Professional Practice in Transition: Making Workplace Pedagogies Visible

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Introduction

While professional practice is constantly evolving, and learning is a central activity of professionals, it is at times of significant transitions that learning is particularly apparent. In this paper we discuss how workplace pedagogies in medicine, social work and policing involve complex negotiations between idealised narratives and professional practices in transition. The paper shows how professional practice entails a complex reconciliation of external/'official' and an internal/'principled' narratives of the profession. We show how these two ideal narratives are underpinned by learning enacted through workplace pedagogies which permeate everyday professional practices. The aim of the paper is to make these workplace pedagogies visible by analysing professionals' accounts of how they learn to manage the incongruities of and conflicts between the idealised narratives. The paper explores the entanglements of idealised narratives in professional practices among three of the professional groups represented at an ESRC Seminar Series. Whilst idealised narratives are evident in the discourses of regulatory bodies, educational institutions, employers and professional bodies, these can be far removed from daily practice. The situatedness of workplace practice means that professional transitions (student to junior professional, front-line worker to manager, moving from one site of practice to another, etc.) involve multiple tacit workplace pedagogies; the fact that these pedagogies are not explicit contributes to the intensity of some transitions. So our focus here is to uncover some of the workplace pedagogies that connect idealised narratives and their enactments in the practices in three different professions.

ESRC Seminar Series – Professional Transitions

The data for this paper are drawn from the ESRC seminar series, 'Changing forms of professional responsibility: Exploring workplace pedagogies in transitions', hosted by the University of Leeds, University of Stirling and Birkbeck University of London[1]. Six full-day seminars, held between April 2011 and June 2012, addressed theorising

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transitions in professional responsibility, as well as an exploration of transitions within four professions: policing, medicine, psychotherapy and social work. The aim of the seminar series was to understand how professionals manage transitions, what learning is entailed and what the implications are for patients, clients and service users. By improving our understanding of transitions we sought insights as to how professional learning could be better understood and supported. Participants in the seminars were practitioners, policy-makers, representatives of regulatory bodies and academic researchers.

Using the material presented and generated in these seminars, we set out to analyse the external/official and internal/principled professional narratives of three of the professions represented. The fourth professional group, psychotherapy, is excluded here as it presented certain characteristics that needed specific treatment, with fewer of the synergies that we describe across the three professions we analyse. For these professions we were able to identify 'idealised' professional narratives, we then used the accounts given in the seminars to explore how practice transitions occurred and were understood, and how workplace pedagogies shaped both the enactment of practice and the reconciliation of workplace practice with idealised professional narratives.

Conceptualisations of transitions in the seminar series aimed to challenge some current understandings, with analysis moving between general and specific professional questions and using each to inform the other. The seminars analysed transitions in relation to policy and societal demands, professional standards, organisational factors, technology and individual roles. Transitions have been understood in psychological, organisational or in policy terms (Fenwick, 2011), with a range of related strategies being devised as advice to professionals managing work transitions. While these have mainly included individualised, life history or career passage approaches, the seminars sought to disrupt these notions and their implied linearity to address transitions that interact with professional pedagogies that are complex and not immediately visible. In this paper we see professional transitions in their many forms as a context in which idealised professional narratives and the pedagogy of workplace practices are in constant tension and negotiation. While transitions sometimes occur as key changes within a career trajectory (as in medicine or social work), this is not always the case, and the paper describes the complexities of pedagogies that are not evident in conventional responses to learning in professional transitions.

Transitions were conceived differently as workers experienced different forms of professional legitimation. For medics, some transitions were role-changes as part of a well-recognised career structure which can be conceptualised as critically intensive learning periods (Kilminster et al, 2011). In policing, multiple transitions were related to becoming a profession, to the blurring of roles and increased specialisation as well as centralisation and organisational change. In social work, some similar transitions were evident, with tensions between front-line and managerial roles. For all of the

professionals in the seminars, some transitions were sought while others were enforced and for many, transitions emerged as a mode of practice rather than being confined to particular career points. We argue that a focus on career passages in some professional discussions leads to normative conceptualisation of transitions, with workers being positioned as adaptive individuals whose deficits at points of transition deflect attention from the nature of the transition and factors that induce it. While there has been a general assumption that transitions may be problematic, dominant perspectives have focused on better preparation through pedagogies that involve acquiring knowledge, skills and values and then transferring them to new situations. While we question this assumption, we understand transitions as involving some kind of change affecting work practices and knowledge.

