Professional 'Knowers' or Knowledgeable Professionals? Repositioning Knowledge at the Centre of Professional Identity

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Aims:

- Explore professional identity and argue that knowledge, once central to professional status has become less significant
- Through drawing on empirical work show in relation to healthcare (occupational therapy) the drawbacks of a professional identity that is not underpinned by a epistemological base
- Suggest that knowledge needs to be re-positioned at the centre of professional identity, not as a means to exert power, but to offer specialist practice

Professions- a Taxonomic Definition

Classical sociology (early 20th Century) defined professions according to their possession of certain traits

- distinct knowledge base
- autonomy/self regulation
- lengthy period of training
- ethical code

Weaknesses of a Trait Approach

- No account of how these characteristics are attained
- Temporally and historically bounded
- Marxist view- ignores issues of power- professions are attributed to the rise of capitalism- (Navarro 1986)

Professional Knowledge and Social Closure

- Occupational groups such as medicine take advantage of the economic/historical climate to assert their position and then develop systems of ‘exclusionary closure’ (Parkin 1979)
- Professions rose out of the modernity and industrial age
- Development of science and a rational view of the world rather than religious explanations- biomedical views of health
- Medicine in the UK first to attain self regulatory powers and control over their education and admission

Challenges to Professional Knowledge

- Globalisation- contested concept- e.g. could imply ‘cultural imperialism’ but in simplest form it refers to a ‘shrinking world’ as a consequence of technological advancements and expanding social, cultural and economic activity
- Globalisation- equates to a ‘risk society’ (Beck) requiring new forms of social networks and skills-
- Internet- increases access to knowledge- demystifies professional knowledge

Challenges to Professional Knowledge- Post-Fordism

Fordism:

- mass consumption
- standardised products
- semi-skilled workers
- low technological innovation
- standardised welfare systems

Post-Fordism:

- fragmented, diverse markets
- Human relations
- mutli-skilled workers
- accelerated innovation
- consumer choice

Challenges to Medical Knowledge

- Exposition of fallible medical practices- distrust in the certainty of science
- Proactive service user engagement, less deferential and more knowledgeable public because of media coverage etc.
- Proactive representatives (e.g.charities) of service users' rights

Political Response to the Challenges on Professional Knowledge

- New Labour's Modernistion- curbed professional power- emphasis on quality, accountability and standardised care
- Implemented care protocols and encouraged more flexible patterns of working
- Meeting the Challenge- A Strategy for the Allied Health Professions, offered opportunities for AHPs to extend their roles, e.g. podiatrists specialising in foot surgery techniques, dieticians monitoring blood and adjusting insulin.
- Deprofessionalisation or 'professionality' (Hoyle and John)

Implications for Health Professional Education

- Universities in the UK are instigating changes in response to ‘knowledge economies’
- Degree courses in Allied Health Professions such as occupational therapy, physiotherapy as well as nursing
- Emphasis on transferable skills and skills of ‘life long learning (human capital)
- Emphasis on shared or inter-professional learning
- Expansion of experiential learning approaches such as Problem-based or Inquiry- based learning

