying objectives, procedures and expectations throughout educational programmes, is necessary to enhancing student learning for both personal and professional development (Vu and Dall'Alba 2007). While such clarity is essential, care is also needed in allowing for students' diverse perspectives.

As becoming authentic is intertwined with our everyday activities, maintaining students' engagement in learning opportunities is critical. The curriculum can engage students in learning in various ways such as through incorporating examples from the world beyond formal education with which students can interact, and work scenarios and ordinary practices of the profession, where relevant (Brown et al. 1989; Herrington and Herrington 2005). Learning activities such as these enable students to learn in concrete situations that are directed to professional practice. As well, they also bring students into contact with established knowledge and procedures within their targeted profession and encourage them to attend to being-in-the-world of professional practice. Activities such as these can create opportunities for learning to become skilful professionals in ways that contribute to ongoing professional practice is likely to be perceived as meaningful and relevant by students, so their engagement in learning is promoted.

Together with directing the curriculum to questions of relevance to professional practice, the issue of who students are becoming needs to be raised with them on a regular basis, as appropriate. Given that awareness of being and efforts to take responsibility for our own selves are central to authenticity, there is a need for space in the curriculum to increase students' awareness of who they are becoming. Students will require challenge and support in becoming authentic professionals. They need to be encouraged to explore new perspectives, draw on their knowledge and experience, and take a critical stand on who they are becoming. In this way, professional education can engage students in responding to the call to be authentic.

It follows that curricula promoting learning that is directed to becoming authentic professionals are likely to entail a transformation in pedagogy. The teacher's role transforms from transmission of knowledge and skills in the form of facts, figures and techniques to facilitating learning, creating opportunities for students to become skilful professionals and fostering authentic action. For this to happen, the pedagogical focus needs to be less on delivering lectures and more on dialogic teaching and learning. Teaching and learning that occur through dialogue, open questions and discussion can enable students to construct their understanding about what they stand for, as well as encouraging them to reflect on their learning experiences in developing as professionals. Through such interactions, the teacher gains a window into students' understanding and learning processes and, thus, is in a better position to intervene accordingly (Brock 2001). Opportunities for students to interact with others can also facilitate mutual understanding and trust that pave the way for collaborative learning with peers. During interactions, students can form and develop their own perspectives by differentiating what are, and what are not, their own points of view. However, interaction with others can also be potentially distracting, giving rise to conflicts and causing tension among students. In order for students to learn from interactions and resolve potential conflicts or tension, the teacher should sensitively handle discussions surrounding these interactions to focus student learning (Vu and Dall'Alba 2007).

As becoming authentic involves taking responsibility and working out possibilities, promoting learning for authenticity requires openness to personal differences and unexpected outcomes. A degree of flexibility is needed where students can negotiate some topics of interest, as well as the approach they adopt towards these topics. Such flexibility in completing learning activities is likely to encourage students to think for themselves and take responsibility for their learning, although some students may also experience this openness as unsettling. This challenge highlights the role of teachers in providing timely intervention, appropriate supervision and support for student learning.

Acknowledging that becoming authentic is challenging and can sometimes be unsettling for students, the teacher needs to be both flexible and supportive. It is likely that, in some situations, both teachers and students may have to act outside their familiar comfort zones. On the one hand, this can extend learning opportunities for students; on the other hand, it can be personally and intellectually challenging for both teachers and students. Being aware of situations that can entail risk, as well as being open to possibilities and personal differences among students are ways in which the teacher can support students in responding to such challenges. Additionally, a safe learning environment needs to be created in which students are encouraged to approach teaching and learning activities from new perspectives and consider alternatives to established traditions and routines. Through encouraging students to explore other possibilities for being professionals and creating opportunities to do so, the teacher can support students in striving to be authentic.

As becoming authentic has both social and personal dimensions, it is important that the design of learning opportunities incorporates both these dimensions. This requires space and opportunities during educational processes in which students can form their own perspectives, while also collaborating with peers and others to diversify their ideas and strategies in ways that broaden their possibilities for being professionals. Collaboration can also provide timely, meaningful and relevant feedback, as well as support and assistance that are sources of learning, while at the same time facilitating the formation of professional networks for future careers. Given that participating in a learning community can enhance learning in powerful ways (Johnson and Johnson 1990), promoting the formation of such a community during professional education encourages students to communicate freely and enrich their learning experiences beyond the classroom.

In line with a shift in focus from acquisition and application of knowledge and skills to integration of knowing, acting and being professionals (Dall'Alba 2009), assessment practices should aim to assess the extent to which students integrate their knowing and acting with who they are becoming. This form of assessment extends beyond completion of tasks that assess performance to embrace processes in which students are encouraged to form, articulate and justify their own stand on relevant professional issues and practices, including among their peers. Involvement in such assessment practices can thereby provide students with opportunities to synthesise and demonstrate what it means to become skilful professionals in relevant and responsible ways. Assessment is, then, not an end in itself, but, rather, an opportunity for students to learn and to reflect on their learning in ways that can enhance their learning and future development towards authenticity.

Although assessment also has a grading and certifying purpose, it is important that the design of assessment emphasises learning rather than grades. To achieve this, progressive assessment with detailed feedback and initially low weightings can allow for learning without heavy penalty. Assessment for authenticity can encourage students to take their learning forward by interrelating assessment, professional development and the world of work. Assessment tasks need to sample activities relating to the world of professionals beyond formal education (Wiggins 1989; Darling-Hammond and Snyder 2000), require students to demonstrate how their practices have been informed by their learning (Ridley and Stern 1998) and provide opportunities for students to challenge outdated ideas, public assumptions, and routinised practices, including their own. Assessment can thereby encourage students not to take things for granted, but to form and articulate the stands they take on relevant issues and practices. In this way, assessment can contribute to increasing students' awareness of who they are becoming and to promoting learning for authenticity. When assessment is relevant to the professional world as well as to student learning and professional development, it is likely that students will take it seriously for their learning, not just for the sake of obtaining grades or a certificate of completed work.

As becoming authentic places heightened emphasis on how we are to be, rather than what we are to do, assessment needs to be integrated with learning activities in a way that ensures students' continual efforts towards taking responsibility for who they are becoming. John Cowan (2007) proposed that integrating assessment with learning tasks enhances learning in that through this integration, students can direct their efforts towards appropriate learning. In addition, when assessment is integrated with learning tasks, it can be used in providing ongoing and meaningful feedback to feed forward student learning (Lambert and Lines 2000).

6 Conclusion

As interest in professional education programmes has grown, attention is being directed to ways in which student learning can be enhanced. As we noted above, authentic learning has been adopted as an approach to prepare students for the challenges of professional practice. In this chapter, we have argued for a reconceptualisation of authentic learning in line with an integration of knowing, acting and being professionals. We have put forward a broadened and reconceived notion of learning for authenticity, which foregrounds educational processes that engage students in becoming more fully human. The purpose of authentic learning of this kind is to encourage students in professional education programmes to respond to the call to be authentic professionals.

Learning that is authentic can contribute to extending students' possibilities for becoming the professionals they endeavour to be in relevant and responsible ways, although this is never achieved once and for all. While authentic learning of this kind is likely to be beneficial to preparing students for the uncertainties of the future, it can present challenges to customary ways of educating for the professions. Our reconceptualisation of authentic learning points to several conditions for successfully adopting such an approach to professional education, which we have elaborated in the form of implications for professional education programmes and processes. Additional research is needed, which explores and evaluates the use of practices seeking to enhance learning for authenticity in ways that integrate epistemology with ontology in professional education programmes.

The promotion of authentic learning as an alternative to conventional approaches to professional education can be expected to be socially and intellectually challenging. These challenges include possible resistance from some staff and/or students, as well as the additional workload involved in adopting such a broadened approach to professional education, with the restructuring of associated teaching and learning practices. Hence, institutional commitment and support are critical. Both teachers and students must be open to the process, while at the same time being challenged and supported in engaging in professional education that promotes the development of professionals who strive to be authentic. In providing direction for students in becoming authentic professionals, professional education programmes contribute to enabling students to become more fully human.

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Chapter 6 White Coats, Handmaidens and Warrior Chiefs: The Role of Filmic Representations in Becoming a Professional

Lesley Scanlon

'Reel' foot stamping stops, chanting ceases, silence. Mr. Chipping finally stands. A collective 'real' sigh from 300 first year teacher education students – 'Now that's teaching!'

1 Introduction

In the early years of my professional practice, the television adaptation of *To Serve Them All My Days* (1980) had a significant impact on my decision to accept a 'real' teaching appointment. The 'reel' image of an almost ethereal world peopled by devoted teachers and grateful students was a hazy idyll; it was not, nor do I think could it have been, matched in the mundane real world of the 'real' school (Scanlon 2008). Other professionals have been similarly beguiled by filmic representations – one of the authors in Weber and Mitchell (1995) recalls that *To Sir with Love* (1968) lingered 'somewhere in the sedimentary collage of images that form the inchoate material for thinking and feeling' (cited in Ellsmore 2005, p. viii) and had an impact on her becoming a teacher. A 'wistful attachment' to Jean Brodie and other 'reel' teachers of the late 1960s was acknowledged by Judith Robertson (1997, p. 124) as influencing her decision to become a teacher.

This chapter emerged from my recognition of the power of filmic representations in educating professionals as they construct their professional identities. In my own professional practice, I began to use filmic representations of teachers in response to the disappointed comments by some preservice and beginning teachers that 'teaching is not like the movies'. Filmic representations have been for me, and for other educators of professionals, a way of linking student expectations, grounded in film and television portrayals of professionals, with both the academic literature on

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learning and teaching and with 'real' teachers' work. I have also used films in adult education and in workplace training, where, for example, analysis of scenes from Alfred Hitchcock's *Lifeboat* (1944) provided a framework for workplace teamwork training. This chapter then is based, firstly, on my use of film in the professional preparation of teachers; secondly, on my own film and television viewing along with an analysis of that viewing; and thirdly, on an extensive reference to the literature of the ways in which doctors, nurses and teachers have over time, been represented on film. The literature is intended to provide a reference point for professional educators, as well as acolyte and experienced professionals interested in engaging with filmic representations of their profession.

I view filmic representations of professionals through the lens of phenomenological film theory. Following Stadler (1990), the phenomenological approach advocates the 'notion of film as experience' (p. 40), that is, the viewer is cast as 'an active agent' and makes sense of a film 'by relating it to the stock experiences of their lifeworlds' (p. 45). In the process, filmic and everyday experiences become mutually constitutive as the 'reel' is integrated with the 'real'. The degree of integration can be such that the two become indistinguishable to the individual viewer, and to the social collective of viewers, thus having significant impacts on the way we view ourselves as professionals and the way we view other professionals both individually and collectively.

2 Popular Culture and Professional Identity

In the first chapter of this book, I introduced the notion that societies have 'a repertoire of identities' (Berger 1966, p. 107) available in the individual construction of identity. This repertoire draws on multiple sources, including what Weber and Mitchell (1995, p. 8) refer to in their analysis of the identity formation of teachers as a 'cumulative cultural text'. This text they posit is a work in progress, which embraces generations of songs, stories, poems, movies, television, memoirs, paintings, software, photos and novels (Mitchell and Weber 1999, p. 167). These are images noted for their 'immortality' (Gregory 2007), 'longevity and resilience' (Weber and Mitchell 1995) and provide an ever-changing repertoire of professional identities for the becoming professional. This chapter examines some of these images in the 'never ending parade of celluloid teachers' (Mitchell and Weber 1999, p. 3), doctors and nurses.

These portrayals are significant because as, Evetts (2006, p. 8) argues, becoming a professional and developing a professional identity involves constructing and reconstructing identity, not only through occupational and professional socialisation, professional training, vocational experiences and membership of professional associations, but also through popular cultural images of professionals at work. Giroux (cited in Gale and Densmore 2001, p. 601), in his work on teachers and popular culture, argues that these representations have become powerful pedagogical forces, which shape the social imagination of students in terms of how they see themselves, others and the larger society. That is, these images play back to professionals what it is to be a professional and at the same time mediate public perception of professional identity (Hallam 2000, p. 197). Professionals interact not only with teachers, mentors, colleagues and clients (students and patients), but also with filmic representations in the ongoing process of becoming a professional. In Mead's sense of identity formation, individuals 'can only exist in definite relations to other selves' (1934, 1972, p. 164) – and these other selves may well be filmic representations. It is not possible in a media-saturated world, for a teacher, doctor or nurse to perceive their professional identity without regard to these public filmic representations.

In the following section of the chapter, I suggest why filmic representations of professionals should be taken seriously in any discussion of becoming a professional. This is followed by a chronological examination of a selection of key films and television depictions of doctors, nurses and teachers. The final section of the chapter extrapolates chronologically the dominant images of possible professional selves from the multiplicity of professional representations in films. I use 'filmic representations' throughout this chapter to include both film and television depictions of professionals.

3 Why Filmic Representations Are Significant?

Professional educators have long recognised the potency of filmic images in professional becoming and many incorporate these images in formal education programmes. Vandekieft (2004, p. 216) provides a poignant example of 'catching' first-year medical students in the act of selecting future possible professional identities from representations in the popular television series *ER* rather than from the professionals in the faculty who were preparing them for practice. But why are filmic representations such a potent force in the identity construction of professionals?

3.1 Audience Size

Film and television are accessible, popular, heavily financed and aggressively marketed, according to Flores (2002), and this ensures an audience, which far surpasses any audience generated by, for example, the most widely read professional journals. One example illustrates the potential for representations of professional identity to reach a broad audience: when *Stand and Deliver* (1988) was shown on UK television, it was seen by between three and four million people. Compare this audience with that of the combined circulation of the top 25 professional educational journals, which are read by fewer than 250,000 practitioners (Ellsmore 2005, p. viii). Representations of medical personnel and medical institutions are largely

through television, suggest Harper and Moor (2005, p. 2). Moreover, a survey by the National Health Council in the UK found that 40% of those surveyed turn to television for medical/health information (Chory-Assad and Tamborini 2001, p. 500).

3.2 Immediacy of Experience

The potential impact of professional representations on this vast audience is also more significant than that of scholarly journals, for, as Gregory (2007, p. 9) argues, when we view the second-hand telling of a professional story we actually experience an immediacy of feeling, a rush of emotion and a flow of sensations that frequently match the intensity and flow of first-hand experience. This is particularly significant in an age when the impact of film on the 'visually oriented generation' is more significant than that of the printed word (Beyerbach 2005, p. 267). In the case of teachers, Ellsmore suggests (2005, p. 133), charismatic teacher films and television series will arguably have an increasing and enduring influence on successive generations of teachers.

3.3 Linking 'Reel' and 'Real' Worlds

Medical representations continue to be popular with both acolyte professionals and a lay audience, Strauman and Goodier (2008, pp. 130–131) suggest, for while they may be unrealistic, problematic and sometimes contradictory they provide a map for understanding the unfamiliar world of medicine. That is, these representations provide audiences with 'a glimpse backstage', 'behind the scenes views' (Quick 2009, p. 44) of an exotic medical maze. Pfau, Mullen and Garrow (cited in Hallam 2000, p. 197) argue that television has become an important vehicle for secondary socialisation of professional roles irrespective of the viewer's own experiences. For the budding professional, films act like emotional memories and as alarms, which make the becoming professional more sensitive to similar issues and situations when they arise in practice (Blasco et al. 2006, p. 95).

Film and television link professional educators with their students by bridging the gap between grey-haired academics and fledging physicians and, in this way, according to Lim and Seet (2008, p. 194), make the bitter pill of education more palatable. The so-called 'hip quotient' alone is sufficient, they suggest, to attract young students. Masters (2005, p. 113) argues that films, because of their artistic richness, enable student nurses not only to encounter novel situations and diverse populations but also enhance their interest in abstract content.

Ellsmore (2005) says that film should be plundered for educational theory as a means of reflecting on and questioning teachers' work, while Trier (2001) and Beyerbach (2005, p. 267) similarly advocate the use of films, combined with

academic texts, to engage students in critical reflection of their practice. Diane Brunner (cited in Trier 2001, p. 129) incorporates films in her practice in order to engage students in vicarious experiences, as does Springfield (1999, p. 30), because films 'transport us into other lives'. Brunner suggests that films should have parity with professional texts in assisting preservice teachers examine assumptions about a range of educational issues. A similar position is taken by Trier (2001, p. 139) referring to Sol Cohen, who treats school films seriously as texts about education because they occupy the same cultural spaces as other texts and should be studied as the chief carriers of historical messages in our society.

3.4 Client Expectations

Filmic representations also have an impact on client expectations of professionals. Foff (cited in Weber and Mitchell 1995, p. 12) argues that teachers need to know how others see them through the lives of their fictional counterparts so they can better understand themselves and the nature of their practice. Turow (1989, p. 129) warns doctors and healthcare workers to be aware that their patients often come to their offices with years of dramatic and comedic stories about the medical system 'swimming in their heads'. Healthcare workers, he suggests, might consider how these filmic portrayals affect the 'mental scripts' patients bring to medical encounters. Film portrayals of physicians may create public expectations of similar behaviours, attitudes, values and practices in real life interactions with physicians and these can have significant consequences (Flores 2002, p. 636). This is because the constant repetition of media images has effaced the distinction between reality and fiction (Baudrillard 1988); audiences readily accept 'reel' representations as 'real' because they have little or no first-hand experience, for example, of medical professional contexts (Quick 2009, p. 44).

Let's go to the movies!

4 The Man in the White Coat

The title of this section draws attention to the fact that for the first 50 years of cinema history, in the early films of George Melies and the Lumiere brothers (Crawford 1998, p. 1; Shortland 1989, p. 1), the doctor was 'the man in the white coat' and was the first recognisable professional in the picture palace 'brandishing the Hippocratic Oath like a crucifix' (Shortland 1989, pp. 1, 10). Even today, with increasing numbers of women undertaking medical studies and predictions of the number of women overtaking men in general practice, filmic representations are still largely those of the male doctor. The lingering power of gender in medicine is evidenced in a response from a young relative to my admonition 'Trust me, I'm a doctor.' Her response, 'You can't be a doctor you're a girl, but you can be a nurse.'

4.1 'I'm the Doctor'

Over time, filmic representations of doctors have remained more positive than that of any other profession partly because of the collaborative construction of doctor identity and medicine in general, by organised medicine, censorship boards and film producers. By the 1930s, organised medicine in the form of the American Medical Association (AMA) and film censors generally recognised the power of filmic representations of doctors and, for the next 40 years, this organisation largely prevented representations considered harmful to the professional ideal to appear in film (Turow 1989, p. 7). The treatment of two classic films from the 1930s illustrates this protective role. The first example is *The Citadel* (1938), which, when released in Britain, was prefaced by the following statement:

This motion picture is a story of individual characterization and is in no way intended to be a reflection on the great medical profession which has done so much in beating back those forces of nature that retard the physical progress of the human race. (Shortland 1989, p. 8)

The Chief Censor expressed concern that the film's representation of doctors had the potential to undermine confidence in the medical profession. Release of the film was delayed in the United States because the AMA detected an advocacy of socialised medicine (Turow 1989, p. 9). The AMA was concerned that *Dark Victory* (1939) would undermine patient confidence in the profession's ability to care for cancer patients because the doctor was unable 'to save the woman he loves' from cancer. No such organised protection has ever been extended to either teachers or nurses.

What representations of doctors have been supported by organised medicine and film and television producers? The doctor as a powerful, moral figure is the most enduring and was established in films like *Arrowsmith* (1931) which, Flores (2002, p. 1087) suggests, is one of the ten most useful films in medical education because it explores a real professional issue of a doctor's struggle to choose between clinical practice and a research career. *Men in White* (1934) continued the portrayal of the noble and dedicated doctor and also provided 'a comforting anaesthetic' (Shortland 1989, p. 2) to the laity in its reassurance of the professionalism of doctors. This film, Shortland argues, with its realistic procedures in a hospital setting, subsequently became a prototype for future medical films. Similarly, *Magnificent Obsession* (1935) lauded the 'restorative, inspirational, moral and personal charm of medicine' with the doctor as pastor, saviour and saint (Shortland 1989, p. 24).

Interestingly, there was a dearth of medical films during the Second World War because, Shortland (1989, p. 11) suggests, such films would have drawn unwarranted attention to American war casualties. When Hollywood returned to medical themes in the initial post-war period, policy makers and movie makers shared common expectations about the healthcare system in the United States as a system where high-tech, hospital-based specialised treatment was available to everyone (Turow 1996, p. 1241). At the time, this seemed achievable with the development of penicillin and sulphonamides, better vaccines and improved hygiene. However, medicine was facing a wave of external criticism resulting

largely from advances in medical technology, which, like socialised medicine, was seen to distort the patient-doctor relationship. Vandekieft (2004, p. 215) argues that while the profession weathered this criticism, the lack of change within the profession was the driving force in the bioethics movement.

The first appearance of the man in the white coat on television screens was in the 1950s series *Medic* (1954–1956). As in the cinema, the doctor was represented as 'guardian of birth, healer of the sick, and comforter of the aged' (Turow 1989, p. 25). *Medic* attempted a realistic portrayal of medical professionals and its creators shadowed doctors at the Los Angeles County Medical Hospital, where the series was filmed, and each episode bore the imprimatur of the Los Angeles Medical Association (Vandekieft 2004, p. 215). *Medic's* relationship with organised medicine increased the series' accuracy and also allowed those with a greater stake in projecting a self-serving image of the profession to exert substantial influence on the way doctors were portrayed on television (Turow 1989).

The AMA's influence on the representation of doctors and medicine remained significant throughout the 1960s when it was heavily involved in supervising the depiction of medicine in both Dr. Kildare and Ben Casey, two medical series, which were screened from 1961 to 1966 (Turow 1996). Also involved was the National Advisory Committee for Television and Motion Pictures (Turow 1989, p. 62), which permitted on-screen acknowledgment of their cooperation. This committee retained the right to review each script for authenticity and to review the possible impact of medical representations on the public (Turow 1989, p. 63). There were superficial differences between the medical representations in these two series; for example, Kildare pursued 'medical sainthood' (Vandekieft 2004, p. 219) through self-sacrifice while Casey was gruff and disdainful. Ultimately, however, it was patient care that was paramount in both representations. Dr Kildare, Turow (1996) points out, set the formula for the doctor as hero on television with doctors as members of a modern elect and hospitals the citadels for the elects' scientific practices. Kildare was a contemporary knight, society's champion, who progressed through arduous training to reach heroic status in the modern struggle against disease. The public had the right to demand a lot from these scientific warriors and they had to show they cared even while increasingly using impersonal technologies (Turow 1989, p. 23).

The television series most reliant on the AMA and for the first time on medical technology companies was *The Bold Ones* (1969–1973). The level of support from these companies is evident in comments from the producers of this series who claimed to have more medical equipment than some hospitals. The AMA, physicians, equipment manufacturers and disease foundation executives had a vested interest in trying to ensure that television doctors came through as a dominant medical force, that the latest medical technology was showcased and that the plots encouraged viewers to feel that medicine should continue to receive an increasing amount of society's resources (Turow 1989, p. 156).

The image of the omniscient doctor began to rebound on the AMA in the 1970s. The gods they had helped create were inciting the public to make unrealistic demands on their physicians (Turow 1989, p. 162). One of the best examples of

this is *Marcus Welby*, *MD* (1969–1976), the most popular medical show of the time endorsed by the American Academy of Family Physicians. This series gave rise to what Turow (1989, p. 129) called the 'Marcus Welby Syndrome'. Marcus Welby became the doctor patients expected to encounter during medical consultations. When they did not find the 'reel' doctor, Turow suggests, patients exhibited an increased readiness to sue physicians partly because they felt betrayed. Marcus Welby was in the traditional mould of the omniscient professional who rarely faced medical uncertainty, and who always knew the problem and how to fix it with science, care and kindness (Koch 2008, p. 67). This created a public expectation amongst millions of Americans who were resentful when their physicians did not live up to the image created by Marcus Welby (cited in Vandekieft 2004, p. 222).

The 1970s saw the arrival of Dr. Hawkeye Pierce and colleagues, first in the movie M*A*S*H (1970) and then in the long-running television series (1972–1983) of the same name. While represented as crazy and insubordinate, the doctors were, according to Vandekieft (2004, p. 225), impeccable professionals who differed very little from Kildare and Casey. Nightly television audiences watched the unfolding of the increasingly unpopular war in Vietnam on the news and then watched M*A*S*H which, while set in the Korean War, was really about Vietnam. For this reason, Turow (1989) argues, it was unthinkable to portray these doctors as unprofessional when many television viewers had family members relying on army medical professionals in Vietnam. So, for example, Dr. Frank Burns was allowed to be arrogant, greedy and uncaring towards patients; however, this characterisation was played down as the producers did not want to discredit him as a doctor, but only as a foolish, paranoid and arrogant man (Turow 1989). Comments from 'reel' M*A*S*H patients, such as 'they take good care of you here', were further reassurance to viewers.

Until the end of the 1970s, Vandekieft (2004, pp. 222–223) posits, doctors were portrayed as heroes who sacrificed personal lives for the welfare of their patients, were intimately involved with those patients, did not consider finance when treating them and made fast, heroic and correct medical decisions. 'Television doctors may not cure their patients, but they can always solve their personal problems' (McLaughlin in Vandekieft 2004, p. 219).

A number of significant changes appeared in the medical genre in the 1980s and the 1990s. First, the number of negative portrayals increased with the 1990s witnessing the highest number since the advent of cinema. Second, contemporary health issues such as AIDS, rape, homelessness and drug-related issues were addressed (Hallam 2000, p. 188). Third, there were representations, which revealed the difficulties faced by individual doctors seeking to control the healthcare system (Turow 1996, p. 1243). Further, Malmsheimer (in Strauman and Goodier 2008, p. 127) points out, there was a focus on the new 'electronic doctors', who work in a world of medical care far surpassing anything in real life. They save lives with ease, mend marriages, reconcile alienated families, give patients the will to live and continuously reassert the primacy of the doctor-patient relationship. Doctors in *Chicago Hope* (1994–2000) and *St Elsewhere* (1982–1988) challenged hospital

bureaucrats (Koch 2008, p. 67), which 'real' doctors are reported to have found refreshing (Friedman 2004, p. 228).

ER (1994–2009) was popular with medical students, doctors and medical educators even though this is not the world of 'real' medicine (Friedman 2004). The series depicted a healthcare system that appealed to the audience possibly because there were no financial constraints (Cohen and Shafer 2004, p. 212) – no one checks the patient's healthcare insurance status nor are ambulances rerouted to other hospitals if patients cannot pay (Chory-Assad and Tamborini 2001). Healthcare is as good as it gets, reflecting viewers' dream perceptions, not reality. These medical emergency dramas assure the public that doctors, at the very least, will 'do no harm' (Hallam 2000, p. 189).

It was not until the television series *House* in 2004 that the doctor as seriously flawed, brilliant yet uncertain, made an appearance. House is the diagnostician for today, according to Koch (2008, p. 68), when doctors realise their knowledge is inadequate and medicine has again become a partial science. Like Sherlock Holmes, whose detective skills and house number he shares (221B), House is the doctor as hero because of his ability to solve the case (Strauman and Goodier 2008, p. 130). However, he would never have evaded the scrutiny of the AMA at its most influential in the 1960s or the 1970s because he is rude to his colleagues and patients, pops Vicodin, demeans medical fellows, disregards hospital policy, ignores patients' wishes and dismisses as irrelevant both basic rules of medical ethics and the law (Koch 2008, p. 6). Nonetheless, he is respected by colleagues, admired by underlings and trusted by the patients he universally mistrusts.

Drife (2005) questions House as a suitable, possible self for young doctors educated to be 'touchy-feely' and suggests that medical schools have swung the 'Spratt pendulum' too far (Sir Lancelot Spratt, the dictatorial chief surgeon in the UK Doctor films 1954–1970). Medical educators such as Lim and Seet (2008, p. 194) comment on the realistic cases and medical facts which define Gregory House, as opposed to the unrealistic activities of the other doctors in the series. These doctors perform all their own tests, including the operation of the MRI machine as well as pushing patients around on gurneys and in wheelchairs; 'One wonders which medical school is responsible for turning out such well-rounded physicians', they muse. They further argue that House is the 'poster child' for the evidence-based medicine generation; he is the 'doctor we try not to be', but at the same time he arouses envy because 'we cannot be the brilliant diagnostician he is'. Dr. Kildare would not have lasted an episode on House because House does not care about the patient, only the disease. He is in sharp contrast to doctors like Marcus Welby, who rarely faced medical uncertainty and whose medicine promised care and kindness within a science that always knew the problem and how to fix it (Drife 2005).

The potency of 'reel' medical representations can be seen from the numerous examples of the medical profession itself blurring 'reel' for 'real'. James Brolin and Robert Young, actors from the Marcus Welby series in 1974, were awarded a Life Achievement Award at the AMA convention in Chicago, alongside a real doctor

who had been engaged in cancer research for 50 years (Turow 1989, pp. 125– 126). Dr Ben Casey and Dr Kildare, from the popular television series of the 1960s, struck such a chord with viewers that the television Kildare received 3,500 letters a week seeking advice, and actor Vince Edwards who played Dr Casey reported that real doctors discussed cases with him (Cohen and Shafer 2004, p. 211). Alan Alda, Dr. Hawkeye Pearce in M*A*S*H, gave the commencement address at Columbia University's College of Physicians and Surgeons in 1979 (Turow 1989, p. 214). This trend still continues and David McCullum, Dr 'Ducky' Mallard from the popular non-medical series *NCIS*, gave a joint presentation with the Chief Pathologist of the US Army at Walter Reed Army Medical Centre in recognition of McCullum's efforts to make the 'reel' 'real' (Shane Brennan producer 2009). It is through popular culture, Gamman and Marshment (cited in Weber and Mitchell 1995, p. 95) argue, that men and women are offered society's dominant definitions of themselves.

5 Handmaidens

Handmaidens locates nurses in a traditionally subservient position to doctors in cinema and television representations as well as in real practice. It is not surprising then that fewer films are devoted to nurses as central characters than to doctors, nor have filmic representations of nursing as a profession been afforded the same protection by nursing associations as have doctors by the AMA. Also, and impacting on their image, nurses unlike doctors have a 'real' quintessential model of the good professional in the image of Florence Nightingale. The mythic portrayal of the work and life of Nightingale, Cheek (1994, p. 237) argues, has encouraged nurses to position themselves to embody the ideals of sacrifice, selflessness and obedience as natural ideals for nurses. Nursing cannot extricate itself from these historical associations as a caring, gendered female occupation situated in an inferior relationship with the scientific project of bio-medicine (Hallam 2000, p. 14). Moreover, as Muff (in Lusk 2000, p. 230) points out, this image has conveniently been incorporated into western culture where the nurse in the hospital mimics the ideal of the caring woman in the home.

This representation, Kalisch and Kalisch (1982, p. 151) argue, is not only inaccurate and damaging but, in the absence of male role models, also has made nurse synonymous with 'female' and nurses are portrayed, as in the wider society, in relation to males. This portrayal emphasises the personality and appearance of the nurse rather than the educational and intellectual requirements of nursing practice (Hughes cited in Hallam 2000, p. 22). Since the 1970s, nursing commentators have become increasingly critical of images of professional identity circulating in the mass media claiming that nursing is misrepresented and misunderstood by producers, writers and image makers (Hallam 2000, p. 11).

5.1 'Yes Doctor'

From the beginning of cinema, nurses personified goodness and purity and nursing was portrayed as akin to a religious vocation (Hallam 2000, p. 38). This was particularly true of films made during the Great War (1914–1918) when nurses were represented as pure, brave, maternal and free of the corruptive taints of war. The religious motif was particularly strong in films such as *The Black Butterfly* (1916) and *The Splendid Sinner* (1918) where, Kalisch and Kalisch (1982, p. 606) point out, nursing was represented as a path to moral salvation.

The Great Depression of the 1930s witnessed a significant change in the representation of nurses. Hollywood began to portray nursing as a worthwhile profession, which enabled women to be economically self-sufficient (Kalisch and Kalisch 1982, p. 607). This example of harnessing women to the workforce through film and public campaigns during times of national crisis and their subsequent relegation to the home has become commonplace – poignant examples are provided in the documentary Rosie the Riveter (1980). The White Parade (1934) focused on nurses in a large hospital training school where they were represented as skilled professionals. However, Kalisch and Kalisch (1982, p. 608) note they were never permitted to challenge the wisdom of doctors. Similarly, nurses in the Doctor Kildare series of films were portrayed as docile and lacking in initiative and ambition. An interesting genre emerged during the 1930s, with the nurse as detective, in films such as Miss Pinkerton (1932), The Murder of Dr. Harrigan (1936) and The Patient in Room 18 (1941). These nurses, while sleuthing, cared for private, wealthy patients by administering medications, taking temperatures and delivering meals, but did not engage in serious nursing (Kalisch and Kalisch 1982).

There was no dearth of films about nursing in Hollywood or in Britain during the Second World War because, as during the Depression, women were encouraged to take on public roles. However, the stark realism of British films of the period was less successful in attracting nurse recruits than the romanticised Hollywood films (Hallam 2000, p. 41). These commercially oriented films were perceived in Britain as 'low class, vulgar sentimental trash' in contrast to more sedate 'Britishness' (Balcon cited in Hallam 1997, p. 35). One of the greatest tributes to the nursing profession was *So Proudly We Hail* (1943) based on the real-life experiences of nurses in Bataan and Corregidor in the Philippines (Kalisch and Kalisch 1982, p. 608). The nurses were, of course, as nurses should be, young and beautiful, but nonetheless displayed heroism, self-sacrifice and stamina and their professionalism was never compromised. *Flying Tigers* (1942) similarly portrayed nurses in the military in China where Nurse Elliot was proud of her profession and honoured by her comrades. In these films nurses maintained their romantic function, but not at the expense of their professionalism.

The professional nurse did not survive the end of the war and the nurses of the 1950s were not the medical professionals of the 1940s nor were they any longer the central characters. These nurses did little identifiable nursing work and were again the silent handmaidens of the doctors (Kalisch and Kalisch 1982) in such films as

The Feminine Touch (1954). No longer did they search for professional fulfilment but instead for romance, leading to marital and domestic fulfilment (preferably with a doctor husband). The primary reason for becoming a nurse was now marriage to a doctor (Hallam 1997, p. 36). The most positive image of nurses at the time harks back to the caring and religious motif with Anna Neagle's portrayal of Florence Nightingale (Hallam 2000, p. 42) and the nun as nurse portrayed by Audrey Hepburn in *The Nun's Story* (1959) (Kalisch and Kalisch 1982, p. 609).

The 1960s witnessed the final destruction of 'the proud and noble film image of the nurse' with the erosion of the nurse's moral character (Kalisch and Kalisch 1982, p. 610). In the cinema, nurses became little more than sexualised objects of scorn and derision and were lampooned in *Carry On* (1958–1978) and *Doctor* (1954–1970) films (Hallam 2000, p. 77). Sexual titillation was also the focus in movies like *Operation Petticoat* (1960) and four other portrayals of nurses by Angie Dickenson in which she 'exuded a definite sleazy personal quality' (Kalisch and Kalisch 1982, p. 610).

The UK series *Nurses* (1974) was one of the few series, which placed nurses at the centre of the narrative and focused for the first time on their training, their day-to-day nursing practices as well as addressing issues such as pay and working conditions (Hallam 2000, p. 79). However, the 1970s also saw the quintessential counterpoint to the angel myth of nursing. This was a 'demonic vision' (Darbyshire 1995, p. 198) defined by rigidity, authoritarianism, malevolence, power, control and uncaring aloofness – Nurse Ratched in *One Few Over the Cuckoo's Nest* (1975).

The 1980s and the 1990s captured the greater diversity of the real nursing population in terms of class, colour and sexuality. However, Hallam (2000, p. 189) goes on to argue that it was still an overriding masculine vision. There were still a few programmes which focused on nurses as central characters and real nurses complained that they were under-utilised even in, for example, *St Elsewhere* (Turow 1989, p. 178). The actual work of caring was still relegated to females, whether doctors or nurses. Rarely are women at the top of the medical hierarchy (Hallam 2000, p. 197) and when they are, they are doctors not nurses.

As I write this chapter, two new US medical programmes which focus on nurses as professionals have appeared on Australian television, *Nurse Jackie* and *Mercy*. Regardless of the rave critical reviews for *Nurse Jackie* in the United States, in Australia, it was programmed on Sunday evening at 10.30, after only two episodes, it was banished to Monday at the same time and finally to 1.30 am. The first episode of *Mercy* was at a viewer-friendly time (9.30 pm); however, after a few episodes, it simply disappeared. What is exceptional about both of these is the portrayal of nurses who articulate knowledge superior to that of the doctors with whom they work, but who nonetheless remain handmaidens in the eyes not only of doctors but of patients and their families. For example, in *Mercy*, nurse Veronica Callahan has recently returned from Iraq with emergency medical skills far surpassing those of the doctors with whom she works. Yet these doctors ignore her advice resulting in the death of a patient in the first episode. Nurse Jackie similarly struggles with the ineptitude of a young doctor whose only rationale for his medical decisions seems to be, 'I'm the doctor'.

6 The Warrior Chief

I have found this section of the chapter much more difficult to write than the preceding sections. The reason for this is that for all my professional life, I have been a teacher, first in secondary schools, then in Technical and Further Education and currently in Higher Education. When I view filmic representations of teachers, my insider knowledge intrudes and I view these representations from a more personal, critical insider perspective than I do the portrayals of, for me, the exotic world of doctors or nurses. It was also my professional experiences, which made me hesitate in calling this section 'the warrior chief'. This is largely because of its origin in *The Substitute* (1996), a film which glorifies machismo and uses military tactics as classroom management tools. On reflection, however, I wonder if the claim by the substitute teacher to be 'the warrior chief' is really any different from the suggestion made by the supposedly more democratic Mr. Keating in *Dead Poet's Society* (1989) that his class refers to him as 'O Captain My Captain'?

