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NORMAL RESULTS

an ethnographic study
of the assessment of
health visitor students

by Roger Gomm

Author's number: HDE 9171

Date of submission: 1 June 1985

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thesis presented for the degree of Ph.D.,
to the Open University

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Normal Results: an ethnographic study of the assessment of student health visitors.

Thesis submitted for the Degree of Doctor of Philosophy at the Open University. June 1985

Declaration:

I hereby declare that what appears in this thesis is entirely my own work. Where quotations from other authors are used they are indented, clearly attributed, and referenced in the bibliography at the end to the thesis. No part of this thesis has been published previously.

If this work is approved for the degree of Doctor of Philosophy I agree that it shall be placed in the University Library, that it may be made available to readers on the discretion of the librarian, and that it may be photocopied at the discretion of the librarian.

Signed
Roger Gorm MSc, Dip, Social Studies

Abstract

Normal Results:an ethnographic study of the assessment of student health visitors.

by Roger Gomm

While there are many educametric and psychometric studies of educational assessment there are relatively few ethnographic ones which give a detailed account of how assessment is actually carried out.The current thesis contributes to what literature there is of this sort,and gives detailed attention to practices such as marking and ratifying marks,viva voce examinations and the conduct of examination board meetings.The method used is to concentrate on naturally occurring language as the medium through which social organisation is produced.

The major work on health visitor education is that of Robert Dingwall.Though in many respects his study was accurate and insightful it is argued here that his approach was overly influenced by the "professional" pretensions of health visitors and that there is much to say for viewing their assessment as not very unlike the assessment of other sorts of students.

In the thesis assessment is treated as a socially organised process of character attribution wherein the student is discovered to have

certain properties and these are conveyed to her as the properties upon which the granting of a certificate is contingent: in this case the certificate is a licence to practise as a health visitor. Like many other sorts of educational assessment this is organised around the production of "normal results". A characteristic of health visitor results is the high "pass rate". It is argued that the high pass rate relates to the fact that students represent a considerable investment by sponsoring health authorities, and that although little interactional pressure is placed on colleges to pass students, the dominant position of the health authorities has become embedded into the actuarial criteria for assessing students. Competence for staff as assessors and as teachers resides in producing normal results. In so far as it is normal for most students to pass, staff competence is discovered by producing most students as competent.

NORMAL RESULTS

An ethnographic study of the assessment of health visitor students

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Part One

Part One of the thesis poses the problem of how it is organised that health visitor courses produce such reliable and regular patterns of results. It sets the scene by providing background information on health visitor education and assessment and its most characteristic actors, the health visitor tutors. In this part of the thesis, Dingwall's work on health visitor education is reviewed where it bears on assessment. It is argued that Dingwall concentrated overly on the "professional" nature of health visitor education and overlooked features of the local educational context. Following a subsidiary theme of Dingwall's work it is suggested that it is appropriate to look at the organisation which produces health visitor student results as organised language. A machinery for this purpose is outlined.

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This thesis is dedicated to
Miss Wilkins, Dr White, Howard,
the Deviant External and other
incompetent communicators whose
gaffs lay bare the social
organisation of talk.

PART ONE

CHAPTER ONE: Health Visitor Education.

Assessment and Results

1:1 Introduction to Part One of the thesis:

This thesis takes as its topic the assessment of health visitor students. Assessment is seen as a socially organised process of character attribution in which a student is discovered to have certain properties and these properties are conveyed to her. The hinted analogy with real-estate conveyancing is purposeful. For the successful student what is conveyed is a right to sell her labour within^a restricted labour market because health visiting is closed to all but those who have passed through the assessment process successfully. Assessment is rate-producing in so far as the activities of assessors brings into being phenomena such as grades, marks, and pass, fail and refer disposals which are measurable. The research prospectus of Cicourel and Kitsuse might serve to orient us here.

(1963 pages 9 - 10)

"If the rates are to be viewed sociologically as characteristics of the high school as a complex organization, then the explanations for such rates must be sought in the patterned activities of that organization and not in the behavior of students per se. The theoretical significance of student behavior for variations in the rates is dependent upon how the personnel of the high school interpret, type and process that behavior. Thus, the problem was formulated as follows: If the rates of various student types are conceived to be the products of the socially organized activities of the personnel. Then the question is "How do these activities result in making a student a statistic in a given category?" or stated in more general form: "How are the equivalence classes of given social categories produced?"

The question of how the equivalence classes of given social categories are locally produced, and the closely associated question of where they come from, will provide an orientation for this thesis from beginning to end, though inevitably other questions will arise as we proceed and these questions will change in implication as they are turned against the data.

Long theoretical and bibliographic introductions to ethnographic works are not unusual. What they usually represent is a kind of back-filling written to provide a secure platform which will bear the weight of the account to come. For the reader the significance of this is often lost, since the reader has not yet had the benefit of reading the account which is being justified. I will avoid such an introduction here. The work of providing a context within the tradition of sociology and its recurrent debates will appear later in the thesis. Here suffice it to say, that broadly speaking the thesis is written from an interpretative position and draws rather eclectically on the kinds of discourse analysis current in linguistics and in ethnomethodology, and comes to a conclusion which might be described as 'structuralist'. What such an account looks like will appear in the succeeding chapters.

For a start there are three introductory tasks to be performed. The first, to be carried out in this chapter, is to give sufficient information about health visitor student education and assessment as will carry the reader into succeeding chapters. The second introductory task, which is done in Chapter 2, is to introduce the reader in a general way to the most distinctive of those who assess health visitor students:

the college staff who are called 'Health Visitor Tutors'. The third introductory chapter addresses the current work to Robert Dingwall's writing on health visitor education which in many ways provides the starting point for this thesis.

1:2 Health Visitor Education and Assessment

Health visitor education is provided through 59 courses, in 47 universities, polytechnics and colleges of further and higher education where student numbers have ranged from 11 to 65 per annum. The vast majority of students are enrolled on one-year 'Post-registration Health Visitor Certificate Courses'. Although there are diploma courses and courses linked with degrees or integrated with other kinds of nursing education, this thesis concentrates on the more common post-registration certificate courses. In 1982 there were 1020 students enrolled for health visitor certificate courses. Apart from a few overseas students, (who have equivalent qualifications), all students are SRN qualified and have a midwifery or obstetrics qualification. Many are very experienced nurses and they range in age mainly from 22 to 55. Most students are either secondees from health authorities or (more usually) have a temporary staff status termed 'sponsorship'.