Two idealised narratives of professional practice

We will now describe the two idealised narratives identified in the seminars: the first expressed in external regulatory frameworks, and the second an internal narrative that foregrounds claims to the uniqueness of each profession and its principled purposes.

External/official professional

The first ideal narrative of practice is embodied in professional regulatory frameworks and protocols; this narrative was prominent in many of the seminars, perhaps unsurprisingly, given that these were semi-public expositions of the current concerns of each profession. These frameworks and protocols have generally been developed as part of an attempt to 'reform' and in some cases 'professionalise' the profession. The frameworks considered during the seminars are of course instances of a much wider policy movement to standardise and codify professional work, with a view to increasing 'transparency' and holding professionals accountable for their actions. Although some regulatory moves have been made in direct response to public scandals involving negligence or perceived malpractice, the development of these frameworks has generally occurred with the consent and involvement, or at the very least the compliance, of the professions themselves. Despite this it is often perceived as an external imposition ('things happen to us', to quote one group of participants), and an erosion of professional autonomy, entailing a shift in the locus of control from internal to external. The idealised narrative embodied in regulation can be viewed as a unifying force, in that it makes a claim to the standardisation of professional responsibility, behaviour and practice, and the maximisation of positive outcomes; however it can also be seen as fragmenting the profession by displacing the onus of responsibility from the profession collectively onto the individual accountable practitioner.

For the newer professions (in this case policing and social work) the development of the idealised narrative of the regulated professional may be welcomed as evidence of a move from 'craft' to true professional status, which has been accompanied by rising

entry requirements and the creation of specialist academic programmes. Medicine is more self-confident and assured of its professional status. The regulatory idealised narrative of medicine is not necessarily incongruent with the medical profession's own internal narrative, and its regulatory structures preserve much of the long-established tradition of professional self-governance, so may be seen as less of an imposition. But the power invested in medical professional knowledge, and in particular the autonomy of its most senior practitioners, means that standardised practices perceived as an external imposition may be particularly difficult to enforce in workplace practice.

Internal/principled professional

The second idealised narrative is the internal, principled story each profession tells about and to itself, which is rooted in its history, rituals, forms of recognition and daily practices. Being for the most part uncodified and not easily accessible to outsiders, it is obviously less tangible and traceable than the first; instead it is more likely to be transmitted and evolved informally through different generations of practitioners in the workplace itself. This form of narrative emerged in the seminars for all of the professional groups studied here; each group claimed that they were 'special', that their work was quite different from that of other groups, and by implication, only truly understood by those within it. At the core of this claim is the sense that the profession exists for virtuous purposes, and that its work is complex and can only be understood through practice.

This internal narrative has a much longer history than the external/official narratives constructed in the name of accountability, and has sometimes had to withstand and respond to profound changes in public trust in, and attitudes towards, the profession. Codified elements of the narrative can be found in some of the older professional codes and licences developed before external regulation was introduced. So for example in medicine, a range of (international) professional ground rules are laid down in a formal oath (Declaration of Geneva, 2006) involving commitment to the service of humanity, to the noble traditions of the profession and to the medical community itself, and these principles are well-established in the profession's internal story. The other professions studied here have shorter histories and no international oaths, but both maintain principled 'stories' in various ways. Social workers claim that the 'empowerment and liberation of people' (IASSW, 2001) are at the root of their practice, and that they share a professional commitment to social change. The oaths or attestations taken by police officers vary even within the UK, but the general commitment is to preserve the peace and to protect both property and persons. Beyond such formal statements, each profession has accretions of traditions involving professional solidarity, craft understandings, values and customary practices which connect practitioners both to each other and to the history of their professional community.

Enactments in practice: reconciling tensions

These ideal narratives are enacted in everyday professional practices. Yet in order to deliver policing, social work or medical services, professionals have to deal with a myriad of constraints – budgets, ageing infrastructure, lack of resources, etc. – that shape professional practice in ways that may not always be congruent with the idealised narratives described above. Furthermore the principled internal narratives are not always reflected in, or perhaps even compatible with, the demands of regulatory frameworks, though both the internal and external narratives embody various kinds of moral imperative (in that they adopt positions about 'right action'). There was a clear sense in the seminar series of tensions between the exigencies of practice and the demands of both the official narrative and the internal professional narrative. Some of the dilemmas and moments of practice described by these practitioners were precisely the points where these tensions crystallised in emergent local and shared practices which evaded or worked around protocols. An example might be where the demands of protocol for responsibility to be carried solely by the individual practitioner collide with the internal demand for solidarity and mutual support, and with the contingencies of collective working, resource constraints and organisational arrangements.