Professionally, teachers are situated differently in relation to the laity than either doctors or nurses or indeed any other profession. The reason for this is that there is no other profession with whom the laity establishes and maintains a daily relationship from a very early age. In Australia, and most other developed nations, we have daily contact with teachers for six hours a day for something like 12 years. Subsequently, 'Everyone believes they know all about teaching because they have been to school' (Fisher et al. 2008, p. 46). Also, to my knowledge, there is no other profession where a popular cultural text, which 'makes a powerful statement about the repressive ideological power' of the profession (Fisher et al. 2008, p. 13), is, over 30 years after its release in 1979, still recognised by young people entering the profession. I of course refer to Pink Floyd's *Another Brick in the Wall part 2* in which children, the profession's client base, loudly and insistently reject the services of the teaching profession. There is simply no popular cultural equivalent for any other profession.

Educational narratives like medical narratives swirl thickly in most cultures and influence the views of anyone who watches television or goes to the movies (Gregory 2007, p. 8). They haunt our classrooms, Gregory continues, like ghosts invisibly distorting all students' and teachers' notions about what education is for, how it should be conducted and what kind of experience it should provide. These images mislead, misinform and engage in profound miseducation about education (Gregory 2007, p. 21). Teachers like other professionals and their clients are burdened with these representations (Weber and Mitchell 1995, p. 13). Not only teachers but also the general viewer unconsciously internalise filmic representations as templates by which success and failure in teaching are measured (Kereos 1999, p. 136).

The role of gender is as significant in teacher representations as it is in medicine. Both teaching and nursing are feminised professions and in the dominant society, so-called favourable images that characterise teaching as selfless also mirror the stereotypes associated with women (Britzman cited in Weber and Mitchell 1995, p. 113). Like the 'good' woman, the 'good' teacher is positioned as self-sacrificing, kind, overworked, underpaid and with unlimited patience. Nonetheless, it is 'masculine charisma', not the feminine, which defines the heroic teacher according to Farber and Holm (cited in Beyerbach 2005, p. 271).

6.1 The Teacher Rules, OK!

The lone heroic representation of the teacher has been a constant in films and has persisted despite the international development of teaching standards, which largely challenge the significance of the individual teacher's ability to affect change. If there is a 'reel' Florence Nightingale of teaching, then it is Mr. Chipping as the quintessential veteran teacher in *Goodbye Mr Chips* (1939) (McCulloch 2009, p. 409) – an image which Judge (cited in McCulloch 2009, p. 409) claims is outdated and belongs 'to the world of the pedagogical museum'. Nonetheless, the representation of the individualistic teacher, the eccentric, the non-conformer who is sympathetic to students but culturally conservative is today, in the twenty-first century, the enduring representation of the good teacher. For Mr Chipping and the teachers in his mould, teaching is 'a religious calling, a total way of life'. This is the teacher, Gregory (2007, p. 14) argues, who will go to any lengths to protect the school and students regardless of the personal cost. It is an image in which the personal and professional are inseparable (McCulloch 2009, p. 412).

This classic image emerges again in To Sir with Love (1967) in which Mark Thackeray is the teacher as patriarch, mentor and guru to the students and their families. He is the teacher who seems to reject convention, but nonetheless always remains in control (Ellsmore 2005, p. 67; Fisher et al. 2008, p. 33). This and related films discussed below such as Dead Poets' Society (1989) and Dangerous Minds (1995) represent the good teacher as one with a special gift, solely devoted like Mr Chipping to their students (Trier 2001, p. 132). Student teachers pick up on this and Trier reports a student commenting that films like To Sir with Love encourage the public to think that all teachers should be 'super teachers'. Teachers in Ellsmore's research (2005, p. 96) similarly commented on the distance between Mark Thackeray and 'real' teachers, with one teacher commenting that dumping the curriculum might appear to be 'the ultimate child-centred approach'; however, in the real world of increased accountability, 'this wouldn't boost their [the school's] position in the league tables!' Nor does the film portray the hard work and grind required of teachers: 'Mark Thackeray never seems to be carrying home any work and carries what is possibility the world's thinnest briefcase.' This representation ignores the significance of the knowledge-base of teaching as a profession because in these representations teaching is a charismatic and innate skill and the most heroic of heroes is the 'gifted amateur' - this of course underplays the knowledge-base of teachers.

Brittenham (2005, p. 150) examines a somewhat different 1960s' representation of teachers and teaching in the US television series *Room* 222 (1969–1974). This

series not only portrays good teaching but also the kind of community interaction needed to support it. What makes this representation of teachers and teaching different, Brittenham continues, is that it tackles 'the full gamut of issues affecting high school students' in the late 1960s and the early 1970s. Moreover, this series does something radically different in that the action is centred on the classroom in which actual teaching takes place and there are classroom discussions positioned within real curriculum areas, such as American history. Moreover, teachers are portrayed as 'hip' and Mr Dixon is not only a dedicated professional, but also he is practical, sexy and also manages to make learning and participating in class 'cool' (Brittenham 2005, p. 158).

A return to the traditional version of the good teacher is the 'rebel with a class' (Bauer 1998, p. 303) represented in Dead Poets' Society (1989). However, Mr Keating's 'rebellious persona masks his radical authoritarianism', argues Bauer (1998, pp. 303–304). For all his iconoclastic bravado, he is narcissistic, directive and controlling (Raimo et al. 2002, p. 316) and unlikely to support substantive change in his students. His is a 'tutor-centred' pedagogy which makes being a teacher, not being a student, important (Fisher et al. 2008, p. 40). Here again is the good teacher as heroic and inspirational but in 'real' classrooms as one teacher commented, 'We can't do that six lessons a day with classes who can't read, no learning support and a rigid and inflexible National Curriculum! Sorry!' (Ellsmore 2005, p. 113). Real teachers work in a world of accountability, compliance and conformity; being an heroic teacher means stepping outside these boundaries (Fisher et al. 2008, p. 43). Students in my seminars describe Keating, the good teacher, as 'an avant-garde anarchist' who is 'innovative and charismatic'. One student, however, suggested that as Keating came 'to a bad end' it was 'probably best not be too much like that'. This advice echoes Dalton's (1999, p. 32), when she states that the teacher-hero frequently becomes the teacher without a job.

The archetypal good teacher who fails to make the distinction between his personal and professional lives is Jaime Escalante in *Stand and Deliver* (1988). Escalante as a maths teacher has a 'highly personalised, performative style' (Trier 2001, p. 137) and sacrifices his personal life to teaching. This is a film which, Trier comments, provides valuable reflection for student teachers about the degree to which their professional lives govern their personal lives. A teacher in Ellsmore's research observed, 'He works extra hours, gives up his holiday and eventually hospitalises himself. Is he a hero or a fool?' – this is the teacher as 'essentially a maverick and a loner' (Ellsmore 2005, p. 89).

Dangerous Minds (1995), like *To Sir with Love* and *Dead Poets' Society*, purports to be student-centred but, again, behind the rock soundtracks, student-teacher rapport and teenage slang, the task of students remains the same as it has for decades, and that, Grant (2002, pp. 80–81) says, is to find the answer that the teacher already knows. These are not student-centred constructivist classrooms – these students do not construct knowledge. Moreover, the supposed radicalism of Miss Johnson's pedagogy merely reinforces the *status quo* when she teaches 'the canon', for example, of white male poets (Beyerbach 2005, p. 270). Miss Johnson represents what Raimo et al. (2002, p. 317) call a naïve, novice teacher for whom

'subject matter' is the culture of the students and students' needs. Moreover, as an ex-Marine, she embodies male machismo in the same way as the ex-mercenary substitute teacher Jonathan Shale in *The Substitute*. In Ellsmore's (2005, p. 101) research, a teacher comments that the only good teacher in *Dangerous Minds* is the one spending all her time in social work. Another commented, 'All very clichéd and far too removed from reality to be taken seriously – an awful film'. To another teacher, this was 'a fairy tale' (2005, pp. 103, 105).

Miss Johnson, Beyerbach (2005, p. 270) suggests, ignores the social context of the lives of her students leaving unacknowledged the poverty, bias and oppression which mitigate against students making the choices she encourages them to make. Gale and Densmore (2001, p. 608) argue that Johnson subscribes to two myths of neo-liberalism – belief in equality of opportunity and just rewards for hard work. However, in her pedagogy, she does not confront the structural realities of the lived lives of her students. This film, however, was most quoted by students within my practice as exemplifying the good teacher. Although this heroic teacher did not particularly impress one of my students who said that teachers like Miss Johnson 'are failures who have turned to teaching as a back-up plan'.

In contrast to the good teacher as 'the warrior chief', there are filmic representations of teachers that reflect a deep-seated social distrust of the profession, according to Fisher et al. (2008, p. 45). For example, in *Room* 222 (1969–1974), these teachers are represented as the 'slug teachers' (Ayers in Brittenham 2005, p. 161) who are either malicious or disillusioned and worn out (Brittenham 2005, p. 161). These 'slugs' represent institutional and traditional views and appear, for example, in Dangerous Minds (1995), To Sir with Love (1967) and Dead Poets' Society (1989). They offer a contrast to the charismatic good teacher. These are the 'sad' teachers, according to Fisher et al. (2008) portrayed, for example, in the British television series Teachers (2002–2005). They do not connect with students, lack compassion, are cynical and professionally and personally inadequate, going about their dayto-day activities whilst unnoticed, preposterous events unfold around them (Fisher et al. 2008, p. 51). Another kind of bad teacher is identified by Fisher et al. (2008, 53) as 'evil'. These are teachers as aliens, out-of-fashion uglies or vicious bullies (Gregory 2007, p. 13). They are cruel in the Class of 1999 (1989) and in Buffy the Vampire Slaver (1997–2003) and they embody everything young people fear about teachers (Fisher et al. 2008, pp. 53–57).

7 Conclusion

Do these filmic representations of doctors, nurses and teachers over the past 100 years advance our understanding of becoming a professional? These representations are fictionlised enactments of professional practice, front of stage performances by professionals in hospitals, private practice and classrooms. The contexts of practice are exotic, technologically sophisticated citadels of medical care where the good doctor battles disease and the bureaucracy for the good of the patients, and where nurses, when visible, serve both doctors and patients alike. Less exotic but still unfamiliar to most of us are the inner urban schools of despair where the good teacher makes personal sacrifices to rescue students from social disadvantage, bureaucratic inertia and community, school and, frequently, family disinterest.

The omniscient doctor, the heroic renegade teacher and the still subservient nurse are largely framed by notions of imagined social and personal stability. These may be out-of-date narratives more 'reel' than 'real', but nonetheless they provide professionals with images of practice from which possible selves may be selected and critiqued. They are also a rich source for lifelong learning, for, as Wright and Sandlin (2009, pp. 134–135) argue, popular culture can be a catalyst for self-directed learning. The result of this learning, they argue, may well be more powerful, lasting and lifelong than that gained in formal educational settings.

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Chapter 7 Becoming a Medical Professional

Alan Bleakley

1 Introduction: From Being to Becoming

The instrumental process of becoming a medical professional has followed a similar pattern worldwide for a century (Ludmerer 1999). This may seem to be a mark of medical education's enduring success, but it can also be read as a failure to adapt to cultural change (Bleakley et al. 2011). Since the revolution in undergraduate medical education provision brought about by Abraham Flexner's 1910 report on North American medical schools (Flexner 1910), pre-qualifying programmes in medicine have followed a model of a pre-clinical (classroom knowledge) phase followed by a clinical (applied knowledge) phase. Programmes vary in whether they have direct entry from school (normally 5 years), or graduate entry (normally 4 years). Graduation normally leads in to a qualifying junior doctor apprenticeship (internship), ranging across medical specialties and concentrating on hospital medicine. Specialisation may then follow a career path to senior clinical grades in a hospital specialty, surgery or as a community (family or general) practitioner. Adjunct specialties, such as academic medicine and management, may also be pursued. The UK Tooke Report (Tooke 2008, pp. 203-220) on postgraduate medical education reforms provides an international comparison of provision across seven countries.

An instrumental accounting for career stages tells us little about the identity construction of the doctor – of what it is to become a medical professional. Policy documents such as the UK General Medical Council's *Good Medical Practice* (2006) and *The New Doctor* (2007) – prescribing the basic content of undergraduate and postgraduate medical education curricula – offer instrumental accounts of what medical students and doctors are expected to know and do at various stages of their

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careers. Where such documentation strays into the territory of identity, it is vague and often pious. Becoming a doctor may be reduced to an ideal of the consummate professional described by a set of traits – such as probity and the ability to maintain one's own health – through which 'professionalism' can be both conceptualised and measured (Stern 2006).

The flip side of the focus upon virtues of the consummate professional is the interest in students' and doctors' 'professional lapses', and in students' willingness, or reluctance, to report perceived professional lapses of their seniors (Ginsburg and Lingard 2006). Paradoxically, research evidence suggests that the profession of medicine as a whole has already lapsed professionally, where there is a continuing, chronic, inability for doctors to communicate well, or 'professionally', as measured against prescriptions of the policy documents noted above. This includes poor communication with patients (Coulter 2002; Roter and Hall 2006), between medical specialties (Wadhwa and Lingard 2006) and with other healthcare professionals (Kohn et al. 1999).

Gabriel Weston (2009, p. 135), a surgeon who writes about her work, describes how 'It is no longer enough to be technically proficient; nowadays, we need to be nice'. This may be tongue in cheek, or it may just show a typical reluctance to engage with the surgeon's wider role, where 'nice' is a rather strange choice of word for the necessity of clear and supportive communication, now supported by a good evidence base. Another surgeon who writes about his work, Atal Gawande (2002, 2007), is clear about the need for effective communication, reminding us that patients are put at risk not just because of technical errors, but also as a result of miscommunications. The Institute of Medicine (Kohn et al. 1999) and The Joint Commission on Accreditation of Healthcare Organisation (2001) figures concur that as much as 70% of medical errors are grounded in non-technical issues, as systemic miscommunications (see also Singh et al. 2007). Further, half of these may be avoidable through improving communication and collaboration between doctors themselves and between doctors and other healthcare professionals. Becoming a medical professional is also becoming an effective communicator and collaborator, helping to restore the professional 'lapse' of an entire culture, rather than simply lapsed individuals (high profile 'bad apple' doctors such as Harold Shipman), or individual lapses.

The instrumental description of how medical students and doctors proceed through, respectively, an undergraduate and postgraduate medical education has typically been fleshed out through longitudinal ethnographic studies of the socialisation of medical students, doctors and surgeons (Millman 1976; Becker et al. 1980; Cassell 1991, 2000; Atkinson 1995; Katz 2000). Here, we learn of the 'hidden curriculum' of medical education – rites of passage, role modelling and uses of symbols in, sometimes brutally, shaping character, style and identity. But, these accounts are already historical curiosities, as we are now entering a radically new era of medical education, reformulating earlier notions of what it is to become a doctor (Bleakley et al. 2011).

This chapter seeks to understand the becoming of medical professionals of the future, and utilises a theoretical approach to identity construction that is future

focused. This approach is drawn mainly from the work of the French philosopher Gilles Deleuze, with reference also to Deleuze's extensive collaboration with the French psychiatrist Félix Guattari (Deleuze and Guattari 1984, 1988; Guattari 1995), offering an exploratory and explanatory framework that responds to the cultural and historical shift from high modernism to an emerging cultural era variously called postmodern and late modern; a 'risk society' and 'runaway world' (Giddens 1991); and 'liquid modernity' (Bauman 1998).

The ethnographies studying socialisation into medicine and surgery mentioned above describe a chronically conservative legacy, where doctors and surgeons were typed – or more often stereotyped – as heroic and paternalistic individuals. Medical students were seen to emulate these traits as a central part of their education of character, absorbing them through role modelling as the main form of identity construction. Reading these studies through Deleuzian eyes, doctors can be described, historically, as 'becoming autocrats'. In the new era of patient-centred and collaborative medical practices, doctors now enter a process of 'becoming democrats'.

Although systematic and well chronicled, and following in an established philosophical tradition of vitalism (Deleuze 1991), there is no easy way in to Deleuze's thought, which relies heavily on neologism and idiosyncratic readings of vitalist philosophers such as Spinoza and Nietzsche. A Deleuze 'primer' is an oxymoron, although Stivale's (2005) edited collection of essays promises to present Deleuze's 'key concepts' to the neophyte. More importantly, once inside Deleuze's world, it may seem as if there is no easy way out as one of the characteristics of this world is its fascination. One of Deleuze's central metaphors is the 'fold', borrowed from the German philosopher Leibniz. To be inside a fold is to experience the interiority of a phenomenon through an enfolding, or full immersion, in that phenomenon as a dynamic process. This is perhaps the closest we will get to a complete description of the 'becoming' of the medical professional - the identity construction of the doctor. The doctor's clinical experience, particularly in the early years, is so all consuming and pervasive – the realisation of a vocation – that it can readily be described as an envelopment in the lives of others, primarily patients and secondarily colleagues.

Conventional studies of the identity construction of doctors, such as the ethnographies mentioned earlier, describe how stability is achieved in identity – how a core self is realised and expressed. This is to be expected of a generation of academics writing at the height of interest in existentialism, phenomenology and the search for 'authenticity'. Academic interests and foci have changed, and in this chapter, a different approach is taken to these traditional ethnographies. From a Deleuzian perspective, one would ask how a permanently labile and multiple identity construction is managed, temporarily stabilised and understood as a process amongst many intersecting processes. The main shift is from stability to dynamism. This is pre-figured in the vitalist philosophers who inspired Deleuze, particularly Nietzsche.

The identity of the doctor is then not treated as 'selfsame' (the stabilisation of a professional self, identified with similar others in a stable professional community of

practice), but as a consequence of 'difference' in a context of instability – difference from the 'other' with whom one works, primarily other professionals (such as nurses), but most importantly the stream of 'others' the doctor meets as patients. It is in the face of the other that the identity of the doctor is realised, in an inherently unstable space of difference moving through time.

This model of becoming, realised in dynamic difference, is described in three ways – first, as a 'self-forming' in terms of an assemblage of characteristics shaped by a shifting culture; second, as the undoing and distribution of the modernist medical gaze; and third, as an effect of three levels of textual practices – work-based, autoethnographic, and virtual (as representations of doctors in television soap operas). These three faces of 'becoming a medical professional' are centred on the key identity *activity* of the doctor – as diagnostician or symptomatologist – where the bread and butter work of a doctor is to make a diagnosis through reading symptoms and listening to the case history, offering a prognosis and formulating a treatment plan.

2 Deleuzian Becoming: Processes and Assemblages

As introduced above, Deleuze and Guattari, most famously in the two-volume work *Capitalism and Schizophrenia* (1984, 1988), develop a complex model of 'becoming', situated in the philosophical tradition of vitalism – Spinoza, Bergson and Nietzsche in particular. This world view privileges dynamism over the static object. Life is necessarily unformed and forming – in a state of 'becoming' rather than 'being' – where process is privileged over essence.

In early and high modernism, particularly from the Enlightenment period at the end of the eighteenth century, emphasis was placed upon the stabilising of identity – the expression of a core self. Indeed, forms of 'madness' have been described mainly as the loss of a sense of core self (alienation, neurosis) or multiplication of selves (psychosis). Psychology became the dominant discipline for exploring identity, which became associated with personality and character rather than as a product of cultural forces. As Louis Sass (1994) suggests in *Madness and Modernism*, late modernism of the early twentieth century had already signalled radically new approaches to the self – through the avant-garde of art and literature – that challenged the notion of stability equating to health. The self was recognised as split, fractured and multiple in its 'ordinary' states, where a fixed, frozen or congealed self was now described as potentially authoritarian, rigid and neurotic.

Postmodernism challenges the notion of self as constitutive or given, reading identity as constituted or constructed socially, and 'situated' (Bleakley 2000a, b). A constituted identity is not a subject (an expression of a coherent interior 'self'), but 'subject to' – a product or construct of cultural, historical and social circumstances. In this view, a work-based 'professional' self is not seen as a 'given', a personality expression, but as situated, an effect of a variety of unstable and dynamic historical, cultural and social forces that are temporarily stabilised through processes of

learning, examination and practices – most importantly in medicine as cumulative patient contact leading to gaining expertise as a diagnostician.

In his last published work on late Greek and early Roman forms of aesthetic and ethical self forming, or 'care of self', Michel Foucault (1990, 2005) draws attention to the paradox of a contemporary Western culture in which we celebrate the supposed 'freedoms' of selfhood (especially in sexuality), but are actually constrained by a variety of forms of regulatory structures, forming an overall 'governmentality' within a surveillance society. These include new forms of what the Classical world saw as 'self-forming', a making of character, through self-help techniques. Self-forming or 'self-fashioning' (Greenblatt 1980; Bleakley 2006a) was revived in Renaissance Europe as an educational process. This shaping of character is a form of positioning identity within a web of regulatory devices, where identity can be described as 'assemblage' (DeLanda 1997, 2006) and potential, always in process. In the professional identity formation of the doctor, often expressed as 'lifelong learning', there is not just an accumulation or sedimentation of knowledge, skills and attitudes, but a process of 'becoming doctor' as assemblage – a dynamic identity construction shaped within a web of regulatory devices.

Foucault's work draws attention to the interplay between a governed identity and processes of resistance to particular forms of identity construction, where Deleuze's work emphasises interplay between, and intensities within, assemblages that shape professional identity, such as 'becoming doctor'. From Deleuze's (1993) analysis of 'the fold', 'becoming' involves an (en)folding into (and unfolding out of) an assemblage that, read through Spinoza, affords a certain potency. This view is in sharp contrast to the idea of an unfolding of a given self as the realisation of innate potential, where the dimension of potency is weakly expressed as 'potential'. An assemblage affording potency may be any point in the career trajectory of the doctor, such as graduation as a medical student, passage through junior doctor education and training, and beyond, through specialty grades and membership examinations, to the achievement of consultant status.

Where new thinking about professional identity construction – as becoming rather than being – stresses process, dynamism, lability and fluidity, this mirrors a wider 'runaway' and 'liquid' culture, as noted above. In such thinking, models of stabilising identity are given less credibility than dynamicist views of 'managing' an inherently unstable identity in which 'becoming' is not something to be mastered, but is always in production and carries an unpredictable surplus.

Where identity is not given, but is *made as a work*, the identity of the doctor is a work achieved in the workplace, in clinical contact with patients and primarily in acts of diagnosis. Where subjectivity is read not from the inside out (as expression of self), but from the outside in (as subjectivation or positionings of identity in relation to sets of dynamic forces), then becoming a doctor can be seen to be a *series* of identity positions held in network or assemblage – a set of constructions of identity. As Bruno Latour (2007, p. 217) suggests, within Actor-Network-Theory: 'attachments are first, actors are second'. The actor is networked, or engaged by the system, as a product of the potency of attachment. Medical students and junior doctors characteristically learn their work incrementally through a series of clinical

'attachments'. Such attachments offer a series of assemblages that are identity positions held temporarily in place, also invoking emotional attachments of various intensities, producing varieties of affective capital.

It is not just knowledge and skill that sediment to produce a 'doctor' or drives the doctor to specialise in a certain field. Rather, values entrenched in certain specialties entangle doctors or enfold them, in ways that permanently stain the psyche and leave lasting impressions. These gather to provide an axiological dimension to becoming a doctor – the acquisition of values – that informs both ontological development (identity construction) and epistemological development (knowing).

Félix Guattari (2008, pp. 24–25) does not speak of the subject, but of 'components of subjectification'. The becoming of identity (rather than its being, say as an 'authentic self') is a continuous making – the product of the meeting of a number of vectors or forces in a life. These are larger historical and cultural forces (such as the changing position of women in medicine or the reorganisation of junior doctor training) and local forces (such as this particular hospital unit's methods; or the idiosyncratic style of this supervising consultant). What has been called 'interiority' of the self – available through introspection – is, for Guattari, again a product of a meeting of forces so that 'Interiority establishes itself at the crossroads of multiple components', vectors or 'force fields' (Massumi 1992).

A significant vector is the presence of the 'other', such as a patient or a colleague. Guattari focuses us back on how difference comes to act as an engine for identity construction in a process of 'doubling'. Not only is self realised in difference from another (recognition), but also the other is realised as the inside of thought in oneself that is speculative about thought inside the other. Thus, as a diagnostician, the doctor comes to be *inside the somatic 'thought' of the patient*. This is more than 'empathy', a rather weak contemporary construction (Marshall and Bleakley 2009), where it is a stark realisation of 'difference'.

Persons are subject to various forces in time and space that crisscross, and at points, form assemblages, temporary stabilisations. A language is needed to describe this model that goes beyond psychology's tradition of 'subject', 'personality', 'character' and 'traits'. For Deleuze and Guattari, borrowing from the vitalist tradition, a 'becoming' is best described in terms of non-linear powers, vectors, intensities and lines of flight. Professional development, as becoming rather than being, is neither a singular nor a coherent process, but involves several processes at once, operating at different speeds.

3 Three Planes of Becoming

Deleuze and Guattari do not dismiss traditional ways of accounting for identity construction, as a process of being, or character expression characteristically learned through role modelling (Deleuze and Parnett 2007, pp. 124–125). Rather, they offer staged challenges and alternatives to this view in a spectrum of possible ways of describing identity. At one end of the spectrum is segmentation.

A segmented identity is defined, bounded, bordered and patrolled. This is the traditional professional structure and the official story of identity construction. Its core elements are personality or character, role and role modelling. It is a process necessarily subject to transcendent organisation or rule. Segmentarity in medicine and medical professionalism is represented in policy regulation and prescription of role as the official story of how professionalism may be achieved. As indicated earlier, in this view, professionalism is a set of ideal performances grounded in character traits, such as 'honesty' and 'trustworthiness', further grounded in good personal 'health'. While professional lapses' are subject to censure. The segmented identity suggests a strong character with an internal backbone (a sense of morality) developing like a tree (aspiration), where growth is a product of strong governance internalised as self-governance.

A second level of identity construction challenges this strong model of agency and puts more emphasis upon the context in which the tree develops. Segmentation is replaced by suppleness. Deleuze and Guattari (Deleuze and Parnett 2007) pun on the idea of a (supple)ment (an added extra to the strong model of agency), where they describe a supple(mentarity). Here, there is some loosening of structures in identity formation to account for the potential of the system(s) within which identity develops, containing unknown qualities. The sense of a strong core (a consistent 'self') is replaced by ideas of nodes, attractors and flash points as places where critical changes may occur in identity construction. Here, the idea of a linear development in career is disrupted, taking into account a range of realities such as maternity breaks, career shifts, structural employment problems, burnout, illness and serendipity. There is now a shift from 'being' to 'becoming' and the idea of connections is introduced as key to understanding a shift from content to process explanations. Development of identity is no longer a 'straight down the line' affair, but involves modifications and detours.

The idea of an identity in flux is introduced, with the notion of thresholds of change. As an illustration, if we take the identity of the undergraduate medicine curriculum itself, this has a formal and informal face. The informal face is the hidden curriculum. This is necessarily unstable, unpredictable and unplanned. It is by definition neurotic, anxious. The identity construction of the doctor will necessarily have a hidden curriculum. The tapestry that is the official, orderly, story of the policy document (segmentation) is now turned over to reveal greater uncertainty – in a tangle of threads – as the vulnerable human encounters the ideal segmented structure. The model of the tree must now include its context for development, its environmental surround that is in flux, both seen and unseen.

Focus drifts from the trunk to the hidden roots that feed the trunk and the supportive structures that engage symbiotically with the far reaches of the root structure. Here, we find rhizomatic and mycorrhizal structures (Engeström 2008). The rhizome tangles with other rhizomes to form an underground structure that may look messy to the above-ground view, but is perfectly adapted as a network or meshwork. Mycorrhizae (fungal structures) live symbiotically with plant roots and can form huge underground structures from which an occasional mushroom

emerges above ground as the reproductive structure. In this shift from segmentarity to supplementarity, we recognise that becoming a doctor, even as a career trajectory, has an unconscious life and an absent story. The doctor's identity construction is necessarily *enmeshed*.

A radical break with segmentarity, and even with (supple)mentarity, occurs with lines of flight. Here, we are in the world of Spinoza's potencies and potentials forces and possibilities. In terms of development of identity, 'lines of flight' operate as a rhetorical device - a trope, persuading us out of fixed ideas of identity as interior and stable. We are now prepared for radical shifts, transversality, sudden irruptions and reversals, chance and fate. Lines of flight cut across previously segmented organisations and structures with unpredictable force. Now, identity is a product of assemblages, has greater ambiguity and uncertainty and is always labile. Lines of flight are not abstract potencies, but products of the real. Ironically, policy makers act as if they bring stability, but are obsessed by change - new ways of organising clinical work, new management structures and new patient charters. This places doctors in contexts of nomadism and deterritorialisation, where they can no longer put down roots in practices or organisational structures, as these are open to permanent revolution. In many cases, this reflects the changing terrain of medical knowledge, where practices have to be updated on a regular basis to reflect the emergent, sometimes conflicting, research evidence.

In the new conditions of work in medicine, described in more detail below, there is a need for professionals to be literally more mobile, and metaphorically more flexible, in their working habits. The old structures of bounded teams and firms have given way to more flexible structures of multidisciplinary collaboration around patients. This means that traditional, bounded territories have to be relinquished in a new mode of 'deterritorialising'. Those who previously gained identities of consistency and stability within fixed territorial boundaries may now find themselves in the identity of the nomad, on short-term placements, temporary contracts and working across disciplines.

In Deleuzian studies, three new academic approaches have been developed to articulate and analyse these lines of flight: micropolitics, rhizomatics and cartography. Micropolitics discusses power relations, mediated by rules and roles, in local contexts. Identities are constructed out of such politics. In medicine, micropolitics will typically involve confirmations of identity through retreat to the uniprofessional role – maintaining strong boundaries between doctors and others. Deleuzian micropolitics map out how identities shift as a result of breakdown in traditional 'silo' structures. For example, what happens when traditional vertical hierarchies in the operating theatre, based on knowledge and skill levels, are challenged in a focus upon shared practices in communication for patient safety (Henderson et al. 2007)? Indeed, it is often the case that where communication skills are the focus, nurses are better at this than doctors or surgeons (Bleakley 2006b).

The lines of flight introduced by research in patient safety, linking safety to quality of communication and collaboration within and across teams, introduce the need for new identities of 'expert collaborator' and 'interprofessional'. The same argument applies to a shift from paternalistic medicine to patient-centred practice. The lines of flight of patient-centredness cut across traditional identities and require a new micropolitical climate of democratic practices informed by dialogue. Again, the identity shift from 'being an autocrat' to 'becoming a democrat' is absolutely central to the emergence of a new medical professional for the twenty-first century.

Rhizomatics is micropolitics without the power implications. It describes the distributed cognitive architecture underpinning practices. Just what are the horizontal structures of a new democracy in medicine? Rhizomatics describes such structures. Nobody has been more productive in this field than Yrjö Engeström (2008) who has coined, or sometimes recovered and reworked, a new vocabulary to describe collaborative practices. Rather than problematic (and abstract) terms such as 'teams', which also describe static states ('norms') and imply fixed identities ('leaders', 'facilitators'), Engeström shifts the focus to concrete activities of collaboration – teeming, swarming, collaborative intentionality, wildfire activities, cognitive trailing, knotworking, networking, meshworking and so forth.

Identity is therefore implicated in the activity. The medical professional is no longer 'a good communicator' or 'a people person', implying some (segmented) structure of character or agency, but rather participates expertly in fighting wildfires, swarming, knotworking, meshworking and networking. An example of this is the necessity for members of a clinical group collaborating around a patient to set up the distributed cognitive structure of 'situational awareness', where a common mental model of activity is generated, practitioners are aware of others' roles, and this mental model is projected into the future in mapping the day's work. The commonly held model will, ideally, be rechecked at regular intervals through briefing and debriefing. The cognitive architecture of such a model is what Adrian Cussins (1992) calls 'cognitive trails' - similar to the 'songlines' of Australian Aboriginals. These trails are laid down as aspects of expertise in collective memory, into which newcomers must be initiated to know the territory of their work. The trails are, however, refreshed, beaten anew. Such a dynamic, shared tacit expertise, a 'cognitive unconscious' (Reber 1993), is, again, the heart of 'becoming a medical professional' and is shared collectively within the medical community as a set of 'cognitive scripts' informing diagnoses (Eva 2005).

Cartography shifts attention from the actor to the activity and its context. Now we study just what and where the wildfire is, where it is burning and how strongly. What 'net' or 'mesh' or 'knot' is 'worked' in, say, a multidisciplinary hospital oncology or community mental health meeting? How are knots both tied and untied? How are territories and their boundaries articulated and mapped, and how is deterritorialising achieved, for example, through 'boundary crossing' (Kerosuo and Engeström 2003). Boundary crossing is an activity shaped by the contours of the context and produces the identity of the 'boundary crossirg activity notes all the usual precautions of having identity papers at the ready, being sensitive to local customs and so forth. Just as doctors complain of non-clinical managers boundary crossing literally and inappropriately into clinical spaces, so managers may complain of clinicians boundary crossing into resources or funding meetings without an understanding of the values of the management culture.

Cartography is essential to our understanding of the becoming of the medical professional where it maps the spaces in which legitimation of activity occurs. On an international scale, this area has become one of the most sensitive yet underresearched in medicine and in medical education. In identity models based on the 'selfsame', differences are often ignored, trodden on or overwhelmed by the assumed superiority of the 'selfsame'.

Thus, doctors in paternalistic and autocratic mode take over the experiences of their patients (Coulter 2002), and often assume superiority over other healthcare professions (Allard et al. 2007), while surgeons assume superiority within the medical hierarchy (Cassell 1991, 2000). On a global level, this can result in a neo-imperialism or neo-colonialism, in which a certain brand of medical education (Western metropolitan) is exported to cultures where such methods of learning (for example, 'self-direction' or 'small group led') may be alien (Bleakley et al. 2008). Foucault (1976) traces this authority to the powerful legitimating force of the 'clinic'. It is because of this space and its rules that doctors can perform intimate or invasive acts of examination and investigation that would not be allowed in other spaces, such as the patient's home, or in public.

4 Becoming a Diagnostician

The 'becoming' of the medical professional is not a diffuse or hazy pulse or flow. There are clear markers of shifts in identity that correlate with development of expertise. The key marker is 'becoming a diagnostician' or 'symptomatologist' (Smith 2005), which can also be described as the development of expertise in connoisseurship of symptoms. This has been conventionally described as the achievement of a professional status within a clinical specialty (Becker et al. 1980) through acquisition of a certain level of expertise that is both formally examined and recognised by peers.

In Foucault's (1976) terms, the doctor is socialised into a particular kind of 'gaze' that is legitimated within the structure of the clinic (discussed in more detail below), and successfully negotiates a number of passages of 'examination' or surveillance, both technically and professionally (ethically), in the shaping or forming of an ethical self. In Erving Goffman's (1990) terms, the doctor adopts a role through expert performance as an actor, gradually learning the script and managing 'front stage' and 'back stage' self-presentations. In psychological terms, identity is achieved through mastery, outwardly displayed as performance based on developing a certain cognitive architecture. As more 'cases' are encountered, so doctors learn to recognise patterns and they lay down cognitive structures or 'scripts' that allow for rapid judgement, bringing together scientific knowledge and sense-based judgement (Eva 2005).

While other areas of healthcare have their own methods of clinical judgement (Higgs et al. 2008), and these may interact with, and support, the clinical reasoning of doctors (Gao and Bleakley 2008), medical professionalism is characterised by

both its breadth (range) and depth (intensity or power) of clinical reasoning. While doctors and surgeons are increasingly involved in preventive medicine, their daily work is curing illness and relieving symptoms – making a diagnosis, offering a prognosis and setting out a treatment plan or regime. This is done with attention to patients' needs (patient-centred practice) and sensitivity to collaborating effectively with colleagues around patient care pathways. The former is 'professional' work, while the latter is 'interprofessional' work (Bleakley et al. 2006).

5 The Undoing of the Modern Clinical Gaze

Michel Foucault's (1976) *The Birth of the Clinic*, first published in 1963, describes the genesis of modern medicine – coincidentally with the European Enlightenment in the late eighteenth and early nineteenth centuries – as the development of a particular kind of 'gaze' upon the patient's body. Previously, medicine had fitted patients into preset systems of classification (such as the four humours), and treated them based on what can now be seen as a spurious system of diagnosis through the odour and colour of urine, the consistency of stools and so forth, related to an abstract set of categories.

The new clinical gaze was based on close, empirical observation of the individual patient, including intimate examination combined with auscultation, palpation and percussion. This was matched to a growing epidemiological knowledge of the frequency and distribution of illnesses. Where patients were traditionally visited at home, learning was restricted, but when medical education was established at the bedside in the hospital setting, as a teaching clinic, this legitimated intimate physical examination in a way that had not been possible in family home settings.

The medical gaze was educated through looking literally into the depths of bodies through cadaveric dissection and pathological anatomy and translating this deep looking, metaphorically, across to the surface examination of patients. The doctor's diagnostic gaze was a transposition of anatomical and pathological knowledge into the unseen depths of the patient's body, guided by the text of surface symptoms. The invention of the stethoscope by Laënnec in 1816 increased the power of the clinical gaze as it provided a necessary 'moral distancing' from the patient. The clinician's gaze into the body was then further augmented by Roentgen's discovery of the X-ray in 1895, and in time, more sophisticated radiological imaging. However, these augmentations have gradually come to replace, rather than amplify, the clinician's personal gaze (Bleakley and Bligh 2009).

The medical gaze described by Foucault has operated as the dominant discourse of medicine for the past 200 years, but as we progress into the new millennium, it can be argued that a new discourse is emerging in medicine that is just as radical as the break that Foucault described. This new discourse is educating a different kind of medical gaze – as suggested above, one that is 'distributed' rather than focused and penetrating. This gaze is creating the conditions for the emergence of a new identity structure for doctors.