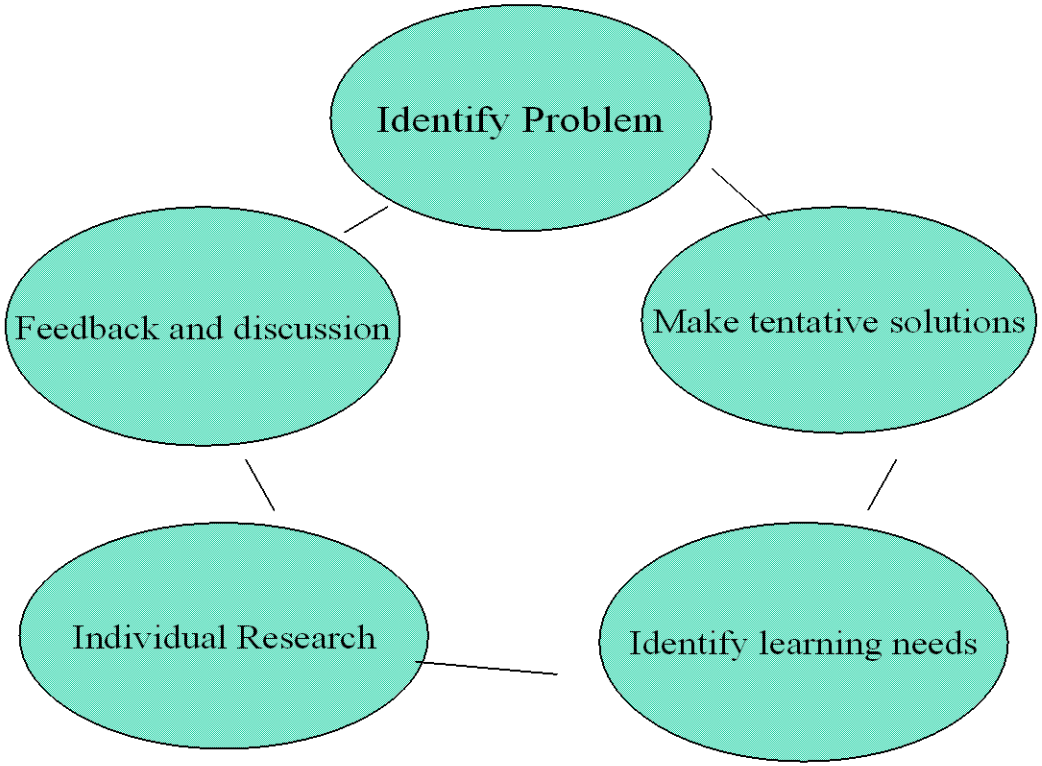
Problem-based Learning

- Can be defined as the use of problem‘triggers’ or case based scenarios to drive students’ learning without propositional knowledge.
- Grew out of the McMasters Medical School in Canada in the 1960s as a means to enable students apply medical knowledge to cases.
- Now used on a number of professional training programmes in health but also elsewhere e.g. law, engineering

Key features of PBL

- Views knowledge as relative and context dependent, and emphasizes process skills over content.
- Students work in small groups and take much responsibility for their own learning
- Tutor acts as a facilitator and does not teach

The Problem Based Learning Process



PBL Educational Principles

- Influenced by andragogy (Knowles)- the need to know, readiness for learning, self direction, intrinsic motivators, capitalising on the learner's experience
- Humanistic psychology (Rogers)- personal growth- facilitation rather than teaching
- Constructivism- context bound nature of knowledge, personal meanings. Knowledge is undifferentiated.

Occupational Therapy

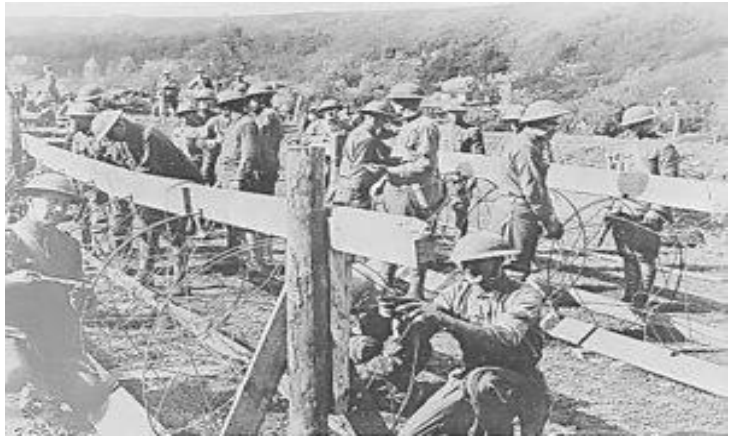
- OTs use ‘occupation’ or activities to promote health and well being and to help people regain/maintain independence in all areas of their daily life as a consequence of ill-health or impairment.
- OTs will work with a person to design a programme of treatment based on the individual's unique lifestyle and preferences, sometimes modifying the environment surrounding the person. Enhancing someone's ability to participate in everyday activities is a central part of occupational therapy.