Professionals need to learn how workplace practices can be re-enacted or re-written to fit with these two sets of idealised demands, and to reconcile the tensions between idealised narratives and everyday professional experience. Professionals learn how to make decisions and judgements about which forms of rewriting are acceptable, for example, deciding which protocols are followed and which are circumnavigated, how reporting protocols are negotiated in such cases, and how these practices are accounted for in both the external and the internal idealised narratives of the profession. We now turn to the question of how workplace pedagogies shape both the learning of professional practices and their reconciliation with idealised narratives, using examples presented at the seminars.

Learning professional practices: Explicit and tacit workplace pedagogies

In this section we examine how professional practice, the material and social reality of professional work, is learned in the workplace, and how these workplace pedagogies relate to the external/official and the internal/principled narratives of professionalism. Workplace pedagogies include formal and informal learning, such as workplace training, mentoring, observation, regulatory texts, as well as conversations with colleagues. Through workplace pedagogies professionals learn everyday professional practice beyond the formal curriculum of professional preparation and development. In our exploration of the accounts given in the seminar series, it was clear that workplace pedagogies might be explicit and visible, for example in the distribution of official material or the use of standardised record-keeping; alternatively they could be less visible or tacit, as for example in the case of informal discussions. The workplace pedagogies might even be unspeakable, such as workarounds and 'fixes' that emerge

through the 're-writing' or 're-presentation' of practice for official purposes. Using examples from the three professions, we discuss how explicit workplace pedagogies are accompanied by tacit pedagogies on adapting procedures to fit local conditions, seeing beyond an institutional frame, and rewriting practices to reconcile the tensions of conflicting idealised narratives of professional practice.

Explicit pedagogies

External/official accounts of policing, social work or medical professional practice present a clear, rational depiction of the work that is based on standard protocols. The notion underpinning national standards is that professional work will be performed in consistent ways in all areas of the country or instances of practice. This is an explicit pedagogy, and is taught at professional colleges, higher education institutions or formal in CPD provision. In this training, professionals learn standardised national codes of conduct, procedures and protocols. One important skill learned is how to record incidents on forms and in standard formulations. Working to a codified standard of practice, with the aim of improving transparency, reducing risk and both improving and standardising outcomes, is a key characteristic of regulated professional work, such as medicine, policing and social work. Professional practices reported in the seminars did not neatly correspond to this, as illustrated in the examples below.

In medicine, detailed standardised procedures are in place for numerous aspects of medical practice. Examples covered in the seminars included: protocols for 'signing off' consent, or the completion of correct procedures; and the requirement for 'higher-risk' groups of medical staff to undergo specific training or supervision (e.g. newly-qualified doctors; sessional GPs; non-UK doctors). One example from those discussed in the seminars was the introduction of the World Health Organisation's Safer Surgery checklist (WHO, 2009). This protocol was implemented nationally in the NHS, and in the instance discussed here, was led in a particular workplace by a junior surgeon experienced in international patient safety projects. Following attempts to 'champion' the initiative within the profession, politicians committed themselves to its implementation and eventually the use of the checklist became mandatory. The project was celebrated as an international success, although, as we discuss below, this is not borne out in local practices.

Police officers are trained at a National College where they learn policies and procedures and how to enforce national laws. While there is centralised training at the Police College, there is no formal professional regulation as exists in medicine. The creation of a professional association to regulate, set standards, and licence is a key recommendation of the Neyroud Report (2011), a review of policing in England. In Scotland, major organisational change is in progress, notably including the amalgamation of 8 regional jurisdictions to one. Accompanying this reorganisation is a move to 'new police professionalism' including increased accountability (a Complaints Commission, a professional licence), a body of learning derived from training, education

and research, and increased community engagement. Across the UK, increased governance is in the works, but is not yet in place.