By a 'gaze', Foucault meant two things – first, a literal looking and seeing. Modern medicine is empirical – based upon close noticing and physical examination of symptoms as a basis to diagnosis, prognosis and treatment plan. But also, Foucault describes a twin 'seeing and saying' that is metaphorical rather than literal. As the doctor gazes at the patient's outward symptoms, and asks about onset, duration, pain levels and so forth, and then continues to examination, that doctor is metaphorically – at the same time – gazing into the interior anatomy, which is known from anatomical atlases and dissection. The personal gaze is then augmented (and increasingly replaced, rather than supplemented) through tests and radiological imaging.

Also, the doctor, in the identity of the 'interprofessional' rather than the 'professional', is now more closely implicated in a network of services around a patient, where the medical professional is no longer autonomous. Clinical reasoning is both augmented and dispersed not just by instruments, but also by a range of other healthcare professionals and scientists such as nurses, pharmacists and biochemists. The personal medical gaze described by Foucault is fractured and multiplied to such an extent that Foucault's era of modern medicine, which has lasted 200 years, is now eclipsed.

Kenneth Ludmerer (1999) describes a crisis in medicine, concerning a widespread loss of faith by the public in doctors, leading to a reconsideration of the profession's level of autonomy. Doctors were judged to be unable to self-regulate adequately enough to inspire public confidence. The profession was also seen to refuse transparency, traditionally closing ranks to cover poor practice. This has led to the introduction of a monitory democracy (Keane 2009) as a series of quality assurance mechanisms, including appraisal and appraisal-based revalidation in some countries. Where patients are also gradually acquiring greater powers and confidence in both challenging and collaborating with doctors, so traditional paternalism has been eroded. Finally, the need for change in the way that doctors share the uncertainties of their practices with patients and colleagues is being addressed.

What does this raft of changes mean for the 'becoming' of the doctor? In short, doctors must now be democrats rather than autocrats. They must shift allegiance, from traditional vertical, hierarchical structures, to horizontal and dialogical collaborative working patterns; recognise the importance of non-technical (communication) factors in patient safety; and engage with the democratic process whereby a professional community accounts publicly for its activities through assembly and representative democracies (Keane 2009). In short, they must become citizens in medicine just as they are citizens in public life.

Paradoxically, many doctors working in, and supporting, democracies fail to reproduce such democratic structures in their own work settings. Democracy may still be a global experiment despite its many historical incarnations (where only 14% of the world's population live in countries exercising full democracies and 35% of the population live in countries with authoritarian regimes), but research evidence clearly shows the advantages of collaboration-based democratic work patterns in healthcare over autocratic structures (Kohn et al. 1999; Joint Commission 2001).

If the doctor is now a social being, medical education must switch its attention away from individualistic learning theories to social learning theories; while in the area of expertise, the doctor is no longer just achieving technical proficiency, but also non-technical proficiency, modelling productive communication and interpersonal behaviour. Indeed, the doctor's work is not just about producing health or repair, but also about producing the social conditions of communication through which a patient's safety is guaranteed during a period of care. An outcome of a doctor's work now includes the production of social and affective capital (effective relationships with patients and colleagues) (Engeström 2008).

Finally, the doctor must move beyond reflective practice, or self-direction, to accommodate to the reality of an embodied cognition that is distributed, or affords a collective mind (Clark 1997, 2009). The doctor's 'mind' is also 'in' an array of artefacts – computers, clinical reasoning software, paperwork, patient records, instruments, monitors, test results, syringes, drips, radiological images, sophisticated technologies, research papers, research and audit data and so forth; and 'in' the social, potentially collaborative, context in which his or her work occurs. Cognitive embodiment in these distributed resources makes it impossible to talk about a singular medical gaze in Foucault's terms, and demands that we employ learning theories – such as communities of practice approaches, actor-network theory and cultural-historical activity theory – that comprehend this fractured, multiple and (supple)mented gaze that is now social.

Traditional reflective practice models describe reflection as inner-directed and not social, privileging introspection over dialogue (Schön 1990). This is safe territory for the conventionally autonomous and monological physician, working against the grain of the social, dialogical being that the physician must become for safe practice. Rather, the doctor must become a reflexive practitioner (Findlay and Gough 2003) – a full participant in a dialogical democracy (Bleakley 1999), where practitioners must transparently account for professional values, practices, communications and thinking process. This reflexive accounting for becoming a professional has led to new forms of textual practices that afford identity construction, as discussed below.

6 Becoming Medical Professionals Through New, Work-Based Textual Practices

A body of empirical research in work settings shows that medical and healthcare work 'is changing' leading to 'problematizing identity' (Iedema and Scheeres 2003, p. 316), offering what Jackson (2000) calls a 'new textualization' of work. Due to the implementation of new work settings – such as multi-disciplinary clinical care pathways – doctors, surgeons, allied health professionals and healthcare workers are talking to each other in new ways (first text); talking to patients in new ways (second text); educating in new ways (fourth text). Also, doctors are talking to

themselves (reflexively) in new ways about these emergent work conditions (fifth text), in shaping new identities through aesthetic and ethical self-forming, following Foucault's descriptions of an inner-directed governmentality and care of the self, discussed earlier.

Where reflection-in-practice and reflection-on-practice have become established ways of identity construction as a medical professional (Schön 1990) – involving self-monitoring – reflection-as-practice, or critical reflexivity, is now becoming a desired practice. Here, doctors account publicly for their profession and its value through a variety of textual practices. In this section, I describe a first level of such practices in the context of doctors working with a wider range of colleagues and within an authentic patient-centred approach. In the following section, this is widened to second- and third-level reflexive practices, in accounting for medicine's wider identity as a profession through writing about medicine, and through media representations of medicine and doctors, particularly television soap operas.

In adopting new ways of doing things (practices) and describing them to others and to oneself (reflection on practices), a shift in identity occurs. Sometimes, this shift offers not a fine-tuning of practices and the values that inform them, but a reinvention. In this case, reflection shifts to 'reflexivity' – a critical re-examination of what doctors do, why they do it one way and not another, and, importantly 'who am I?' as a doctor engaging in these new forms of work.

In the process of negotiating new ways of relating that require new activities (for example, leading a brief or a debrief on a ward or in an operating theatre), doctors and surgeons now have to renegotiate their identities as they recount, through speaking and writing, to a wider variety of other people (including patients) why they are doing what they are doing, in ways that were previously unfamiliar. This need not be seen as a product of political correctness, bureaucratic management or surveillance, but as a new way of accounting for work.

Examples include clinically situated work such as multidisciplinary meetings, now including accountability to colleagues through practices of equality and equity; accountability to patients through collaborative practices such as briefing and debriefing; and what may be termed extra-clinical work such as incident and accident reporting, appraisal, audit and a range of educational activities. These activities radically expand and democratise the previously insular, restricted practices of closed mortality and morbidity departmental meetings.

In new, unstable and fluid work settings, doctors must speak from positions for which they have uncertain authority, little practice, or do not yet 'know the texts', especially in the non-technical realms of practice that have now been shown to be central to maintaining patient safety (systems of communication, interpersonal skills, situational awareness).

Uncertainty is created where identity is destabilised by fluid work settings such as work-about-work or new modes of work-within-work that transcend 'communities of practice' boundaries such as patient care pathway interdisciplinary team meetings. Here, subjectivities are not given, expressed and exercised, but are formed through the negotiations that go on within these new textualities of 'speaking about' oneself in relation to a complex of 'others', the details of whose work are actually unknown. Where it was once acceptable for the doctor to assume what the nurse or physiotherapist did, and to not have to account for professional behaviour to them, now doctors must sit down – as interprofessionals – to learn with, from and about 'others', as they are also accountable to others and to self. In this process, what counts as 'professional behaviour' is also redefined according to changing contexts for work.

Further, where paternalism towards patients was the norm, such behaviour is rapidly becoming challenged, indeed, unacceptable (Coulter 2002), as doctors must now collaborate with patients. These are new forms of democracies, requiring the exercise of authentic democratic participation (assembly democracy), producing the new identity of the doctor as a 'medical citizen'. In opening up such possibilities, contemporary doctors are recovering a long established tradition of learning from the patient, including getting the diagnosis from within the patient's story (Groopman 2007).

As Iedema and Scheeres (2003, p. 334) suggest, such new work settings are 'volatile, political, and confronting'. This challenges the conventional certainties of a doctor's role and places traditional identity at risk. The common textual practices in medicine of 'telling' and informing' (monologue), which Atkinson (1995) described as 'the liturgy of the clinic', are being replaced by conversing, negotiating, collaborating and supporting – again, participative dialogue or engagement rather than authoritative monologue or telling.

How are work modes changing? As noted earlier, there is, first, a wholesale shift from stable medical teams with continuity, to ad hoc constitution of teams. In parallel, traditional apprenticeship 'family' structures of 'firms' have dissolved so that junior doctors must learn to be nomads rather than members of a stable 'house'. As Richard Sennett (quoted in Bauman 2004, pp. 30–31) suggests: 'A flexible workplace is unlikely to be a spot in which one would wish to build a nest.' Rather, we are seeing the rise of 'cloakroom communities' that are 'patched together for the duration of the spectacle and promptly dismantled again once the spectators collect their coats from their hooks in the cloakroom.'

'Routine' work, based on stable groups, suggests Sennett, is crumbling across all sectors, not just healthcare. As described earlier, Engeström (2008) suggests that new professional work settings are even seeing the dissolution of what we have habitually come to call 'team' structures. Rather, we are entering an era of 'collaborative intentionality' and 'negotiated knotworking', of rapidly pulsating work, where groups of people come together for connected and collaborative tasks, and where there is no stable 'centre,' or the centre does not hold. Thus, there is no development of identity as a team member in the sense of passage (and staggered socialisation) through the typical stages of group development ('forming', 'storming,' 'norming,' 'performing' and 'mourning'). Perhaps, 'mourning' is now the default position.

Knotworked sets of professionals (ad hoc 'teams') must tune to the 'pulse' of the work and move straight to 'performing' as threads of activity are tied, re-tied and untied, again with no particular centre that holds. This new, dynamic work pattern – that takes technical proficiency as a given in its organic formation of work groups,

but has no such faith in non-technical proficiency such as skill in communication – suggests that while work itself may have an object or be goal-oriented (benefit to, care of, and safety for the patient; sensitivity to colleagues), identity may not be goal-oriented, but means-oriented. In other words, you work creatively with what you have, not with a planned team where identities are fixed by hierarchy and role.

In these shifting work modes, again medicine mirrors the wider culture. Andy Hargreaves (2003, p. 25) describes a shift in society from 'sustained family conversations and relationships' to 'episodic strings of tiny interactions', and this has also occurred, as noted above, in medicine's transformation of the 'family' or 'firm' structures to more open, complex and fluid arrangements.

Where the centre no longer holds, anarchy does not necessarily break loose. Rather, practices and identities are reinvented dynamically. Such changes mirror the wider runaway world, where mastery and control seem impossible, and adaptation, flexibility and tolerance of uncertainty are paramount. For example, the new wave of iatrogenic diseases – hospital-acquired infections – seem runaway monsters, almost impossible to control, as do new viral infections that evade cures. This does not stop us from attempting to master or nail these runaway objects, but we must recognise that stabilisation is sometimes impossible and adaptive strategies are necessary. Medicine is a culture of both high need for control and high risk and uncertainty.

7 Social Learning Theories Applied to New Work Practices

The emphasis upon collaborative work practices and consequent identity production requires the application of theories to explore and explain such new work contexts. Social learning theories (communities of practice, cultural-historical activity theory, and Actor-Network-Theory) offer the most powerful explanations. Of these, communities of practice frameworks (Lave and Wenger 1991; Wenger 1998) are typically interested in how professional identities are stabilised. Novices enter a community of practice legitimately but peripherally, and, as central participation is gradually achieved through recognition and application of expertise, so an identity emerges and stabilises. Learning is a meaningful act of participation in a community of practice.

This model can be seen as a restatement of anthropological rites of passage and socialisation models of the sort reported earlier, where engagement with a community invites initiation into the shared repertoire or history of that community and consequent identity construction through membership. Cultural histories include stories, rituals, humour, styles of working, effectiveness with key and local artefacts and initiation into local knowledge. The communities-of-practice model differs from such traditional ethnographic models where it moves beyond description to prescription. The model prescribes the ideal community – as receptive, where communication is horizontal or non-hierarchical; and engagement is mutual or reciprocated by experts (experts do not humiliate or harass). This is a gentle process 'that confers a sense of belonging', but 'more significantly, an increasing sense

of identity as a master practitioner' (Lave and Wenger 1991, p. 111). The tone of the communities of practice model, even in prescribing ideal, horizontal, forms of engagement, is undoubtedly tender-minded. It prescribes reciprocal partnerships between the novice and the expert and not judgemental initiations. For this reason alone, the model is readily open to scepticism from the characteristically tough-minded medical community, although the notions of learning by engagement or participation are second nature to such a community.

Where the communities of practice model focuses upon progressive stabilisation of identity; however, it does not have explanatory power to address the new complex, dynamic, unstable work contexts described above as liquid and runaway. Further, the model does not adequately describe how, for example, a doctor's social mind is constructed as it is mediated through artefacts (computers, patients' notes, drug charts, drips, syringes and so forth) and collaborative practices. Actor-Network-Theory and cultural-historical activity theory can be seen to be particularly responsive to these issues.

Actor-Network-Theory, in refusing personal agency and stability of systems, focuses upon how connections are made between persons and the material and symbolic worlds of artefacts. Bruno Latour (2007), the key figure in the field, suggests that abstract, high level, descriptors such as 'social' are limited. What are needed are specific descriptors for specific assemblages – ways of coming together, or connecting, and ways of disconnecting. Stabilisation of notions such as 'professionalism' is also refused, where 'professionalism' is neither a prior category nor an aim, but a set of instants – or the dynamic making and unmaking of assemblages. Professionalism is an effect of rapidly pulsing moments in work contexts in which assemblages and connections are made and unmade.

Where learning theories describe interactions with the material world, such as learning a skill with an instrument (for example, an endoscope), they stress human mastery rather than the interaction between the person and the artefact. Actor-Network-Theory specifically places people (actors) in networks (other actors, and 'actants' or material objects such as computers), where person and artefact are considered to be in dialogue and mutually engaged. This is not a form of animism. Any practitioner will tell you how the instrument, such as an endoscope or a scalpel, 'speaks back' to the hand and guides the strength of grip or pressure in the feed, or cut.

For Actor-Network-Theory, we experience the world as a set of rapidly pulsing and changing associations, over which we attempt to gain mastery. This offers a working definition of clinical medicine. A sense of identity does not emerge out of the mastery; however, but out of the quality of association that is made between the person and the mediating material artefact as 'types of connections' – ties, bonds, aggregates, forces and assemblages (Latour 2007, p. 5). A doctor does not 'learn' through mastery of tasks informed by knowledge, but makes the right kinds of connections between the material and the human world, or puts things together in a way that creates both meaning and function. This is the heart of diagnosis or symptomatology. In this sense, through bringing form and function into dialogue, the doctor is as much an artist as a scientist. This aesthetic identity offers a further platform for consideration of becoming a medical professional. In short, a medical education should place emphasis upon how the material world 'speaks back' to doctors as they work with it, shaping awareness and senses.

Cultural-historical activity theory (Engeström 1987) sees activity systems (such as a community of practice) as inherently unstable and transformative – adaptive, complex and dynamic systems. Such systems achieve temporary stability through agreement about common objects (aims) for the activity (such as patient care and safety), where identity is stabilised temporarily as an interaction between roles (division of labour) and rules (protocols) within the work system such as a ward or family practice. However, this stabilisation is temporary, as the activity system is inherently expansive, where the production and consumption of new artefacts and community structures are common.

Activity theory describes a collective capacity to carry out work rather than an individual agency and identity at work. Groups of people create transformations and innovations in concert with artefacts, established rules (protocols) and work roles, and this affords identity and meaning. Identity is then an emergent property of the activity system, not a given condition, such as a character trait. Identity, however, is constructed as a performing and becoming – again, an activity not an essence – under conditions of dynamic process and transformation based on tensions inherent to a system and working across systems. Division of labour already means that members of the activity system have different sub-goals and agendas so that how they achieve the shared object of the activity, and how they translate rules and protocols, may produce conflict.

Identity formation is not then, as the communities of practice models suggests, necessarily about gradual stabilisation within a community through increasingly meaningful (peripheral to central) participation, but may result from perturbation, resistance and conflict and reflects this as the continual emergence of multiple and fractured sets of identities, achieving only temporary stability.

In acquiring a 'boundary-crossing' mentality – advertised by flexibility and tolerance – the origins of identity are again not grounded in 'selfsame' (identification with my professional group), but in 'difference' (I know myself in the mirror of the 'other'). Characteristically, selfsame identities exclude the other (intolerance), where identities grounded in difference respect that difference and value the other (tolerance). A powerful example of tolerance of difference is the ability for a doctor to recognise the patient as a guest in the household of medicine, and to offer that patient unconditional hospitality (Bleakley 2006b).

Bounded communities of practice, the basic unit of analysis of which is the 'team', are problematic according to Engeström (2008). Teams present a 'puzzle'. Where, exactly 'is' the team? What practitioners experience on the ground is, in Wenger's term, 'participation,' and in activity theory, 'intent' to collaborate (although this usually sticks at a lower level of co-ordination or co-operation). At the level of what Wenger calls 'participation' and Engeström 'activity', abstract knowledge ('reification' in Wenger's term) or theory, is secondary to work experience. A 'team' is an abstraction or reification. Rather, what is experienced are concrete, dynamic forms such as 'teeming', 'swarming', 'knotworking', 'meshworking',

'networking', and 'wildfire activities'. Becoming a doctor is then not becoming a team member, but becoming adept at varieties of collaborative activities and performances, such as networking and knotworking.

This new vocabulary for participation and activity attempts, metaphorically, to grasp what actually happens on the ground in work contexts, in dynamic terms. This may appear to be reactive to situations rather than proactive, but this would be a misunderstanding. Proactivity is inherent to an activity system as is instability. Proactivity attempts to maintain activity and complexity in the face of instability, in what Searle (1990) calls 'we-intentions' and Engeström (2005) 'collaborative intentionality'. Such potential is achieved, again, through open dialogue, the hallmark of a democratic power structure.

For Ciborra (2000), powerful and successful work collectives do not, paradoxically, so much seek control over their collaborative work as understanding and meaning (returning us to the heart of Wenger's argument about an effective community of practice that generates meaning out of learning and learning out of meaning). Rather, collectives, in Ciborra's view, need not resort to top-down control (the knee-jerk reaction of autocracies), but generate good work practices from 'drift, care, hospitality, and cultivation' (in Engeström 2008, p. 202). Collaborative activity produces affect or emotional capital and this provides the conditions of possibility for further collaboration. Sceptics may ask: 'where is the leadership in such structures?' Leadership is *distributed*, according to the changing foci of work activities within an overall collaboration. The 'knot' in knotworking has no single centre or leader, but still holds appropriately to ensure collaboration and the realization of a common object or intention.

8 'Medutainment' – Reflexive Accounting in the Public Realm

In this final section, I briefly describe how two further levels of textual practices are emerging as characteristic aspects of the postmodern condition of medical practice – first, doctors are inventing a new genre of social realist literature in writing about their practices and experiences for the public, as auto-ethnographies; and second, doctors' identities are 'pre-formed' for public consumption through media representations in television soap operas ('medi-soaps'). The latter moves identity construction away from the high modernist territory of authentic expression of self, with a focus on essences and being, towards the territory of simulation and the simulacrum, where 'becoming' a medical professional – a twenty-first century doctor – is now governed partly by public expectations shaped by media representations.

These virtual textual practices offer new territory for the management of professional identity by doctors, where the ongoing process of professional becoming can no longer be explored simply in terms of peripheral to central participation in a community of practice (the stabilisation of a medical identity within a mixed community of doctors and surgeons, and within defined communities of specialists), but the medical professional's becoming is literally serial-situated in a series of encounters with patients and colleagues that has been transposed to a series of books about doctoring and television soap opera series.

Perhaps eclipsing, rather than supplementing, the ethnographic studies described at the beginning of this chapter, there is a rich seam of autobiographical and autoethnographic accounts by doctors themselves of what they do and how their culture may be characterized. Richard Selzer (1996), writing since the early 1970s, has led the way in this social-realist genre. A new generation of physicians and surgeons writing on medicine and surgery (for example Abraham Verghese 1998, 2009; Atul Gawande 2002, 2007; Vincent Lam 2006; Nick Edwards 2007; Kevin Patterson 2007; Gabriel Weston 2009) are doing something quite different from the previous generation of writers such as Selzer.

Selzer, while in a humane manner, lauds surgery, where a writer such as Atul Gawande admits to its limitations, uncertainties, hubris and pitfalls (while, productively, suggesting remediation); and, in the context of emergency medicine, Nick Edwards brings the black humour characterising that culture to the general public, for scrutiny. Gawande in particular – surgeon, educator, researcher, and also staff writer on medicine for The New Yorker – offers the public education service that the historian of medical education, Kenneth Ludmerer (1999) had demanded as a primary responsibility of twenty-first century medicine.

As mentioned earlier, Ludmerer, in a North American context, suggested that medicine, as a previously self-regulating profession, had to win back the faith of the public, lost through its inability to disclose or admit to error, close ranks in cases of poor practice and find a productive way to discuss uncertainty with patients. Gawande – in sharp contrast to this legacy – openly shares such issues with his reading audience. In doing so, he sets out a new agenda for surgical educators, intimately linked with the construction of identity as 'surgical educator' focused first on learning with, from and about patients.

The previously insular worlds of emergency medicine and the operating theatre in particular are now the subject of almost prurient public interest – however distorted the representation – through television medical soap operas such as *E.R.* and *Grey's Anatomy* in the USA, and *Holby City* and *Casualty* in the UK. Whatever clinicians think of these representations, they are increasingly being used as 'infotainment' or 'edutainment' ('medutainment') to provide the public with opportunities to glimpse into worlds to which they previously would not have had easy access. It can be argued that these virtual representations offer, collectively, another form of monitory democracy, an emerging 'democracy of democracies', a super-ordinate governance arrangement that no longer allows the previously self-regulating body of medical professionals to engage in restrictive or closed practices.

The self-regulating clinic, described by Foucault as both the literal and cognitive architecture that legitimated the clinical gaze, has now become other-directed and porous, as doctors increasingly come to write about their work as quasi-academic auto-ethnographies, or through social realist or fictional genres; where television soap-operas offer educational and informational services; and the internet clinic remains permanently open. Times have changed radically, and we can already judge how becoming a doctor of the future will be different from the outcome of a medical education, established through Abraham Flexner's 1910 report, that had changed little in basic structure over the last century. Deleuze has often been referred to as the philosopher who has best described the horizon that is the emerging millennium (DeLanda 2002). His ideas provide a rich framework for understanding what it is to become a doctor of the future.

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Chapter 8 Professional Practice and Doctoral Education: Becoming a Researcher

Alison Lee

1 Introduction

Professionals in many fields, both established and emerging, are undertaking research as part of doctoral degree programmes in unprecedented numbers. This has been in part a response to a general credentialing drift following the growth of postgraduate study as a form of advanced professional learning and workforce development, and a response to specific policy directions focusing on doctoral education as a tool for building a 'knowledge' and 'innovation' economy over the past two decades. As Masters degrees have become commonplace for acquiring advanced credentialing, and as professional fields work to build a scholarly research base within the university, a next step for many has been a doctoral degree.

A now commonplace way of characterising this move into doctoral-level study is as a shift from a 'knowledge consumption' to a 'knowledge production' orientation to advanced professional learning, where Masters courses offer advanced coursework in specialised knowledge domains and doctoral study typically involves a substantial component of original research. This distinction is, of course, neither clear nor absolute, especially where Masters programmes offer opportunities for critical reflection and small original projects, and where doctoral programmes incorporate elements of advanced coursework, such as in the traditional North American doctorate and increasingly in the UK, Europe, Australia and elsewhere. And the consequences of couching these developments in terms of economistic metaphors of production and consumption is problematic in relation to conceptions of knowledge, as well as to learning and identity, as I will explore in this chapter.

Nevertheless, the growth in doctoral study within the professions raises an important set of questions: what happens when professionals undertake doctoral research degree study? What kinds of knowledge are produced and what kinds of

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identities are formed in the nexus between the worlds of their workplaces and their professions and that of the university in which they undertake the research? What changes for them in relation to their own practice?

The particular focus of the chapter concerns the identity work involved in undertaking a doctorate in a professional field. I consider questions concerning the different sensibilities at stake between being a practitioner and becoming a researcher. These are, I argue, different forms of life, though they are not absolutely incommensurable – indeed, one projects the other. But there is, I suggest, a particular kind of struggle involved. 'Becoming' in this sphere involves both coming to know – and coming to be – a certain kind of authorised researcher identity. In the case of professionals undertaking doctoral study and research, they are involved in a process of becoming a new kind of subject – a 'practitioner-researcher', or 'researching professional' (Bourner et al. 2001).

In order to tease out what kind of struggle is involved in this becoming, I will begin with a brief overview of the growth and change in doctoral education over the past two decades, resulting in a rapidly growing number of forms of doctorate explicitly associated with advancing professions and professional practice. I will then discuss a set of theoretical questions concerning doctoral becoming, with respect to knowledge, identity and advanced professional practice. I will explore these questions by way of a narrative of a doctoral candidate undertaking a professional doctoral degree in organisational learning and use this to reflect on the complex dynamics of being and becoming, knowing and learning – the processes and practices of resubjectification, or becoming other, that is at the heart of the transformative experience of undertaking a doctoral research degree. My particular concern in this discussion is to foreground conceptual questions concerning relations between knowledge and practice, where knowledge making (research) here is understood as a form of practice and practice as a kind of knowledge. These questions come out of a body of collaborative work I have undertaken with colleagues over the past decade and a half, notably Bill Green, but also Marie Brennan, David Boud and others. New kinds of knowledge and of knowing are at stake, not just for the individual 'researching professional', but for the domain of practice to which they direct a new kind of research(er) attention.

2 Doctoral Education for the Professions

The past 20 years have seen a rapid growth and change in doctoral research education (Boud and Lee 2009; Thomson and Walker 2010). In an important sense, the doctorate itself is an emergent field, in a state of constant becoming. In Australia, this growth accompanied the creation of new and amalgamated universities out of the binary system in the late 1980s and a new cohort of aspiring academics from the former colleges and institutes. At the same time, professionals, seeking advanced forms of learning and credentialing within their own professions and workplaces, began to enrol in doctorates. The largest rate of growth in the rapid rise in numbers of

doctoral graduations was in the professions, chief among which have been nursing, other non-medical health professions and education (Evans et al. 2003). However, there were also doctoral research degrees being undertaken in new and emerging professional fields such as management and policing and multidisciplinary domains such as tropical medicine and public health.

New kinds of doctorates emerged to focus directly on these new populations of professionals and new kinds of professional problems, responding to criticisms of the lack of relevance of disciplinary doctorates, or PhDs at the time (e.g. in Australia the National Board of Employment, Education and Training [NBEET] 1989). Professional doctorates were developed over the ensuing two decades, to cater to these populations and to build a distinctive professional practice-based form of research, research that was intended to be about and for the professions (Lee et al. 2000; Lee et al. 2009; Watts 2009; Seddon 2010). The purposes and forms of these new kinds of doctorate were reoriented from a concern with disciplinary knowledge production and the reproduction of the disciplines to concerns with workforce development, professional practice change and lifelong learning. Doctoral education was, explicitly or implicitly, to be relocated into learning spaces at the interface among academic, professional and workplace knowledges.

These spaces were, as Seddon (2010, p. 220) reflects, 'exposed places where traditional public sector research practices and ethics rubbed up against privatelyoriented ways of knowing and producing knowledge'. This location required students, who were experienced and often senior professionals, geographically dispersed and enrolled part time, to cross knowledge boundaries and negotiate their positions relative to these different knowledge communities. In their now classic formulation, Bourner et al. (2001, p. 70) suggest that '[w]hereas the 'traditional' Doctor of Philosophy degree is intended to develop professional researchers, the professional doctorate is designed to develop researching professionals'.

A decade on from the Bourner et al. study of professional doctorates in England, this designation cannot be said to so clearly characterise a distinction between different types of named degrees (i.e. the PhD or the professional doctorate), but offers a frame for asking questions about different kinds and purposes for doctoral research work. More recently, Seddon (2010, p. 219) notes that, during this past decade, there was a great deal of experimentation in the forms and orientations of doctoral education: 'knowledge communities beyond the academy were acknowledged and disciplinarity became more open'. In particular, the establishment of professional doctorates and the subsequent change in many PhD programmes towards a greater degree of structure, including advanced coursework, generated debate about what would count as a doctorate and doctoral-level performance. These experiments opened up the field for a range of purposes, motives and outcomes for doctoral education in general, leading to claims from some quarters that the PhD itself had broadened so far as to obviate the need for distinctively named doctorates (Evans et al. 2004).

Seddon (2010) identifies four distinct 'generations' of professionally oriented doctoral degrees, corresponding to the following four economic and social imperatives: (i) informed professional practice; (ii) workforce development; (iii) lifelong learning; and (iv) global professional education (pp. 222–228). Each of these models, which are abstracted from, and exemplified by, particular institutional examples of professional doctoral programmes over the past two decades, is analysed according to its primary purpose, the spaces for learning, knowledge resources, pedagogical techniques and contributions to knowledge. The first 'generation' involved the introduction of coursework to the professional doctoral programme, in the recognition that 'students required some formalised instruction in research and, as busy professionals, would benefit from a more socialised learning environment than conventionally occurred in individualised student-supervisor relationships'. The written products were intended to draw out and articulate knowledge generated in the course of the research inquiry.

The second generation shifted its primary focus towards workforce development; doctoral education was 'framed through engagement with academic and professional-workplace knowledge and experience'. The locus of learning was a 'boundary zone in which knowledge building was more open and accountable to social interests beyond the academy' (Seddon 2010, p. 223). This relocation was characterised by Mode 2 transdisciplinary knowledge production (Lee et al. 2000) and framed with a 'hybrid curriculum' related to research in applied settings. More collaborative learning relations were developed in which participants were learners as well as experts in their own domains of practice. The award of doctorate acknowledged the development of 'working knowledge and skills' (Seddon 2010, p. 223) through a diversity of practices, oral as well as written, which were judged as 'communications within and contributions to professional and workplace communities' (p. 223).

The third-generation doctoral programmes were explicitly 'learner-centred and experience-led', as exemplied by the Middlesex DProf (Costley and Stephenson 2009). Here, the 'locus of control' has shifted 'from the university and workplace-profession to the learners themselves', involving 'self-regulated learning tailored to learners' own agendas, supported by the university' (Seddon 2010, pp. 223–224). The products of this work could take many forms, both academic and professional, and these, together with a critical commentary on the learner's overall achievements, were judged according to standard doctoral criteria. Although an admittedly small and isolated example of this kind of doctorate, the Middlesex example serves as a perhaps extreme articulation of the imagining and production of a 'researching professional':

The contribution to knowledge was not simply a body of work but was demonstrated through the embodiment of that work in a comprehensive professional career. That career involved prior learning, professional experience and final products, and also the capacity to navigate effectively within the politics of knowledge that enabled these professionals to justify and legitimise their work with knowledge. The outcome was a contribution to knowledge that also recognised the learner's enhanced credibility, the impact on their capabilities in different contexts and their capacity for ongoing self-directed learning. (Stephenson et al. cited in Seddon 2010, p. 224)

Seddon goes on to argue that there is an emerging fourth generation of doctoral programmes, concerned with the challenges of preparing 'globally mobile researchers', particularly in Europe. These developments are in response to a more general globalisation in doctoral education, where concerns about disciplinary, professional and workplace knowledges and cultures are framed by national and regional jurisdictions and agendas. These in turn are tied up with global flows of power and capital.

This brief, admittedly truncated and provisional account should serve to show professionally oriented doctoral education itself in a state of becoming, an unstable and emergent field. What is clear is that the doctorate is changing and the university itself is changing as it opens itself up to a wider array of professions and professional and workplace research questions and problems. But, what is at stake for the professional who seeks to undertake a doctorate? Research on the doctorate tells us that professionals turn to the doctorate for a range of reasons and motives: some are in search of advanced credentialing and career progression; some are looking for opportunities to understand and change their practice, their workplace or their profession; some are wanting an opportunity to reflect on their professional experiences. Enrolling in a doctorate and embarking on a long and challenging process of studying, often part time, often while fully employed, and often at some distance from the university, involves a major commitment of time and of financial, social and emotional resources. It is often understood as a transformative experience, an experience of significant learning and change. In the next sections, I outline some conceptual resources for thinking through what is at stake in this process.

3 What Is One Becoming Through the Doctoral Experience?

It is perhaps a commonplace to see embarking on and completing a doctorate as a particularly intense and significant site of becoming: often it is couched in terms of 'becoming a researcher', for example, Glesne (2010). The metaphor of the 'journey' in doctoral narratives of becoming a researcher is so commonplace as to warrant some interrogation as to its explanatory power. Notions of the journey are tied to purpose, direction, duration and arrival at a different place. They are associated with changes in time, space and circumstance; for doctoral narratives they are often life journeys. Clegg and Gall (1998) note the ubiquity of the journey metaphor in doctoral narratives and point to its transformative dynamic. For professionals embarking on doctoral study, then, there is a point of departure, from the known and the given, and an undertaking of a movement into an unknown place, a process of learning and becoming.

As Bill Green and I have noted: these processes are 'not simply a matter of "com[ing] to know" but also of "coming to *be*", that is, of becoming and being a certain authorised form of research(er) identity' (Green and Lee 1995, p. 41). Green (2005, p. 162) elaborates on these issues of knowledge, authority and identity, noting that [d]octoral pedagogy is 'as much about the production of *identity*... as it is the production of *knowledge*'. Johnson et al. (2000) and Lee and Williams

(1999) further note that this becoming involves a 'becoming-rational', which, in turn, entails a disavowal of the irrational, a historically specific transformation that is problematic in gender terms, and in relation to other dynamics of social difference. There are important questions, which remain largely unexamined in the research literature on the doctorate, concerning the 'becoming' of a professional doctoral researcher, in terms of what is disavowed and suppressed or surfaced and interrogated in relation to practice. I will return to consider some of these in the latter part of the chapter.

Barnacle (2005, p. 179) emphasises the temporal dimension in the concept of becoming through the doctoral experience: a 'transformation over time: a becoming other than what one is already'. This, in turn, carries with it an implication of directedness:

Becoming involves a movement or orientation from one state of being to another, where the latter is usually conceived as somehow better than the former. Becoming implies progression. If becoming is a progress toward, this paper is concerned with the nature of such a progress within the research degree. What is one becoming through the Doctoral experience?

Barnacle outlines a philosophical argument about 'research education ontologies' in which she explores how 'research candidate becoming' is situated within the contemporary context of higher education policy. She examines tensions between a 'knowledge economy' conception of knowledge in doctoral research and what she presents as 'philosophical desire' and the 'love of wisdom', drawing on classical Greek philosophy and asserting the centrality of desire itself in doctoral becoming. Barnacle critiques the instrumental force of notions of 'knowledge economy' and the doctorate as the production of the 'knowledge worker':

The instrumental nature of the Doctoral candidate as knowledge worker situates the knower at arm's length from what is known. Consequently, knowledge on this model does not produce hardship, struggle or grief. Neither is it confrontational or difficult. Rather, knowledge is conceived as fundamentally plentiful, useful and productive. The knowledge worker is untroubled and the potential of their knowledge unlimited. (Barnacle 2005, p. 185)

Barnacle cautions against the unproblematic commodification of knowledge implied within a knowledge economy. Her principal concern is that it implies a separation from knowledge and the knower, such that knowledge can be 'acquired' and 'applied' in separate activities. That is, there is a 'temporal disjuncture ... between learning and doing (not to mention being), such that knowledge gets treated as an instrument of convenience' (Barnacle 2005, p. 185).

In the place of such formulations, Barnacle proposes integrated theories of learning and becoming. As she notes, knowledge can never be simply acquired, but only 'reached proximally'. It is always ephemeral and incomplete and, because of the centrality of desire in the production of knowledge, knowledge is not completely in the learner's control:

One is subject to the 'object' of inquiry just as much as it itself can be said to subjected to inquiry. Accordingly, knowledge cannot be said to be merely an instrument one can exercise at will, and as such, its effects are never entirely predictable. In the erotic mode, knowing always has the potential to be fraught and difficult. (Barnacle 2005, p. 186).

Doctoral learning, then, is not just an unproblematic acquisition of knowledge, but a fraught and incomplete process of learning how to know and be, differently. It involves, in a Deleuzian sense, a 'becoming-other' in some important way. Green and Lee (1995, p. 43) identify a 'crucial contradiction and tension' in the 'becomingother' that lies at the heart of the doctorate:

the injunction to be 'creative' and 'original', and to contribute decisively and distinctively to the current stock of knowledge, and yet the impossibility of doing so without proper authorisation and enunciative authority. This latter, paradoxically, can only be realised after the event, as it were – when the degree is formally awarded and the dissertation accepted into the Archive. This is a dialectical tension of being and becoming, and of the lived experience of duration and temporality.

This involves both a 'not-knowing' and an 'unlearning', in order to come to know differently. In relation to professionals embarking on a professionally-focused doctorate, there are the further tensions and ambiguities between the knowledge forms and ways of being of professional practice and disciplinary-academic cultures. The 'hybrid curriculum' (Lee et al. 2000) that seeks to position doctoral work in relation to the symbolic economies of university, profession and workplace – are themselves unstable and ambiguous. Furthermore, what is at issue and at stake is not just the coming to know of the doctoral candidate, but also of the object of the research inquiry: the profession, the organisation and the workplace. Clegg et al. (2005, p. 147) conceptualise the relation between learning and becoming as a 'tentative and ongoing processes through which the entire organization moves, develops and unfolds'. They conceptualise such learning in terms of intensity, which 'pervades the duration of organizations, rather than being a series of events or concepts that are discretely locatable, identifiable or signifiable'.