With few exceptions certificate courses are 51 or 52 weeks long and divided into an initial period of 9 months and a second period of three. During the first 9 months students are college-based and undertake a one-day-per-week placement in the field, with some longer 'block placement' coinciding with college holidays. During their college-based period they are subjected to a curriculum which, mutatis mutandis, is much like that experienced by other neophytes to the 'semi-professions'

such as teacher or social-work students. This consists of a range of 'academic' subjects (sociology, psychology, social policy and administration), some law relevant to practice, and 'professional studies'. In addition, there are inputs from 'medically qualified persons as might be expected in the training of health occupationals. Professional studies - 'health visiting' - are taught by the most distinctive college lecturers employed on a health visitor course: health visitor tutors (HVTs). These tutors have themselves been health visitors for at least three years and have subsequently obtained a teaching qualification, usually but not always, from one of the so-called 'national tutor training' courses. Apart from teaching on the course HVTs have considerable administrative and tutorial responsibilities towards it.

The assessment of students is carried out throughout this nine-month period, though in most colleges it reaches its most intensive towards the end in May or June. Assessment involves the participation of a wide range of staff: sociologists, psychologists, social policy lecturers, doctors and psychiatrists and HVTs as well as by the field health visitors (Fieldwork Teachers-FWTs) who supervise the students during their placement. On an average course the so called 'Intermediate assessment' of a single student by the end of this nine month period would have involved seven different staff if not more.

A typical pattern of assessment is shown in figure 1, and a typical assessment cycle in figure 2. Since the reader will need these as 'route maps' they are to be found on fold-out pages at the very end of the thesis.

The second part of the course, which used to be called 'Part Two' and is now called 'Finals' consists of three month's full-time placement in the field under the supervision of an 'Assessor of Supervised Practice' (ASP): usually a nursing officer. Reports on the student's practical competence are produced by, or in the name of, this person; and concurrently by HVTs who visit students on placement. The former sort of report always features in the Final assessment, the latter only sometimes. At the end of this period of supervised practice - in September - the students are examined by viva voce. The basis for this is a number of studies they have written during their one-day-a-week placement for the first part of the course. Viva performance, plus the reports on practical competence plus the case studies form the basis for a decision on the student's disposal which is in the form of a 'recommendation' to the validating body to grant the student a certificate to practise as health visitor, to 'fail' her, or to 'refer' her for further study. Successful completion of such a course is the only route to practise as a health visitor and this monopoly is guaranteed by Act of Parliament (1961/1979).

Though locally organised, health visitor education is overseen by a validating body. For all but the last two years of my research period this has been the Council for the Education and Training of Health Visitors - CETHV. In 1983 its responsibilities were transferred to the National Boards for Nurses, Midwives and Health Visitors as part of a general reform of 'nurse' education. Today the validating body is the English National Board, however almost all of the remarks in the thesis apply to the system in the days of the CETHV, and to date the change of regime seems to have had little influence on practice in the colleges.

The validating body validates courses in much the same way as does the CNAA for degree and diploma courses, though granting its franchisees rather less curricular autonomy. There are national guidelines for selection, curriculum, staffing levels, regulations regarding assessment procedures, the constitution of examining boards, appeals and the like, some of which are mandatory and some permissive. Colleges 'submit' submissions which are based on these guidelines, and the submission documents agreed with the validating body constitute the official version of the course and its assessment procedures. Courses are subject to quinquennial re-validation, and any interim changes have to be negotiated with the validator. The validating body maintains a staff of 'professional advisors' who have an inspectorial role.

Though the details of tuition and assessment vary from college to college, they all bear the stamp of the validating body's guidelines. There is a two-part course structure (as outlined above) which is non-negotiable, and a package of assessments for a first part which has a five part structure: the parts being labelled 'Section One' to 'Section Five' (see figure 2, end pages). Students have to matriculate by passing each section. Thus it is as important that students pass section two (sociology) as that they pass section five (health visiting).

Assessment is 'internal' but externally moderated. The external examiners are not employed by the validating body but by the colleges, subject to the validator's approval. They make an annual report to the validating body (copy to the college), their signatures appear on the lists of recommendations sent from the college to the validating body,

and they are one of the three sorts of examiner who conduct the viva voce examinations. The most common sort of person who is an external is a health visitor tutor from another course. However the numbers of such persons are now almost equalled by academic lecturers, doctors and nursing officers. Where a course has two externals it is common for one to be a health visitor tutor and the other to be of some other background.

Ancillary to health visitor certificate courses are courses run to train and certificate the field health visitors who supervise students - Field Work Teacher courses. Courses for Assessors of Supervised Practice brief the more senior health authority staff who nominally supervise students during the full-time period of supervised practice in the second half of the course which leads to Final assessment.

1:3 The Results of Health Visitor Courses

Nationally over the last 14 years between 94 and 98% of students survived to the end of courses and were 'passed' as 'safe to practise'. That is to say they have been granted a licence to practise as health visitors, and from that moment are subject only to the same kind of rather loose managerial control as are their more experienced colleagues. This national norm is not created by nil referrals in some places and higher numbers elsewhere. Somewhere between 95 and 100% passes is normal.

Since most courses do not exceed 30 students it would be better to say that it is normal to refer between none and two students per year, and beyond this it becomes a 'bad year' and there will be much rushing around to discover 'what went wrong'. Health visitor courses do not have many bad years however.

Since students cannot be failed first time round, referred students re-submit themselves for examination later. Almost all then 'pass'. Withdrawals by students who do not stay the course account for under 5% of the national intake. The characteristic pattern of results is shown in the figures on pages 9 and 10.

Scrutiny of the fine detail of the grades and marks awarded to health visitor students shows that section by section, course by course, year by year the distribution of students through the grades that count for the purposes of assessment takes the form of a 'normal' distribution which rarely has a standard deviation greater than 9. Given the small numbers of students on courses this is something which cannot be explained by invoking marks as a reflection of student ability. It would not be such a surprising matter if health visitor assessment were an explicitly 'norm referenced' system, with students in a year group merely being graded against each other. However health visitor student assessment is explicitly criterion referenced:

(lecturer at National Meeting of Tutors)
Unlike say the GCE examination health visiting is not norm referenced, to use the fashionable phrase. It is more like driving test examining where there is a fixed and absolute criterion to be met. For driving it is safety to drive, and for health visiting of course safety to practise. There is no doubt about this and the only difficulty is getting that criterion set at the right point.