The professionalization of social work can be seen as part of the development from charitable and philanthropic work promoted at the start of the last century, and a reforming liberal government of 1908 which introduced legislation to build administrative structures for delivering social welfare provision. However, contemporary social work is a new profession, with recent developments that have seen the introduction of undergraduate degrees in 2003 in the UK with requirements for registration and codes of practice formulated in 2001. When referring to the formalisation and bureaucratisation of the profession, social workers did not discuss contested protocols or specific tools that standardised their practices as was the case with medics and the police. However, explicit pedagogies involved learning to work with formal practices to fulfil their statutory responsibilities and while these accorded social workers an official status, which they seemed to welcome, they were seen to be in tension with the emancipatory base of the profession. Three central strands of the modern day profession were said to be social order social work, therapeutic social work and transformational social work. The pedagogies that emerged in discussions drew on these, transforming them and connecting them in accounts of practices and expressions of values.

Tacit pedagogies

We conceptualise tacit pedagogy as the learning that is not an explicit part of formal professional education, but important knowledge that can only be constructed in everyday practices. A prime instance of this is learning the limitations of formal procedures and protocols. In addition to standardised protocols leading to issues in professional identity, seminar participants reported that, in many cases, they had to adapt professional practice according to specific localities. Rather than something that was learned in their professional training, this was a tacit pedagogy of the workplace. Here, professional solidarities, territorial or status disputes, local practice histories and lack of resources (to name only a few factors) may combine with standardised procedures to produce highly localised and emergent enactments of professional practice. Across all of the professions represented at the seminars, practitioners reported having to learn how to adapt national standards and protocols to particular localities, and how practice was often more complex than the choices on workplace forms allowed. Thus, professionals learned not only how to fill in forms, but what actions might be triggered as a result of checking one tick-box over another. This was particularly relevant for the police and for medicine (e.g. the case of the 'Liverpool Care Pathway' for patients entering palliative care).

In medicine, there was strong evidence of a workplace pedagogy of 'learning how we do things round here', and this is indeed borne out by other research in the field of medical education and workplace learning. This often involved the collegial subversion of

protocols which blocked essential action for patient care, e.g. the sharing of supposedly secret computer passwords to facilitate vital access to patient information. In such a case, the internal/ principled narrative of professional practice (which prioritises patient care) often trumps the external/regulated narrative of obeying rules and following procedures. But 'how we do things round here' also manifests itself in the exercise of hierarchy. Doctors were quoted as aspiring to become 'senior enough to do it my way', a tacit acknowledgement that standards are always subject to local practices, and that certain powerful individuals are able to impose their own practices in the workplace. The power of senior doctors to shape practice and thus workplace pedagogy is well-established in the internal professional narrative of medicine, and does not yet appear to have been seriously damaged by the encroachments of external regulatory narratives. In the instance considered here, the Safer Surgery checklist was met with indifference: they 'allowed the checklist process to occur around them and participated passively. A significant minority chose to mock the checklist, for example referring to it as "the group hug". A smaller minority was actively hostile to the checklist, and would frustrate its use and denigrate staff that did use it. When the use of the checklist was made mandatory, the number of individuals who antagonized the checklist increased noticeably.' (contributor, seminar 3). This antagonism and resistance itself forms part of the tacit workplace pedagogy which invests senior medical staff with the discretion to make their own decisions, regardless of protocols.

In the police seminar, one contributor indicated that in their policing jurisdiction the key question the police should be asking is 'is this a good outcome for the community?' In practice, this means that police have to strike a balance between strictly upholding the law and doing what is best for the community. Knowing how certain reports will be actioned in the judiciary is critical to understanding how to best serve the community

In a similar vein, social workers' tacit learning involved dealing with realities that required agility to confront professional vulnerabilities and challenges. Social workers drew on pedagogies developed from a mentality of survival in the field that sat uneasily with professional bureaucratisation. Tacit pedagogies in social work showed a complex and nuanced side of professional practices. For example, interventions were more precarious and more risky than standardised rules of practice would suggest. Tacit pedagogies were needed to cope with a reality that was more subjective, irrational and relational than formal procedures suggested, requiring workarounds to re-write some of the explicit lessons learnt in formal education. The incorporation of social work as a profession in a bureaucratic state remained contested and this was expressed in resistance to definitions that bounded the profession and were countered with the suggestion that it should take an inclusive approach to defining itself.