In this sense, while the professional doctorate can be theorised in terms of the 'becoming' of individual professional doctoral students, it can also be explored in terms of the becoming – the 'moving, developing and changing' – of the world of the organisation, workplace or practice setting in which professional doctoral research is undertaken. This complex set of relationships extends further to the becoming of the doctorate itself, as we have seen, through its rapid trajectory of growth and change, and, by extension, the 'becoming-other' of the university, as it renegotiates its relationships with business, industry, the culture and the polity.

4 A Doctoral Story

In order to explore some of these dynamics and tensions, the following brief account offers some insights into some of the experiences of one doctoral researcher – 'Ramon'. This account is pieced together from a series of writings over the course of his candidature. As is common in professional doctorates, there is a strong imperative for reflection and indeed a high degree of reflexivity within the curriculum that constitutes a major component of the research training. So, Ramon has written a blog during his candidature, which acts as a key resource for

documenting his experiences and for presenting them for discussion, in supervision or with colleagues. The purpose of excerpting material from this doctoral student's reflective writing is not to assert a necessary equation of individual writing with learning and becoming, nor to engage directly in the important theoretical debates about the meanings and values of reflective practice (Bradbury et al. 2009). Rather, I draw on what Ramon has written to comply with the requirements of his doctoral programme as a textual performing of self and of becoming the kind of self-reflexive researcher he understands he is meant to be. My focus in the subsequent section is on how the textual strategies taken up by Ramon offer positions within that project for him to inscribe that process of becoming and to construct a self who learns from these reflections – a 'good subject' of the reflective writing pedagogy – a subject who writes and a subject who reads that writing – as well as an 'other' or 'others' to whom the writing is addressed, pedagogically and professionally.

Ramon is a management consultant with his own business. Three years ago, he enrolled in a Doctor of Education degree, in which he has undertaken an action research inquiry into executive decision making, together with a senior management group in a medium-sized medical technology company, Supertron. Doctor of Education (EdD) degrees are among the most prolific and the largest in the array of professional doctorates initiated during the past two decades. Many candidates enrol in EdDs from a range of professional fields where learning and training play an important role. Ramon's role as a management consultant involved a considerable amount of business training and coaching. His choice of action research as a vehicle for researching his practice in collaboration with client-colleagues is a common one in professional doctorates.

When asked if he would make some of his writings available for the purposes of the reflections in this chapter, Ramon was initially keen to focus on what he saw as a variety of benefits that he has received through the discipline of a structured doctoral programme. Uppermost of these for Ramon has been an enhanced research literacy, specifically, the ability and opportunity to read systematically in his field:

Finally, the desire I had for years to increase my reading in my chosen area of expertise happened. The doctorate as obliged me to attend to the important aspects of my development, not just the urgent matters of bringing in the next client. So, for example, because of my intention to write managerial articles (and possibly a book) as part of my portfolio I began to read recent managerial book releases, instead of simply feeling overwhelmed with the volume of books released and subsequently not starting at all. Some of these texts have been very helpful in enabling me to speak with more confidence to clients about their needs and possible solutions.

Related to his programme of reading, Ramon has actively embraced the technology of reflective writing about his practice:

I have deepened my conviction that writing reflectively on my practice is central to my professional development. While I confess to reflecting in this way less than I think would be helpful, I do now posses this practice as part of my professional life. I have a folder in my Word files titled 'Reflections on Practice' where I simply put in my latest installment. In a number of cases, these reflections have enabled me to broaden an offering I am making to my clients. One example is where I wrote a reflective passage after spending an hour with

an experienced consultant from the U.S. As a result of that written reflection, I was able to capture three important questions he mentioned that could strengthen a team building session. Before establishing the practice of reflecting through writing, those questions would not have been captured and they would not have found their way into my practice. I now integrate those questions into my facilitated team building sessions with clients where ever possible. As a final comment on this point, I have always been a person who reflected. Perhaps the difference is that I now understand the value of reflecting through writing. It both deepens the level of reflection and increases the chance of the reflection seeping through to affect my practice.

Ramon comments that the reading, fieldwork and writing undertaken as part of his action research inquiry have led to an enhanced confidence in relation to his professional practice:

Specifically [I have] more confidence to help clients see the systemic nature of their issues. In turn, this has helped me to more assertively discuss solutions that are more than the oneday 'fix-it' events that are usually requested. I feel more confident to raise my concerns about the short-term, systemically ineffective nature of their suggested solution of such an event.

Further, for Ramon, the experience of his doctoral candidature has allowed him to reach beyond the relationship he has had as a sole practitioner to becoming an employer of others in a growing business:

Something about engaging in my Doctorate (and beginning the practice of research) has supported my intention to grow my business from being a sole operator to having a team. My revamped web site now shows a team of people who may provide professional assistance. In fact, this very day I have another consultant delivering a one day team building session with a Ramon Dalvik Consulting business card in hand ... [T]his is the first time I have had a fellow consultant deliver this kind of facilitated session under the name of my business. This has happened because I finally built the confidence to open my practice to other professionals and drop my fear of being exposed in front of them.... I do have a long way to go in building the team that I desire, however I have now made this significant personal and professional step after 10 years of working almost entirely on my own.

Ramon summarises his achievements thus:

[T]he building of research skills has resulted in a more rigorous way of knowing my practice and this has ultimately enabled me to more fully enter my own professional community. In practical terms, this has meant overcoming my own fears of criticism, inviting other professionals into my sessions with clients (and professional life) and beginning to build my own team of professionals.

This set of reflections was produced by Ramon in response to a requirement in the formal doctoral curriculum that students reflect on what doctoral study has brought them. Ramon appears to be a happy customer and a 'good subject' of a professionally focused doctoral programme, in that his preferred narrative of his doctoral experience is a positive account of enhanced capacities and qualities, together with, in his case, a clear achievement of enhanced business opportunity. It is a kind of 'victory narrative' (Stronach and Maclure 1997) of a doctoral experience as a kind of 'value-add' to his toolkit of skills and capacities.

Looking more closely into Ramon's written record in his research blog, which formed a key data set for his action research project; however, it is possible to gain a different and decidedly richer and messier picture of what was at stake in undertaking his research with the executive managers at Supertron. Here is an incident that took place in the second month of the action research process. Ramon writes about his dilemma in relation to being asked by the executive group to provide feedback to them directly about their critical moments within the meeting dynamics on the occasion of the monthly meeting. Ramon was reluctant to provide the group with an account of his thoughts and insights and reflects here on this:

Why my sense of caution? I was concerned that in doing so I may marginalize their insights or prevent their own exploration of the experience they had in the meeting. On reflection, I don't believe this happened, mostly because I did field their input on their own experience in the meeting before sharing my own thoughts. I suspect that the group's willingness to hear and reflect on my thoughts about the meeting was increased because I first inquired into their own experience of the meeting.

Reflecting further about this incident provided Ramon with a more reflexive awareness of his own positioning, however, and he was able to question some epistemological assumptions guiding his demeanour within the research relationship he was negotiating with the management group:

There is probably another less noble reason why I may have felt a sense of apprehension in sharing my insights with the group. My old, outdated but at some level alive notions about the "researcher" who should remain detached and who does not intrude to share his own feelings and thoughts may also have created some hesitation in contributing in this way. It is somewhat confronting to realize that even after the many thousands of words I have written about participative action research there resides somewhere in the depths of my mind a persistent image of the professional researcher as a white coated, impersonal, detached and non-disclosing professional who while he remains distant, is also somehow all knowing.

It is very freeing to unearth this deeply held and at least partly unconscious belief. I understand that these notions and images have more power to shape my behaviour when they remain unexamined. By realizing that these ideas have been persistent within my own mind at some level now enables me expose their lack of credibility and their authority to direct my action.

Ramon is articulating a struggle here between conceptions of research that he brought with him into this doctorate, from his initial disciplinary training in biophysics and from dominant scientistic conceptions of research within the culture. It created difficulties for Ramon in making appropriate differentiations between his normal practice – as a consultant – and his practice as a researcher in the same setting.

Ramon explores this tension in reflexively thinking through a particularly troubling incident that occurred during this same stage of his research. The following notes, reporting and reflecting on this incident, articulate a struggle to reconcile a set of dual and even contradictory positionings he identified that involve a series of 'private conversations' with John, the Managing Director, following the first monthly meeting:

I also want to reflect on the observation that John was very keen to sit with me after the meeting and hear my reflections. He wanted feedback on the group and feedback on himself. I provided him with feedback on a particular member of the group whose performance

8 Professional Practice and Doctoral Education: Becoming a Researcher

within the meeting I felt was below expectations. I gave him behavioural evidence of my conclusions. I also discussed the examples of the language he might use to address the particular group member. He expressed his intention to address those particular concerns with the team member.

Ramon writes that, following that meeting with John, he felt increasingly uncomfortable about the brief session where he had asked for personal feedback on him and his team. Ramon realises that that it had been 'entirely inappropriate' for him to offer John feedback on one of his team members, especially without including that team member in the conversation:

It went directly contrary to what we were trying to achieve in the research to have engaged in that private conversation. In this research we were attempting to achieve whole team meetings where team members were more able to share their concerns about the business and each other rather than continue to engage in private smaller conversations that often did not include the person with whom they were having difficulty. In sharing my concerns about the meeting performance of one team member in a private conversation with the MD, I was actively sustaining practices that I felt was unhelpful for the team.

Ramon wonders about what had prompted him to respond in the way he had to John's request. Upon further reflection, and discussion with his research supervisor, he came to realise that he had:

fallen into a practice that was more consistent with my practice as a consultant rather than a researcher. But here's the rub, it is not even good consultant practice. In providing my insight to the MD about one of his team members I realized that I was probably (at least in part) acting from some intention to somehow impress him. After the year of practice working with teams it is easy sport for me to share my observations of people and bring distinctions that most others are unlikely to notice. Doing this with a powerful client is one way that I am likely to impress. However, impressing in this way may win some temporary allegiance with the boss but it is also likely to work against the intentions of my work with the MD and his/her team. It is scoring cheap points at the expense of a larger more systemic objective for the client. So, providing this feedback to the MD was not only contrary to the research aims, it probably (at least in some cases) represents less that effective professional practice.

Finally, Ramon comments, in an email:

While the above example was at first chosen to illustrate a 'struggle' that I may have experienced while in the process of 'becoming' a researcher, it probably even better serves as an example of how the demands of good research practice had a backwash effect on my own professional practice.

For Ramon, at least in the account he chooses to give of this episode, his experience, with its dissonance and its dilemmas is finally resolved in a way that reintegrates a particular sense of a new identity as a researching professional, one whose practice shapes his research and his research his practice, in a new and more sophisticated relationship. Ramon's 'preferred' new narrative is as a competent and authorised doctoral researcher, a position he is able to reconstruct, after the event, as it were, noted earlier.

5 Becoming a Researching Professional: A Commentary on Ramon's Writings

There is much that can be drawn out of this rich account, but I will focus here on just three points that illustrate some of the key questions raised earlier in the chapter concerning the knowledge and identity work involved in 'becoming-doctoral', as they may be evidenced by this written record.

The first of these points concerns the productivity of the practice of reflective writing itself in exploring the 'becoming' of a professional doctoral student. Ramon is explicit about its value for him. Written reflection, for him, puts his thinking, questioning and learning on the record, which makes it available both for recall and for further work: it 'deepens' his reflection and it also increases his opportunity to 'integrate' his new learning into his practice. Ramon uses the metaphor of 'seeping' to express the relationship between this writing and its effects on his own practice. 'Seeping' suggests a slow, gentle, organic process that occurs over time in the environment in which his practice unfolds. Later in the text, he also uses the term 'backwash'. These images sit in vivid contrast to the mechanical-instrumental metaphors of 'acquisition' and 'application' of knowledge that Barnacle (2005) critiques in her account of the commodified 'knowledge worker'.

What, then, does written reflection produce? Josef Raelin (2007, p. 497) provides a useful account of the affordances of language and writing in relation to knowledge about practice. Raelin argues that 'knowing practice and self-understanding in the context of research require the particular resources of language'. Language contributes to understanding, 'not just as a tool for self-insight or for communicating knowledge *a priori* but as a means to create knowledge in the first instance'. Raelin cites grounded theory and action research as 'tools along these lines to inductively develop theory from the data of experience or from practice interventions' (p. 497). These practices are, he notes, 'epistemologically emic' in that they privilege the perceptions and worldviews of the members of the culture under investigation.

There is, of course, nothing new or controversial about the assertion of the value of written reflection. As Watt (2007) articulates clearly, there is a long and wellestablished tradition within qualitative research that supports reflective writing as a technology that generates as well as records knowledge. With respect to Ramon's enthusiastic reflection on the power of reflection in his doctoral research process, we see how he is constructing himself as a willing and engaged learner of the practices of a professional doctoral student. Ramon writes himself into the research blog in a way that produces him as a becoming-researcher, capable of reflexivity and selfawareness, aware of the processes and struggles of his own becoming and aware of a certain performance of self that is required in such textual practices. Additionally, however, we also see how his written reflections 'seep' into his practice, thereby demonstrating one of the key dynamics of the research-practice relation.

The second point draws attention to another of the key dynamics of this relation, namely that research is itself a practice, which, as Green (2009, p. 13) notes, 'occurs in time and space and is thus necessarily situated, and ... always involves both

(re)production and renewal, or transformation'. This formulation is intended to break down, or at least destabilise a taken-for-granted binary opposition between research and practice. Green cites Hamilton (2005, p. 288), who suggests that, 'in practice ... research is always a fumbling act of discovery, where researchers know what they are doing when they have done it; and only know what they are looking for when they have found it'. The critique of method, or 'methodologism', articulated by Green and Hamilton, drawing on Bourdieu, is a critique of 'scientific' or 'technical' rationality, which assumes a separation of means and ends and a researcher who knows what they are doing, *a priori*. Instead, Green and practice theorists posit in their stead, a 'practical rationality', a serious engagement with research understood as a practice.

For Ramon, this has involved a struggle between competing ideas and ideals of research. He essays an analysis of a decision he made at one point to withhold commentary from the people with whom he was co-researching in the action research project. His first comment on the incident was to take up a position as someone who did not want to preempt the interpretive work of the group of executives whose meeting processes were being investigated. A second, more self-suspicious, take revealed, in contrast, that he noticed a 'probably less noble' reason for his apprehension. Ramon's training as a bio-physicist had firmly implanted a 'scientific rationality' that operated implicitly to shape his on-the-spot decision-making about how to act in the situation. Only through writing through the incident, did he 'confront' the disjuncture between his espoused knowledge and values about participative action research and the 'persistent image of the professional researcher as a white-coated, impersonal, detached and non-disclosing' figure who, 'while he remains distant, is also somehow all-knowing'.

Ramon is again rehearsing a certain genre of self-critique in this segment, and there is a sense of a new stability in the 'self' that emerges as a writer who can conduct such a critical self-reflection. But, as the blog continues, the doubt that has been articulated at this point deepens. Interestingly, the formulation 'there is probably another less noble reason' serves to open up the possibility of a continuing self-disclosure of a continuing set of struggles with his motives, his shifting positionality, researcher vs consultant, and of his desire to enact and perform a process of learning and becoming 'wise' and self' knowing' through the technology of the written blog. It opens up a murkier space in which compromise, confusion and self-criticism become possible and where even the comforting polarisation of the researcher and the professional are not available to make sense of his dilemma. In the incident with John, the Managing Director of Supertron, Ramon reveals his behaviour to be approval-seeking and inappropriate to either the practice of research or to the practice of consulting. This insight allows him to then achieve a reflexive understanding of how he might resolve the situation in the research setting and gain 'wisdom' in relation to the newly complex positioning he has acquired.

The third point concerns the questions of 'dialogism' and 'addressivity' in the text of the blog and the textual practice of written reflection as a technology for doctoral learning and becoming. In a recent work, I have explored the importance of these ideas to doctoral research (Lee 2010). Bakhtin (1984, p. 293) writes that

'life by its very nature is dialogic. To live means to participate in dialogue: to ask questions, to heed, to respond, to agree, and so forth'. A person 'invests his entire self in discourse, and this discourse enters into the dialogic fabric of human life, into the world symposium'. (Bakhtin, 1984, p. 293). With respect to the meaning and significance of writing to doctoral work, I have noted that conceptions of 'dialogism' draw attention to one of the primary elements of doctoral research:

that it is new knowledge that will live in the public arena through publication in scholarly forums. The distinction between doctoral knowledge work and that of undergraduate or masters degrees is that the work will be judged in terms of its contribution to the field of knowledge or practice that it inhabits. This involves centrally the assessment of the work by peers. In this sense, doctoral work must always attend to this requirement to be addressing a specialist community. One of the key terms in Bakhtin's theory of dialogism is 'addressivity' – the quality of directing an utterance to someone. This addressivity is at the heart of being rhetorical – communicating a meaning and an intention to someone. (Lee 2010, pp. 17–18)

In the case of professional doctoral writing, the public forums are not only scholarly but may be diverse, taking in professional, workplace and organisational arenas; they may be limited to certain readerships or may be confidential. They are 'public' texts, though, in the sense that their purpose is other than pedagogical, writing produced to demonstrate learning and accomplishment. Ramon, for example, will produce a company report for Supertron, which will appear in his research portfolio, alongside a range of scholarly articles, professional journal articles and an exegetical account of the research process. Doctoral writing presented for examination is a hybrid practice, since it must perform both public and pedagogical functions. Ramon's blog is clearly a pedagogical text, in this sense, and will inform the exegesis that completes his portfolio. But its dialogic nature is complex. To whom is this text addressed?

Perhaps most obviously, Ramon's reflective research blog is addressed to himself. It is a text for documenting the process of his research, exploring ideas, questions and dilemmas, learning and putting on record the process of his doctoral 'journey'. The complexity of this requires some theoretical delicacy, however. I have attempted in my commentary to this point to demonstrate how this 'self' is being constructed in the text and the blog is not simply recording events that shape the research but shape the 'self' that is becoming a researcher. That this is a self-conscious and reflexive process of inscription is, I hope, clear. Ramon is producing a mobile self who is able to 'integrate' his learning, from his reading, from his fieldwork in the action research project, and from his research blogging, and can understand what is complexly at stake in becoming and being a 'researching professional'.

In order to accomplish this reflexive self-awareness and self-performance, however, Ramon has utilised a mode of writing that is in itself more complexly positioned in relation to addressivity. The blog is semi-public, addressed quite explicitly, in part, to his supervisors and his professional reference group, who bear witness to the work of documentation, exploration, reflection, learning and becoming. It is a pedagogical text that will form part of his assessment and his ultimate credentialing as an authorised and qualified professional researcher. The performance of self in the text, then, is a dual performance, directed both towards the 'self' that is writing, learning and becoming, and outwards towards the gatekeepers of the academy who will authorise the self that is inscribed in the text. The blog is also available to be read and commented on by a cohort of doctoral peers, as Ramon himself can read and engage in the research blogs of his peers in the EdD programme. The rehearsal of becoming here is subtly different in terms of a shared 'itinerary of desire' (Game 1991) that impels a performance involving a complex array of elements: the senior, competent professional, the tentative, learning doctoral student, the becoming-knowledgeable researcher, with carefully crafted glimpses of the fraught, anxious spaces of struggle, error and decision making.

6 Concluding Thoughts

Barnacle (2005) argues in her article on 'doctoral becoming' that knowledge is never simply acquired, but only 'reached proximally', always ephemeral and incomplete. She points to the centrality of desire in the production of knowledge, and the process of subjection that is involved, through which the learner is formed as a subject – the doctoral researcher. She writes of an 'erotic mode of inquiry' where a researcher is 'subject to the "object" of inquiry just as much as it itself can be said to subjected to inquiry' (p. 186). Knowledge, then, is never merely an instrument and its effects are never entirely predictable. In the 'erotic mode', according to Barnacle, learning is always potentially 'fraught and difficult' (p. 186).

These deliberations are of particular importance in the case of the professional who seeks to advance their knowledge and understanding through undertaking a doctorate. The prevailing technical rationality of 'knowledge economy' discourses disavow the complex, rich and difficult process of learning that constitutes the becoming-other of the researching professional. In concluding, there are particular epistemological and ontological challenges that remain substantially unexplored in relation to the intellectual task of researching practice as an object of concern in and of itself, rather than, for example, as merely a site for the application of theory. I refer here to a body of knowledge and inquiry that has become known as the 'practice turn' (Schatzki et al. 2001) in contemporary theory. In earlier work, Bill Green, Marie Brennan and I initiated an engagement with this work in relation to professional doctorates, exploring the distinction between Mode 1 and Mode 2 knowledge (Lee et al. 2000). Scott et al. (2004, 2009) have further developed an expanded four-mode frame for conceptualising modes of knowledge production that have particular relevance to practice-based doctoral inquiry. Seddon (2010) outlines key elements of a 'practical ethics' for undertaking research into professional practice. Struggles to articulate specific epistemologies, methodologies, standpoints and ontologies of and for practice are generating knowledge characterised by an overall 'practice rationality' (Lee et al. 2009; see also Green 2009). The emphasis is on understanding, analysing, researching, improving and changing practice. These developments have profound implications for a project of understanding the 'becoming' of professional doctoral research education and hence for the ongoing remaking of professionals and of practice.

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Chapter 9 Becoming a Professional Doctor

Kirsty Foster

1 Introduction

Becoming a medical professional is a complex and multifaceted process. It is also an irreversible transformation, one which cannot be undone. In becoming a doctor, the way that one feels about oneself and the way in which one interacts with the world are forever influenced by assuming the identity of 'doctor'. Becoming a doctor is different for everyone simply because people are individuals and they have a myriad of experiences along the way. Despite this, the resulting medical professional has been shaped by the culture of medicine and is expected to conform by practising in the way that he or she has been taught and which society expects.

The process of becoming a doctor can be considered to have two major components:

- Gaining a medical degree by acquiring the necessary specialist knowledge and technical skills to do the job of a doctor
- Professional socialisation or learning how to behave as a doctor and developing a professional identity

These two aspects of becoming a doctor are closely entwined and impact on each other.

As they move towards becoming a doctor, students increase their use of medical terminology in order to demonstrate not only their progress in acquiring knowledge but also their ability to adopt the speech patterns and habits appropriate to the medical profession. Concurrently, they learn that the lexicon of medical jargon which doctors use is not easily understood by ordinary people and can inhibit optimal communication. Students quickly sense that it also gives an air of exclusivity, even mystique, to the profession which is not altogether unwelcome to those who belong.

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Already students, early in the process of becoming a doctor, are discovering that they are 'special' within society. In developing a professional identity, therefore, the notion of intellectual superiority, implied by the requirement for high marks which they have already achieved in order to be considered for entry to medical school, is reinforced early.

Within the two components of becoming a doctor mentioned above, the first is expansive, increasing and developing knowledge and skills in the learner. The second, however, is, to a degree, bringing the learner in step with the expectations of the profession which he or she aspires to join. The process of becoming in this respect therefore is one of moving towards conformity. Before we go further with this discussion, one further factor to consider is my own position in relation to the topic.

2 My Position

Becoming a doctor is a journey that I have taken myself. I was a medical student in the 1970s, and practised as a primary care physician in Scotland for almost 20 years before following my husband across the world and moving into full-time medical education in Australia. Not only have I experienced the process of 'becoming' first hand, but I have also observed peers undergo the process. As a clinical teacher, I have assisted medical students to become doctors, and trainees who have already qualified as doctors to become general practitioners. As a medical educator, I have observed tutors, clinicians and other health professionals interact with students who are studying to become doctors; met students who find the process challenging and those for whom the path is reasonably smooth; met with clinical tutors who have seen many changes in medicine and in society which impact on their clinical teaching; worked internationally in Eastern Europe (Jeffery et al. 2004) and in South East Asia (Hirst et al. 2009) developing and delivering hands-on practical education programmes and collaborating with doctors and nurses who work in adverse conditions but are keen to continue their learning in order to provide the better care their patients need. As an academic, I have seen the growth of medical education as a research specialty and taken part in curriculum development, debates on teaching methods and assessment and in day-to-day teaching and support of medical students, junior doctors and clinical teachers. In short, I have seen, supported and reflected upon the process of becoming a doctor from several perspectives, in many different countries and over a substantial period of time.

The fact that I am an 'insider' is an important one to highlight at the outset. It means that my perspective of the process is inevitably that of a medical professional. Like most authors in a book of this nature, no matter how hard I try, I cannot revert to my lay position. The variety of my experience, however, does mean that I am well placed to break down the process of becoming a doctor into a number of component stages, which may not at first be obvious to someone less familiar with the totality and implications of each element.

This chapter discusses the more practical aspects of becoming a doctor and looks at the many factors which influence the journey. Medicine is an ancient profession with a long history. Let's start with a brief history of medical education to set the context for discussion.

3 Becoming a Doctor Through the Ages

3.1 Medicine, Magic and Superstition

When the Greek physician Hippocrates, 'the Father of Medicine', founded his school of medicine on the island of Kos around 400BC, he introduced formal teaching to the education of doctors. At that time, healing was an art steeped in magic and superstition and Hippocrates was one of the first to take a more earthly and factual approach. He was a keen observer of humanity and of disease, a committed teacher and a gifted clinician (Hippocrates C400BC, p. 43). Learning, for his students, was a combination of different experiences. Technical skills were attained through observation and providing assistance to the physician; knowledge was gained through case-based discussion by the bedside and through debate under the famous plane tree. It was a very practical education, a medical 'apprenticeship' which lasted for a number of years with a close relationship between the master and his students. The tenets of medicine at the time were very different from those of today but the fundamental concepts and principles of modern medical education have their origins in these ancient times (Pikoulis et al. 2008).

Hippocrates was instrumental in starting the movement towards regulation of doctors, partly to preserve the status of those with specialist knowledge but more importantly to safeguard the people from unscrupulous charlatans. The latter is still a critical role for medical registration boards such as the General Medical Council of the UK and the Medical Board of Australia. These professional bodies strictly regulate medical practice and enforce strict codes of conduct on doctors.

3.2 Renaissance Medicine

The writings of Hippocrates and his colleagues in Ancient Greece and Rome remained authoritative works through the Middle Ages until the Renaissance of the fifteenth to seventeenth centuries when renewed energy in scientific enquiry progressed developments in medicine. Exploration of the world resulted in new plant-based medicines and technical progress such as the invention of the microscope which facilitated scientific study and research.

There were several types of healers at this time. There were physicians who were interested in acquisition of knowledge, and university medical schools were opened especially for the education of these doctors. The University in Padua was the best educational institution for doctors at the time, schooling 3000 students from all over the world (Wymer 1958, p. 16). There were also surgeons who dealt with much more practical health problems such as fractures, dislocations and wounds. They were allied with midwives and tooth pullers, the precursors of dentists, and were more practical than cerebral. For surgeons, it was more effective to learn skills from expert practitioners and to practise in the field than to study books.

In England in 1518, King Henry VIII granted permission to the more scholarly physicians in England to establish the Royal College of Physicians. The founding of a professional body was in part to control the granting of licences to those who were qualified to practice medicine, and in part to differentiate themselves from the more tradesman-like surgeons and apothecaries. In their founding charter, the purpose of licensing was to:

Curb the audacity of those wicked men who shall profess medicine more for the sake of their avarice than from the assurance of any good conscience, whereby many inconveniences may ensue to the rude and credulous populace. (Royal College of Physicians UK 1518)

This is an early indication of the conflict between altruism and self interest, which is still highly relevant today and which challenges some medical students and trainees (Coulehan and Williams 2000).

The increasingly scholarly approach helped to maintain the elitism of medicine as a profession. In the sixteenth century, only the aristocracy were literate and able to study making medicine a profession virtually unattainable to the lower classes. There was also a financial dimension in that to be able to travel to and live in Padua or one of the few other centres to study, a young man must have the means to pay for transportation and accommodation for the duration of his studies. The profession also maintained gender exclusivity with women not permitted to study medicine.

3.3 The Enlightenment and Beyond

The European Enlightenment in the late seventeenth and eighteenth centuries heralded a 'scientific revolution', which had a long-lasting effect on medical education. This resulted in two significant trends in medical education: the first was that universities increasingly took responsibility for educating physicians; the second was that the new 'mass' education of medical students meant questioning and scepticism were less possible than in the more individual apprenticeship system.

It is interesting that the scholarly education of medical students in universities is relatively recent. The University of Cambridge was established in 1209, but it was not until 1829 that the Senate approved the formal education of undergraduate medical students. Formal weekly lectures were introduced in 1842 although the number of Cambridge medical students only reached double figures in 1860 (School of Clinical Medicine Cambridge 2009). As medical student numbers grew, they crowded into lecture theatres to be taught anatomy, physiology and pathology. Clinical exposure occurred in grand ward rounds where large groups of students followed behind the professor straining to hear his every word. The prevailing pedagogy was one of transmission where 'clever' teachers provided knowledge to 'ignorant' students. The students who could reproduce the most facts to examiners were rewarded with excellent marks.

With university medical education, the hierarchy and power of the medical profession became increasingly evident and student acquiescence was encouraged. The pedagogy adopted was what Friere refers to as the 'banking' method of education, which is disempowering to students because rather than being transformed by their education they are at risk of becoming docile, unquestioning, passive automatons (Friere 1996).

The twentieth century was one of rapid change in all sectors of life and medical education was no exception. The increasing commercialisation of medical education caused disquiet especially in the United States of America. The potential for doctors to earn respect, status and high financial reward made a medical career attractive for reasons which were not entirely worthy. In the early twentieth century, many schools were teaching medical students without standard curricula or benchmarking and with profit as the main motivation. This sparked one of the major reforms in medical education – The Flexner Report.

Abraham Flexner, a researcher at the Carnegie Foundation for the Advancement of Teaching, was commissioned to review all medical schools in the United States of America. His report, published in 1910, identified five major issues that needed action: overproduction of poorly trained doctors; large number of commercial medical schools recruiting unprepared youth; failure to recognise and invest in the advances in medical education methods; acceptance of low standards; and lack of medical school authority within teaching hospitals (Flexner 1910). Of the 150 medical schools reported upon, Flexner was strongly critical of standards in the vast majority (Cooke et al. 2006). His recommendations to increase the scientific content of curricula and to insist on setting suitable entry criteria to medical courses revolutionised American medical education. The Flexnerian model mirrors the system of medical education, which developed in Europe in which clinical sciences and anatomy are prioritised and studied intensively for 2 or 3 years. Students then apply their knowledge in hospitals and other clinical settings under the supervision of doctors during the second half of their course. This 'theory before practice' model of professional education is not restricted to the medical profession, as the traditional model of teacher education also closely resembles the Flexnerian model.

Another landmark in medical education, the Edinburgh Declaration, occurred when changes in both medical technology and population mobility were impacting on medicine across the globe. In 1988, the World Federation of Medical Education (WFME) held a high-profile meeting in Edinburgh, Scotland. Under the auspices of the World Health Organisation, 137 participants from 67 different countries met to discuss issues such as inequity in healthcare, lack of humanity in delivery of healthcare and costs to society. The main aim of the global meeting was to catalyse

D contrainent 1900a, 6)	
1	Enlarge the range of settings in which educational programs are conducted, to include all health resources of the community, not hospitals alone
2	Ensure that curriculum content reflects national health priorities and the availability of affordable resources
3	Ensure continuity of learning throughout life, shifting emphasis from passive methods to more active learning, including self-directed and independent study and tutorials
4	Build both curriculum and examination systems to ensure the achievement of professional competence and social values, not merely the retention and recall of information
5	Train teachers as educators, not solely experts in content, and reward educational excellence as fully as excellence in biomedical research or clinical practice
6	Complement instruction about the management of patients with increased emphasis on promotion of health and prevention of disease
7	Pursue integration of education in science and education in practice, also using problem solving in clinical and community settings as a base for learning
8	Employ selection methods for medical students which go beyond intellectual ability and academic achievement, to include evaluation of personal qualities
9	Encourage and facilitate co-operation between the Ministries of Health, Ministries of Education, community health services and other relevant bodies in joint policy development, program planning, implementation and review
10	Ensure admission policies that match the numbers of students trained with national needs for doctors
11	Increase the opportunity for joint learning, research and service with other health and health-related professions, as part of the training for team-work
12	Clarify responsibility and allocate resources for continuing medical education

 Table 9.1
 Adapted from the twelve statements of the Edinburgh Declaration 1988 (The Edinburgh Declaration 1988a, b)

a change in medical education to improve social awareness among medical students and to make their education relevant to improving the health of all of the world's people (Warren 1988). The result was the Edinburgh Declaration, a twelve-point plan that has influenced medical education in the ensuing 20 years. The pledges are outlined in Table 9.1.

Since 1988, many medical curricula in the developed world have adapted to accommodate these recommendations. More interactive learning and teaching has been introduced into medical courses, qualities other than academic achievement are more valued and learning in an interprofessional environment along with other health workers is encouraged for medical students.

Today, the World Federation of Medical Education (WFME) continues to highlight the fundamental nature of medical education with a global approach to provision of healthcare. Although it is easy for clinical teachers and training institutions to become focused on pedagogical, curricular and political aspects of medical education, the stated goal of WFME is a timely reminder of the ultimate purpose of medical education – 'WFME's mission is to strive for better health care for *all mankind* [sic] through the highest scientific and ethical standards in medical education' (World Federation for Medical Education 2007, italics added). This

global responsibility was recognised in the preamble to the original 1988 meeting, which explicitly stated:

The aim of medical education is to produce doctors who will promote the health of *all people*, and that aim is not being realised in many places despite the enormous progress that has been made during this century in the biomedical sciences.... but man [sic] needs more than science alone, and it is the *health needs of the human race as a whole*, and of the whole person, that medical educators must affirm. (World Federation for Medical Education 1988b, italics added)

In collaboration with the World Health Organization, WFME published a trilogy of documents in 2003 outlining standards for basic, postgraduate and continuing medical education (World Federation for Medical Education 2003a, b, c). These are useful reference documents for medical schools and teaching hospitals in all countries and for individual practitioners and professional organisations in supporting the lifelong learning essential to any twenty-first century doctor.

4 Public Perceptions of the Medical Profession

Public perceptions of the medical profession fall into three basic categories, which I have called the good, the bad and the ugly. All of these contribute to the context in which becoming a doctor occurs.

The good doctor is evident in results of a Harris Poll[®] conducted in the United States in 2006, which demonstrated that doctors and teachers are the most trusted of the professions (Harris Interactive 2006). In this study, the question 'Would you generally trust each of the following types of people to tell the truth or not?' was asked. Eighty five percent (85%) of respondents agreed that they would trust doctors, and teachers were rated as trustworthy by 83%. In comparison, less than 30% of people said they would trust lawyers, actors or stockbrokers. The high level of trust in doctors was mirrored in a 2006 British survey, which found that 92% of adults trusted doctors to tell the truth (Ipsos MORI 2006).

Harold Shipman, a general practitioner in England, who murdered many of his patients over a prolonged period (Smith 2002) is the quintessential bad doctor. Bad medicine was revealed in the King Edward Hospital Inquiry in Perth where serious deficiencies in clinical and managerial systems leading to substandard care for women in maternity and gynaecological services were exposed (Douglas et al. 2001). These and other instances when healthcare professionals and institutions have performed poorly have shaken public confidence in the medical profession. Reports running to thousands of pages have made hundreds of recommendation to try to prevent these lapses, mistakes or omissions happening again. Extensive media coverage of such events occurring in everyday life has tended to erode the trust which people have in their doctors.

Good and bad doctors are often referred to in the process of becoming a member of the medical profession, but there is a seamier group of doctors who are rarely mentioned in professional circles. The print media, unlike filmic representations, tends to favour stories about the less attractive side of medicine. For example, *Time* magazine exposed the ugly side of the medical profession when, in 2006, it published a story outlining the way in which United States Military doctors take part in the torture of suspected terrorists – a side of doctors which is rarely talked about (Sullivan 2006). Stories of cosmetic surgery gone wrong allude to doctors cashing in on the insecurities of women about their bodies and underplaying potential risks (Wilson 2009), and there are several similar examples published every week.

Universities and other institutions involved in the education and training of twenty-first century doctors must take seriously the responsibility to produce doctors who have all the qualities and attributes of a capable clinician and the values of a sensitive, caring and ethical member of a global society. Many medical schools have devised learning and teaching programmes to address professional issues directly in response to public concern.

5 Professionalism, Identity and Medical Education

In the process of professional socialisation, the relationships which students have with others are key to the development of their own sense of professional identity. While becoming a doctor, students construct their own concept of the culture of medicine and of medical professionalism. In doing so, they are sensitive to the values and behaviours demonstrated by other doctors, by patients and by society. The novice must merge and meld these into a coherent concept of professionalism. The traditional focus on cognitive learning of facts within medical education makes this difficult for the new recruit. While values can be listed and learned like facts, they cannot be put into practice without a genuine belief in them and a desire to include them in one's own professional persona and repertoire. Furthermore, in the complex world of medicine, how do medical students choose which values to adopt and which to eschew? Who to emulate and who to ignore? Is an innate sense of right and wrong essential for satisfactory professional development? If so, is it necessary to select students from the outset with these qualities already developed? Thinking back to the last section, open acknowledgement and frank discussion about the good, the bad and the ugly in medicine may help.