Figure 5

Percentage of Referrals at Final Assessment: % of courses showing particular numbers of referrals over a seven year period (59 courses) Figures rounded.

Number:	0	1	2	3	4	5	6	7	8
Percent:	55	21	9	6	3	1	3	1	1%

The distribution shown is what is called by statisticians a 'target distribution'. The analogy is with the pattern of hits which would be made on a target by a good shot. If the 'bull' is 'no referrals' the distribution shows 'good shooting'.

Nationally then, through time, from course to course, en masse and in detail, the results of health visitor courses are hugely predictable. It is my contention that this predictability is an accomplishment of assessors and that it has to be explained in terms of the way things are organised to produce a regular output. This observation brings us back to the quotation from Cicourel and Kitsuse which opened the chapter, but the reader will now see that there are at least two matters to be explained: on the one hand the regular reproduction of rates, and on the other the rates which are regularly reproduced: the high pass rate.

1:4 Professionalism and Assessment

Dingwall has given a very full account of health visitor education as it is for the student, and it is an important part of his thesis that much staff activity can be regarded as 'telling' profession and professionalism, (Dingwall 1974 pages 245 - 339, 1977:;)page 117ff).

A feature which Dingwall's account under-emphasises is that while the discourse of health visitor tutors certainly does provide for the rationality of health visiting, it provides a fortiori for the rationality of health visitor education and its educators. A major thrust of Dingwall's book is about the way in which 'profession' is accomplished: about the way in which health visiting is shown to be a 'professional occupation' through the way in which it and other occupations are represented, and through the way in which the world is represented as a place that has a vital need for health visitors. In addition to Dingwall's account it must be said

that a crucial feature of the presentation of health visiting by health visitor tutors is that its very professionalism rests precisely on the 'professional education' provided in the college. By way of illustration the reader will find in Appendix One a sequence from a Health Visiting seminar wherein the tutor demonstrates to a somewhat bemused student how what she has been doing in the home of a client is indeed the sociology, psychology, epidemiology and such like that she has been learning at college. The following illustration is taken from an Overhead Projector Transparency entitled 'Is Health Visiting a Profession?'

<u>Long period of education and training</u> ✓
<u>Practice based on theoretical knowledge</u> ✓
<u>A code of conduct</u> ✓
<u>Entry to occupation controlled by members of the profession</u> ✓
<u>A service ethic</u> ✓
<u>Peer Discipline</u>

Ticks appeared against the first five items. Presumably now with the advent of a live register of health visitors (see Section 2:5), a tick would be placed against the last.

Most of the characteristics which HVTs cite as professional attributes are characteristics putatively provided by, or guaranteed by college staff: they manage the knowledge base of the profession, which is seen to include a good grounding in sociology, psychology and social policy, epidemiology and techniques of research and evaluation, as well as in health visiting. They provide an education in the 'general principles/theory' of health visiting which will outlast the merely technical knowledge about hearing tests or infant

feeding, and they apparently control entry to the profession.

'Our colleagues in the field' by contrast:

'all too often slip into routines and go on doing what they are doing without giving it too much thought'

'It is very easy in a relatively short time in the field to get out of touch with current thinking in the profession'

and

'(they) kind of lose their commitment to the ideals of health visiting'

(verbatim notes)

HVTs then, while acting as if they were the guarantors of professionalism, describe that professionalism as threatened by a persistent tendency for it to erode into being 'merely a job'.

HVT 202: Some people think that health visiting is just a job, which you do routinely. You learn these recipes and the job is just going on applying them. And it is easy to see how people in the field can slip into that. Just going on doing what they are doing without much thought and simply reacting to changes around you. Not even that sometimes...but that's not how health visiting should be. Its a professional occupation and practitioners should be constantly looking to their own professional development, and to the development of the profession as a whole. And that's where they need a solid knowledge base and a set of principles.

(taped interview data)

(all quotations so far have been taken from contexts where neither students nor field health visitors nor nursing managers were present).

There seems no reason why we should not read such quotations at their face value as a claim that there is a distinction between health visiting as 'just a job' and health visiting as a 'professional occupation', and that the difference is made by the kind of education which the college offers.

1:5 The problem of actuariality and the in-house literature of health visitor assessment.

If HVTs claim that a college education makes a professional, they temper any chauvinism by frequent mentionings of what they take to be the weak actuarial basis for selecting and assessing health visitor students.

(HVT in course of series of selection interviews)

What bothers me is that we all know how little validity the interview has for selection, but we go on doing it, and I sometimes think that we do not know what we are doing.

(verbatim note)

Expressions of angst such as this are by no means uncommon. Nor are they managed as dark secrets. Even students are made privy to the doubtful basis of assessment:

(HVT in Lecture cum discussion with students on assessment)

...so after all that, all we can say is that what with selection tests, and interviews, and multiple types, different kinds of assessment, and reports from the field and all that, we hope we get enough evidence not to let anyone who is unsafe loose on the public. But at the same time we have to admit most of us that it is a very subjective affair.

(verbatim note)

Moreover even if it is what the college does which differentiates the professional from the jobber, tutors do not make chauvinistic claims as to their own competence to personnel from the field:

(from HVT lecture to Field Work Teachers)

...and the central problem is that as a profession we really have not got down scientifically to research and analyse what it is that makes a successful health visitor, and everything stems sort of backwards from that, because unless you have got that you cannot assess students sensibly, or decide rationally what they need to be taught and what experiences they ought to have, as well as the question of selecting the right sorts for the course in the first place.

(taped data)

Locally and nationally HVTs involve themselves in attempts to put selection and assessment on a firmer actuarial basis. This shows itself in the utilisation of a hugh range of methodologies for assessing students on most courses. Nearly all seem to involve a use of 'educational objectives': a Grönland is a more common occupant of a tutor's bookcase than is a Dingwall. Health visiting tasks are analysed into the necessary 'knowledge, skills and attitudes' and attempts are made to assess students in these terms. The first illustration below is just one frame out of 14. The second illustration represents a 'break down' of the knowledge, skills and attitudes apparently required to say 'hallo' to an elderly person.

Selection and assessment may involve psychometric tests, attitude inventories, interviews by single interviewers in tandem with interviews by panels, interviews of single students, in tandem with interviews of groups of students. 'Self' and/or 'Peer' assessment are used in some colleges. The profile recording of student attributes is not uncommon, nor is the use of closed circuit TV. Much effort is expended in designing assessment instruments which simulate the 'realities' of practice; 'in-tray exercises' force the student to make the kinds of decisions which would be made by a practising health visitor by feeding her diary pages, memos and telephone calls; structured case studies ask the student to make health decisions about a family as more and more data about the family is given to her. And all this in addition to essays, short-answer questions, multiple choice questions, projects, tutor and fieldworker reports, and viva voce.