History of OT

OT developed out of the moral treatment movement in the 18th and 19th centuries

History of OT

- OT developed out of philosophies of practice..
- Expanded during the early part of the 20th century, and OT began to be used to *rehabilitate*, e.g. soldiers from both wars, or as a *diversional* technique, e.g. within psychiatric hospitals.



History of OT

- Creation of the NHS established OT within the health sector, but under the patronage of doctors e.g. CPSM
- From 1960s onwards increasing dissatisfaction with OTs association with reductionistic medicine.
- Call for a return to its holistic philosophy
- Creation of OT models.
- Growth of a research culture in to occupational therapy and occupation

Occupational Science

- The systematic study of all aspects of the relationship between humans and occupations, occupation encompassing peoples goal-directed use of time, energy, interest and attention in work,leisure, family, cultural, self-care and rest activities. (Wilcock 1991

Occupational Science

- Why people engage in occupation
- Subjective and personal meaningfulness of work, leisure and self-care occupations
- How occupations are organised, the analysis of skills needed to undertake occupations

Occupational Science

"The study (or analysis) of occupations is essential for occupational therapists because the use of occupations as a therapeutic agent is the foundation of practice……Occupational analysis aims toward developing *the science of occupation*" (Cubie 1985)

Occupational Science

- Wider- cultural effects of occupational engagement/ disengagement/ deprivation

- The potential role of occupation in the *prevention* of ill-health

The Research Setting

- In the UK, OT education comprises three year (two year post graduate) degree programmes,
- Cardiff course uses PBL from the outset and throughout the three years. Each year has a particular theme i.e. assessment, planning and intervention, evaluation
- Case studies are used to trigger students' learning
- OT and PBL philosophy share similar characteristics e.g. client centred /student centred, process orientated with context specific knowledge

Christopher Rondell

Christopher Rondell is a 35 year old builder who lives with his wife Karen and their two year old daughter Maddie in a three bed roomed house on a new estate on the outskirts of a large sea side town

History

Whilst lifting an unsteady load at work, Chris twisted his spine resulting in a prolapsed I/V disc between T12/L1. Chris was admitted to hospital and prescribed bed rest for one week in order to stabilise the site of the injury. Following the bed rest Chris received physiotherapy and hydrotherapy and was discharged from hospital within two weeks.

Out patient's Clinic

Chris is now walking with the aid of two sticks and has been referred to you (the occupational therapist) based in the outpatients clinic in the hospital. From your initial assessment you have discovered that Chris has 'no idea' why he has been referred to occupational therapy, he just wants to get back to work (he owns the building business) as quickly as possible. In his spare time Chris is a keen surfer and golfer, he is also concerned about not being able to pull his weight around the house as Karen works part time in a local grocery shop.

Research Questions

- Qualitative study (interviews) with a cohort of OT students asking them to reflect over the three years of the OT programme
- How do OT students determine what knowledge is important for OT practice? Who or what influences this decision?
- Does the students' experience of PBL fashion a particular professional identity?

Previous Research

- Previous research on students' experience of PBL has concentrated on learning styles e.g. 'deep' as opposed to 'surface' learning
- Also on students' experience of group work
- little on knowledge- possibly as a consequence of the ontological perspective of the researcher- mostly constructivist and/or phenomenological e.g. Barrett
- Research has tended to focus on students' personal journeys rather than on their collective understanding of identity, or their views on knowledge

Theoretical Framework

- Influenced by Basil Bernstein - on the structuring of pedagogic transmissions and the structure of knowledge (s) was the most useful for my investigation
- More realist than constructivist
- Knowledge can be differentiated- Vertical Discourse (scholarly knowledge) and Horizontal Discourse(local, oral, tacit knowledge)