The process of becoming a medical professional has been described as developmental, from 'novice' lay person to 'expert' doctor (Hilton and Slotnick 2005). The term 'proto-professional' has been coined to refer to a lengthy stage during medical education and postgraduate training when knowledge and experiences are gained. Hilton and Slotnick (2005) assert that the two key features in attaining phronesis, or the practical wisdom of a mature professional, are experience and reflection on experience. They further highlight the balance between attainment and attrition in the process. Attainment is promoted by the positive influences in the learner's environment, for example, a supportive tutor who demonstrates good professional qualities. Attrition, on the other hand, is the result of negative influences on the training proto-professional such as pressure from overwork or lapses in professionalism demonstrated by seniors (Hilton and Slotnick 2005). Regardless of the balance between attainment and attrition, Hilton and Slotnick imply that every doctor eventually reaches phronesis.

What then are the stages in becoming a doctor?

6 Stages in Becoming a Doctor

The process of becoming a doctor is more complex than is commonly realised. Even those starting out on the journey sometimes do not have a clear idea of all the twists and turns in the road ahead. In my own case, I clearly remember reading a novel called 'Jean Becomes and Nurse' (Trewin 1960) and being drawn to healthcare (though not nursing) through its influence. In writing this chapter, I returned to the book to ascertain the reason for its impact on my career choice. I concluded that the book had drawn me to healthcare because Jean was a good person with kindly tutors and nice friends. She was tough and hardworking and caring. There were many stories about her interactions with patients clearly demonstrating the humanity and caring nature of nursing. The one picture may have subtly introduced my child's mind to the way in which female nurses were subordinate to male doctors. The caption said "*She'll make an excellent nurse*" thought the doctor' and the picture showed a white-coated doctor quite clearly and somewhat lecherously looking at the young, attractive nurse's bottom.

As a 10-year old, I had not noticed the innuendo but to my twenty-first century sensibilities the sexism is obvious. As one of two daughters in a family where both parents worked, I was raised to feel that I was capable of doing any job I wanted to. At no time (until medical school) did it enter my head that there was any disadvantage to being female. At the time I read the book, I simply disregarded the sexist message in its pages because it did not resonate with my own personal experience of the world. It is interesting to reflect on how influential that book was on my choice to study medicine. Was there a subconscious realisation of the power differential in the doctor-nurse relationship in my 10-year-old mind that meant I did not ever consider becoming a nurse? The more likely conclusion, in keeping with my constructionist perspective, is that reading the book was one of a myriad of experiences all of which contributed to my career aspirations. In the same way, there are many factors influencing anyone who embarks on the process of becoming a doctor, or a nurse or a teacher.

In the next section, I deconstruct the process of becoming a doctor into several stages: choosing to become a doctor, application and selection for medical school, becoming a medical student, succeeding in final examinations, becoming a junior doctor, becoming a specialist trainee and becoming an independent practitioner. As I will outline, there are different forces and circumstances influencing each stage. Other factors such as role models, mentors, the hidden and the informal curriculum, which also have an impact, are discussed later in the chapter.

6.1 Choosing to Become a Doctor

"Why become a doctor?" is a pertinent question. Variation in motivation exists, but most aspiring doctors exhibit a keenness to help people and to make a difference in society. Another motivating factor is that along with law, medicine in the twenty-first century remains, in general, a respected profession. There is kudos and even some perceived glamour to being a doctor. Doctors earn more than the average wage and are virtually guaranteed employment on completion of training. Collectively, doctors form a powerful group within any society due to the value of their knowledge and expertise. It is no wonder that medicine is still a highly attractive profession and that parents and schools encourage students to consider medicine as a first choice in a university application.

6.2 Applying for Medical School

The next stage for the would-be doctor is to apply for and gain acceptance to medical school. This is one of the biggest hurdles of the prospective student's life because of the competition for places. In the United States, the average number of applications made by each prospective medical student in 2008 was 13, and the success rate was less than 50% (AAMC & Colleges 2008). The selection process is a key stage in becoming a doctor. Once admitted to a medical course, a student is likely to graduate in medicine as long as he or she does not commit a serious crime.

Admission criteria for most medical schools include a combination of academic performance in school examinations or in a first degree, demonstration of communication skills and possession of professional qualities such as honesty, integrity and ethical reasoning. There is current debate about the relative importance of each of these criteria with some evidence suggesting that the grade point average (GPA) in a first degree best predicts academic performance in the medical course (Wilkinson et al. 2008) – not surprising as both measure assessment performance. A more pertinent measure would be to look at all-round performance as doctors - this remains a challenge. It is likely, however, that the inclusion of a particular criterion for admission gives prospective medical students an early indication of the values of the medical profession. For example, if there is an assessment of professional qualities such as honesty and integrity, then the message is conveyed that honesty and integrity are valued within the medical school and, by inference, the profession. If the only criterion applied in the high stakes activity of gaining admission to medical schools are examination marks, then the message conveyed is that marks are all that matter.

6.3 The Selection Process

To illustrate the complexity of the selection process, let's consider two fictional prospective medical students. Firstly, Elise who is 17 and in her final year at a selective High School in Melbourne. A selective High School is one which accepts pupils who perform best in a written entrance examination taken at the end of their primary school education. Both Elise's parents are doctors. Her father is a renal physician at one of Melbourne's large public teaching hospitals and her mother works part time as a General Practitioner. Elise has wanted to follow in their footsteps as long as she can remember.

Elise is the youngest of three children. Her two older brothers are already doing well at medical school. Paul is due to graduate this year and Simon is half way through third year. Elise has not considered a career other than medicine and has carefully planned her activities throughout High School to ensure that her curriculum vitae shows that she is highly committed to the profession. She has volunteered at the local hospital for the past 3 years helping the Women's Voluntary Service provide support to patients and their families. Elise is captain of the school hockey team and a prefect. She hopes to win the Year 12 prizes for chemistry and biology and is confident that her Victorian Certificate of Education results will be good. She knows that the School Principal will give her an excellent reference. Elise is keen to become a plastic surgeon and, as the training is long, would like to start a medical programme straight from school.

Our other fictional student is Joe who is 24 and works in a bank in rural New South Wales. He was brought up near a small town on the farm where his father still works. Joe was always a bright spark at school enjoying most of the subjects he was taught. Times became tough when Joe was 16; his mother developed cancer and died after several months of illness. There had been no resident doctor in the town for 2 years and she felt that this had caused a crucial delay in the diagnosis of her malignant melanoma, a severe form of skin cancer. Joe helped his devastated father look after his two younger siblings and had little time for school studies. After 4 years working with his father on the farm and, once his younger brothers were settled, Joe took a job in the local bank, which supported him to do a business degree as part of a management training programme. When he completed this business degree, Joe felt he would really like to be a country doctor. As well as his personal motivation, he is aware that there is an acute shortage of rural doctors facing Australia. Joe has studied for the Graduate Australian Medical Schools Admission Test (GAMSAT), which he sat recently. He is pleased with his results and hopes that they should be sufficient to achieve an interview at one of the universities providing a graduate medical programme.

The stories of these two students illustrate just some of the differences that can exist between candidates applying for admission to medical school. Even local students from similar ethnic backgrounds can have very different experiences and both Elise and Joe have the potential to be good doctors. An equitable admissions system, which takes such issues into consideration, is needed and many medical schools have a policy of widening accessibility to medical degrees. Currently in Australia, most medical schools use a combination of examination results and scores of non-cognitive qualities assessed at interview in their selection of medical students. This dual system of selection has been shown to have benefits such as increased motivation and enhanced study behaviour among medical students (Hulsman et al. 2007). Several universities have introduced a multiple mini interview (MMI) system where candidates are asked to discuss the ethical or professional issues involved in several vignettes, each with a different assessor. This method of assessing non-cognitive qualities has been shown as valid (Roberts et al. 2008) and has the advantage of putting students of different ages and experience such as Joe and Elise on a more level-playing field. We will continue their story towards the end of the paper.

6.4 The Medical Student Journey

The first day of medical school is a momentous occasion. From that day onwards family, friends and society view the student differently. As a medical student, he or she already has gained status and taken on a new identity. Once accepted into medical school, the path from lay person to qualified doctor 4 or 5 years later is a tough one. Medical students are admitted into a profession where they are privy to the highs and lows of life and the human condition. Doctors see people at their best, at their worst, at their strongest and at their most vulnerable. Doctors frequently see things which most of the population will only encounter rarely. Doctors deal with situations which others can usually avoid.

Medical students are in the odd position of being in between, no longer a member of the general public, but not yet a doctor. They do not quite belong to one group or the other, but are in a transition phase of 'becoming' a medical professional. This can have the effect of binding medical students together as a group where they can support each other in this in-between stage. During this stage students' experiences will depend on many factors, one of which is the type of medical school – undergraduate or graduate. The latter are more common in the United States, the former in the United Kingdom, while Australia has both.

Undergraduate schools take students from high school at around the age of 18 into a programme, which is typically 5 or 6 years in duration. The Flexnerian approach is still evident with the first 2 or 3 years being classroom based to give a grounding in the basic and clinical sciences. This is followed by a 3-year clinical phase where students are placed in various clinical settings where they gain experience under the close supervision of more senior doctors.

In traditional undergraduate courses, students tend to be regarded as novices who know nothing of medicine and who are eager to receive knowledge from experts. This teacher-centred approach involves an active teacher choosing and providing content to students who remain passive. In other words, the students are trained to rely on teachers in order to learn. This has serious implications for lifelong learning as a professional especially once they are outside the formal learning environment.

The number of graduate medical schools has increased in the last 10–15 years. One reason for this is to increase diversity in medicine. A straight-from-school system favours those who excel in science whereas a wide variety of people have the potential to make good doctors. In addition, older students bring more experience and life skills to the programme and potentially contribute to the learning experiences of everyone. It is also more likely that the decision to study medicine is a free choice rather than under parental or teacher pressure.

Graduate medical programmes and some undergraduate ones have converted to a more learner-centred pedagogy and foster an active approach to learning. Students are involved in a more collaborative way in the curriculum, and methods that actively engage them in the learning process are employed. For example, many medical curricula have adopted a problem-based learning (PBL) approach. This uses a series of graded clinical problems, which students work through in small groups guided by a clinical tutor. During the process, students gradually learn how to put together clues from patient's medical history in order to identify the key health issues for that patient and reach a reasonable diagnosis. As students become more adept at this clinical reasoning process, they move on to consideration of investigation and management of the problems. Working together in small groups, students encourage in each other an ability to identify knowledge that they need to be able to investigate and deal with the problem optimally. Quite apart from gaining knowledge, the PBL process facilitates development of teamwork skills through sharing the workload, negotiating responsibilities and dealing with challenges together. These skills are vital if they are to be able to work as an effective member of a functioning healthcare team in future.

Early patient contact, recommended in the WFME Basic Medical Education Standards (WFME 2003a), has been introduced into many modern medical curricula. Such early patient contact is known to increase student motivation to learn, to improve students' understanding of the impact of illness on the patient (Diemers et al. 2008) and also to increase student sensitivity to individual patient needs and to the health needs of society (Littlewood et al. 2005). On a practical level, students like to see patients from early in their programme as it gives them a tangible link to the ultimate goal of their studies and helps them to find relevance in their classroom studies.

On their medical journey students have to work hard; they have a large volume of information which they have to manage. In addition to taking lecture notes, the case presentations they make and the assignments they write, there is a plethora of web-based resources. The ability to keep notes and other learning resources manageable and useful is necessary for all medical students. It will serve them well throughout their careers since medicine is a profession in which learning is absolutely lifelong. In this digital age, the amount of accessible information seems almost infinite. Students need assistance with critical appraisal of the quality, accuracy and appropriateness of information to their studies and so these skills are taught from the beginning of most medical courses. Otherwise, students may become overwhelmed by an unprioritised cognitive load.

Whatever the type of course, assessment is an important and necessary component because it ensures that standards of knowledge and skills are reached by all prospective doctors. Testing throughout a programme of study is also known to improve learning (Wood 2009). In a profession such as medicine, where a range of skills are needed, a variety of assessment modalities is necessary. Medical students and postgraduate trainees undertake both written and practical examinations testing knowledge and clinical skills, respectively. The tendency among students is to regard the material which is tested as of higher importance to them than course content which is not examined. Some issues such as professionalism, ethical reasoning and compassion are hard to measure objectively and so may assume a lesser importance in the minds of both tutors and learners.

Another aspect of assessment which can convey a tacit message to learners is the issue of marks and grades. In an effort to promote collaboration and team work, some medical schools avoid student ranking through awarding grades in examination marks. A pass/fail-only system retains the necessity for students to reach the required standard without inter-student rivalry. Research suggests a reduction in student stress and an increase in group cohesion results from this approach (Rohe et al. 2006).

6.5 Becoming a (Baby) Doctor

Once the final examinations have been passed, medical students are qualified doctors and can start paid work as medical professionals for the first time. The moment of becoming a doctor is marked by ritual and ceremony. The notion of 'becoming' as an iterative, lifelong process, I suggest, is punctuated with temporary points of 'being'. Furthermore, there are external or categorical dimensions to taking on an identity (Jenkins 2008, p. 43). Thus being accepted by the medical profession and by others as *being* a doctor is a key part of professional identity development. The ritual and the ceremony mark a change in the medical students' status to full membership of the community of practice of the medical profession. Medical graduates in most schools take part in ceremonies additional to the usual graduation marking the significance of the transformation they have undergone. Many solemnly take the Hippocratic Oath pledging to practise medicine ethically and professionally. Friends and family congratulate the new professional and the courtesy title of 'Dr,' is bestowed to let everyone know of the important new status. As Wenger describes it, the medical student has reached a significant stage on an inbound trajectory, in this case, to a lived identity as a doctor (Wenger 2006, p. 154). With external acceptance of the change in status by others, a new identity of being a doctor can begin (Jenkins 2008, p. 44).

The learning and study however has not finished. The new doctor now begins a long period of postgraduate training in his or her chosen specialty. And so, having

worked through the ranks of medical students to become a doctor, he or she is immediately at the bottom of the junior doctor hierarchy and now begins the journey to becoming an independent practitioner. Thus, the state of *being* (a doctor) and *belonging* (to the medical profession) remain dynamic components of an ongoing process of *becoming* a specialist doctor.

6.6 Junior Doctor – Working and Learning

In Australia, newly graduated doctors must satisfactorily complete 1 year of internship under close supervision in order to be eligible to be a fully registered medical practitioner. After this first year, the new doctor may begin a specialist training period of 4–8 years depending on the degree of specialisation. Throughout these years, they work as doctors assessing and managing patients but they are also working a type of apprenticeship under supervision of more senior colleagues. They must study, attend educational courses and take post-graduate examinations in order to achieve independence as a practitioner. This period is one where they are both doctor and learner with the responsibility and accountability of being a doctor and the requirement to develop and hone their knowledge and skills. This can be very challenging as the patient must always take precedence. If not carefully managed, this can give the impression that learning is a luxury which can only be indulged in when there is time.

Over the last 10 years, attempts have been made to reduce the hours worked by junior doctors. This move was stimulated by information on the prevalence of medical errors such as medication being administered in the wrong dose or by the wrong route or to the wrong patient. Such incidents prompted an active patient safety movement to lobby for changes in legislation, including a limit to the number of hours which junior doctors can work at a stretch. Despite this, there are still pressures on young doctors who find themselves pushed to the limits of endurance by a combination of over work, stress, bullying and lack of support. Dealing with distress, disease and death day in and day out also takes its psychological toll on the new doctor (Hicks 2000). Strategies have to be found to cope with the constant unrelenting demand from patients, from nursing staff, from registrars and consultants. While this is a side of medicine not often admitted by a traditionally stiff upper-lipped profession, it has been made public in a number of novels written by doctors based on their own medical training in respected universities and teaching hospitals.

Samuel Shem's novel *The House of God* has sold more than two million copies across 50 countries and is widely acclaimed as a classic. First published in 1978, Shem writes in the afterword to the 2003 Edition that it was written "for catharsis, to share with my buddies what had been the worst year of our lives" [internship]. He dealt with this in his writing with humour. *The House of God* highlights the way in which the blunting of emotions is almost a necessary part of being a junior doctor. It describes graphically how young doctors are confronted with tragic situations,

are overworked and exhausted, left unsupervised by seniors and treated badly by the impersonal and harsh environment of large hospitals. In academic circles, some issues raised by Shem have been dismissed as outdated; however, many of the issues satirised in the novel, such as too many difficult patients and less than adequate learning conditions, are still prevalent today. Others therefore consider that the novel is still an important one for medical students and medical educators to read (Wear 2002).

6.7 Becoming an Independent Practitioner

Eventually, 10 or 12 years after becoming a medical student, the doctor becomes a fully fledged independent practitioner. At this stage, one might argue that finally the process of *becoming* a doctor is fully complete and that a state of *being* begins. Now, the doctor is able to participate fully in the activities of a medical specialist and has confidence that he or she has achieved a mature professional identity. The independent practitioner is able to support and nurture new medical students as they begin their journey towards becoming a doctor. And so, the cycle continues.

Let us pause here and look at the journeys that Elise and Joe, the two applicants that we considered earlier, may take in their process of becoming a doctor. Elise will be successful in her application to an undergraduate medical course and come through the first 3 years easily. In the clinical years, she will find the transition to learning in the clinical setting challenging but will realise the value of the people skills gained through her volunteer hospital work. Elise's aptitude for study and exams will stand her in good stead for the continued postgraduate work to gain Fellowship of the College of Physicians. She will find that even in the twenty-first century, surgery is a male-dominated field and that she is more likely to succeed in a medical specialty.

Joe thoroughly enjoys his graduate training programme at a progressive medical school where he finds that the interactive learning environment suits him. He grows in confidence and in third year, spends a year at a rural clinical school where his love for rural medicine is nurtured and he meets a general practitioner who becomes a mentor and friend. Joe does not win prizes at university, but works steadily and hard. He falls in love with and marries a fellow student who shares his ambition to work in the country. His father and brothers are proud when Joe and his wife return as fully qualified general practitioners to open a new clinic in the town.

Just as the two prospective students were individuals with varying experiences and circumstances at the start of their studies, the doctors they become have different strengths and career aspirations. For medical educators, these are important concepts to remember in planning and delivering medical programmes. Medicine is a profession which serves a diversity of patients and needs diversity among its members.

If we look back on their journey of becoming doctors, we see that at all stages of the journey of becoming there are many factors which impinge on the developing and maturing professional doctor. They have many people along the way who have influenced their professional development. Some doctors have been good role models and some bad, patients and families have responded well or not, peers have been supportive or unsupportive and tutors have been nasty or nice. All of these factors and more have an impact on the knowledge, skills, values and behaviours of the mature doctor.

7 Impact of Hidden and Informal Curricula

Apart from the formal curriculum delivered by educational institutions, it is recognised that there are at least two further influences at work in universities and teaching hospitals which impact on medical students (Hafferty 1998) and resident medical officers (Hundert et al. 1996). There is a differentiation between *hidden curriculum*, which is defined as 'A set of influences that function at the level of organizational structure' (Hafferty 1998), and *informal curriculum*, 'An unscripted... highly interpersonal form of teaching and learning that takes place among and between faculty and students' (Hafferty 1998).

Both are known to be strong influences on the development of students' values and professional identities (Hafferty 1998; Suchman et al. 2004). These factors are particularly relevant to medical education, but are thus far under-represented in the medical education literature in comparison with formal curriculum. As I write this in 2009, a Medline search for keywords 'curriculum,' 'hidden curriculum' and 'informal curriculum' produces 52,501 results, 97 results and 23 results, respectively. Conducting the same search in the Education Resources Information Centre database (ERIC) produces 182,711 for curriculum, 680 for hidden curriculum and 42 for informal curriculum. Clearly, this is not a robust investigation of the content of the papers but these figures are sufficiently different to indicate that little in-depth empirical study has been published in this area. Further, it suggests that medical education researchers are only just beginning to explore the concept.

The hidden curriculum refers to the messages implicit in the way the institution conducts business. This may be the medical school administration or the hospital management and both can impact on students and staff. For example, assessment policy indicates to students the relative importance of subjects in the formal curriculum. If scientific content is assessed in summative or barrier examinations but communication skills are not, then the implication is that communication is less important than scientific knowledge. The effects of the informal and hidden curricula are ongoing and continuous and are often in direct conflict with what is taught in the formal curriculum (Coulehan 2006, p. 108). Existing work suggests a strong link between both hidden and informal curricula and notions of professionalism. Studies suggest that it is residents rather than more senior doctors who provide most teaching about professional values for medical students and interns via the informal curriculum (Stern 1998). For example, residents off the wards may refer to patients by their condition or by bed number: the heart attack in bed fifteen

or the stroke in bed two. This terminology may be intended as shorthand used for clarity between colleagues, but without explanation it can indicate to students that this is the accepted way for doctors to talk about patients. Such depersonalisation of the patient, which may be part of a protective mechanism for doctors, conveys callousness and lack of caring to impressionable students and juniors. Instances of values transfer occur at the highest rate in the evenings when on call or when talking over meals. These are situations when reflection and discussion are likely to occur and attitudes and values conveyed through talk (Stern 1998).

Medical students report lapses of professionalism among medical educators which they find confusing and unfair. Recently, the journal Academic Medicine published a paper written by medical students who had collected a large number of examples of poor role modelling of professionalism (Brainard and Brislen 2007). For example, a student questioning the professionalism of being asked to forge a junior doctor's signature on a discharge letter being persuaded to do so in return for being awarded a Grade A in professionalism. The students conclude that the chief barrier to medical professionalism is the less than professional conduct of medical educators (Brainard and Brislen 2007). They call for medical educators to ensure transparent academic progress, treat students respectfully and to demonstrate that they themselves are professional and ethical. My own research unearthed long-lasting negative emotional impact on doctors of harsh comments made to them by clinical tutors or supervisors during training. Equally long-lasting beneficial effects on self esteem and developing professional identity resulted from being valued as a person, rather than merely a student, by seniors (Foster 2009).

8 Role Models

A role model is a person looked to by others as an example to be imitated (Oxford 2009). For someone in the process of becoming a doctor, every medical professional he or she encounters is a potential role model. There are of course other possible sources of role models, such as filmic representations. Doctors may be looked up to by novices because they are skilled, knowledgeable and good with patients or because they are charismatic and effective teachers or because they are successful in their careers. Whatever the reason for the admiration, their behaviour is likely to be imitated. Since students and young doctors are impressionable and eager to fit into the profession, they are vulnerable to adopting habits they see in the doctors they encounter. This can be a problem if they come in contact with a less than scrupulous member of the profession. Students do not necessarily have the experience to be discriminatory in copying behaviour and there is no guarantee that they will adopt only that which the senior doctors would choose to have emulated. Studies show a discrepancy between the attributes students admire (people centredness, enthusiasm and good teacher) and the attributes in the doctors they choose to emulate (power, responsibility and status) (Paice et al. 2002). All senior doctors must be aware that they may act as role models for students and more junior colleagues even when they are not in a formal teaching setting with them, and that the behaviours they exhibit may be assumed to be typical and expected of the profession and copied. Students and junior doctors must be advised to be mindful that the behaviour they see in their role models is taking place in a particular context at a particular time and may not be typical or desirable. It is also crucial to acknowledge that, since doctors are human, it is possible for them to make mistakes and to talk or behave in a less than desirable way.

The medical profession, to date, has been poor at admitting to the fallibility of its members. Traditionally, it has been regarded as a professional duty to support one's colleagues. The perception that ranks close after lapses can be interpreted as a culture of covering up misdemeanours. There are, thankfully, many positive role models who are an important and very common source of learning for medical students and junior doctors about the desirable qualities of a doctor (Fochtmann 2006, p. 238).

9 Working As Part of a Healthcare Team

All medical practitioners must work within a healthcare team. Modern medical practice is complex and optimal patient care needs a multi-person approach. At every stage of the process of becoming a doctor, this is relevant. It would make sense therefore to educate healthcare teams together and indeed this was recommendation 11 of the Edinburgh Declaration discussed earlier. Interprofessional learning initiatives, if run well, improve interprofessional communication and understanding at many levels and are popular with medical students but timetable differences and inflexible course structures pose logistical challenges which are difficult to overcome (Gilbert 2005).

10 Conflicting Messages in Becoming a Doctor

Medical students and trainees are subject to conflict between the professional expectations, which are taught in the classroom, and what they see actually happening as they gain experience in clinical settings. For example, students are taught in the classroom that in multi-professional teams all roles are equally important and respected. In the ward, they see the Consultant Physician override the management plan devised by the nursing and allied health staff without discussion. They may also suffer conflict between their own ideals and values and those of the medical profession. 'Do what I do' is always a more powerful motivator than 'Do what I say' and the novice professional relying on positive reports from senior colleagues is unlikely to feel brave enough to question their authority. We know that medical students become more cynical as they progress through medical school and as they are socialised into the medical profession (Inui 2003). This is a shameful state of affairs and one for which all stages of medical education must bear responsibility and remedy as a matter of urgency. Although professionalism has been introduced into formal programmes, there remains lack of acknowledgement of the importance of the informal curriculum and the hidden curriculum in conveying the norms of professional behaviour to medical students and trainees. This is especially true in the clinical settings where the majority of education takes place. In these settings, medical students and junior doctors still witness everyday behaviour at odds with the formally taught notion of professionalism (Brainard and Brislen 2007). In order to progress, collaboration is required between hospitals and health authorities and medical education establishments such as Universities and Specialist Colleges. In particular, recognition that good medical education is integral and essential to achieving sustainable high standards in healthcare is essential to prevent a decline in professionalism in doctors.

11 Lifelong Learning and Medical Professionalism

Becoming a medical practitioner is merely the beginning. The next stage is a dynamic one of exploring the different ways to be a medical practitioner. A busy life of engaging in ongoing contact with patients, families, doctors, nurses, other health professionals, ancillary staff, social workers, researchers, academics, pharmaceutical representatives and many more ensures that doctors are constantly evolving and growing as professionals. Through experience and interaction, the doctor continually learns more and more about people and the way they work. While there is much to learn in the human areas of medicine, there is also rapid change in medical science with which every doctor must keep pace. Study patterns laid down as a student serve the independent doctor well in keeping up with key developments in medical science. Reading journals, attending workshops, conferences and other continuing medical education events are essential activities for all doctors. No matter how experienced the doctor or how many qualifications he or she holds, an ongoing engagement with education is core to his or her professional status. Both Elise and Joe in their very different fields and locations will take part in continuing medical education throughout their professional lives. We explored earlier how they started in their medical courses as different people with different backgrounds. In a similar way, they turn into very different doctors and will have different careers in very different parts of the nation. They will work with different sorts of people and in different ways. Part of being a professional is having the ability to be flexible and to adapt to a myriad of circumstances.

In reality, being a doctor is an ongoing journey, a continuous challenge of becoming a more experienced doctor and of learning from the many new experiences which occur each day. It is a profession where uncertainty and surprise is usual, and flexibility is a necessary attribute. Medicine and lifelong learning go hand in hand.

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Chapter 10 Becoming a Professional Nurse

Jane Davey and Sandie Bredemeyer

1 Introduction

At the time of writing this chapter, the authors have a collective 62 years' experience as registered nurses and midwives. As such, we have many stories to share about our lives as professional nurses and the lessons we have learned along the way. One of us grew up in a family with a long legacy of nurses shaping their idea about what it meant to be a professional nurse and why they should carry on this legacy. The other did not have this family legacy of nursing, but made a conscious decision to take up nursing in favour of veterinary science when they finished secondary school. We *trained* in different hospitals under a traditional Nightingale system and experienced the good and bad associated with the development of our knowledge and professional socialisation. It was serendipitous that we both ended up in the same specialty and working in the same neonatal nursery. When nursing entered Higher Education, we made a conscious decision to undertake further study and mentor our less-experienced colleagues along the way. We sought to be advocates for lifelong learning and professional development within nursing, which has seen us write this chapter.

For the purpose of this chapter, we have chosen to situate ourselves within the speciality of neonatal nursing as that is where our substantive years of professional becoming have been. However, we are certain that the arguments we will present in this chapter could be generalised to other areas of specialty nursing and midwifery practice.

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So then, how does one become a professional neonatal nurse? Our chapter does two things: first, it looks at becoming a nurse through the nursing literature and second, it goes on to argue that the context in which the neonatal nurse works also plays a significant role in how individuals develop their own professional identity. The chapter ends with an infusion of specialist nursing through the voices of neonatal nurses. Further, we strongly argue that without learning in a context that is interdisciplinary and subscribes to the premise of lifelong learning, specialist neonatal nurses may not reach their full potential. We begin this chapter by looking at the socio-historical traditions associated with becoming a professional nurse within the Australian context.

2 The Context of Professional Nursing Within Australia

The education of nurses within Australia began at the Sydney Infirmary following the arrival of Lucy Osburn and five of her colleagues on 4 March, 1868. Osburn and her colleagues had been prepared in the Nightingale system of training and had come to Sydney to establish a training school for nurses. Central to the Nightingale system of nurse training was the position of 'Matron'. As the 'Matron' or 'Lady Superintendent', it was Osburn's role to supervise the management of all wards and female staff within the hospital and make decisions about who could become a nurse. Women most likely chosen by the Matron to commence training as a nurse were daughters of farmers or well-educated domestic servants (Russell 1990; Reid 1994). It was thought these women possessed the intrinsic moral, intellectual and physical attributes necessary to become a nurse (Alavi and Cattoni 1995). Once selected, a master-apprentice form of vocational training began with students provided accommodation, uniforms and a minimum wage during their period of training. In return for their training, students were expected to rotate through a variety of clinical areas and provide for the service needs of the hospital (Russell 1990).

Under the rules of the traditional Nightingale system, service needs took preference over educational needs, and this created significant inconsistencies in what and how students learned in becoming a professional nurse. So, for any given clinical area (ward) within the hospital, it was the *trained nurses*' role to show student nurses how to undertake a series of tasks in order to maximise efficacy of patient care. Each task was carried out in a certain way and it was the student nurse's responsibility to 'learn' these tasks through imitation in a timely manner. Whether or not the student grasped the underlying rationale for performing the series of tasks within each ward was not a major consideration. Students who experienced difficulty 'learning' what was required were not tolerated; in such cases, the matron would intervene and the students' training would be discontinued (Russell 1990; Reid 1994).

In 1884, Lucy Osburn retired from her position as 'Lady Superintendent' of the Sydney Infirmary and left behind a legacy of nurses who had been trained in the Nightingale system. At the end of this 16-year period, Australian nursing had undergone a rapid expansion with many of Osburn's trained nurses and her five original colleagues taking up positions as matrons and establishing training schools at hospitals throughout Australia. Thus, the Nightingale system became firmly entrenched as the method for training nurses and remained relatively unchanged in the ensuing 100 years until nursing entered the higher education sector in 1984 (Russell 1990; Reid 1994) and student nurses were no longer part of hospital establishments.

The transfer of pre-registration nurse education into the higher education sector in 1984 was a landmark event for the nursing profession. It was assumed nursing would finally be acknowledged as a discipline in its own right and would have the opportunity to shake free of its vocational training legacy and grow as a profession through the establishment of undergraduate and postgraduate degree programmes. Pre-registration nursing students, now free from the pressures of service provision, could be responsible for their own learning and realise their potential, thereby fostering the ideals of lifelong learning (White 2001).

Both authors experienced this heady optimistic period in nursing's history and quickly enrolled in undergraduate programmes to advance our existing hospitalbased certificates to higher education qualifications. This was the beginning of another chapter in our learning journey that saw us progress through undergraduate study to successfully complete master and doctoral programmes. It was our aim to enmesh scholarship into our practice so as to progress the use of evidence by nurses through the application of knowledge and research. This approach was expected to improve patient care and as a result further develop and expand nursing practice. The professional standing our academic qualifications afforded us along with the mentorship and collegiality of our medical colleagues significantly contributed to the construction of our professional identity through research and publication.

We believed that as members of an academic community, nurses could engage in scholarly research activities, be creative and think critically about issues relevant to their practice (Gray and Pratt 1991, 1995). However, these challenges were difficult for clinical nurses under the organisational authority of the traditional service provider. For many nurses who remained in clinical practice and who advocated the importance of scholarship in nursing, this struggle remains the reality.

We are now into the third decade since the transition of nursing qualifications into the higher education sector. During this time, the profession has been constantly challenged with workforce shortages and questioned about the higher education sector's capacity to provide suitably qualified graduates to meet the increasing demands of the health service. Such is the concern regarding the education of nurses that the Australian Government has funded two national reviews (Reid 1994; Heath 2002) and appointed a National Nursing and Nursing Education Taskforce (N³ET) for a 3-year period to oversee the implementation of the Heath (2002) review (N³ET 2006). Implementation of the recommendations arising from those reviews has been sporadic at best due to the inherent complexities of our current healthcare system and the hierarchical structure and control of nursing services. More recently, within New South Wales, nursing is facing the challenge of an unregulated worker entering the nursing domain. It is anticipated this worker will be offered a minimum 'training' period of 12 weeks through the vocational sector in 'certain nursing skills' and will then enter the public health sector workforce as a Health Care Assistant (HCA). While these workers are referred to as *nurses*, they will not be subject to the normal statutory requirements of the nursing profession. A full consideration of the myriad of issues surrounding this latest initiative is beyond the scope of this chapter. However, there are two issues (we think) worthy of highlighting. The first is a major study commissioned by NSW Health, which reported that in hospital wards where there were a higher proportion of registered nurses, patients experienced a decreased number of negative health outcomes (University of Technology Sydney 2007). Following this line of argument, the dilution in skill mix that will result from the substitution of HCAs into the existing nursing workforce has the potential to increase negative health outcomes which, for consumer and health care professional, is a cause for concern.

The second and very important issue from our perspective is the systematic devaluing of the registered nurse in the healthcare system. This gives us pause to think about the subtle erosion of our role and the resulting loss of influence and professional standing nurses will have amongst the other health disciplines. This will mean redefining our professional identity in a health system where expectations about nurses and their responsibilities and accountability are not well delineated and remain confused. Findings in the recent study from University of Technology (UTS) (2007) clearly demonstrate that control over practice, autonomy in decision making and good leadership are important predictors of job satisfaction and the provision of safe patient care. The journey to *becoming* a professional therefore is constantly shaped by many factors both positive and negative. These factors include fiscal, political and professional agendas, as well as the influence of colleagues, clinical supervisors and nursing leaders. It is a complex journey for nurses and we will further discuss these challenges in light of nursing's ongoing struggle to define its professional role in the health system.

3 Influences on Becoming a Nurse

The development of nursing knowledge is intertwined with social factors concerned with nursing's Victorian legacy of being an occupation within the female sphere (Godden 1995). Nightingale defined nursing wholly within the female sphere so that it would not be seen as a challenge to male authority and would allow nurses to have control over nursing. Unfortunately, the trade-off was that Nightingale insisted on obedience to (predominately male) doctors, which 'paved the way for crippling medical domination' (p. 249). Other trade-offs were low occupational status together with poor wages and working conditions. Further, under this system, nurses were not given the opportunity to question time-honoured ritual practices or explore individual potential (Russell 1990; Reid 1994). Interestingly, contemporary

nurse scholars argue that this legacy continues to influence ideas about being and becoming a professional nurse (Speedy 2000; Clare et al. 2001). We will come back to this point later.

3.1 The Dualist Influence

The dominance of medicine over nursing saw nurses routinely defer to medical knowledge when considering the development of their own body of knowledge (Cull-Wilby and Pepin 1987). As medical knowledge was, and to a large extent still is, influenced by the traditional or scientific domain, development of nursing knowledge has tended to parallel those ideals (Cull-Wilby and Pepin 1987; Emden 1991). This has resulted in a preoccupation with objective observable truths and led nurses to design nursing curricula that were founded on a traditional Tylerian objectives-based model of decontextualised behavioural task analyses as the major focus of learning (Greaves 1987).

The product-oriented nature of models that focus on task analysis and skill mastery has been heavily criticised by many because of a tendency for perpetuating behavioural didacticism (Beckwith 1991), descriptions of work activities and worker attributes that are independent of one another (Sandberg 1994), domination of content by the teacher, student passivity and fragmentation of learning experiences (Sheehan 1986; Greaves 1987; Perry and Moss 1989; Bevis and Watson 1989; Maclean 1992). Despite these criticisms, contemporary nursing curricula have continued to use behaviouristic approaches based on taxonomies when teaching nursing skills (Bjørk 1997).

3.2 The Non-dualist Influence

Over time, dissatisfaction with traditional scientific ideals has caused the pendulum to swing in favour of nurses developing their own distinct body of knowledge that acknowledges artistic as well as scientific dimensions of clinical practice (Gray and Pratt 1991, 1995; Rose and Parker 1994; Hess 1995). Scholars of nursing seem to agree that Carper's (1978) *Fundamental patterns of knowing in nursing*, which includes empiric, aesthetic, personal and moral forms of knowing started that vision. Thus, impetus was provided for nurses to refocus their research activities towards human science methodologies not constrained by traditional dualist ideals (Cull-Wilby and Pepin 1987; Cameron-Traub 1995; Lont 1995; Tolley 1995). These methodologies provide knowledge about people, relationships, behaviours, concepts, assumptions and practices in a manner not possible using the rigid and traditional scientific methods (Webb 1989; Peshkin 1993; Morse 1994; Schutz 1994).

Adopting a human science approach to explain the life world of nursing has not been an easy journey. Lawler (1991) attributes the problem nurses have in making sense or articulating knowledge about their work to 'the problem of the body'. This 'problem' comes from the fact that knowledge about the body was derived from traditional natural scientific laws, which, in favouring objectivity, suppressed subjectivity resulting in epistemological fragmentation. The 'problem' also comes from cultural influences, which tended to view knowledge about the body as private. As nurses are in the day-to-day business of caring for these 'private' bodies, much of their knowledge was, and still is to some extent, silenced or rendered invisible. 'The problem of the body' has created tensions within nursing. These tensions are concerned with the best way to '...render nursing known, knowable, and researchable ...' (Lawler 1997, p. 32).

Lawler (1997) suggests practising nursing and reflecting on it as a way to make silenced and invisible nursing knowledge voiced and seen. In this way, knowledge and understanding about the complexities of nursing practice, which involve the relationships between nurse, patient and context materialise in their true, temporality, spatiality and ontological sense. Nursing literature is now swelling with a collection of works that have sought to define the boundaries of clinical nursing practice through practising nursing and reflecting on it. The following examples give the reader some insight into this body of work.