I am not going to dwell on any of these modes of assessment here except to say that they vary from place to place, and are often changed in a particular college . . . , but that they apparently make not one jot of a difference to the pattern of results of a health visitor course.

Illustration One

7. Teaching Skill: a diagnostic, solution and strategy finding skill comprising the ability to identify the learning need of an individual or group, motivate an interest in the topic and provide for the satisfaction of that interest. Both the analytic skill and the attitude modifying skill are subsumed within this teaching skill as applicable to the practice of health visiting

Knowledge requirements for this skill:

Principles of teaching, strategies for individuals and groups. Educational psychology; perception, motivation, learning theories. Measurement of learning; behavioural learning objectives, evaluation. Teaching methods, visual and audio visual aids. Group dynamics, leadership modes, student centred learning
Role theory, adult education theory.
Sources of learning/teaching resources, new research and topic data.
Communication; human interaction perception and cultural variables.
Opportunities for health teaching; 'anticipatory guidance' in health visiting.

Attitudinal 'set' for this skill

The health visitor will

- be willing to initiate health teaching
- be willing to promote the client's autonomy in action
- be ready to seek and accept advancing knowledge
- prefer non-authoritarian approaches to teaching adult clients

One of 14 'skills' necessary for the health visitor detailed in *Time to Learn* Standing Conference 1980. Such itemisations provide for assessment criteria on health visitor courses

Illustration Two

To Gain Entry to the Home:

Equipment: Many old people have failing sight and are hard of hearing.

Knowledge: Knowledge of the ageing process, physiological changes.

Skills: Approach this client with respect and understanding thus allowing him to retain his dignity

Behavioural Component

(Actually what you do): Explain that you are a different kind of nurse called a health visitor and that you do not represent the local authority Social Services Dept.

Equipment: They often cannot understand who a health visitor is.

Tell them you are a NURSE and this they will accept

Knowledge:

Psychology

Interpersonal perception. Development of the personality and disintegration of the same. Short and long term memory development

Skills:

Do not shout at him if he is deaf as he might resent this and do not give him the impression that he is in his second childhood and needs humouring

Behavioural Component

(Actually what you do)

Ascertain who else is visiting the home: GP, Geriatrician, Social Workers, District Nurse, Home Help, Meals on Wheels, voluntary agencies etc. All these people can easily cause confusion.

Knowledge:

Relevant social history

Great Wars. The General Strike. Awareness of important events of relevance to the client will stimulate conversation.

The first of 7 frames on how to (health) visit an elderly person. The organising principle of this schema is 'knowledge skills, and behaviour' a variant on knowledge skills and attitudes, and one which allegedly itemises the behaviour which would be observed of a student were she to have certain skills and knowledge. Note how the headings seem to bear relatively little relationship to what is written under them. This is characteristic of the use of knowledge, skills, attitudes/behaviour schemata in health visitor education.

Health visitor education has its own in-house literature on selection and assessment. Most of this is in the nature of attempts to check the actuarial basis of exant selection and assessment systems, and to provide surer guides for the future. In reading this literature one is reminded of the fairy tales in which the true identity of the royal heir is discovered from a birthmark only found in the royal line, except that so far as health visiting is concerned no-one has yet discovered what marks the potentially successful health visitor.

There are in fact three major and a number of minor studies of this kind. Given that only between 800 and 1600 students a year have trained as health visitors this must count as a high rate of research per head. One study (McClymont 1981) takes as its data base all the students passing through a health visitor course in one college over a seven year period and (among other things) inter-correlates student results with demographic characteristics (age, marital status, number of children,) previous educational experience and qualifications, and scores on tests of general ability and personality profiles. Another (Fader 1976) takes a large national sample of students for 1973/4 and 74/5 and inter-correlates results with age, general intelligence (AH3 scores) and previous educational qualifications. Both are elaborate and competent pieces of research within their tradition but their results may be summed up very simply: there are few strong correlations between any of these factors, and certainly none strong enough to serve as selection criteria. The third, and most recent piece of research (Dobby 1983) is so badly presented that it is difficult to see exactly what its findings are but certainly it does not yield any more in the way of 'predictors of success'.

The intention and circumstances of these pieces of research are important to note. The Fader study was commissioned by the CETHV from the NFER to check the comparability of standards between courses. For reasons I will

note below it came to no definite conclusion, but noted that since most students passed, that the 'real' control over entry to the occupation was exerted at the point of selecting students for courses.

If the pass rate in the health visiting examinations remains at its present high level, then it may be argued that the only area of importance is the correct selection for places on the training course. This therefore is seen to be an area which requires further study.

Fader 1976 page 99.

The McClymont study was conducted by a Principal Health Visitor Tutor as an M.Sc., thesis, specifically to search for indicators of success and failure which might be used to improve selection procedures, though it subsequently became a study of post-qualification career patterns. The Dobby study is the study recommended by Fader and was commissioned (by the CETHV and the DHSS from Brunel University) on the grounds, that if most students passed, then in order for the 'profession' to discharge it's responsibilities to the public, selection procedures needed to be looked at critically.

There are a number of smaller studies, (Hack 1973, Mulholland 1973, Ray 1979, McClymont 1980, Hill 1982), most of which utilise tests of personality or attitude scales of one sort or another, and none of which come to any conclusion which corroborates another. They all use different mixtures of research instruments, and very small numbers of students. Their findings are inconsequential so I will not burden the reader with them here.

Reasons for so many null correlations are not difficult to find. Firstly many of the tested variables themselves constitute criteria for selecting students for courses. For example most courses maintain a base-line IQ score below which they are loath to admit students, or - what amounts to much the same - look for the kinds of general educational qualifications

which would normally correlate with a score of general ability in the top quartile. Added to this health visitor students with their mandatory SRN and midwifery or obstetrics qualifications are a rather homogeneous group in terms of having negotiated previous educational hurdles & in terms of background experiences. As so often happens in educational evaluation work of this kind, existing selection procedures work to produce a rather homogeneous student body among whom educametric tests would be expected to differentiate only weakly.