Theoretical Framework

- Karl Maton's- Knowledge Legitimation- the relationship between what is known and who is proclaiming to know about a topic.
- Knowledge Code- Epistemic Relation (objects of study)
- Knower Code - Social Relation (characteristics of the person claiming to know)

Human Capital: Examples from Research

PBL enables you to understand what OTs do. PBL gives you the skills to work as an OT, like how to manage caseloads and how to work with people. I think it [PBL] will make me a better practitioner (Fay, OT student)

Placement ('horizontal knowledge')

Placement provides the practical of working with others, and things you can never learn in college like how to order equipment; the practical day to day working of the system like how you are going to deliver the best service to your clients. (Karen)

With placement it's the 'hands on stuff' really. It's the client contact and actually working as an OT (Joanne)

Case studies (‘horizontal discourse’)

We have learned that it is important to understand what the occupational therapist does in practice. In approaching a case study, I might speak to an OT based in a similar setting. I would want to concentrate on what an OT would do to help this person get back as far as possible to his occupations and everyday routines. (Vicky)

Dispositional Professional Identity

OTs need to be understanding, considerate and non-judgemental (Mary)

It's hard to say what an OT is really. I think it is a belief in helping people to be independent.. It is about seeing people as unique individuals (Anna)

Occupational Therapy Knowledge

We haven't any particular knowledge, because I find we take our knowledge from different places. (Susan)

I would say your unique knowledge as an OT comes from where you are working; it comes from practice (Rebecca)

Occupational Therapy Knowledge

I don't feel like we have had a definite period on the PBL course where we have learned about humans, how they use their time and what shapes it. It is only because of my research project that I have ended up looking into the theory of occupation. But I'm not particularly confident in talking about this and I don't even know whether I should. Then I thought maybe I shouldn't because it hasn't really been mentioned.(Paulette)

The Problem of A Dispositional Professional Identity

I've noticed that we are not the only profession that thinks about issues like holistic practice. Nurses talk about the need to be holistic with their clients too. (Harriet)

The Problem of a Dispositional Identity

My last placement was in a role emerging setting. I felt that PBL was good because I knew I had the skills to find things out, what questions to ask and who to go to, to find out information. This was a service for the homeless it was community based and very multi-disciplinary based was a team ethos *that focused on health issues. But because everyone was working to the same broad idea, it was difficult to* isolate the OT's role*. (Mary)*

Implications

- Occupational science- provides the context independent knowledge that specialises OT identity and practice
- Such knowledge is not self-serving- it provides a different perspective (e.g. from medicine) when trying to address service users' needs
- Occupational science provides evidence for expanding OT services beyond its traditional scope in health and social care

The Future of Professions

- Bernstein argues professions have two faces- looking 'inward' towards themselves and facing 'outward' to needs of the market
- Professions like OT need a strong sense of 'inwardness' (an epistemic relation to knowledge) to avoid slipping into the realms of 'generic' skill-based practice.

Knowledge and Education

" Of fundamental significance, there is a new concept of knowledge and of its relation to those who create and use it…Knowledge, after nearly a thousand years is divorced from inwardness and literally *dehumanized* (my emphasis)…what is at stake is the very concept of education itself. (Bernstein 2000 p. 86)

New Pedagogic Identities?

- Market orientated educational systems leading to the displacement of *singulars* (e.g. English, history, geography mathematics) with *regions*
- *Classical regions* (medicine, engineering architecture) being augmented by *contemporary regions* (media studies, business studies, human sciences etc)

Wider Implications

- Michael Young in his book *'Bringing Knowledge Back In'*
- What is worthwhile knowledge and what should we teach?
- What is the relationship between everyday common sense knowledge that learners bring to the curriculum, and the organisation of the curriculum itself?

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Thank You for Listening!

Key References

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