Madjar (1997, 1999) describes patients' experiences of clinically inflicted pain, which she defines as '...pain that is created in the process of nursing interventions...' (Madjar 1999, p. 145). Madjar studied clinically inflicted pain from two perspectives: burn injury patients requiring dressing changes; and patients who were receiving intravenous chemotherapy for treatment of cancer. Both burn patients and cancer patients are trapped within their bodies and must, as Madjar's (1997) analysis shows, repeatedly endure 'the hurt and painfulness of inflicted pain', 'the wounding nature of inflicted pain', 'handing one's body over to others' and 'restraining the body and voice'. The analysis emphasises the need for nurses to recognise and understand the clinically inflicted pain that patients endure, and not assume it is an inseparable part of the treatment over which they as nurses have no control or skills to alleviate.

In Short's (1997) work, photographic images of nurses caring for sick bodies are used to construct meanings about the relationships appearing in the image, that is, the nurse, the patient and the context of care. For the authors, as nurses who have cared for patients similar to those depicted in Short's (1997) photographs, the images evoke stirring recollections of past nursing experiences. These poignant, but often distressing, memories from our early 'training' years still influence our professional identity and the way in which we respect, engage and empathise with patients. In the same way, our current experiences of working in the world of the premature and sick newborn continue to develop and influence our professional being.

The examples above show how nurses are seeking to make sense of their practice by exploring the relationship between the nurse and the context in which nursing practice takes place. Each of these studies provides a rich description about aspects of the patient's lived experience. These detailed discussions inform the nurse and provide insight into the feelings, anxiety, fear and physical discomfort the patient may experience. This information significantly contributes to the nurse becoming a professional by creating an awareness of the unique needs of each and every patient and the knowledge to meet those needs. The challenge for nurses is that while these works personalise the relationship between the nurse and the patient, they do not describe the practical elements of professional nursing practice. This research cannot be generalised and does not provide the validation of skills or knowledge required to perform a complex dressing, correctly measure a blood pressure or provide adequate pain management. The authors argue nursing academia needs a balance of these rich qualitative works to describe our practice and the patient's lived experience along with scientific or quantitative approaches to compare or validate nursing interventions.

3.3 The Novice to Expert Influence

Patricia Benner's (1984) work on skill acquisition has had a significant influence on the development of contemporary nursing knowledge. This work was a reaction against two prominent educational 'tools' used in traditional nursing schools – task analysis and the nursing process. Benner (1984) thought it was more important to understand how nurses performed in actual clinical practice rather than the hypothetical situations common to task analysis and the nursing process. With this idea in mind, Benner applied the Dreyfus and Dreyfus model of skill acquisition to nursing (Dreyfus and Dreyfus 1980 cited in Benner 1984). This model was derived from the field of artificial intelligence and posits that the acquisition of skills involves a passage through five levels of proficiency: novice, advanced beginner, competent, proficient and expert. Progress through each of these levels depends on the individual's ability to use past concrete experience rather than relying on abstract principles, recognise whole situations rather than certain parts and movement from a '... detached observer to informed performer...' (p. 13). Benner (1984) defined the five levels of proficiency within nursing in the following ways.

In brief, the *novice* has no experience and uses policies and procedures to guide nursing actions. This type of practice is limited, inflexible and, as a result, these nurses cannot prioritise (Benner 1984). The *advanced beginner*, Benner argues, has enough experience to demonstrate acceptable performance, but still requires assistance in setting priorities. These nurses can practise independently provided there has been some prior experience with the current situation (Benner 1984). The *competent* nurse is one who has been working in a clinical practice area for 2–3 years. These nurses are able to set priorities and achieve long-term goals. They use previous experience in a deliberate, logical and efficient manner and, as a result, can manage most complex patient care demands (Benner 1984). The *proficient* nurse can modify nursing practice in response to changing situations. Their practice is now flexible, efficient and demonstrates an ability to 'hone in' on

the important priorities after considering options (Benner 1984). The *expert* nurse has considerable experience and professional maturity. These nurses demonstrate excellent problem-solving abilities, can anticipate problems and are role models (Benner 1984).

Benner's (1984) work has been criticised from both methodological (Cash 1995; Koch 1995) and educational (Sandberg 1994; Bjørk 1995) standpoints. There has also been much debate about the defining qualities of expertise in nursing practice (Jasper 1994; Sutton and Smith 1995; Adams et al. 1997) and the use of intuition by expert nurses (Gerrity 1987; Schraeder and Fischer 1987; Young 1987). There is, however, agreement that development of expertise encompassing intuition can only occur within the context of practice. In other words, a nurse can only develop expertise in nursing from being in and experiencing the world of nursing; it is not something that can be taught or learned in a classroom. It is this argument which we intend to consider further in this chapter.

3.4 Middle Ground: Competency Standards

When nursing entered the higher education sector in Australia, there was a sense of urgency about the need to articulate and define the nature of nursing. The literature was replete with theories about nursing (Marriner-Tomey 1989), but many lacked relevance to the clinical practice of nursing (Sims 1991; Holmes 1991; Crane 1991; Morse 1996; Geanellos 1997). Given our professional history and the difficulties inherent in the knowledge perspectives mentioned above, it was not surprising that nursing leaders at that time saw the competency-based education movement as a way of achieving this aim (Russell 1991; Preston and Walker 1993; Reid 1994). Setting competency standards for nursing practice was seen as an approach that nurses could use to demonstrate accountability to oneself, one's colleagues, the larger professional entity of nursing, employers, members of the healthcare team, the consumer and the community (Gray and Pratt 1989). As hospitals were no longer responsible for the education and training of nurses, registration boards in each state had to have some way of ensuring that each new registered nurse met the *minimum* standards.

The Australian Nursing and Midwifery Council (ANMC) has developed national competency standards for registered nurses following a wide consultative process with the profession over many years (http://www.anmc.org.au). These competency standards have been used as a basis for development of a *Code of Professional Conduct for Nurses in Australia* (Cameron 1995). Together they form the floor or *minimum* acceptable standards for professional nursing practice (White and Chiarella 2000) and are used to accredit pre-registration nursing programmes (Appel and Malcolm 1998). Moreover, it has been argued that the development of such standards enhances the professional status of nursing, defines our practice and is consistent with the international nursing community (White and Chiarella 2000).

3.5 The Social Context

When student nurses enter the workforce, they are confronted with a very different reality from that which they have been studying at university. 'The process of becoming a nurse is a social one' (White and Ewan 1991, p. 189) and involves the student learning the shared meanings, symbols and customs that make up the culture of nursing and distinguish it from other professions. White and Ewan (1991) describe the process of professional socialisation as the 'hidden' part of nursing curricula that 'is reflected in the unconscious but shared assumptions of its practitioners' (p. 190). For students, the process occurs via verbal and non-verbal messages received from other nurses, doctors, patients, teachers and institutional norms. This social interaction helps the student develop expectations of themselves and others within the clinical setting. In turn, those expectations help students learn how to respond in certain situations (White and Ewan 1991; Öhlén and Segesten 1998; Chang and Daly 2001).

Lincoln, Carmody and Maloney (1997), in their consideration of professional socialisation in speech pathology, argue that it is part of a process concerned with technical competence, professional interpersonal skills, knowledge of professional standards and ethical competence. These authors argue, in a similar vein to White and Ewan (1991), that professional socialisation occurs over time and in response to certain situations. They also argue, as White and Ewan (1991) do, that professional socialisation is not about indoctrination or 'cloning' students in the ways of their teachers, rather professional socialisation is about developing individual potential.

Interestingly, in nursing, it is in developing individual potential that many problems arise in the professional socialisation process. Those problems begin when students realise the messages they are receiving from the clinical setting are different from those espoused by the university curriculum (White and Ewan 1991) and in the majority of cases these mixed messages continue throughout the duration of study and beyond. These conflicts in professional expectations have been consistently identified as a major problem source for neophyte nurses (White and Ewan 1991; Kapborg and Fischbein 1998; Walker 1998; Chang and Daly 2001) often leading students to experience what has been termed 'reality shock' (Kramer 1974; White and Ewan 1991).

Reality shock is then compounded by a profession prone to the foibles of horizontal violence. Duffy (1995) describes horizontal violence as 'intergroup conflict...manifested in overt and covert non-physical hostility such as sabotage, infighting, scapegoating and criticism' (p. 5). Nurses have described examples such as being humiliated by a colleague in front of a patient, being excluded from certain activities and having proposals ignored (Hockley 2000). This sort of behaviour is attributed to nursing's long history of subordination to medicine and its lack of control or influence within the healthcare system. This perceived lack of control and the inability of most nurses to question authority (Duffy 1995; Hockley 2000) results in nurses targeting those within their ranks who are less experienced, vulnerable

and unable to challenge. The resulting horizontal violence is seen by most as a destructive way of venting built-up frustrations and tensions.

Alavi and Cattoni (1995) use Canetti's metaphor of 'stings' to describe the process of horizontal violence that seems to be a constant in the way nurses become socialised into nursing. The following excerpt is a part of that description: '... when people are given commands and are subject to embarrassment, punishment or degradation, a 'sting' lodges within them. This sting embeds itself within the person and the only way to be rid of it is to pass it on to someone else' (p. 346). Student nurses are likely to receive several stings by the time they become a registered nurse. Because of the hierarchy system within nursing, the only way stings can be divested is to a subordinate, which means the most convenient way to rid one's self of stings once registered is to the next intake of student nurses. Hence, the cycle of horizontal violence is perpetuated.

These often unpleasant and disturbing experiences as student nurses have again contributed to our professional becoming, but like the majority of our profession, rather than perpetuate these attitudes, we aim to actively nurture, guide and mentor our students and new graduates. This positive contribution by many registered nurses to the professional socialisation of new colleagues will hopefully provide role models and assist in the growth of each to their full potential (White and Ewan 1991).

However, the optimism and professional confidence demonstrated by experienced nurses, and the willingness to mentor new graduates, is often thwarted by the realities of the current healthcare system. As a result, the professional transition for many nursing graduates is problematic. Nurses are the largest component of the healthcare workforce and as such are often the first to be affected by changes in the strategic directions of the health system. These changes can be both advantageous and detrimental to the profession and ultimately patient care. The health system now with its market-driven priorities, that is, the need to increase through-put of patients and productivity, is seen by many to be in direct competition with the provision of optimal nursing care. Nurses are time poor and need to be proactive and develop new strategies to meet the needs of both patients and the community in a health system with finite resources and increasing costs. In a system where service and economic priorities are perceived to be valued above best practice, there are limited opportunities to influence the strategic direction of the nursing service and improve professional satisfaction. This situation adversely affects the way many graduates are socialised into professional nursing roles and may well limit their potential.

In an attempt to improve nursing systems and so meet the changing needs of the health system, the NSW Nursing and Midwifery Office (http://www.health. nsw.gov.au/nursing) has acknowledged recommendation 38 of the *Final Report of the Special Commission of Inquiry, Acute Care Services in NSW Public Hospitals* (Garling 2008), that is, the imperative to redress some of these contemporary realities, improve job satisfaction, professional commitment and to generate progress and flexibility in clinical practice, and has introduced the *Essentials of Care* project. This project is concerned with relevant and effective patient care through specific assessment processes that involve observation of practice, clinical audit and patient

stories. Data obtained through these assessment processes are then used to plan changes in practice and foster a person-centred workplace culture that improves the experiences and outcomes for patients, their families and the staff providing the care. Central to this project is the use of Practice Development methodologies that aim to generate positive change in the workplace through effective communication, reflective practice, facilitating a team approach to problem solving, fostering critical creativity and applying knowledge in practice (Manley et al. 2008). The authors will be watching the future progression of this project with interest.

Discussion thus far has shown that nursing has struggled with the ideals of objective epistemology and dualist ontology in developing its own body of knowledge. These struggles led to the adoption of more subjective non-dualist methodologies, which gave rich life-world data but lacked capacity for generalisation. There was a quiet period with almost universal acceptance by the nursing profession of the novice to expert model. This has now settled to a middle ground where nursing practice and practitioners are defined according to competency standards. Overlaying all of these knowledge perspectives is the hidden aspect of professional socialisation, which has a much greater potential to affect the on-going development of nursing knowledge because it is deeply embedded into our nursing culture.

In the next section of this chapter, we are going to move into the world of neonatal nursing practice and look at 'becoming' a professional nurse within that context. It is fair to say that aspects of nursing's historical legacy are still very much alive and well within that context. However, by nurturing a focus on lifelong learning through a range of interdisciplinary experiential learning activities, it is possible to influence attitudes within the workplace in a positive way, thereby maximising the potential for professional development.

4 The World of Neonatal (Speciality) Nursing Practice

4.1 Contexts of Care

In order to understand the nature of becoming a neonatal nurse, the context or setting in which the nurse carries out her role must be considered. There are over 100 hospitals in New South Wales that provide some level of service to mothers and newborns (Centre for Epidemiology and Research 2006). Nine of these hospitals have the infrastructure and resources to afford intensive care services to the newborn. These neonatal intensive care units (NICUs) are situated in either large perinatal (maternity) centres or in major children's hospitals and collaborate with each other and with the Newborn and Paediatric Emergency Transport Service (NETS) to effectively retrieve and manage the sick ventilated infant, the complex surgical infant or the extremely premature newborn. These centres, including NETS, are highly technical environments and as such require nurses who are not only proficient in the use and application of this technology, but who are also able to provide support and counselling to parents in crisis.

The remaining maternity units offer varying aspects of special care services for the sick and/or premature newborn and importantly liaise and cooperate with the NICUs and NETS to provide a complete service for all mothers and babies in NSW no matter the geographic location. Unlike NICUs, however, these special care nurseries are not as complex, but nurses and midwives in these settings require similar expertise in the management of the convalescing infant and the skills and knowledge to recognise and respond to the deteriorating infant. This means nurses and midwives practising in the special care setting must also have the appropriate knowledge and capacity to recognise and stabilise the sick newborn prior to transport to a NICU.

Neonatal nurses, therefore, work in a variety of settings and require a broad range of knowledge and skills to facilitate optimal management of the newborn. These include emergency skills such as resuscitation and stabilisation of the newborn, proficiency in newborn retrieval, effective communication and interpersonal skills, expertise in ventilation, understanding of pharmacology and pain management, knowledge in the principles of infant nutrition and lactation, child development and may extend to the provision of nursing care for the complex infant in the home.

The rapid advances in technology and medical management in neonatal intensive care therefore demand specialist nurses who are competent in clinical practice, can solve complex problems, are reflective and think critically. Registered nurses working in this area must balance the interventional and highly technical nature of the neonatal intensive care environment with the need to promote developmentally supportive care to address not only the immediate physiological demands of the infant but also to optimise long-term developmental outcomes for the at risk infant (Als 1986; Westrup et al. 2000; Symington and Pinelli 2002; Als et al. 2003).

Neonatal intensive care can be a very cluttered, noisy, busy and overwhelming environment for stressed and anxious parents. The nurse is a critical member of the interdisciplinary team with whom the parent has most interaction and direct access. As such, the nurse is the professional profile of the team and significantly contributes to both the physical and the psychosocial care of infants and their parents. The skilled and capable nurse has the ability to maintain and strengthen the practice and culture of the NICU through the provision of highly technical and competent care with concomitant communication and professional values that recognise the unique qualities and needs of each infant and family. The well-prepared nurse is cognisant of the strategies needed to moderate the distressing environment of the NICU and to ensure parents are appropriately supported and encouraged to actively participate and make decisions about their infant's care (Bredemeyer et al. 2008).

4.2 Educational Preparation – Past and Present

Historically, to meet the complex demands of the neonatal intensive care setting, it was expected that a qualification in midwifery and to a lesser extent paediatrics would provide the neonatal nurse with grounding in maternal and obstetric complications during pregnancy and childbirth that may impact on the immediate management of the newborn. Unlike other western countries, clinical experience in the observation and stabilisation of the newborn was seen as an advantage and so until the early 1990s midwifery was a prerequisite for admission into hospital-based neonatal training programmes. An example is the Royal Prince Alfred Hospital (RPAH) Sydney post-registration *Certificate in Neonatal Intensive Care Nursing* that began officially in 1973. Successful applicants were required to have registration within New South Wales, possess a midwifery certificate and have a minimum of 12 months' experience in a special care or neonatal intensive care nursery (Royal Prince Alfred Curriculum Development Committee 1973, 1984).

The transfer of nurse and midwifery education into the higher education sector has had a significant influence on the recruitment of registered nurses and midwives into the speciality of neonatal nursing. The transfer has been energising for the development of both nursing and midwifery disciplines, but has removed the traditional pathways used by neonatal nurseries and other critical care specialities to recruit experienced and mature nurses to their workforce. As a result, neonatal intensive care nurseries are now recruiting from the very inexperienced, newly registered nurse population, and this is diluting a once highly-skilled workforce.

Compounding the problem of a diluted skill mix is that there are currently few postgraduate programmes available that address the needs of specialist neonatal nursing. Of those that are available, some are at graduate certificate level with few graduates progressing to higher degrees. Others at graduate diploma and master level are embedded within the context of adult critical care, which neonatal clinicians argue are not relevant to their daily practice. As a consequence, there is difficulty attracting students into these courses, which means the capacity for knowledge development within the speciality of neonatal nursing is under pressure.

While there is criticism of the higher education sector and its applicability to those nurses engaged in clinical practice, the authors argue that failure of the profession and its clinicians to engage in the scholarship of nursing will be detrimental to patient outcomes. The reluctance of many in the practice setting to undertake higher education study is reportedly due not only to the financial burden for nurses, but also the relatively low remuneration additional qualifications bring. Slowing this transition to graduate higher education study is the reluctance by nurse managers and others to insist on graduate qualifications for specialist nurses. Combine this with uncertain career opportunities and the tiring nature of shift work combined with study, there remain significant deterrents for clinicians to pursue specialist nursing degrees (Lumby 1999; Caphorn 1999; Borland 1999; Moait 2000; Heath 2001).

In an attempt to cope with the increasing demand for skilled nurses and the inability of the higher education sector to provide appropriately qualified specialist nurses, service providers, including NSW Health and Area Health Services, are again funding specialist education for registered nurses. These programmes range from graduate certificates offered by the College of Nursing to non-award speciality skills programmes funded by health service organisations. Funds for these latter programmes are usually determined by service needs. That is, those speciality areas

with the highest turnover of nurses are targeted as these areas generally have an inadequate skill mix to deliver the clinical service.

These latter courses run counter to an extensive interdisciplinary body of research concerned with how students approach their learning, the learning outcomes they achieve and the relationships between students' learning and the teaching they experience. Teaching directed toward transmission of knowledge encourages students to adopt superficial approaches to their learning and means they are less likely to achieve desirable learning outcomes as compared with those who adopt a deeper more critical approach to their learning (Ramsden 1992; Marton et al. 1997; Prosser and Trigwell 1999). If these short recruitment-orientated courses are to continue, which seems likely given the current problems with recruitment and retention of skilled neonatal nurses, then the focus needs to change. That is, there needs to be less emphasis on information transmission and more on facilitating learning so that the potential for high-quality learning experiences is realised and knowledge retained (McKenzie 1999).

4.3 Learning the Ropes – Reality Sets in

The technical aspect of NICU is important as the nurse's ability to use technology and equipment has been linked to assumptions about *being* and *becoming* a competent professional neonatal nurse (Davey 2002). New graduates entering the highly technical environment of the NICU have described similar feelings to parents such as shock and anxiety, when confronted by the vast array of mechanical equipment and their associated tubes and wires (Kenner 1995; Sim 2000). Nurses also describe fears that are increased by the emphasis senior nurses place on the new graduate's ability to quickly use and apply the technology appropriately (Davey and Bredemeyer 1997). Sandelowski (1997) refers to this type of emphasis on technology as technical optimism. Nurses in favour of technical optimism embrace technology and see it as a way of reducing the *perceived* menial or unskilled work in nursing. The application and use of science-based technologies in clinical practice is seen as a way to expand nursing knowledge as well as move closer professionally and socially to doctors.

It is important for more experienced nurses to assist their less experienced colleagues to balance the physical and psychological aspects of the NICU environment. Walters (1995) demonstrated nurses working in adult intensive care balance the technology and benevolent aspects of their role in three ways: organising the bed area so the patient was more visible, recognising technology as an essential aspect of their caring role and preserving patient dignity. In accord, the emergence and almost universal agreement by nurses on the potential benefits of individualised developmental care in the NICU would suggest specialist registered nurses can apply technology in their practice without losing the essence of their nursing ethos – caring and compassion.

Not all nurses are willing or able to assist less-experienced colleagues learn the ropes. Comments such as 'some nurses are more helpful than others when you ask them things', 'some people treat you like you are stupid and you don't want to ask them for help' and 'you soon get told if you've done something wrong', featured in a report by Davey and Bredemeyer (1997) about new graduates undertaking an Orientation Program to Specialist Care Area (OPSCA) in neonatal nursing. These comments are revealing and clearly demonstrate that appropriate role modelling and opportunities for learning continue to be inconsistent and ad hoc. Moreover, comments such as these indicate the hidden 'stings' of professional socialisation are still very much a part of the present and may continue to thwart the professional growth and confidence of our young colleagues. Hence, within the NICU, it is our opinion that the clinical nurse educator (CNE) plays a vital role in lessening such 'stings' by facilitating consistent and relevant learning opportunities for those nurses new to the NICU through formal teaching (seminars, workshops, skills acquisition sessions), informal teaching (clinical rounds, clinical guidance) and preceptorship or buddying.

5 Fostering a Culture of Lifelong Learning – A Profile of One NICU

Fostering a culture of lifelong learning is difficult in a large bureaucratic authoritarian hospital organisation. Burns (1995) provides an interesting comparison of Maslow's hierarchy of biological and social needs to such organisations, which is worthwhile considering here. The physiological needs of food, air, water and shelter fundamental in maintaining human life are at the bottom of the hierarchy. Organisations meet these needs by factoring meal breaks into daily work activities. Safety needs are the next level up in the hierarchy. Organisations provide this security by complying with Occupational, Health and Safety legislation and the provision of sick and family leave entitlements, annual leave and superannuation into wage and salary agreements. Social needs involving the desire to belong and gain acceptance are on the third level. Some organisations schedule sporting or social events either in work time or after hours to foster these needs. Others try to organise the work context into teams to enhance personal contact and acceptance. Knowledge and understanding is on the fourth level and involves our lifelong need to search for meaning and personal identity. From an organisational perspective, it involves extending knowledge and understanding of employees at all levels of the organisation. Esteem needs related to self-confidence, competence and respect are on the fifth level. Many organisations try to foster these needs by offering awards such as 'employee of the month'. Self-realisation needs are at the top of the hierarchy and involve individuals fulfilling their own potentialities. The ability for a hospital to meet these needs is doubtful. In fact, Burns (1995) argues that the majority of bureaucratic organisations are located on the border between safety

and social needs. This is concerning, given the qualities we want neonatal nurses to adopt, including knowledge and competence, are located at the higher level. In order to shape the skills and knowledge considered essential in the nursing workforce, hospitals, and in particular individual wards or units, often develop local programmes for nurses. The primary aim of many of these programmes is to meet the service requirements of a specific patient group. These programmes are sometimes structured but usually ad hoc, often didactic with few learning objectives or resources developed.

The NICU in profile has developed a structured interdisciplinary programme with specific learning objectives, including formative and summative assessments. The programme addresses not only the knowledge and skills required to work with the high-risk newborn, but also covers professional issues such as team work, communication and leadership. A range of educational opportunities for registered nurses are provided in this unit such as orientation and preceptorship programmes, regular educational sessions in the form of didactic lectures, problem-based learning and teaching rounds. Tutorials for students engaged in graduate study together with clinical supervision are also provided. In general, these activities are not interdisciplinary and are coordinated by the clinical nurse education team.

Activities that have capacity for interdisciplinary sharing include the transitional nurse practitioner programme, epidemiology and clinical research workshops, development of clinical practice guidelines and participation in SCORPIO sessions (Structured, Clinical, Objective Referenced, Problem-based, Integrated and Organised). The teaching faculty and participants in the transitional nurse practitioner programme, epidemiology and clinical research sessions and the development of clinical practice guidelines are generally small, which means the opportunity for interdisciplinary learning is also limited.

In contrast, a SCORPIO session involves tutors and a large number of participants from a variety of disciplines. The SCORPIO is structured around a series of short supervised teaching stations that address theoretical and practical issues related to a clinical problem or situation. 'The principal goal of the system is to teach clinical competence' (Hill 1992, p. 38). It is objective referenced because written learning objectives are displayed at each station so that all participants have a clear idea of what needs to be accomplished.

This teaching method provides an opportunity for each individual to develop his/her confidence, competence and professional identity. As these interdisciplinary sessions require the nurse to be proactive, interactive and collaborative in the learning experience, the authors postulate the method promotes critical thinking, problem solving and team work – attributes the nurse needs to value and progress in order to realise her full potential in becoming a professional. For this reason, the next part of our discussion will focus on the use of SCORPIO as a teaching method, which the authors believe facilitates lifelong learning, professional pride and interdisciplinary understanding and mutual respect.

It is worthwhile clarifying here that the SCORPIO is in sharp contrast to the Clinical Skills Assessment Test (CSAT), which was used widely within New South Wales hospitals from the late 1970s. The CSAT was a checklist consisting of a

sequence of steps related to a specific task, for example, taking temperature or sponging a patient in bed. Student nurses were required to obtain mastery of many CSATs in order to fulfil the various statutory requirements for registration (NRB Examination Development Centre 1983). Each time a student undertook a CSAT, the assessor recorded information such as the number and duration of practice sessions, the date of assessment, the number of previous attempts and the date of skill mastery. This data was used to calculate the comparative financial cost per student group to achieve mastery of the chosen skill (Kerr 1997).

The SCORPIO is founded on a problem-based learning philosophy. The integration of theoretical and practical issues related to a clinical problem situation is seen as a way to equip participants with the necessary cognitive, psychomotor and attitudinal skills required of a medical officer or registered nurse. It is integrated because SCORPIO topics cross traditional disciplines and always seek to apply theory to practice. There is continuous assessment throughout the system; depending on the topic, that assessment may consist of a pre-and-post multiple choice questions (MCQ) and/or short answer examination or the substitution of teaching stations for an Objective Structured Clinical Examination (OSCE) to assess the relevant knowledge and skill acquisition (Hill 1992). Small group interactive education techniques engage the participants and provide immediate feedback to the tutor about knowledge acquisition and confidence or the need for individual follow-up.

The NICU in profile has developed numerous SCORPIOs covering a wide range of clinical situations. Examples include resuscitation of the high-risk newborn, developmental outcomes, error reduction and newborn emergencies. Nurses, doctors and allied health personnel either act as clinical faculty or participate in the SCORPIO depending on their level of confidence and clinical expertise. The aim of the SCORPIO within the NICU is to foster a culture where knowledge is shared and learning is facilitated in-context by committed clinical faculty.

The content of this interdisciplinary programme, including the SCORPIOs, was informed by many publications, the teaching and clinical experience of the Faculty and importantly by Davey's (2002) research. The following section is a summary of that research and its findings. As this work was undertaken in the NICU profiled above, the results were directly relevant to our nursing population and the context in which they practise. It forms the basis for the teaching and support given to our nursing team in the NICU.

6 The Voices of Neonatal Nurses

What do neonatal nurses say about becoming a professional? The short answer to this question is that notions of being and becoming a professional neonatal nurse are linked to conceptions of competence in clinical nursing practice (Davey 2002). Using phenomenographic methodology, Davey (2002) was able to show

that competence in clinical neonatal nursing practice could be conceived of in four qualitatively different ways.

- 1. Managing separate items within the NICU environment according to technologybased policy and procedural rules.
- 2. Managing integrated clusters of items within the NICU environment according to technology-based policy and procedural rules.
- 3. Managing a support system for the infant and family by using objective sensory observation of the infant to guide the use of policy and procedural rules according to priorities.
- 4. Managing a support system focused on the infant and family by using objective sensory observation of the infant and tacit feelings about the infant arising from variation in the previous experiences of outcome for infant and family to guide and challenge the use of policy and procedural rules.

What you see above are the phenomenographic expressions referred to as categories of description that form a logical, internally-related hierarchy representing in a holistic way how neonatal nurses think about being and becoming a competent professional neonatal nurse.

In Category 1, the meaning of being competent as a neonatal nurse is seen as an ability to carry out or manage nursing activities according to NICU policy and procedural guidelines. These guidelines are the rules that must be followed accurately and methodically in order to provide a perceived or taken-for-granted safe level of care to infants and their families. Becoming a competent neonatal nurse in this category means there is a focus on constant revision of certain manuals noting any change in NICU policy or procedural guidelines. There is also an emphasis on managing individual nursing activities in the 'right' way and in the 'right' order without consideration of how each of these activities may impact on the infant or their family (Davey 2002).

In Category 2, being a competent neonatal nurse is concerned with having a degree of local knowledge that enables groups of nursing activities to be linked together or clustered in a time-efficient manner without compromising safety. The integrated focus of this category means that relationships within individual nursing activities as well as between groups of individual nursing activities are seen by nurses. Thus, it was logical to discover that becoming a competent neonatal nurse involved strategies concerned with repetition of skills, trialling various skill combinations, accepting knowledge from a person in authority, accepting objective evidence and thinking ahead, and is influenced by the length of time spent in the area of neonatal nursing (Davey 2002).

In Category 3, there is a major shift in focus from NICU activities themselves to the infant and family. In this category, becoming competent as a neonatal nurse is related to managing the care of the infant and family according to specific clinical priorities. A primary focus on the infant's clinical condition as determined by objective sensory observations of the infant and a secondary focus on integration of rules delimit actions of the neonatal nurse in managing these clinical priorities. Managing the infant and family according to clinical priorities involves an ability to see links between items within the NICU environment. It also involves an ability to understand relationships between items in the NICU environment, the infant's clinical condition and the family's response to their infant's condition. The primary strategy that neonatal nurses use to become competent in their practice is undertaking a postgraduate course in neonatal nursing (Davey 2002).

In Category 4, being competent is related to managing the care of the infant and family according to personalised contextual guidelines that aim to achieve the best outcome for the infant, its family and the specialty of neonatal nursing. Focusing on the infant's clinical condition as indicated by tacit intuitive signs together with objective evidence from sensory observations of the infant means that potential problems are anticipated and responded to before they become an actual clinical priority. This ability comes from a unique spatio-temporal awareness, which allows the neonatal nurse to have an understanding of the interrelationships that occur on a moment-by-moment basis between the infant, its family and the NICU environment (Davey 2002).

Neonatal nurses expressing this level of understanding know what is happening to the infant at all times and can use this information to empathise with parents and families. An interest in the specialty of neonatal nursing means that professional development is considered an aspect of being as well as becoming a competent neonatal nurse. Critical reflection on the infant's clinical condition is the main strategy used to become a competent neonatal nurse. Strategies used in other categories are also used in Category 4. However, the use of objective as well as subjective information concerning the infant's clinical condition means that looking for better ways of conducting clinical practice activities are the subject of inquiry rather than, integrated or prioritised ways to conduct clinical practice activities (Davey 2002).

It is Category 4 that resonates most strongly with how the authors conceive of competence in their practice. The reason for this is the concomitant focus on professional development, which has been a lifelong journey of becoming for us both. Therefore, we are keen to foster development of this conception of competence among our neonatal nursing colleagues. One way we see that happening is through the continued use of contextualised SCORPIOs where skilled clinical faculty can help those participating in the SCORPIO to focus on objective sensory observations of the infant. When such a focus is maintained, then the capacity for lifelong learning and continuing professional growth is realised.

In conclusion, this chapter has provided a potted version of the major sociohistorical factors influencing the development of nursing and nurses within Australia over the last century. We have infused our discussion with insights from our own experiences of being contemporary professional nurses working within the context of clinical neonatal nursing practice. We hope our insights have provided food for thought and emphasised our central argument about how important learning in context is in actualising individual potential in becoming a professional nurse.

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Chapter 11 Teacher Professional Becoming: A Practice-Based, Actor-Network Theory Perspective

Dianne Mulcahy

1 Introduction

Neo-liberal approaches to education are redefining what counts as education, teaching and teacher professionalism today. Teachers are experiencing an increasingly less stable identification, more monitored transitions and more managed career paths as a result of a diverse range of developments, including the spread of a new public management culture, the dominance of human capital discourses, the promotion of continuous externally-driven reform, the institutionalisation of standards of professional practice as part of this reform, the demand for greater teacher and school accountability, the desire to maximise control of student outcomes and assure scores on high-stakes tests, and so on. These developments are particularly prominent in Australian education which, as Comber and Nixon (2009, p. 333) report, 'is now firmly ensconced within the government's productivity agenda. ... It now seems impossible to discuss high-quality education without the insistence on reporting, standardised curriculum and assessment metrics'.

Taking neo-liberal conditions as a framing context, what counts as *being* and *becoming* a teacher in these conditions? In this chapter, I explore the character of teacher professional becoming giving particular attention to the role of 'more than human' (Lorimer 2005, p. 383) dimensions of it. Indeed, these dimensions *include* this framing context, which is far more agentive than the common image of context as 'container' allows.¹ Becoming a professional, I will argue, is not only a process in which people are caught up, but also, and at the same time, a material practice which

¹Thinking contexts in this 'agentive' way shifts the focus from a view of reform as an externally controlled policy initiative for use in education, to how reform is undertaken by individuals and other agents, acting together every day, to transform practice.

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is distributed across a heterogeneous range of materials – bodies (embodied routines and habits of the profession), texts (images gained of professionals, professional standards), objects (tools and technologies specific to professional practice) and institutional contexts (e.g. professional education, professional practice settings). When attempting to understand the phenomenon of professional becoming, the appropriate unit of analysis extends beyond the individual professional to take in the assemblage or heterogeneous network² to which she contributes and of which she forms part. 'Quite simply, an individual does not become a professional in isolation' (Dall'Alba 2009, p. 42).

Empirically, I seek to make an account of teacher professional becoming by looking at both 'novice' teacher and 'accomplished' teacher data. Using examples of teacher professional becoming derived from two research projects the first of which investigated the classroom practice of newly graduated teachers and the second of which (a project in progress) is exploring the relationship between professional teaching standards and teacher professional learning, I argue that a unitary, stable and fixed conception of teacher becoming tends to prevail in the fields of education research and education policy and that this conception can serve to conceal the circumstances (discursive, material, institutional) underscoring this process, as well as efface the 'identity work' that teachers (both teacher candidates and classroom teachers) do every day in order to continue it.

Using the material-semiotic approach of actor-network theory (ANT) (Latour 2005; Law 1992, 2009; Law and Hassard 1999), which provides the idea that human and non-human beings constitute each other and that this constitution can take different forms in different places (Law 2002, 2009; Mol 2002; Moser 2006), I ask the seemingly simple question: *'where* is teacher professional becoming?'. Central to ANT is the notion of *performativity*.³ In keeping with developments in cultural and human geography, most particularly non-representational theory (Thrift 1996, 1999, 2008),⁴ actor-network theorists use the term performativity to accent *practice* – to indicate that reality is brought into being: is enacted, fashioned or done. It does not exist outside its 'doing' in various and different practices. Thus, on the one hand, the reality of the category of 'graduate teacher' may be generated in

² 'The concept of the assemblage forwarded by Deleuze and Guattari denotes the 'amalgam of places, bodies, voices, skills, practices, technical devices, theories, social strategies and collective work that together constitute ... knowledge/practices' (Watson and Huntington 2008, p. 272, citing Wright 2005, p. 908). As Law (2009, p. 146) comments, there is little difference between the term *agencement* – translated as "assemblage" in English – and the term actor-network (heterogeneous network). Thus, I use these terms, or better perhaps, analytical metaphors, largely interchangeably.

³The turn to performance has been taken in various disciplinary fields, including human geography, cultural studies, contemporary political theory and parts of science, technology and society studies in which actor-network theory 'sits'.

⁴As developed by the human geographer and social scientist, Nigel Thrift, nonrepresentational theory (NRT), or the theory of practices, takes as its leitmotif *movement* and, like actor-network theory, emphasises practices understood as *material* bodies of work. Thrift acknowledges the many affinities of NRT with ANT in *Non-representational theory: Space, politics, affect* (2008, p. 110).

ways that align with the various classification types and levels, set out in texts, that education authorities commonly consult when employing or promoting teachers,⁵ and/or align with the standards statements that regulatory authorities commonly use when registering professionals or providing their permit to practice.⁶ On the other hand, it may not. A graduate teacher may fashion her teacher identity in terms of the specific, embodied practices of the accomplished and expert teachers with whom she works every day. The teacher identity thus produced may well 'cross' the categories that constitute the classificatory scheme that forms part of employment and promotion infrastructure. In these two small 'snapshots' of teacher becoming, teachers do not enact their professional identities in individual performances.

The chapter is organised into three substantive sections. In Sect. 2, after some preliminary definitional work, I sketch some modes of storying professional being and becoming as an emerging field of study. I follow this sketch with a summary of the central tenets of ANT as an intellectual tradition that provides a performative perspective on this being and becoming. Next, in Sect. 3, empirical examples of teacher professional becoming derived from two research projects are outlined and details describing the empirical methods used to investigate the phenomenon of becoming are given. Data from these projects are worked via the telling of three stories of teacher professional becoming that feature the locales and material practices through which this becoming takes place. In Sect. 4, I conclude by discussing the distinctiveness of the contribution of ANT to studies of professional becoming and teacher subjectivity (the 'graduate teacher', the 'accomplished teacher') and examining some of the implications of the perspective it provides for professional education, specifically, teacher education.