Secondly, the normal pattern of results for health visitor courses is such that assessment as it is practised only differentiates weakly between students on courses. The most usable materials for correlation work are numerical marks. It is characteristic of health visitor courses that markers rarely use marks outside of a band which constitutes 25 - 30% of the mark range. Thus as Fader comments, one of the reasons for a null correlation between IQ scores and student marks is that student IQ scores have a standard deviation of some 15 - 16%, while student marks only have a standard deviation of some 6 - 9% (Fader 1976 pages 28 and 42).

Putting these two features together then, selection for a health visitor course produces a rather homogeneous student body in terms of demographic, educametric and psychometric qualities, and health visitor assessment produces results which 'lump together' the students even more.

For ten years discussion about health visitor assessment and selection has been locked into a set of seemingly inescapable problems. It is recognised that 'no-one really knows' what qualities the successful health visitor must have. It is recognised that most students 'pass', but that on the one hand there is no clear linkage between objective criteria such as personality measures, or intelligence test scores and measures of success produced by student marks. On the other hand it is recognised that there is no 'valid' evidence about the relationship between passing

and suitability to practise. The correlations McClymont's 1981 study shows between performance on a course and promotion, are those of achieving high grades in sociology, and having rather poor tutor reports at the end of the course. However the study also pin-points another difficulty for seekers after correlations. That is the fact that post-qualification experience only differentiates between ex-students weakly, most of them remaining in practice, but at the field-grade.

In summary since nearly everybody passes, then, concern is expressed about the criteria used for selection, but since nothing 'objective' seems to differentiate the referred student from the passing student, or the bare pass student from the distinction student (apart from her marks), scrutiny of how assessment differentiates offers no clues for how selection ought to be carried out. The Dobby (1984) study represents the bottom line, insofar as it seems to demonstrate that there is not likely to be a great deal of difference on 'objective' criteria between students who are selected and students who are rejected for courses. The search for the magic marker goes on.

I want to emphasise here that the utilisation of only a very narrow range of marks in assessment jeopardizes any possibility of correlation work between marks and other measurables. Thus the very way in which assessment is accomplished provides for at least part of the problem which tutors and hired researchers encounter in giving a 'scientific' account of health visitor assessment and selection. As Garfinkel (1967 pages 186 - 207) notes with regard to clinic records, there are 'good organisational reasons' why internally generated data is not amenable to scientific research of the kinds reviewed above. Later in the thesis we will see what these are.

Why all this is problematic for health visitor tutors is because a 'scientific-rational' accountancy of health visitor selection and assessment is, in the last resort, unavailable to health visitor educators. The more they have looked for it, the less it seems to be there. Unlike some occupationals (such as social work tutors) who celebrate the art of personal judgement and are profoundly suspicious of educametric or psychometric measurement (Neal 1981), health visitor tutors seem to feel bereft by the absence of scientific validation for their activities, and respond to the problem by devising ever more elaborate modes of assessment and selection.

CHAPTER TWO: Health Visitor Tutors

2:1 Introduction

Health Visitor Tutors are the most distinctive participants in health visitor student assessment, and as such it is tempting to look at them as the equivalents of the counsellors in the Cicourel and Kitsuse study of Lakeside High, as those most likely to set their stamp on the classification of students as of particular types and hence as meriting particular grades and disposals. Dingwall (1974/7,^(A) 1982) certainly gives this impression. Whether this is so the reader will have to discover, but since tutors will feature so centrally in this account the reader will need to know something about them.

2:2 Background information on Health Visitor Tutors

There are approximately 140 persons employed as 'health visitor tutors' in the U.K. Formally they are employed as lecturers according to the normal contractual arrangements for lecturing staff in colleges of F. & H.E., polytechnics, or universities, though because a health visitor certificate course is 51 or 52 weeks long, conditions of service may be amended to accommodate this. In this respect HVTs are in a similar position to engineering lecturers who teach on EITB courses, or F.E. staff who teach on courses funded by the Manpower Services Commission. In the case of health visitor courses, a reason for the 51/52 week duration is that most students are sponsored by health authorities, and it is insisted that they should enjoy only the same holiday rights as do other employees. This is much the same rationale as that for the 'extended college year' courses run under the aegis of the Engineering Industry Training board, for again students - as apprentices - are employees, and employers are unwilling to pay them to enjoy 'college' holidays.

In terms of contracts HVTs are 'lecturers in health visiting' or 'health' or 'nursing' 'studies'. The term 'health visitor tutor' properly belonged to the relations between colleges, their staff and the validating body:

CETHV or ENB.

Since 1984 the validating body itself has taken to referring to HTVs as 'Lecturers in Health Studies'. To be recognised as qualified as a health visitor tutor a person has to hold a health visiting certificate, to have practised as a health visitor for three years or more and to have a teaching qualification. There are some parallels here with the 'professional tutor' in teacher education, and with the 'social work tutor' - though here the validating body (CCETSW) does not require a teaching qualification. In further and higher education, (excluding teacher education) health visitor lecturing is the only kind of work which actually requires a teaching qualification, and the requirement is imposed by a validating body. A roll of persons qualified to be HVTs is maintained by the validating body, but it is not the kind of roll from which persons can be struck for misdemeanours as tutors.

All but the more elderly tutors will have obtained their health visitor certificates on courses much like the one described by Dingwall or those described in this thesis. Prior to 1965 there was a mixture of training courses, most run within the Local Authority division of the NHS, under the control of the Medical Officer of Health. Qualification was by national examination administered by the Royal Society of Health (England, Wales and Northern Ireland) or the Royal Sanitary Association (Scotland). The relocation of health visitor education from health service to advanced further and higher education took a number of years and the course Dingwall studied in 1973 was one of the last to make the transition.

Tutors will have the standard package of SRN and midwifery or obstetrics qualifications which are necessary for entry to a HV certificate course. Most in addition have other nursing qualifications which produce letters after their names in excess of the letters in their names.

Liz Meerabeau, BSc, SRN, HV, FWT, PCCEA, HV Tutor Cert, RNT
Pauline Hill, SRN, HV, FETC, HVT, PGCEA, FWT

(neither of these persons features in this account)

By experience all have practised as hospital nurses, many as district nurses, and midwives. Some have been nurse tutors involved in the nurse education provided within the health service, and all of course have practised as health visitors, though sometimes for rather short periods. Of the thirteen tutors who feature centrally in this account four had practised as health visitors for only the minimum period of three years, and all bar the two most newly appointed tutors have been tutors for longer than they have been health visitors.

Any Cert. Ed., or Dip. Ed., qualification will qualify such persons to be HVTs and give them the right to append after their name the letters 'HVT' and the letters for the teaching qualification (see examples above).