The second tacit workplace pedagogy is learning to 'see' beyond the regulatory frame. Professionals do this by becoming experienced in filling in standardised forms, and learning how to rewrite local practices for 'official' consumption. The contributions in the seminar on medicine suggested that repeated experience of new procedures aimed

at eliminating (rather than managing) risks had actually increased cynicism or indifference towards such initiatives. They were perceived as bureaucratic instruments developed with little 'understanding of the human factors and system weaknesses' experienced in the complex practice of medicine in the workplace (contributor, seminar 3). And yet on the face of it, bureaucratic demands were indeed met for the most part and procedures recorded as required, despite common perceptions that such exercises were a waste of time or possibly even dangerous. As one contributor put it: 'it isn't possible to co-inhabit the roles of "good doctor" and "patient safety expert"'. The tacit workplace pedagogy at work here involves a collective understanding of which protocols matter (in terms of the principled ideal narrative of care) and which can be ignored, and the development of skills in rewriting actual practice – or delegating that rewriting – in the terms required by the idealised narrative of the regulated professional.

In social work formal professional structures were hierarchical, creating a gulf between frontline practice and the first move to management of a small team which meant stepping out of practice. This appeared to be a crucial moment of transition in professional life and marked a gulf between practice and administration where junior managers felt they were suddenly "thrown in at the deep-end" and expected to know everything. Speakers expressed this tacit pedagogy through the metaphor of moving from a battleground to the balcony, with shifting identities and being "pig in the middle" between frontline staff and management. The battle metaphor may be apposite for a professional structure that appears designed for command and control rather than collegiality.

Social workers recognised the uniqueness of their supervisory model, acknowledging that in other professions it may have overtones of remediation. However, they envisaged developing their tacit learning through meaningful personal development, emphasising the importance of emotion. This linked to therapeutic social work and a tacit pedagogy of relationality where the quality of relations were a primary influence on the outcome of social work interventions. While explicit learning favoured cognition, rationality and predictability, the reality of practice was supported by tacit pedagogies as workers learnt to deal with emotional, irrational and unpredictable human behaviour (Ruch, 2012) in an increasingly complex social world. Learning to do emotional labour (Hochschild, 1983) involved a tacit pedagogy of containment, as social workers dealt with challenging client relations and managed their own emotions while learning to temper expectations of themselves and of others. Such tacit pedagogies in social work shed further light on the discomfort with command and control structures. Here explicit pedagogies that drew on the way the profession was organised were distant from tacit pedagogies of emotional support and self reflection.

Our third, tacit workplace pedagogy is drawn from the idealised narrative of professional (meaning high quality = error free) practice, and living up to this narrative was a challenge experienced by all three professional groups. Policing, social work and

medicine are all high-risk, regulated professions, and making mistakes is a routine, but under-acknowledged, part of the work. Learning the implications of making a mistake, which carries dire consequences for a community, a family, a child or a patient, is both visible and tacit. Professionals learn both procedural consequences (enquiry by professional regulatory board, licence suspension) and actual consequences (injustice, harm or even death). The procedural consequences are learned through formal education, but an important aspect of learning to deal with the actual consequences of making mistakes / failure is tacit, experiential, and is often learned from others.

For social work, supervision is a central practice in supporting quality practice. This was prized as part of an idealised narrative supported by an explicit pedagogy of learning to fulfil a statutory duty. However, social workers talked about effective learning through external peer support where pedagogies developed in a place of safe reflection, away from the vested interest of one's own organisation. This seemed to indicate tensions between explicit pedagogies of supervision a formalised workplace practice and the need to look to peers outside one's own organisation for important tacit knowledge.

Concluding thoughts

In this ESRC-funded seminar series, much data were generated on how medical, law enforcement and social work professionals manage transitions, what learning is entailed and the complexity of explicit and tacit workplace pedagogies. The transitions that were highlighted were from one role to another - student to junior practitioner (medicine), front line worker to manager (social work), as well as transitions for the profession itself (policing). In this developing analysis that stresses the relationship between the idealised professional narratives, workplace practices and workplace pedagogies, it is clear that professionals are constantly negotiating changes in practices throughout their careers. Professional learning is intertwined in professional practice, both explicitly and tacitly. Our preliminary analysis of the data points to the importance of understanding how tacit pedagogies, in tension with the idealised narratives of the profession, affect professional learning.

The conventional approach to learning for transitions favours heavy frontloading of training as preparation for practice (possibly followed up by further periods of formal training), sometimes accompanied by a structured, supervised and risk-avoiding period in which the responsibility of professional practice (or even the chance to do 'real' work) is not yet devolved to the individual professional. This appears not only as a gap in external pedagogies, but as a contributing factor to the tensions between explicit and tacit pedagogies. While these seem to overlap and collide, external and internal idealised narratives are also difficult to reconcile as tensions arise between human and organisational factors.

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