2 Clearing Some Definitional Ground: On Teacher Becoming

Becoming a professional involves both epistemological and ontological dynamics. Professionals have long been held to require systematic, scientific knowledge acquired through programmes of professional education. Indeed as Stronach and his colleagues comment (2002, p. 111), "professionals" ... are ... systematically pinned down in terms of different types of knowledge'. While these requirements and the means by which they are met are epistemic in nature – epistemology being generally seen to concern itself with the foundations of certain knowledge (Jensen 2004, p. 235) – they also imply a particular type of professional identity and a particular process of professional becoming. They invite attention to the key ontological questions of professional being and becoming. It is widely recognised in the educational literature that professional learning involves much more than

⁵See for example: http://www.education.vic.gov.au/edulibrary/public/h/empconditions/Roles_and_responsibilities-TS.pdf.

⁶See for example: http://www.vit.vic.edu.au/files/documents/787_standards.pdf.

the acquisition of the technical knowledge and skills required in order to practise professionally (Connelly and Clandinin 1999; Beattie et al. 2007; Dall'Alba 2009; Grossman et al. 2009). Professional learning is implicated in formative notions of identity with teacher learning, for example, being viewed as 'a creative, holistic, relational endeavour in which the personal and professional are intimately connected' (Beattie et al. 2007, p. 119). The term *professional becoming* is used broadly in this chapter to refer to processes of professional identity formation and transformation. Discursively and materially produced, these processes include attention to the inner life of the teacher, her self-work or subjectivity. They necessarily involve both epistemological and ontological work: identities are objects of knowledge practice and objects in knowledge practice.

3 What Counts as Professional Becoming?: Orthodoxies and Other Stories

In what follows, I tell three short stories of teacher professional becoming from the field of education, with particular attention to professional education. Adopting Pickering's (1995, p. 351) framing of scientific practice, I contrast two different idioms for thinking about and studying teacher becoming, the representational and the performative. In framing stories of teacher professional becoming in this way, I want to consider what is to be gained from the substantive turn taken in various fields from 'text' and representations, to performances and practices (Nash 2000, p. 654). Set within a modernist epistemological tradition, the first two tales are cast in a *representational* idiom whereby teacher becoming is conceived as a process of developing a defined body of knowledge and skills. Already constituted and known, this body of knowledge and skills is taken to pre-exist practice. It is often described in textbooks (Dall'Alba and Sandberg 2006) or, in the current conjuncture, commonly put together as teaching standards – more or less accurate pictures of professional practice. It is thought to be developed in systematic ways, for example, through professional education programmes offered by higher education institutions and/or mentoring programmes in schools, which, in turn, and to some degree, take account of the curriculum provided in professional education and these standards.

The third tale, which can be understood as a call to complexity (Weaver-Hightower 2008) in professional education, takes in concepts provided by actornetwork theory and non-representational theory. Cast in a *performative* idiom, it renders teacher becoming as an array of processes *enacted* contingently *in* classroom and other localisable *practices*. 'It is concerned with practices through which we become "subjects" decentred, affective, but embodied, relational, expressive and involved with others and objects in a world continually in process' (Nash 2000, p. 655). A performative perspective does not exclude the idea of representation, but rather 'views it as a specific aspect of performativity' (Jensen 2005, p. 262). In making my telling, I provide a description which is also a simplification: 'laying out a scholastic typology' involves perpetrating 'the usual acts of violence' (Lynch 1993, p. 83).

3.1 Tale 1 – Prerequisites for Practice: A Programmatic Account

According to the received view, 'becoming a skilled professional involves progressively accumulating a set of knowledge and skills' (Dall'Alba and Sandberg 2006, p. 384) largely through a programme of professional education, which may (or may not) incorporate practical experience in the workplace. This model of professional becoming comes out of a representational view since the skills and knowledge to be developed are taken to be stable - a more or less correct representation of the empirical reality of practice. Here, practitioner skills and knowledge are given in advance of action and largely separated from professional activities and the situations in which professionals practice. And yet, as Lorimer (2005, p. 84) cautions, 'so much ordinary action gives no advance notice of what it will become'. For Dall'Alba (2009, p. 34), 'those professions that require registration in order to practise tend to direct focus still more strongly to knowledge and skills that must be acquired during professional education'. Teaching is just such a profession, with entry to it being conceived increasingly in terms of professional teaching standards - elements of knowledge and practice deemed essential in the preparation of members of the teaching profession - and traditional stage theories of career.

Various academic discourses (for example, cognitive psychology, positive psychology, education psychology) and, more particularly, the model of skill development proposed by Hubert and Stuart Dreyfus (1986),⁷ which has been influential in the human services professions (education, nursing, social work) for more than 20 years, construct the dynamics of teacher becoming as a staged process that takes place in a cumulative manner. Achieving a steady upward progression, this process results in a final formation that has variously been called the 'accomplished teacher', the 'expert teacher', the 'leading teacher', among others. '(V)ersions of professionalism almost invariably entail ... an implicit assumption that professional status is permanent once it has been attained' (Colley et al. 2007, p. 174). I propose that this formulation has more to do with teacher *being* – a state reached – than teacher becoming.

In what I will call a programmatic account of teacher becoming, where emphasis is placed on working to pre-given codes, becoming a teacher is thought to be a matter of stepwise progression into the profession having accumulated a set of essential knowledge and skills as described in 'official' texts (the curriculum materials that support professional education, teaching standards). Meeting externalised and formalised criteria implies that the process of professional participation and becoming is singular and unidirectional. Little room is made in this model for the idea that teacher candidates, or new entrants to teaching, or indeed experienced teachers, may make multiple trajectories of participation, trajectories both into and out of the teaching profession, or, as briefly explained in the introduction,

⁷As argued by Dreyfus and Dreyfus (1986), skill acquisition typically proceeds through five skill levels: novice, advanced beginner, competent, proficient and expert.

trajectories that 'cross' the official categories. Moreover, little provision is made in this model for the goals of lifelong learning, which go well beyond the traditional emphasis upon the formal acquisition of knowledge and skill (see, for example, the four 'pillars' of lifelong learning, Delors 1996). Attention is given largely to the tasks or functions of teacher professionals, rather than their identity formation and the personal transformations they pass through in the process of forming teacher identities.

Received views of professional becoming are underscored by a unified concept of identity whereby the unitary or self-standing subject (individual, autonomous professional) gives rise directly to action (skilful practice). Having acquired the requisite professional knowledge and skills, this subject practises professionally through a process of continuous (rational) reflection on experience towards expanding her awareness of self and situation. Thus, in a popular approach to teacher professional becoming, an approach which is founded on Seligman and Csikszentmihalyi's positive psychology, teacher candidates are encouraged to engage in a staged process of 'core reflection', towards acknowledging their core qualities and expressing their meanings in a specific teaching situation (Meijer et al. 2009). Here, to know and learn professionally, 'activates a discourse of "what it means" ' to practise professionally (Muecke 2009, p. 408, emphasis original). Attention to processes of reflection, while important,⁸ offers no 'escape from the established academic habit of striving to uncover meanings and values that apparently await our discovery, interpretation, judgement and ultimate representation' (Lorimer 2005, p. 84). As indicated in the final account in this section, becoming as a performative practice insists, in contrast, on 'the participation of practical and material effects in the production of knowledge' (Jensen 2004, p. 237). Recent research in the fields of teaching and teacher education also emphasises the limitations of predominantly cognitive views of teachers as meaning-makers and reflective practitioners. '(W)e argue that teacher educators need to attend to the clinical aspects of practice and experiment with how best to help novices develop skilled practice. Taking clinical practice seriously will require us to add pedagogies of enactment to our existing repertoire of pedagogies of reflection and investigation' (Grossman et al. 2009, p. 274).

3.2 Tale 2 – Becoming in Communities of Practice: A Participatory Account

My second tale of teacher becoming challenges the priority given in the account above to individual, reflective practice as the 'proper' process by which people become professionals. It engages directly with the idea of the mutual constitution of professional identity and context or community (e.g. the teaching profession).

⁸Detailed reflection by teachers is a 'vital instrument for making the connections between experience, theory and practical wisdom' (Lunenberg and Korthagen 2009, p. 235).

A more dynamic and less individualistic image of professional participation and becoming emerges. Recent studies of professional identity in the field of education have described this identity as an 'interplay' between individual agency and social context (Vahasantanen et al. 2008). Originating in the interest taken by Jean Lave and Etienne Wenger in craft-based/apprenticeship learning (Lave and Wenger 1991), the situative perspective on learning, which emphasises learning as participation in a community of practice (Wenger 1998), and knowledge as competence which is built and held collectively in communities, has emerged within the social sciences during recent years.

Central to this perspective on learning is the idea that professionals take up their identities as professionals through a process of legitimate peripheral participation (Lave and Wenger 1991) in the practices of their chosen community (here, profession). In other words, professionals need to be legitimated or helped into the heart of the practice by expert others in order to achieve 'full participation' (Wenger 1998, p. 100) in the actual practice. The notion of achieving full participation in practice – that is, moving from the position and identity of a 'newcomer' to the position and identity of an 'old-timer' – is not unlike the telling made in tale one of the staged passage that new professionals make into practice. Certainly, empirical research has challenged the linear character of the journey from novice to expert in which 'oldtimers' mould their successors (Fuller and Unwin 2004; Fuller et al. 2005; Johnsson and Hager 2008). Temporal relations tend to prevail in both accounts and provide a particular imaginary of professional becoming: more *being* than becoming perhaps, in the sense of a state reached (from novice to expert, full membership, belonging, legitimate participation). Moreover, the significance of becoming tends not to be considered in terms of 'profound rearrangement of the self' (Crouch 2003, p. 1,948) inasmuch as the contexts for these becomings are, if not necessarily comfortable, somewhat contained. For example, the metaphor of participation in a community of practice implies that the professional who is making her becoming needs to achieve a 'fit' with an established and somewhat enclosed structure.

Various criticisms have been levelled at the concept of communities of practice (see in particular, Hughes et al. 2007). For reasons of space, I do not expand on these here other than to say that they centre on: the emphasis on reproduction as opposed to change and innovation; the failure to deal adequately with inequalities and asymmetries of power; and the failure to adequately recognise the complexity surrounding social and spatial boundaries of communities, including features of the contemporary context of 'advanced' industrial economies (e.g. mobility, spatial distribution). It might be useful to add also that while common notions of mastery and pedagogy have been decentred, through commitment to the concept of legitimate peripheral participation in communities of practice, in contrast with the notion of an individual learner (Lave and Wenger 2002, p. 113), the notion of the participant in a social practice has not. Participants are unitary or selfstanding subjects - the sources of agency and meaning - their identities being deemed to derive from a developing sense of belonging to a community of practice. Autonomous subjectivity remains privileged (Fenwick 2003); becoming is based on the metaphysics of the autonomous subject, with this subject achieving her identity

in terms of different mechanisms and modes of belonging, specifically, engagement, imagination and alignment (Wenger 1998, pp. 173–187). The term imagination expresses most particularly the humanist philosophy that underscores notions of identity and subjectivity in the literature on communities of practice.

Our third tale, in contrast, suggests that subjects and subjectivity, along with the settings in which they are formed, are not pre-given and self-contained, but rather caught up in multiple and shifting identifications. As discussed below, actor-network theory provides a sense of a 'distributed and always provisional personhood' (Thrift 2008, p. 110). Shifting the focus of inquiry from 'the individual' to the social community as the primary unit of analysis affords *in situ* understandings of becoming through participatory processes, most particularly engagement in the practices of the community and identification with its practitioners and cultures of practice; however, the implications for professional becoming of this engagement in multiple settings and shifting networks of relationships, such as inter-professional practice, are not drawn out. The lens may need to be widened.

3.3 Tale 3 – Assembling the Professional Self: A Performative Account

Complexifying the account of becoming made to this point, in this, the final tale, teacher professional becoming is a performative practice, rather than a resultant formation (e.g. 'accomplished teacher', 'expert teacher'). In a performative rendering of becoming, the focus is on process, *continuing* process, inasmuch as the webs of relations (rather than stages and phases) that constitute becoming only hold 'if they are enacted, enacted again, and enacted yet again - which may or may not happen in practice' (Law 2008, p. 635). For example, teacher accomplishment in the context of contemporary, neo-liberal higher education is a process of securing, effectively each semester, a *space* to teach in that supports the changing learning needs of students and the 'signature pedagogy' (Shulman 2005) of the disciplinary field in which the teaching is being undertaken, a time to teach that optimises attendance by students with multiple and shifting work commitments at lectures and other 'learning' events, a level of engagement by these students in these events, and more besides. As Lorimer (2005 p. 84) has it, 'it is multifarious, open encounters in the realm of practice that matter most'. Drawing on poststructuralist theory, and attending most particularly to its material-semiotic forms, identity is conceived in ways that challenge modernist notions of the unitary knowing subject, most particularly the idea that this knowing is done in exclusively mindful ways. Accordingly, identities are points of provisional attachment to the subject positions that discursive and material practices provide. A poststructural approach to understanding identity accepts that identities are multiply constructed across different discourses, material practices and positions. In the field of education, the notion of the discursive constitution of identity is well-established, having been comprehensively researched

(see, for example, Sachs 2001; Stronach et al. 2002; Alsup 2006); the idea of the material constitution of identity is less so.

The theoretical *leitmotif* of performativity, which underscores material-semiotics of both a feminist and actor-network kind (for the former, see in particular, Butler 1993), provides the idea that subjectivity and social context are brought into being together. Rather than a discrete and singular category, identity demonstrates the characteristics of an *assemblage*: 'a process of bundling, of assembling ... in which the elements put together are not fixed in shape, do not belong to a larger pre-given list but are constructed at least in part as they are entangled together' (Law 2004, p. 42). In short, assemblages are material, collective and discursive relationships (Ong and Collier 2005). Thinking professional becoming through an analytic of assemblage (Li 2007) enables an expansion of the notion of becoming through highlighting practice (assembling) and, importantly, practice of a material kind. '(S)ubjectivity is always immanent within the assemblages of practices, objects, places and people' (Mannion 2007, p. 416). It stresses agency, process and emergence over the kind of completed order implied in notions of the 'accomplished teacher', 'expert teacher'.

Adapting Li (2007, p. 264) to my purposes here, conceiving assemblage as the continuous work of pulling disparate elements together brings into view a particular set of practices (e.g. embodied action, embodied understanding of practice, spacing, timing) that are often implicit in studies of identity formation, but seldom examined in a focused manner. Emerging understandings of professional learning and identity embed assumptions that emphasise the emergent outcome of this assemblage work. Thus, ecological (Davis et al. 2008; Weaver-Hightower 2008) and network (Latour 2005; Jewson 2007; Law 2007, 2009) perspectives on professional learning emphasise the co-emergence of learner and setting, actor and network (actornetwork). In these perspectives, actions presuppose practices – thinking constitutes the thinker, action constitutes the actor – and not the other way round. The three tales above can be seen as frames for thinking teacher professional becoming. Rather than being viewed as discrete stages with each improving theoretically upon the other, it is anticipated that selected concepts from any or all of these accounts may be found useful when investigating this phenomenon empirically.

4 An Actor-Network Theory Perspective: 'It's Practice all the Way Down'⁹

An empirical translation of poststructuralism (Law 2009, p. 146) and a processoriented sociology (Law 1992), ANT lends itself to treatments of transformational

⁹Invoking the teaching of Garfinkel, Latour (2005, p. 135) declares that ANT work is 'practice all the way down'. Nothing other than close attention to the specificities of the empirical world will do.

processes. Premised on the idea that networks are constructed through relations, it provides a useful lens for the study of teacher professional becoming, particularly when this practice crosses institutional sites. 'ANT reflexively provides a theory of interconnectedness through which to re-imagine educational practices as spatialised knowledge-building practices' (Edwards and Clarke 2002, p. 157). From an ANT perspective, teacher professional becoming is an accomplishment of an assemblage (network) rather than an individual teacher. In thinking professional becoming through an analytic of assemblage, one does not 'start from a subject that is, nor from a singular and undisturbed production process', like a programme of teacher professional education (Moser 2006, p. 543). Rather, one starts from the resources that are mobilised to establish an object of knowledge: people, devices, texts, decisions, organisations and inter-organisational relations (Law 1994). This achievement, which is always provisional, is the effect of 'materially, socially, and conceptually hybrid performances. In these performances different elements assemble together and act in certain ways to produce specific consequences' (Law and Singleton 2000, p. 774).

ANT's version of performativity gives attention to *materiality* and *multiplicity*, processes that, I posit, typify teacher professional becoming. Continuing, Law and Singleton are worth quoting in full:

Performances are material processes, practices, which take place day by day and minute by minute. Since performances are specific, this also leads to multiplicity, so that what appears to be one thing (an "object," "working", "knowledge") may be understood as a set of related performances. More strongly, it suggests that abstraction (including abstract knowledge) is a performance, something enacted in specific locations that has to be reenacted in other locations in further performances if it is to carry. This has all sorts of implications. One is that things don't come to rest in a single form once agreement, or what is called "closure," is achieved. They rumble on and on, as it were, noisy and noisome. (Law and Singleton, p. 775)

In holding to the idea that reality does not precede practices but is made through them, ANT attends to the idea that practices have a political life. 'Practices organize and reproduce the distribution of power, knowledge, and the inequalities that go with them' (Nicolini et al. 2003, p. 24). They have built-in normativities, contributing to 'some worlds-in-progress but not to others' (Moser 2008, p. 99). The question becomes which worlds we want practices to make. And, by extension, which worlds we want research to make. It remains to acknowledge that this chapter is a particular and located enactment of knowledge about teacher professional becoming that seeks to do particular kinds of work. While not discounting other knowledge of professional becoming (the 'programmatic' and 'participatory' accounts above), it proposes an analytic that addresses questions of this becoming in a performative way. And, asserts that ANT can render recognition of the constitutive roles of embodiment, (material) practice and performance in this becoming. Clearly, here too an assemblage is being created; a network is being built.

5 The Projects in Question: Data and Method Assemblage

Guided by the principle of comparison, data were collected from 'novice' and 'accomplished' teacher participants. As Munro (1997, p. 6) claims: 'against a toorigid insistence on consistency, might be placed the device of comparison ... In terms of analysis, there is sometimes more contrast to be gained from moving 'inbetween' competing divisions, rather than choosing one over another'. The data upon which the first two accounts made below rely, derive from a small piece of qualitative research, conducted in 2004, in which 20 graduate teachers (also called early-career teacher in Australia), who took part in an 'alternative', problembased programme of professional education, and subsequently went on to teach in secondary schools, participated.¹⁰ Telephone interviews were conducted with 15 of these teachers and written records of interview made. The remaining interviews were conducted face-to-face. Records and transcripts of interview were analysed using qualitative methods of content analysis. The two graduate teachers whose tales are told below had some experience of teaching before qualifying to teach.¹¹ Drawing comparatively on this experience, they were able to provide nuanced accounts of their transition to teaching and their processes of teacher professional becoming and were thus selected from the larger participant pool as a potentially rich source of data.

The data upon which the last account made below relies derive from an Australian Research Council study¹² which, among other things, is seeking to develop a set of professional teaching standards for the subject-specific area of school geography. A project in progress, this research is investigating what 'accomplished' geography teaching *is* by documenting what geography teachers, who are deemed accomplished, *do*.¹³ The data collection approach adopted uses technically complex methods for video recording classrooms and supplementing the video records with post-lesson video-stimulated interviews with students and the teacher in an effort

¹⁰Funded through a small Faculty competitive grant, considerations of convenience and cost ultimately determined the study sample. Altogether, one hundred and seventy (170) students took part in this programme from 2001 to 2004. The purpose of the research was to explore the character of the transition to professional practice, which was made by newly qualified teachers, in the context of the professional learning afforded by a problem-based programme of teacher education.

¹¹At the time of collecting the data, one of these graduates was 27 and the other 26, these ages being fairly typical of teacher candidates today. The average age of these candidates in the professional education programme at the university from which the two graduate teachers graduated is 28.

¹²Spanning 2007–2010, this Linkage Project is being conducted in association with the Australian Geography Teachers' Association (AGTA) with affiliates in five major Australian states, including Partner Investigator status for the Geography Teachers' Association of Victoria (GTAV) and the teacher registration authority in Victoria (Victorian Institute of Teaching).

¹³Purposeful sampling was used to identify accomplished teachers. Members of the Australian Geography Teachers' Association and its affiliates were invited to nominate teachers who are widely regarded professionally, using various criteria e.g. reputation for accomplishment within the field of Geographic Education; years of experience teaching school geography.

to 'capture' the specificities of accomplished practice.¹⁴ Eleven case studies (22 lessons altogether) have been conducted in eight schools (government and non-government; metropolitan and non-metropolitan) in three major Australian states. Fifty-seven interviews with teachers and students have been conducted and, as with the interviews above, analysed using qualitative methods of content analysis. The case chosen for purposes of analysis here concerns a teacher who is deemed by her peers to be highly accomplished and who has been teaching for 5 years. This teacher is approximately the same age as the two graduate teachers described above.

In tracing enactments of teacher identity formation, I tell a story of teacher professional becoming as the upshot of *assembling identities in practices*, both social and material. In referring to the data, I am not so much evidencing my argument about the complexity and (ontological) variability of this process as telling data stories (Lather 1991). The pictures of practice presented serve here as a kind of case study that calls into question unitary, stable and fixed conceptions of teacher becoming. Place locations and names of teachers and students have been altered for reasons of confidentiality.

6 Teacher Professional Becoming: Performative Tales from the Field

6.1 Shaun's Story: 'I Find It Harder to Prepare Lessons than to Take them'

Shaun is a newly qualified, graduate teacher who has been employed to teach full time in an inner-city, co-educational government school in an Australian capital city. He is a health and physical education (HPE) teacher who brings 'a fair bit of youthful enthusiasm' to teaching and accordingly, gets on with the students '90% of the time'. In recounting the qualities that he brings to teaching, Shaun emphasises his prior industry experience and its close link with his subject area, physical education, or more formally, the key learning area (KLA) of health and physical education:

I've had experience with my KLA as I'd worked as a personal trainer for a few years. ... I'm sporty and active myself – and that's specific to my KLA.

¹⁴For each of 11 classrooms in three major Australian states, two lessons, each lasting around 50 min, have been videotaped using three cameras. One camera focuses on the teacher, a second on individual students as part of a working group and a third on the whole class as seen from the front of the room. Using as catalyst the video record from the whole class camera, with the teacher camera image inserted as a picture-in-picture image in one corner of the display, teachers are invited to make a reconstructive account of the lesson events deemed critical to student learning. Similarly, students are invited to make an account of lesson events, using as stimulus the video record from the teacher camera, with the individual students' camera image inserted as a picture-in-picture image in one corner of the display.

His image of teaching is informed by particular conceptions of physical education and of his personal and professional identities and role:

In PE you can't engage as easily on a one-to-one basis. There are difficulties that some kids have that are there for everyone to see. The kids can see the problems that others have.

I'm fairly personable and it's no different with a class. I don't have any class management problems.

I spend a lot of time chatting with the students – spending social time with the students. I say: 'How was your weekend?' I get to know the students' interests and ask them about that. They see that you're a person.

I have a rapport with the kids – having worked in crèches and after school programs. There's a lot more to a class than what you do in the 45 minutes. There's a lot more interaction, especially at this school.

Inferring from these data, the process of teacher professional becoming is a relational one. Social relationships clearly count in securing Shaun's identity as a teacher, this identity, interestingly, being a mix of professional – 'I don't have any class management problems' – and personal elements – 'They see that you're a person'. These data also reflect a sense of 'the social' as materially heterogeneous inasmuch as Shaun engages with children's bodies some of which present 'difficulties ... that are there for everyone to see'. 'There was one particular group ... they were overweight and couldn't do physical tasks'.

As a physical education teacher, Shaun is engaged everyday in the 'standard motor development activities', which form the foundation of sports and recreation. 'With the recreation class, one week we went ten pin bowling and we're going rock climbing. There's a huge degree of variety. I've been on a ski camp and I'm going on a surf camp'. There is little sense in the data of the application of a defined body of knowledge and skills to the tasks of teaching. In Shaun's view, the content of the programme of professional education through which he was (meant to be) prepared for teaching was not as consolidated as it could be. It did not set him up well for the specifics of teaching sports and recreation:

A lot of the PBL (problem-based learning) stuff, or the Dip Ed (Graduate Diploma in Education) stuff really, was largely non-specific to my KLA. I spend three-quarters of my time outdoors and only a quarter in the classroom, so it was a lot less specific.

How then is Shaun's 'becoming' happening? And, where might it be thought to reside? Shaun's reflective comment – 'I find it harder to prepare lessons than to take them' – signals the significance of *practical action* in his professional identity formation. Knowledge and skills are located *inside* practices (robbing them of their universal and unified character in the process), not in preparations for practice. Clearly, Shaun is building a base of knowledge with respect to the 'huge degree of variety' that he is caught up in, in the recreation class. His competence is under continuous construction as is his identity as a teacher: 'I've tried to set up group work ... but found that the kids weren't able to work in groups. I set up a mini debate on Medicare and the system (Australia's national healthcare system) but

there were some who said, "but I agree with it and I don't want to argue against it". And I said: "it's a debate". They didn't understand'.

From a performative perspective, and more purposefully perhaps, the questions above could be reframed to read: in which *kinds of practices* may becoming emerge (or not) and/or continue to be? The significance of doing, rather than 'theorising', in Shaun's transition to teaching is further highlighted in:

I was definitely not the best PBL student but I saw it as a worthwhile option. Sometimes there's a lot of tail-chasing but I had to do it to get the qualification. At times there's too much theorising – talking about doing something [Dip Ed rather than PBL]. Time could be better spent. It would be better ditching one day a week at uni and spending the time instead at a school. ... With the Dip Ed in general, I would have liked to have spent a little more time on my specific KLA. But I enjoy talking about a lot of issues. Overall I enjoyed my time.

The pull of the subject subculture is strong implying a role for the concept of community of practice (Lave and Wenger 1991; Wenger 1998) in understanding the phenomenon of teacher becoming. Becoming is constituted in socio-cultural practices which are, at the same time, material processes. It is very apparent that as a subject, physical education is spatially informed and shaped: 'I spend three-quarters of my time outdoors and only a quarter in the classroom', as, presumably, is the identity of the physical education teacher.

Altogether, a dynamic sense of becoming emerges from these data. A substantive role for circumstance and contingency cannot be ruled out. In Shaun's case, the institutional 'promise' of preparation in his 'specific KLA', which is not classroombased, was not kept. By default, perhaps, practices other than this institutional preparation for teaching prevail. No stepwise progression into the profession having acquired a specific set of physical education knowledge and skills through formal education appears to have taken place. And yet, I would argue, Shaun's competence as a teacher goes well beyond the novice level. As Dreyfus and Dreyfus (1986) have it, 'novices usually follow explicit rules that they have been instructed to apply when recognizing certain objective facts and features of a situation in their skill domain' (Dall'Alba and Sandberg 2006, p. 387). Much as Shaun may have wanted to apply domain-specific 'rules', the passage into teaching that he has made, and the process of teacher becoming in which he is caught up, do not conform readily to the concept and practice of rule-following. In this empirical context, rules simply do not rule. Adapting Shapin (1993, p. 337) to my purposes here, the risk of 'stage stories' of professional becoming is that they belong to a genre, which tends to treat it 'as a process taking place within an individual's competence rather than as the complex, continual flux of transactions between individual and setting'.

The spaces that Shaun teaches in ('outdoors'), the social time that he spends with the students ('I spend a lot of time chatting'), the nature of the subject matter ('standard motor development activities'), the qualities he brings to teaching ('I'm sporty and active myself'), the composition of his classes ('they were overweight and couldn't do physical tasks'), the subject subculture ('in PE you can't engage as easily on a one-to-one basis'), the organisation of teachers' work ('there's a lot more to a class than what you do in the 45 min') and so on, come together contingently to create identity effects.

6.2 Sam's Story: 'The Process Allowed Me to Refine Ideas and Support them with Theory'

Sam is a Science teacher who, like Shaun, was a member of the problem-based learning cohort that formed a substantial part of the programme of professional education in which they both participated in 2003. Upon qualifying, Sam took up a teaching position in a semi-private, co-educational school in an Australian capital city. His prior professional experience was in the US, working for a short time in a New York school. Demonstrating the idea that graduateness is 'the beginning of many transitions during a lifelong journey' rather than a point at which 'the milestone transition to employment or professional practice' is checked off (Johnsson and Hager 2008), Sam has since left secondary teaching and is presently pursuing graduate study at an Australian university.¹⁵ No longer a graduate teacher, he has, as it were, reassembled his identity as a graduate student and tutor at this university.

In contrast with the orientation to practical action identified in the vignette above, Sam places emphasis on the importance of connecting 'the kind of theory that you might bring with classroom practice and the broader kind of school context'. The kinds of practices in which his teacher becoming emerges can be characterised as 'conceptual' in the sense that subject knowledge or content knowledge, while not dominating, is pivotal in his professional practice. Sam speaks to his prior experience of teaching and his emerging interest in curriculum 'context', in this way:

I think that before I came to Australia – when I was teaching in the US – I was very much teaching content-based material. I did allow for my students to take control of a lot of the curriculum because I did have the freedom, but nonetheless I made sure that that content knowledge was part of my repertoire. I didn't feel free to just let go and let the students take it wherever it goes. Having things that are context-based has become very relevant to me in that I myself have asked the question of why do I have to do something and rarely have I received an answer that was located in the present. It was always something located in the future and I always found that problematic. I think it affected my learning.

A contrast is drawn between 'teaching content-based material' and 'having things that are context-based'. As I read these data, the contrast drawn here involves a struggle for professional identity: on the one hand, Sam is concerned to ensure that content knowledge is covered in the science curriculum; on the other, he appears to

¹⁵Writing in the Canadian context, Clandinin, Downey and Huber (2009) report that around 20% of beginning teachers leave teaching after years one, two and three. The percentage rises to around 46% in year four.

want his students to direct the course of their knowledge-making. A tension presents between a content approach to curriculum and a process approach to curriculum inviting the question: in which *kinds of curriculum practices* might his becoming emerge?

In the following, we find Sam reflecting on his practice as a student teacher and his attempt to put the process approach of problem-based learning in place:

When I walked in I gave a very powerful set of stimulus materials and I also incorporated some semi-real life environments where a 'lawyer' (a fellow student teacher) came in ... and the students actually thought that it was a lawyer. They were going to form a bioethics committee to present to a legal firm and the legal firm was going to decide whether or not to sue the ... Monash IVF (in vitro fertilization company) based on the feedback from the students. So, they felt they had to do something because these people were going to make a decision about whether or not to sue. And so at some point in the structure I made sure that they themselves would have to say: 'I need to know a bit about Genetics if I'm going to explain some of this stuff'. I didn't directly tell them that they needed to know Genetics. They came to a point where they themselves said: 'We need to know Genetics'. They, at times, asked me to give them a lesson. They came, four delegates from different groups came and said: 'Can you give us a lesson on DNA replication next week?' And I said: 'Of course I can. I'll come in on Monday, or whatever day it was, and teach a lesson on DNA'. So it's a huge role reversal where I'm not coming and saying: 'I'm going to teach this'. They're saving: 'Why don't you teach this for us on this day if you can and we'll go ahead and do this and then maybe the next week after that you can teach us about this if we can't find out on our own'.

The professional identity on offer through the problem-based learning programme and the professional identity formed in practice are closely aligned. Teacher professional becoming here is not a matter of *applying* a set of knowledge and skills acquired through formal education; rather, it is *enacted* in and through the learning activities that Sam provides, using these as a resource. Relationally, this provision produces pleasing, emergent effects: 'They came to a point where they themselves said: "We need to know Genetics"'. Hand in hand with teacher becoming, learner becoming emerges as a *performative knowledge and identity practice*: 'So it's a huge role reversal where I'm not coming and saying: "I'm going to teach this". They're saying: "Why don't you teach this for us?"'.

Performing past 'novice level' (Dreyfus and Dreyfus 1986), Sam appears 'as one' with his work: able to make 'on the fly' assessments of when to intervene in the students' learning — 'so at some point in the structure I made sure that they themselves would have to say: "I need to know a bit about Genetics'" — and when to leave them alone to learn. I propose that he is developing a professional identity built around his preferred role as a teacher: 'I'm not coming and saying: "I'm going to teach this"'. When asked at interview about the attributes that he brings to teaching, his response was:

Well I think one of the largest things is the desire to provide student empowerment. That's a huge change that I've noticed in my perception of learning and teaching in whatever educational setting. ... (P)erhaps I did have a deficit model in my mind as (to) those roles from when I was educated in school. ... I've tried my hardest in every setting to make sure that I don't practice as an authoritarian.

He has achieved what Dall'Alba and Sandberg (2006, p. 389) call an *embodied* understanding of professional practice: an understanding 'embedded in dynamic, intersubjective practice' whereby 'knowing, acting, and being' are integrated. Sam again:

I don't think I can say everything was from problem-based learning, I think I was heading in that direction but I don't think I would have refined it without PBL. I think the process that we went through allowed me to refine those ideas (about student empowerment) and support them with theory as well. And the reason I feel confident saying that is because if I think back on my teaching, because I had the opportunity to teach before the Dip Ed, if I think back on my teaching before the Dip Ed, those ideas were still in my mind and yet my teaching wasn't refined through them. Whereas after doing problem-based learning, at least I could refine the ideas and make sure they come through in my classroom teaching as well.

[When attempting problem-based learning as a teacher] my biggest problem was making sure that I was very conscious of every question I responded to and I think one of the misconceptions about problem-based learning is that you don't answer questions. A lot of people think that you don't answer questions but I don't believe that. I believe that you answer the questions that the students ask in your head and then you respond with questions that are guiding but not leading. That's how I see it and that's one of the biggest changes I had to make in teaching.

Attending to materialities, the more than human practices of space, time and embodiment enter the data story. His processes of professional identity formation and transformation involve a heterogeneous range of resources (cognitive, corporeal, temporal, spatial, psychological). For example, in the quotation above, in which mention is made of answering the questions that his students ask 'in (his) head', his body can be thought to serve as a space in which he can do knowledge and identity work, towards responding 'with questions that are guiding but not leading'. Carolan (2008, p. 419) proposes the idea that we think with our bodies; indeed, he claims that we think *as* bodies: 'we do not think ... as brains-in-a-vat but rather as bodiesin-the-world'. The space of the embodied mind is a space of becoming, of process, and its potential to reconstitute the self. Teacher professional becoming emerges as the continuous work of pulling disparate identities together with context, practices, objects, places and people playing constitutive roles:

I can compare the past, and then I can compare the government girls' school that I was in, and the semi-private co-ed school that I was in most recently. ... When I was teaching in the US, I was very much teaching content-based material. ... Now more ideally, at the girls' school (when I was part of the PBL cohort) where there was a lot of freedom, and my supervisor gave me free reign within my teaching to do whatever I wanted pretty much, I had the opportunity to design a problem-based learning unit. ... And, in that, I think I came closest to my ideal of how I would like (such a) unit to be. ... Now the reason I want to juxtapose that to the more recent experience is because in that school it was very strict and the teachers had very little freedom. The students had very little freedom and I actually saw how the problem-based learning model wouldn't work unless I had certain requirements. I tried to make it softer, I tried not to go all the way, but a lot of the students resisted strongly to the model because they wanted to know content material because they had been socialized for many years and all the other teachers in the school that they were with that year were, of course, teaching in a traditional way.

6.3 Simone's Story: 'Without Having Those Images, I Wouldn't Be Able to Do as Well'

Simone is widely acknowledged to be an accomplished geography teacher. She has taught in a number of schools and is active professionally in the Australian Geography Teachers' Association. Having recently relocated from another Australian state, she is new to her non-government school in country Victoria and, yet, is prepared to be filmed. The topic prepared for the Year 8 geography class, in which this filming takes place, concerns 'different river processes'. Simone introduces the lesson thus: 'We're going to start looking at river landforms and the way rivers work in erosion, deposition and transportation'. Her primary intention in the lesson is to build knowledge about the workings of these river processes in preparation for a forthcoming field trip to a river. Having introduced the lesson topic, Simone stops and announces: 'Before I start though ... something pretty big has happened and I couldn't ... not talk about it today'. Showing a digital image of Burma, she proceeds to hold a lively class discussion about the impact of a tropical cyclone, Cyclone Nargis, which, as reported worldwide earlier in the day, has devastated south-western Burma, and concludes thus:

I just couldn't come today and not talk about this ... it's a big deal. Sixty thousand people, that's a bit of a big deal and Australia is currently tossing up (as to) how much support we should provide. ... That was just my little quick introduction;'cos we couldn't live withoutthat.

In the post-lesson interview, Simone says:

The first thing I decided to do this morning was to talk about the cyclone. I added that to the (lesson); that to me was important. Because one of the things I have been talking to them about is current events in geography. So, I thought I have to talk about this. That was a key event.

And adds, interestingly: 'Talking about the cyclone, that was unexpected for me. I, I, that was just something, I just thought this morning, I've got to talk about this'. While styling the decision to talk about the cyclone as an epistemic one – 'I added that ... because one of the things I have been talking to them about is current events in geography' – as I read these data, something more appears to be in play. Simone is engaged not only in epistemological work but also in *ontological* work (self-work). The felt intensity expressed in: 'I've got to talk about this', and, 'I couldn't ... not talk about it today', is a marker of identity work, a show of subjectivity: 'patterns by which experiential and emotional contexts, feelings, images and memories are organized to form one's self image, one's sense of self and others, and our possibilities of existence' (De Lauretis 1986, p. 5).