However the most usual educational qualifications are those obtained by attending one of the one-year courses validated by CETHV as 'tutor training courses'. At maximum there were five of these. Now there are three including the original course at the Royal College of Nursing. Though referred to as 'tutor training courses' these are in fact courses designed for training a variety of types of teaching staff, which have a health visitor tutor option, and supervise teaching practice in health visitor education contexts. Other common teaching qualifications are the part-time certificates in education such as the one taken at Huddersfield Polytechnic (once validated by University of Leeds, now by the CNA) which are common teaching qualifications for staff of all sorts in further education.

It is tempting to describe HVTs as academics manqué (see also McClymont 1981 page 33). Of the 13 tutors who feature most strongly in this thesis 8 are graduates and/or have post-graduate qualifications. The post-graduate qualifications are in curriculum studies (M.Ed.,) or research methods (M.Sc.), while almost all of the first degree qualifications are in social science and/or education - most taken through the Open University. Similarly, as of 1984, of the remaining five non-graduate HVTs, four were well-advanced towards Open University degrees majoring in similar subjects, and two of the already graduate were preparing for Masters degrees. One upshot of this is that HVTs are very sophisticated in the social and behavioural sciences and in educational theory.

This drive for academic qualifications must I think be seen as part of a process of academicising health visitor education which has grown apace in the last fifteen years. Certainly HVTs speak about this self-education as if it were a moral requirement for improving the quality of health visitor education. Thus for example when a tutor left a particular college for employment elsewhere, her erstwhile colleagues opined that it was 'no great loss' on the grounds that she had done nothing about her 'professional development'; meaning that she had not been enrolled for any further qualification. Similarly in a job selection interview for a tutor post, the Principal Tutor made much of the discrediting fact that an applicant had failed to complete an O.U.credit.Commitment to self-development in a decidedly academic way may well be read off by colleagues in terms of courses signed up or the TMAs completed:

HVT 1: (talking of another tutor)

...on the other hand she hasn't really developed herself very much over the last couple of years.

HVT:2

that's not quite fair, she has been doing her O.U.

HVT:1

Oh yes but only half a unit.

(reconstructed from verbatim notes)

It is my impression, and I say no more than this, that HVTs have more faith in the usefulness of sociology, psychology and social policy to the practice of health visiting, than do the specialist lecturers who teach these subjects. It must also be said however that recently, sociology in particular has been 'delivering the goods' so far as health visiting is concerned. The sustained critique of professionalism, which cuts Doctors down to size, and the burgeoning literature in the sociology of health which emphasises 'health' rather ^{than} 'illness', 'social-environmental' rather than 'biological causation' and 'prevention' rather than 'cure' can all be made to speak of the importance of the health visitor as an agent of health promotion or illness prevention, and of the poor evidential grounding for the doctors' [^]prescriptions. For how health education should be practised can be warranted with reference to 'the psychological principles of learning', while their teaching on child-rearing is larded with references to the studies of developmental psychologists.

The academicising of health visitor education through tutor self-improvement must be related to the broader process of building up and elaborating the charter claims of health visiting as a professional occupational. I will have more to say about this below, but it is claimed that health visiting is developing into an occupation with its own knowledge base and research tradition - 'though we've got a long way to go yet'. Signals of this rise are watched for avidly. An article in the Lancet or the BMJ which mentions the activities of health visitors (a rare enough event) is noted and photocopied. The elevation of Alison McFarlane to a professorship and then to the House of Lords is taken as a great step forward 'for the profession'. In similar vein, though HVTs were not especially pleased by the content of Bob Dingwall's book, they were pleased that someone had bothered to study health visitor education.

Nearly all HVTs in post today have no experience of HVT work other than as college lecturers. The pre-sixties pattern of health visitor education then serves only as a kind of rumour of some 'bad old days'. I will not present a history of health visitor education here, on the grounds that 'history' is only important as it is stored in the present. Instead I will note what seems to be the general antipathy among HVTs to any suggestion that health visitor education should 'move back' into a health service ambit. I take my evidence here from the various occasions at national gatherings of HVTs when turns in government policy have suggested that such might happen. In fact the only serious suggestion made along these lines (DHSS 1971), has not been for a return to a pre-sixties pattern in which health visitor students had an apprenticeship (rather than a student) status, but for the creation of monotecnics catering for all 'nurse education' including health visiting and midwifery, though with all trainees having student rather than apprentice status. (McClymont 1981 pages 37 - 38).

There are a number of tutor rationales against such an idea but that most strongly articulated is against 'narrowness'. The argument here is that in such institutions nurses would meet only other nurses, whereas today it is claimed that H.V. students interact with various other kinds of students. In connection with this it is an aspiration within health visitor education to increase 'shared learning'; principally meaning course components shared by H.V. students, G.P.s in training, and social work students. This does in fact occur in a sporadic way, depending upon the accident of course combinations in colleges. It is claimed that neophyte professionals who share some common training experiences will be better able to understand each other's 'role and function' in practice.

There is no reason why one should not read these claims as they are made, but it is worth noting that in such a monotechnic HVTs would be thrown into competition for resources and managerial control with other nurse educators, and that differentiating health visiting from nursing seems to be a particular occupational problem (see Section 2:3 below).

In addition it is argued that if such monotechnics were within the health service (though no-one actually suggested they would be) curriculum would be excessively influenced by 'medical ideas'.

Lecturer status then seems to be very highly valued by HVTs and in this regard it seems understandable that the further educational qualifications they take are 'academic' rather than those offered within nursing. Over the years being in on the 'ground floor' in education has placed HVTs in a controlling position with regard to District Nurse and School Nurse education - both more recently brought into the colleges, and in relation to various college-based courses for general nursing. They are now poised to receive courses for Community Psychiatric Nurses, and a share of basic nurse training both of which are being shifted out of the health service and into education. Similarly HVTs have found themselves well placed to participate in Health Studies Degree and Diploma courses (McClymont 1981 page 331). Some few have become Heads of Departments. It is important to note in this connection that practising health visiting does not offer a career structure within health visiting. Progression in the field takes the health visitor into nursing management positions where she co-ordinates a range of domicillary nursing occupations. Health visitor education, by contrast, offers a career structure without departure from health visitor education.

It is interesting in addition that HVTs invest their time in self-development in an academic way, rather than in keeping in touch with field health visiting in a more down-to-earth fashion. However the latter probably has much to do with the nature of health visiting as an occupation in which health visitors are not regarded as substitutable for each other and claim exclusionary rights over 'their families'. This makes any kind of pantophlage between college and the field difficult to arrange. I note that if HVTs do occasionally and temporarily 'return to the field', it is to agency, or short-term military service nursing and the reason is to meet some kind of personal cash crisis.

2:3 Health Visitor Tutors and the Development of
the Profession of Health Visiting

Dingwall has given us a very good and I think still accurate account of how the occupation of health visiting is told as a 'professional occupation' to students. In this he follows his own dictat of 1976(a) (pages 331 - 49) summarised by him in 1983 (page 28) as:

rather than define professions by fiat, sociologists would do better to devote themselves to the study and explication of the way ordinary members of particular occupations invoke and employ the term during the course of their everyday activities, to study how such members 'accomplish' profession independently of sociologists' definitions.

Thus Dingwall documents and catalogues the mentionings of profession in the presence of students, showing for example that much of the telling of health visiting as a profession entails making contrasts and comparisons with occupations such as doctors, or nurses or medical ancillary workers in such a way that the health visitor is constructed with the 'good professional' characteristics shared with unambiguously professional occupations, but not with their bad characteristics.

In addition, in one way or another, and in various contexts, HVTs do a mentioning of most of the characteristics which are to be found in earlier 'trait-listing'

sociological approaches to professionalism (see Section 1:2 above). I do not want to repeat this exercise here, instead I will direct the reader's attention to chapters 5 and 6 in The Social Organisation of Health Visitor Training or pages 245 - 74 and 275 - 329 in Dingwall 1974), and provide just one example which can be added to Dingwall's account and will serve the reader who is unfamiliar with the way health visitor educators present the occupation. The example concerns the way in which HVTs tell health.

2:4 HVTs on Health

The Principles of Health Visiting are:

1. The search for health needs
2. The stimulation of the awareness of health needs
3. The influence on policies affecting health
4. The facilitation of health-enhancing activities

An Investigation into the Principles of Health Visiting
para 1.8 CETHV 1977

Each reaches back to an idea of 'health': scarcely surprising for health visitors, and it is the HVT's constitution of health which provides the most telling case for the rationality of health visiting. HVTs will admit to the possibilities of a world without health visitors, and indeed many seriously discuss the merits of the kinds of 'public health nurses' found in other EEC countries as an alternative to health visiting. However their commitment to a particular idea of health seems unshakeable:

HVT (to me): No of course you don't have to have health visitors. Its a concept which has no place in most European countries, but even so there has to be some sort of service which caters for the health needs which health visitors cater for, or try to cater for now.

In writing course handouts or lecturing to students HVTs are wont to adopt very ambitious definitions of health. Certainly the World Health Organisation definition is the most popular, occurring at least seven times in one year's supply of handouts on one course:

A complete state of physical, mental and social well-being, rather than an absence of disease.

WHO 1948.

Almost as popular now is Katherine Mansfield's:

By health I mean the power to have a full adult, living, breathing life in close contact with what I love - I want to be all that I am capable of becoming.

HVTs are not unconscious of the rhetorical nature of such statements:

HVT (to me): Yes it is (WHO definition of health) it is idealistic - unattainable in most cases I suppose, though I wish it wasn't and we can't treat it as unattainable. It is important for a professional group to have ideals - stars to guide us by so to speak. What's that quotation? Reach further than you can grasp is it?

(taped interview data)

(see also CETHV 1977 para. 2:5)

Floating such definitions of health allows for the idea of health to be detached from the idea of illness and allows HVTs to say firmly and often that it is not just the sick who are in need of health care: everyone it seems could benefit from the services of a health visitor. This gives the health visitor a claim to territory in health care apart from that which is dominated by doctors.

HVT (to students): It is probably right that doctors should have primary responsibility for the sick. They are experts in curative medicine. But we can argue that in the long term it is more important to ensure that people stay healthy - that's the health visitor's territory along with the community physician, environmental health officer and so on.

(reconstructed from verbatim notes)

or

Health visitors are unique in the health team because of their contact with the 'well' population and of their ability to visit families on their own initiative in the absence of crisis. This gives the an excellent opportunity for health education, both on a one to one basis in the home and in group situations.

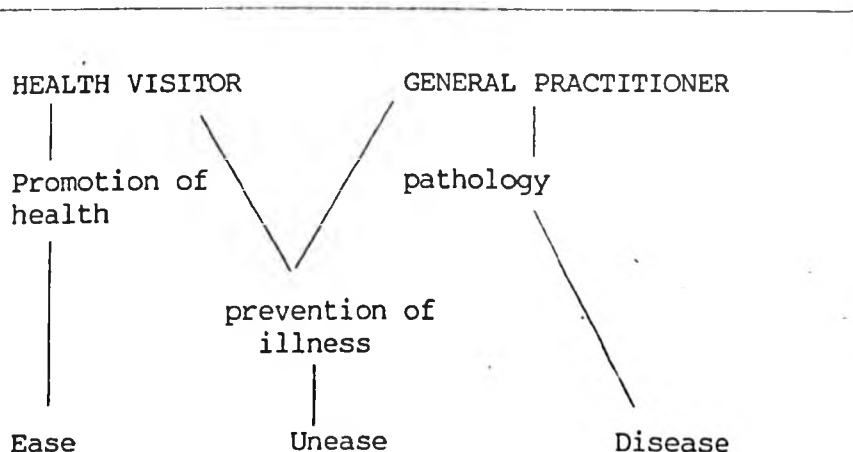
Health Visitors are concerned with the identification of the health needs of any age group within the community particularly those who are at potential risk of physical and mental break down.

CETHV 1977 paras 3.10 and 3.6

The emphasēs above are mine and serve as sufficient analysis to show the reader how these passages (and more from the same source) serve as a statement of the occupational licence claimed on behalf of health visiting (Hughes 1971 p 287 - for expanded reference to Hughes see Section 3:4 below).

Note then how these passages bring off a demonstration of the health visitor as different from other sorts of health worker and how this uniqueness is brought to bear on health needs.

Typically health is represented on a continuum which runs from illness (or even 'death') to 'health'. Note how the following diagram (developed by tutors in conference, and subsequently widely used in teaching students) separates out health from illness and in so doing finds a case in nature for differentiating the functions of the health visitor from those of the doctor, and by implication from those of the nurse:



(CETHV 1976 Workshop on Principles and Practice of Health Visiting. Nottingham 1976)

Further, health and illness are generally told as also subjective states, such that 'the same' clinical conditions may beset different people differently, causing greater or lesser dis-ease. This notion again posits a 'fact' which renders incomplete the purely clinical diagnosis (attributed to the doctor) and renders valuable the health visitor's alleged ability to empathise with the client and to help the client articulate her own health needs.