The process of professional identity formation and transformation, I propose, is a *continuing* one, not one that concludes having, by all accounts, achieved the identity of 'accomplished teacher'. Simone feels passionately about the contribution that school geography can make to student understanding of environmental events, and action with respect to these events, and performs professional practice along

these lines. Thus, at one point, further along in the lesson, she comments: 'As a good geography student, and a good person for the environment, you probably wouldn't want to promote erosion of a riverbank'. Her accomplished teacher status and identity is less the product of a *level* of skill, than of an *array* of skilful practices such as raising substantive issues in class and creating conditions for students to engage these issues through, for example, class discussion and fieldwork. Concerned to produce 'good geography student(s)' and 'good person(s) for the environment', there is a strong sense in these data of Simone seeking to create conditions for what can be called learning through identity – learning as changing selves. Learning so constructed is a lifelong endeavour. Thus, caring for the environment is not only a matter of 'studenthood' but of 'personhood'; it occurs over the lifespan.

Bringing to bear a frame for thinking teacher professional becoming other than that pertaining to skill levels and developmental stages, I suggest that Simone, like all teachers, expert or otherwise, shifts shape: she is involved in multiple and shifting identifications, for example, identification with the teaching profession and with the disciplinary domain. And, that this involvement is not exclusively a matter of individual competence: it demonstrates the characteristics of an assemblage – the continuous and collective work of pulling disparate elements together. As in Shaun's story above, the subject culture plays a mediational role: 'The geography teachers are a bit cool; we hang out together and have a geography chat'. Relatedly, contemporary school geography is moving in new directions; disciplinary directions are a constitutive element of teacher identification: 'one of the things I have been talking to them about is current events in geography'. The response of students to these directions forms an integral part of this identification. Predictably, this response is good. Simone's students appreciate the orientation to world/global events that school geography provides: '(The things that helped my learning were) things like the casual talks, like about things, not just the topic that we are learning, things that happen on the actual news and the happenings around the world'. Somewhat like Sam's story above, teacher becoming and learner becoming emerge relationally through performative knowledge and identity practices:

[That activity that I did with the rivers] wasn't planned; that was a sudden activity. [*Interviewer*: So you made that decision based on their response?] Yeah, at the time. Yeah, that's what I sort of worked out with that, so, yeah.

Circumstance and contingency characterise these practices:

I had not really planned to use the laptops, that's not a plan that I had, but I just knew that we needed to stop and change activity. So I wrapped up the rivers activity by saying some things to them like: 'will you change it?', 'what would you change?' just to get them thinking about it, and moved off to the laptops. ... I couldn't keep on giving them more information because we were done. I was just lucky I had that (the games activity on the laptops) to fall back on.

as do a range of objects and processes such as bodies, technologies and 'get(ing) to move around', well illustrated, respectively, in these teacher and student comments:

[Y]ou can tell with that class when most of them are listening because they lean forward. There's a few boys in there specially who ... lean right forward and ... and get involved.

For me, if I couldn't have my data projector, if you teach rivers, for me it is so important like, for example, when they were doing their perfect rivers, a lot of them had started writing stuff demonstrating that they were unsure. [I needed to] show those three Google images of the three different rivers, so, for me, without having those allied images or anything like that to be able to show, I wouldn't be able to do as well as I can.

[The three satellite images of different rivers] gave us a good idea of, when we are doing our drawings, of what the rivers actually look like from above, and how we can relate that picture to one that we're drawing. It helps to see how things look like. The fact that we're moving around as well, not just sitting in the one spot the whole lesson, we get to move around.

Teacher professional becoming and learner becoming in school geography are each, and the same time, practice-based, emergent and material:

My favourite moment of the lesson was that activity that I did with the rivers, the perfect river, because I didn't expect them [the posters produced by the Year 8s] to be half as good as they were. And, they actually were really getting into it and talking about stuff. Or I think, from what I heard, as I walked around. When I knew that it had sunk in, and they'd liked it, was when they were moving back to their seats and they were still talking about it.

Teacher expectations, concepts of 'the perfect river', 'Google images' of rivers, data projector, paper, pens, posters in progress, teacher and student interaction, student and student 'getting into it and talking about stuff' and teacher and student mobility are all entangled together.

7 Teacher Professional Becoming: The Contribution of Actor-Network Theory

Challenging the established individualised, psychological perspective, where becoming is primarily seen in terms of the intrinsic capabilities or potentialities of people, teacher professional becoming is relationally and contingently enacted in practices that are as much material as they are social and psychological. Looking at the empirical data through a performative lens brings into view the 'complex continual flux of transactions between individual and setting' (Shapin 1993, p. 337) and directs attention to objects and practices that are consequential but often implicit in studies of identity formation. Thus, in Simone's story above, digital technology and practice around this technology actively produce her capability and her identity as a geography teacher: 'For me, if I couldn't have my data projector ... without having those allied images or anything like that to be able to show, I wouldn't be able to do as well as I can'. Similarly, in Shaun's story, the physically fit body and practices around this body – I'm sporty and active myself' – actively produce his teaching capability and teacher identity.

Stressing the significance of the ideas of materiality and multiplicity, ANT's version of performativity provides for the possibility of making visible, and attending to, forms of power that may otherwise go unrecognised. Commonly assigned

a supporting role (for some notable exceptions, see Nespor 1994; Siskin 1994; McGregor 2004), contexts for teaching, such as institutional settings, workplace conditions and school and subject cultures, are seen to constitute realities and channel power, as implied in Sam's comment on his abortive attempt to change the culture of the curriculum in his 'semi-private co-ed school': 'the students ... wanted to know content material because they had been socialized for many years and all the other teachers in the school that they were with that year were, of course, 'teaching in a traditional way'. I argue, after Moser (2008, p. 99), that if entities such as pedagogy and identity are enacted differently in different socio-material practices and arrangements, then it becomes important to explore the politics of the practices and arrangements that prevail. The 'traditional way' of teaching to which Sam refers may well reside within currently established neo-liberal approaches to education whereby the worth of teachers is linked to the measurable academic outcomes of their students. Effecting changes in material arrangements (e.g. introducing problem-based pedagogy and curriculum materials such as scenarios, in preference to textbooks) provides the possibility of interfering in established arrangements. A form of material politics (Law and Mol 2008), it opens up spaces for imagining and enacting alternatives.

The distinctive performative perspective of the ANT, where the emphasis is on material practice, lends itself well to tracing processes of teacher professional becoming in their *specificity*. Little is obvious in any general sense about what exactly counts as professional becoming; in exploring this process in its specificity, differences and commonalities are rendered very visible. Thus, the discursive and material patterns that form in the graduate teacher data are distinctively different. In Shaun's case, teacher becoming is characterised by practical action; in Sam's case, by deliberation and experimentation. It is consolidated respectively, in the subject cultures of Physical Education and Science - their subject matter, prevailing pedagogies and material objects. Thus, Shaun treats with human bodies through pedagogies that focus on the development of skills and processes; Sam 'trades' in physical world objects (e.g. genes) and events through problem-based pedagogy. The patterns that form in the accomplished teacher data are different again; they are both like and unlike the patterns above. Simone deals everyday with representations (e.g. 'Google images') of physical world objects and events through pedagogies that focus on the development of skills and processes. Fieldwork holds pride of place among these pedagogies.

These teachers' identities are produced through a particular mix of social and material practices enacted in subject cultures and other contexts. Sam identifies as a subject expert *and* as a facilitator of student learning: 'They came to a point where they themselves said: "We need to know Genetics". They ... came and said: "Can you give us a lesson on DNA replication next week?" And I said: "Of course I can". Simone is a cognitive authority on river processes *and* an emotionally-charged catalyst for classroom conversation about critical world events: 'I just couldn't come today and not talk about this'. Which of these practices might prevail and with what consequences for learners and learning? Teacher identities are not so much a matter of knowing to do this or that, rather they are done in practices.

They are multiply enacted and potentially, in interference with one another, giving intelligibility to the idea of teacher becomings and inviting exploration of the politics of these becomings.

8 Endnote: Teacher Becoming and Professional Education

If teacher becoming is conceived as the upshot of assembling identities in practices, and this assembling is assumed to be a continuing process, what is the role and contribution of professional education? How might professional education assist this process? Some points that have implications for policy and practice will be made briefly. Firstly, the *knowledge* demands of teaching which have been foregrounded in research and the educational literature, partly in an effort to highlight teaching as professional work (Grossman et al. 2009, p. 273), might, with profit, be supplemented by increasing attention to the *identity* demands of this work. As Grossman and her colleagues comment: 'This emphasis on knowledge has obscured the importance of other aspects of teaching ... [T]eacher education should move away from a curriculum focused on what teachers need to know to a curriculum organised around core practices, in which knowledge, skill, and professional identity are developed in the process of learning to practice' (pp. 273–274). In other words, the *representational* idiom whereby teacher becoming is conceived as a process of developing a defined body of knowledge and skills should not rule professional education. A performative perspective on teacher becoming in which social and material practices are taken into account, implies the need to rethink the priority given in programmes of professional education, most particularly teacher education, to social constructivist theories of learning, which place predominant emphasis upon a human knower or meaning-maker and, in so doing, afford little attention to the more than human (objects, spaces, places). In a comprehensive concept of performativity, identities may get done without knowing. They may form through the rituals, routines and reenactments of practice such as Butler (1990; 1993) argues with respect to gender identity. Thinking identity in this performative manner is a way of shifting the grounds on which questions about the reality of professional identity may be posed. 'It moves us to a place where gathering knowledge - whether objective or subjective - is no longer idolised as the most important way of relating to and being in the world' (Mol and Law 2004, p. 45, original emphasis). Meaning, interpretation and other knowledge/symbolic practices form part of the various ways in which we interact and compose our identities.

As implied throughout, knowledge can, with profit, be understood *as* practice with the potential to interact with – affirm and/or challenge – other practice. This understanding challenges the idea that knowledge precedes or otherwise resides outside practice. The institutional separation of professional education and professional practice perpetuates this idea. Attention has been given to reexamining the *what* of programmes of professional education with many teacher education institutions stating that 'they have changed from a mainly "academic" and content-based

curriculum toward a more practice-based curriculum' (Lunenberg and Korthagen 2009, p. 229). This change, however, has apparently met with limited success: 'there are indications that in teacher education institutes the theoretical still continues to be privileged'. A warrant may well exist for (re)turning attention to the *where* and the *when* of these programmes; for reexamining the spatial and temporal relations between university-based coursework and professional practice.

The approach to teacher becoming that is promoted in this contribution acknowledges that the movement of a knowledge practice from the academy to the field is not a matter of simple relocation, but rather translation, where variant forms of practice are legitimately produced. It occurs in an 'in-between' space which, although formed by the interaction between learning in the academy and learning in schools, has to be understood as a new reality that cannot be reduced to either of them. Among others, Sam occupies this space in connecting 'the kind of theory that you might bring with classroom practice' and effecting his 'huge role reversal where I'm not coming and saying: "I'm going to teach this". These data imply a *partial* connection between the space of professional preparation and professional practice. Each is distinctive, yet they link: they are both separate and joined. They also imply that theory does not precede practice. Theory may be brought to practice or may not. Along with the academy and the field, theory and practice are productive tensions in a relational configuration of supplement, complement and critique. Taking spatial and temporal relations into account, the performative perspective of ANT invites the dissolution of dichotomies such as initial education and continuing education, professional preparation ('front-end theory') and professional practice ('application', 'practice') and suspension of the means-ends production model of professional education. As argued throughout the chapter, it affords specific ways to trace the activities of people and things (e.g. spaces, places, environments, artefacts, bodies) to reveal how processes such as teacher becoming, student learning and lifelong learning originate and can 'clot' in socio-material or socio-natural relations: 'As ... a good person for the environment, you ... wouldn't want to promote erosion of a riverbank'. Rather than a state reached, they are practices produced at the point of performance of situated understandings and selves, which, if enacted again, and yet again, congeal. In short, they are performative practices, rather than an inherent property of people.

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Chapter 12 And the Conclusion for Now Is ...?

Lesley Scanlon

1 So What Does Becoming a Professional Mean?

The commonsense answer to this question, suggested in the Introduction, is even less satisfactory now than it was then. This is because the complexity of both the question and the answer is now evident from the multiple responses offered in the preceding chapters. Each of the chapters has approached the question from different theoretical and practice-based, professional perspectives, but all from within the contemporary social context of late modernity, a context which differs markedly from that in which previous scholars such as Flexner, Talcott Parsons, Etzioni and Eraut wrote. Society, like the professions it encompasses, is constantly 'becoming other'.

Claims to professional status are now contested as never before. What distinguishes our current social arrangements, and specifically impacts on professionals, is a sceptical uncertainty manifested in a questioning of expert systems and their foundationalist epistemologies. This questioning is not merely an intellectual exercise undertaken by scholars but extends to the laity who, with improved levels of education and ways of accessing acknowledge, have adopted not only a questioning but at times also a sceptical stance towards professional services. The result has been unprecedented challenges to professionals coinciding with increased surveillance and auditing through bureaucratic processes. Becoming a professional is not what it once was. Is it still useful to talk of the professional essence outlined in Chapter 1 in the shape-shifting world of the twenty-first century? Before attempting to answer this question, I want to briefly note some of the core arguments raised by the different contributors in this book.

A certain kind of superior, universal and esoteric knowledge was once seen as the foundation for claims to professional status. Trust in these foundationalist

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epistemologies has now been replaced by an acknowledgement from within the professions, from outside agencies and from individual members of the lay public, of the fragmentation, temporality and instability of professional knowledge. This kind of knowledge is now seen to be only one way, not the only way, of languaging the world. Professional narratives must now compete with and must accommodate the local narratives of their clients in order to better serve these clients.

The contributors all eschew the theory/practice model of professional preparation, which focuses on the acquisition of decontextualised knowledge and skills that are later applied in the contexts of practice. Making connections between the world of study and the world of work is considered significant. These connections can be made through the importation of the world of practice into institutional learning cultures, and also by adopting authenticity in the broader sense of assisting students to develop a critical stance to both professional knowledge and to the kinds of professionals they are becoming. How professionals are taught is also important because it is in the ways of teaching that learning is experienced. 'Becoming' is suggested as a new and more useful metaphor to explain learning as it emphasises the transformation of the whole social person.

What emerges strongly from all of the chapters is that becoming a professional is not about developing and maintaining an isolated, rugged individual approach to professional practice – this is the traditional professional, the movie professional. The world of practice may not be like the movies but is, nonetheless, influenced by popular culture representations of professionals and their practices. The very contexts of practice are also constantly becoming other and here the sociality of becoming a professional is manifest in the development of different work practices such as temporary, democratic teams composed of a range of practitioners some of whom would earlier not have been regarded as professionals.

There is then no one response to the question of how one becomes a professional; so there is no conclusion to the discussion. It is important, however, to keep asking the question because it seems to me that knowing where we are going is partly dependent on where we have been. Knowing the origins of professional claims as expressed in the professional essence gives our professional journey a place to begin and a context for lifelong reflexive practice.

In keeping with the iterative perspective that has infused the many chapters in this book, I return to the beginning, to my own experiences which initiated this book. I finish, for now, with the observation that as we engage in lifelong professional becoming, we will, from time to time, be strangers in hitherto familiar contexts and this means being strangers to ourselves. This involves both professional loss for what was, but also the excitement for what we will become. And so, I end with a comment from Belinda whom I meet on one of my many boundary-crossings. She, a stranger in the world of adult education, I, in the world of academic research:

I will miss the person I was ... just who will I eventually become?

For me, this is the essence of becoming a professional in the twenty-first century.

Biographies

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Jane Davey is the Manager of the Professional and Educational Development Service at Sydney Children's Hospital, Randwick, that oversees paediatric nursing and allied health education at both local and area health service levels. She is also an Honorary Associate (Clinical Fellow) with the University of Technology, Sydney. Jane came to the speciality of neonatal nursing at Royal Prince Alfred Hospital, Newborn Care (Formally John Spence Nursery, King George the Fifth Memorial Hospital for Mothers and Babies) in late 1989. For the next 14 years Jane worked at RPA Newborn Care and became the nurse educator and a strong advocate for continuing professional development. It was during this time that Jane completed a Bachelor of Applied Science (Nursing) and Master of Nursing (Nurse Education) from the University of Sydney and a Doctor of Philosophy from the University of Technology, Sydney. Jane moved to the College of Nursing in 2003 and was responsible for co-ordination and on-going development of postgraduate courses in neonatal intensive care, neonatal special care and paediatric critical care. Jane's move to Sydney Children's Hospital, Randwick, in 2007 has enabled her to broaden her professional nursing sphere.

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Lesley Scanlon is a Senior Lecturer in the Faculty of Education and Social Work, the University of Sydney, where she is the Director of Professional Doctorates. Her educational career spans teaching and research in Secondary Schools, Technical and Further Education and Higher Education. She has worked across curriculum areas including Chinese Mandarin, Anthropology, Politics, History and Education. Her research is positioned within the theoretical frameworks of sociological Phenomenology and Symbolic Interactionism. Her particular focus is on the 'shape-shifting' of identities during transitions. She has published on the first year university transition, the impact of curriculum on adult learners' identities, the role of theory in the professional preparation of teachers and reflective practice. She is currently engaged in two research projects: the first is a longitudinal study

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Index

A

Abbott, A., 8, 11 Acquisition metaphor limitations of. 23-24 professional development, 22-23 Active learning, 72, 74 Actor-network theory (ANT) identity formation, 226 materiality and multiplicity, 226 neo-liberal approaches, 227 performativity, 216 practical action, 227 social and material practices, 227 Alavi, C., 192 Altruism, 13 Apprenticeship metaphor learning, 25 workplace learning, 51-52 Aristotle, 47, 55, 59, 60 Arrowsmith (1931), 102 Assessment, authentic learning, 93 Atkinson, P., 8, 131 Authentic learning assessment, 93 awareness of being, 89 being-in-the-world, 84-86 collaborative learning, 92-93 conventional understanding of, 83-84 curriculum, 90-91 dialogue, 91 inauthenticity, 86-88 learning community, 92 pedagogy, 91-92 physical environment, 83-84 possible selves, 87 professional education, 88-90 promotion of, 83

real-life tasks, 83–84 self-determining, 85 Autonomy, 14–15 Axelsson, R.M., 67

B

Barnacle, R., 146, 152, 155 Bauer, D., 111 Bauman, Z., 67 Beckett, D., 45, 48, 54, 58 Being-in-the-world, 84-86 Benner, P.E., 55, 189, 190 Bennett, W.S., 6 Berger, P., 4 Bergson, 120 Berliner, D.C., 2 Beyerbach, B., 100, 112 The Black Butterfly (1916), 107 Bleakley, A., 117 The Bold Ones (1969-1973), 103 Bologna process aim of, 80 implementation, 66 Boreham, P., 13 Boud, D., 142 Bourner, T., 143 Bredemeyer, S., 183, 197 Brennan, M., 142, 155 Brittenham, R., 110, 111 Bronstein, L., 49 Brunner, D., 101 Buffy the Vampire Slayer (1997–2003), 112 Burbules, N., 53, 57 Burns, R., 197 Burrage, M., 5, 6 Butler, J., 228

С

Callahan, V., 108 Carmody, D., 191 Carolan, M., 223 Carr-Saunder, A.M., 7, 8 Cartography, 125–126 Casey, B., 103, 104 Cattoni, J., 192 Cerulo, K., 4 Cheek, J., 106 Cheetham, G., 6 Chicago Hope (1994-2000), 104 Chivers, G., 6 Ciborra, C., 135 The Citadel (1938), 102 Clandinin, D.J., 221 Class of 1999 (1989), 112 Clegg, S., 145, 147 Clinical nurse educator (CNE), 197 Clinical skills assessment test (CSAT), 198 Cohen, S., 101 Collaborative learning, 92-93 Collective learning, 30, 47-48 Collins, R., 6, 8, 11, 15 Comber, B., 207 Community of practice participation metaphor, 25 professional identity formation, 67-68 professional practice, sociality of, 49 tacit relationality, 53 teacher, 212-214 Compartmentalised identity, 68 Construction metaphor collective learning, 30 complex relational web, 29-30 constructivism, 28-29 holistic learning, 29-30 limitations, 30 reflective practitioner, 29 scaffolding, 28 Constructivism, 28-29 Continental professional model, 6 Continuous learning, 16, 26-27 Cooley, C.H., 2 Cowan, J., 93 Credibility, 45-46 Curriculum authentic learning, 90-91 hidden, 118 hybrid, 147 informal, 175-176 metaphor, 35 practice-based, 229 Cussins, A., 125

D

Dahlgren, M.A., 65, 78 Dall'Alba, G., 211, 223 Dalton, M., 111 Dangerous Minds (1995), 111, 112 Davey, J., 183, 197, 199 David, 54 Dead Poet's Society (1989), 109-112 Definition, profession, 6-9 Deleuze, G., 119-123, 137, 208 Densmore, K., 112 Development metaphor, 22-23 Deweyian, 57 Diagnostician/symptomatologist clinical reasoning, 127 cognitive structures/scripts, 126 Dialogue, 91 Dickenson, A., 108 Dingwell, R., 7 Diploma Supplement, 66 Discourse analysis, 69 Doctor boundary crossing, 125 cartography, 125-126 clinical gaze accountability, 130 collaboration-based democratic work patterns, 128 critical reflexivity, 130 intimate examination, 127 medical citizen, 131 monitory democracy, 128 new work settings, 131 patient's safety, 129 stethoscope, 127 traditional reflective practice models, 129 cognitive scripts, 125 collaborative practices, 125 ethnographic studies, 119 expert collaborator and interprofessional, 124 filmic representations of, 101-106 hidden curriculum, 118 identity construction, 119 instrumental accounts, 117 medutainment, 135-137 micropolitics, 124 neologism and idiosyncratic readings, 119 nomadism and deterritorialisation, 124 patient-centredness, 125 policy documents, 117 poor communication, 118 processes and assemblages

Index

interiority, 122 network/assemblage, 121 ontological and epistemological development, 122 postmodernism, 120 psychology, 120 self-forming, 121 rhizomatic and mycorrhizal structures, 123 segmentation, 123 social learning theories actor-network-theory, 133 boundary-crossing' mentality, 134 collaborative activity, 135 community of practice, 132 cultural-historical activity theory, 134 cultural history, 132 proactivity, 135 progressive stabilisation, 133 suppleness, 123 systemic miscommunications, 118 Doctoral researcher authorised researcher identity, 142 education disciplinarity, 143 globalisation, 145 informed professional practice, 143 knowledge communities, 143 learning spaces, 143 standard doctoral criteria, 144 transformative experience, 145 workforce development, 144 experience hybrid curriculum, 147 knowledge, authority and identity, 145 knowledge worker, 146 research education ontologies, 146 tentative and ongoing process, 147 knowledge economy, 155 original research, 141 practical ethics, 155 Ramon's experiences achievements, 149 action research, 148 professional practice, 149 reflective writing, 148 reflexively thinking, 150 research relationship, 150 textual strategies, 148 researching professional dialogism and addressivity, 153 practical rationality, 153 reflective writing, 152 research blogs, 155

seeping, 152 self-criticism, 153 Downey, C.A., 221 Downie, R.S., 8, 13 Dreyfus, H.L., 2, 55, 85, 211, 220 Dreyfus, S.E., 2, 55, 211, 220 Drife, J.O., 105 Dr. Kildare, 103–107 Duffy, E., 191

E

Edinburgh Declaration, 164 Elise, 169, 170, 174, 178 Ellsmore, S., 100, 110–112 Empathy, 46 Engeström, Y., 30, 125, 131, 134, 135 English professional model, 5–6 Epistemology, 9–12 Eraut, M., 7, 8, 233 Etzioni, A., 7, 233 European Credit Transfer System (ECTS), 66 Evetts, J., 98 Ewan, C., 191

F

Farber, 110 Feminine Touch (1954), 108 Fenwick, T., 51 Filmic representations audience size, 99 client expectations, 101 doctors, 101–106 immediacy of experience, 100 linking reel and real, 100-101 nurses, 106-108 phenomenological approach, 98 professional identity, 98-99 teachers, 97-98, 109-112 workplace teamwork training, 98 Fisher. R., 112 Flexner, A., 7, 8, 117, 137, 163, 233 Flexnerian approach, 170 Flexner model, 7, 16 Flores, G., 99, 102 Flying Tigers (1942), 107 Flyvbjerg, B., 59 Foster, K., 159 Foucault, M., 121, 126-130, 136 Fournier, V., 11, 14 Franzak, J.K., 4 Freidson, E., 5, 7, 10, 15

G

Gale, T., 112 Gall, I., 145 Gamman, 106 Garrow, 100 Gawande, A., 118, 136 Gee, J.P., 69 Gherardi, S., 49 Gigerenzer, G., 55 Glesne, C., 145 Goffman, E., 126 Golomb, J., 87, 88 Goodbye Mr Chips (1939), 110 Goode, W.J., 8 Goodier, B.C., 100 Gough, J., 48 Grant, P., 111 Green, B., 142, 145, 147, 152, 153, 155 Greenwood, E., 7 Gregory, M., 100, 105, 109, 110 Grossman, P., 228 Guattari, F., 119, 122, 123, 208

H

Hager, P., 21, 25, 35, 37, 47 Halliday, J., 47 Hall, P., 47 Halmos, P., 7, 13 Hamilton, D., 153 Hargreaves, A., 132 Harper, G., 100 Haskell, T., 7 Hatcher, 15 Healthcare team, 177 Heidegger, M., 84-86 Henry, K., 162 Hidden curriculum, 175-176 Hiebert, J., 10 Higher education. See Journeymen project Hilton, S.R., 166, 167 Hitchcock, A., 98 Hodkinson, H., 30, 33, 34, 37, 39-41 Hodkinson, P., 21, 30, 32-35, 37, 39-41 Hokenstad, M.C., 6 Holm, 110 Hopkins, J., 7 Hoyle, E., 7, 10 Huber, J., 221 Hubert, 211, 220 Hult, H., 72

I

Ibbara, H., 1 Identity

collective identity, 4 community of practice, 67-68 compartmentalised identity, 68 concept of, 67 continuous learning, 16 development of, 68 education and work, realm of, 67-68 ideal identity, 4 individual personality, 67 integrated identity, 68 iterative cycle of, 16 learning trajectory, 3 negotiation, 4 non-differentiated identity, 68 objective and subjective reality, 4 possible/provisional selves, 4-5 professional self, 2, 4 sense of being, 68 shaping of, 67 Iedema, R., 131 Inauthenticity, 86-88 Inferentialism, 58 Informal curriculum, 175–176 Integrated identity, 68 Interprofessional learning initiatives, 177 Interviews, 69

J

Jackson, N., 54, 129 James, D., 40 James, W., 3 Jarvis, P., 16, 55 Jensen, K., 10 Joe, 169, 170, 174, 178 Johansson, K., 76, 78 John, P., 7, 10, 150, 151, 153 Johnson, L., 145 Johnson, T., 8 Jones, A., 6 Jones, J., 46 Journeymen project Bologna process aim of, 80 implementation, 66 construction of knowledge, 67 data collection and analysis, 69 Political Science programme (see Political science) professional identity formation, 67-68 professional trajectory, 73-74 Psychology programme (see Psychology) rationale of, 66 Journey metaphor, 37-39

Index

K

Kagan, D.M., 2 Kalisch, B.J., 106, 107 Kalisch, P.A., 106, 107 Keating, 109, 111 Kilminster, S., 36–38 Koch, T., 105

L

Laënnec, 127 Larson, M., 8 Latour, B., 121, 133, 215 Lave, J., 25, 26, 31, 48, 53, 213 Law, J., 208, 216 Lawler, J., 188 Learning Lives project, 37-38, 41 Lee, A., 141, 145, 147 Leibniz, 119 Lewis, P., 7 Lieberman, M., 7 Lifeboat (1944), 98 Lim, E., 100, 105 Lincoln, M., 191 Lingard, L., 48 Li. T.M. 215 Lorimer, H., 211, 214 Los Angeles Medical Association, 103 Ludmerer, K.M., 128, 136 Luntley, M., 56, 59

M

Madjar, I., 188 Magnificent Obsession (1935), 102 Malatesta, M., 6 Mallard, D., 106 Maloney, D., 191 Marcus, H., 4 Marcus Welby, MD (1969-1976), 104 Marshment, 106 Masters, J., 100 Mastery, 17 McCullum, D., 106 Mead, G.H., 2, 4, 99 Medic (1954–1956), 103 Medical practitioner conflicts clinical settings, 177 collaboration, 178 European enlightenment, 162-165 healthcare team, 177 hidden and informal curriculum assessment policy, 175

professional identity, 175, 176 self esteem. 176 students value, development of, 175 lifelong learning, 178 medical degree, 159 medicine, magic and superstition, 161 professionalism, identity and medical education, 166-167 professional socialisation/learning, 159 public perceptions, 165-166 renaissance medicine, 161-162 research specialty, 160 role models behaviours, 177 senior doctors attributes, 176 speech patterns and habits, 159 stages, doctor assessment modalities, 172 constructionist perspective, 167 early patient contact, 171 Flexnerian approach, 170 Hippocratic Oath pledge, 172 independent practitioner, 174-175 junior doctor, working and learning, 173-174 medical school, 168 motivating factors, 168 problem-based learning (PBL) approach, 171 selection process, 169-170 teacher-centred approach, 170 Melies, G., 101 Men in White (1934), 102 Metaphors acquisition (see Acquisition metaphor) Anna's story, 37-39 'becoming' benefits of, 32-33 learning culture, 30-32 personal development, 31 professional learning, 32-33 construction, 28-30 collective learning, 30 complex relational web, 29-30 constructivism, 28-29 holistic learning, 29-30 limitations, 30 reflective practitioner, 29 scaffolding, 28 learning, 21-22 participation continuous learning, 26-27 limitations of. 27-28 movement. 26

Metaphors (cont.) situated learning, 25 practical implications boundary crossing, 41 enhancing learning cultures, 39-40 supporting individual learning, 40-41 professional development, 22-23 professional learning boundary crossing, 35-37 journeys, 37-39 routinised, 33-35 socio-cultural activity theory, 25 transfer (see Transfer metaphor) Micropolitics, 124 Miss Pinkerton (1932), 107 Mitchell, C., 4, 97, 98 Montgomery, K., 50, 55, 60 Moor, A., 100 Moser, I., 227 Movement metaphor, 26 Muff, 106 Mulcahy, D., 58, 59, 207 Mulhall, S., 85 Mullen, 100 Munro, R., 217 The Murder of Dr. Harrigan (1936), 107

Ν

Neonatal intensive care units (NICUs), 193 Neonatal (speciality) nursing care. 193-194 educational preparation, 194-196 Newborn and Paediatric Emergency Transport Service (NETS), 193 Nietzsche, 119, 120 Nixon, H., 207 Non-differentiated identity, 68 The Nun's Story (1959), 108 Nurius, P., 4 Nurse assessment process, 193 Australia health care assistant, 186 Nightingale system of training, 184 pre-registration nurse education, transfer of, 185 registered nurse, 186 scholarly research activities, 185 service needs, 184 clinical practice, 189 competency standards, 190 dualist influence, 187 expert nurse, 190

filmic representations of, 106-108 healthcare workforce, 192 horizontal violence, 192 neonatal nurses clinical priorities, 201 individual nursing activities, 200 infant's clinical condition, 200 NICU policy, 200 phenomenographic methodology, 199 spatio-temporal awareness, 201 neophyte nurses, 191 NICU esteem needs, 197 interdisciplinary sharing, 198 knowledge and understanding, 197 physiological needs, 197 safety needs, 197 SCORPIO session, 198 self-realisation needs, 197 service requirements, 198 social needs, 197 non-dualist influence, 187-189 registered nurses, 196 social interaction, 191 speech pathology, 191 Nurses (1974), 108 Nursing Education Taskforce (N³ET), 185 Nyström, S., 66, 68, 73, 74, 79

0

Omniscient doctor, 103–104 One Few Over the Cuckoo's Nest (1975), 108 Ontology altruism, 13 autonomy, 14–15 trust, 13–14 Operation Petticoat (1960), 108 Organisational professionalism, 14–15 Osburn, L., 184, 185

P

Parsons, T., 7, 8, 233
Participation metaphor, 25–27 continuous learning, 26–27 limitations of, 27–28 movement, 26 situated learning, 25 *The Patient in Room 18* (1941), 107
Paul, 169
Pedagogy, 91–92
Perkins, H., 7, 12
Pfadenhauer, M., 13, 14 Index

Pfau. 100 Phenomenography, 69 Phenomenological film theory, 98 Pickering, A., 210 Pierce, H., 104 Polanyi, M., 52 Political science, 77-79 Duisburg-Essen students, 77, 78 Gdansk students, 77, 80 Linköping students, 76-78, 80 Oslo students, 77, 80 Popkewitz, T., 9 Postmodern professional, 15 Problem-based learning, 70-71 Provisional identity, 2 Psychology clinical psychology, 72-74 Duisburg-Essen students, 71-72 Gdansk students, 71, 79 Linköping students, 70-71, 79 Oslo students, 72, 79 theoretical psychology, 74-75

R

Raelin, J., 152 Raimo, A., 111 Ramon, 147–155 Reflexivity, 51 Reid, A., 68 Renaissance medicine, 161–162 Rhizomatics, 125 Rikowski, G., 17 Riseborough, 15 Robertson, J.P., 97 *Room 222* (1969–1974), 110–112 *Rosie the Riveter* (1980), 107 Roth, J., 8

S

Sachs, J., 7 Sam, 221–223, 225, 227, 229 Sandberg, J., 223 Sandelowski, M., 196 Sandlin, J.A., 113 Sass, L., 120 'Scaffolding' metaphor, 28 Scanlon, L., 233 Scheeres, H., 131 Scheffler, I., 22, 23 Schön, D.A., 11, 29, 50, 52 Schutz, A., 1–3, 16 Scuilli, D., 5, 7, 8 Searle, J.R., 135 Seddon, T., 143-145 Seet, R., 100, 105 Self-determination, 85 Self-motivation, 46 Self-reflexive project, 67 Selzer, R., 136 Sennett, R., 131 Sfard, A., 28 Shapin, S., 220 Shaun, 218-221, 225-227 Shaw, G.B., 8 Sheehan, P., 16 Shem, S., 173, 174 Shipman, H., 165 Shortland, M., 102 Short, P., 188 Shulman, L., 7, 10 Simone, 224-227, 229 Singleton, V., 216 Situated learning, 25 Slotnick, H.B., 166, 167 Society bureaucratic process, 233 decontextualised knowledge, 234 institutional learning cultures and authenticity, 234 professional claims, 233 transformation, 234 Socio-cultural activity theory, 25 Solomonides, I., 68 So Proudly We Hail (1943), 107 Spinoza, 119-121 The Splendid Sinner (1918), 107 Springfield, Y.N., 101 Stadler, H.A., 98 Stand and Deliver (1988), 99, 111 St Elsewhere (1982-1988), 104 Stichweh, 9 Stivale, C.J., 119 Strauman, E., 100 Stronach, I., 209 The Substitute (1996), 109

T Tacit

challenging behaviours, 54 communal self-correcting, 59 expert performance, 55 gut feelings, 55 immersion, 57–58 inferentialism, 58 intuition, 52, 55

Tacit (cont.) judgements, 59-60 know-how, 55-56 knowing-in-action, 52 learning, 53 reflection-in-action, 52 teaching, 53-54 training, 55-56 understanding, 56-57 Tawney, R., 7, 13 Teacher accomplished teacher, 224 actor-network theory identity formation, 226 materiality and multiplicity, 226 neo-liberal approaches, 227 performativity, 216 practical action, 227 social and material practices, 227 assemblages of practices, 214-215 assembling identities, 228 autonomy, 14 circumstance and contingency, 225 classroom practice, 208 communities of practice, 212-214 complexity, 210 content knowledge, 221 curriculum context, 221 data and method assemblage, 217-218 domain-specific rules, 220 embodied understanding of practice, 223 epistemology, 209 filmic representations of, 97-98, 109-112 key learning area, 218 knowledge and skills, 210, 228 lively class discussion, 224 material-semiotic approach, 208 neo-liberal conditions, 207 performative knowledge and identity practice, 222 personal and professional identities, 219 practical action, 219 practice-based curriculum, 229 prerequisites for practice, 211-212 problem-based learning, 222 professional learning, 210 social relationships, 219 subject area, 218 subject subculture, 220 teacher identity, 209 thinking identity, 228 Teachers (2002–2005), 112 Tooke, J., 117 To Serve Them All My Days (1980), 97

To Sir with Love (1967), 110 *To Sir with Love* (1968), 97 Transfer metaphor limitations of, 24 professional development, 22–23 Trier, J., 100, 101, 110, 111 Trust, 13–14 Turow, J., 101, 103, 104

v

Vandekieft, G., 99, 103, 104

W

Walters, A.J., 196 Watt, D., 152 Weaver, L., 47 Weber, S., 97, 98 Welby, M., 104 Wenger, E., 1-3, 25, 26, 31, 48, 53, 67, 68, 213 Weston, G., 118 White, J., 191 The White Parade (1934), 107 Williams, C., 145 Wilson, P.A., 7, 8 Winch, C., 60, 62 Wirt, F., 12 Wittgenstein, L., 53, 54, 56, 57, 60, 62 Workplace learning apprenticeship, 51-52 epistemic relations junk category of knowledge, 50 knowing how and why, 51 propositional knowledge, 50 reflexivity, 51 leadership indicators, 45-46 lifelong learning agentive and attributional approach, 61 - 62Aristotle's phronesis, 60 immersion and training, 61-62 leadership potential indicators, 62 neo-liberal policy, 60-61 real and desirable practices, 62-63 relational approach, 61 self-confidence, 62 Wittgensteinian approach, 60 professional practice, sociality of, 48-50 tacit challenging behaviours, 54 communal self-correcting, 59 expert performance, 55 gut feelings, 55

Index

immersion, 57–58 inferentialism, 58 intuition, 52, 55 judgements, 59–60 know-how, 55–56 knowing-in-action, 52 learning, 53 reflection-in-action, 52 teaching, 53–54 training, 55–56 understanding, 56–57 traditional individualistic practitioner, 47–48 World Federation of Medical Education (WFME), 164 Wright, R.R., 113