Health visitor tutors are preparing students for an occupation where a major occupational problem is the dominant position of doctors in health care and by GP's uncooperative, and often downright churlish, treatment of health visitors. Each year students on placement bring back to their tutors stories of health visitors who are denied access to the patients' records which they require to do the job they are employed to do, and of doctors who refuse to discuss patients with them, of doctors who refuse to make office space available and sometimes refuse even to speak to the health visitor. Though these horror stories are inevitably elaborated, in the way that all occupations work up a repertoire of being misunderstood and badly treated, (see Dingwall 1977^(*) page 145ff^(b)) there is some research evidence for them (Dingwall 1974 pages 280-93, Ambler et al., 1968, Jefferys 1965, Poulton 1977, McIntosh and Dingwall 1978). (However more benign pictures of the relationship between doctors and health visitors are given by Allen and King 1968, Clarke 1972, Clow 1968, Fry et al., 1965, Gettings 1970, Gilmore et al., 1974, Walworth-Bell 1978 and Naidoo 1977)

Against this background it is not surprising that the rhetoric of the occupation's educationalists has developed not just to distance health visitors from doctors, but to marginalise what doctors do, and emphasise the importance (by contrast) of what is done by health visitors, or what could be done by them if they were better understood, and better resourced. The discovery of a 'case in nature' - in the essential difference between 'health' and 'illness' and hence for a preferred division of labour between doctors and health visitors is just one aspect of this rhetoric. In the same vein 'nurses' (which are what health visitors are not) are dependents of doctors, practise under their control, and more concerned with illness than with health.

2:5 Organisation in the Occupation of Health Visiting

Looking for social formations which organise health visiting as a whole one finds precious little. The nature of health visiting employment

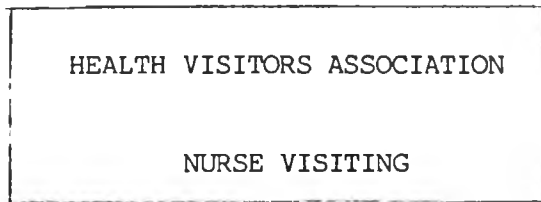
groups health visitors in ones, twos, threes but rarely more, in relation to attachment to a General Practice. Practice meetings are a rarity. Clinics are the main forum in which health visitors work together but the valued core of health visitor work lies in giving an individualised service to a case load of clients, in their own homes. Health visitors claim exclusionary rights over their case loads, and it is only for holiday and sickness periods, and in clinic settings that health visitors see 'each others' clientele. The fact that health visitors in an NHS Health District are subject to the same chain of nursing command gives them a common position within the District, but District - wide meetings of health visitors seem to be rare. At a lower level, sporadic working lunches, sometimes shared with social workers and other health and welfare personnel seem to be the most common form taken by intra-occupational contacts within a town or suburb. At a higher level the disappearance of the Area Health Authority has still further reduced the opportunities for broadly based local geographical contacts between health visitors, though my enquiries have not revealed any significant kind of organisation on this level while the Area Health Authorities existed. In addition I note 'The Radical Health Visitors Group' affiliated to BSSRS, which is active in some urban areas. It is perhaps better regarded as a mode of individual involvement in a wider socialist - feminist movement, than as an organising principle among health visitors, and in a similar way I note the involvement of health visitors in local groups of the Natural Childbirth Trust and the La Leche League.

The organisation which claims to be the 'professional organisation for health visitors' in England is the Health Visitors Association. (Once the Women's Public Health Officers Association). Less than half of all health visitors practising in England belong to it. Regular local meetings of members are a rarity. The HVA is not a 'Royal College' in the sense that the Royal Colleges of Nursing or Midwifery are. It operates as a trade union in so far as it offers its members legal and other services

connected with their employment, and is represented in the councils which negotiate nursing pay and conditions. Here however it is greatly overshadowed by the Royal Colleges and the newer health service unions. The HVA exercises no disciplinary controls over its members in that way that is characteristic of archetypal professions: indeed the boot is often on the other foot, for one of the main functions of the HVA has been to offer legal advice and advocacy to health visitors charged with disciplinary torts by the General Nursing Council.

I do not have adequate data as to the degree of self-identification of field health visitors as members of a distinctive occupational group. I note however that an emphasis in the colleges on health visitors not being nurses, is not apparently shared by field staff. Having imbibed the rhetoric of tutors on this point I once said to an audience of field health visitors that 'of course they were not nurses', only to have the lecture collapse around me as the audience explained to me exactly why they were nurses. The circumstances of this encounter were not conducive to clear recall, but checking later in more circumspect ways with other groups of health visitors it appeared that the most important feature of why-health-visitors-are-nurses, lies in the credibility a nursing qualification and experience gives the health visitor with her clientele, and with the district nurses, midwives and doctors with whom she has to deal. In this sense being a nurse is not being 'the welfare lady' which is a term health visitors and tutors often use in talk about how health visiting is misunderstood. In addition field health visitors have laid stress on being 'members of a nursing team' including themselves, district nurses, midwives, practice and school nurse. Empirically it appears not to be uncommon for health visitors at work to interact as much with community midwives and district nurses as with each other. (Rcn 1983)

It is symbolic of something much broader that the Health Visitors Association issues its members with a car-sticker bearing the words:



My enquiries with the Royal College of Nursing shows that the number of 'health visitor' members is actually greater than the number of 'practising' health visitors (8840 full-time equivalents, as against 9200 Rcn members in 1982). This is not surprising insofar as figures for 'practising' health visitors are given in full-time equivalents, and there are many part-time posts, but it does serve to show that membership of the HVA must be a membership additional to membership of the nursing body. In addition approximately one quarter of health visitors in post now were once employed as 'triple-duty' nurses, combining in one job the functions of district nurse, midwife and health visitor (and indeed, often also, school nurse and clinic nurse). For some of these it must simply have been a somewhat accidental matter that on the dispersion of these duties between three separate functionaries, they became health visitors:

(from recorded discussion with fieldwork teacher students)

You see some of us older ones were District Nurses and we know all about that. Myself it was just a case of which way was I going to jump when they did away with the three hats. I jumped to health visiting, and I'm not sure why, though I can't say I've regretted it. But I can still see some merits in combining the roles - as they do in really rural areas.

All in all then such evidence as I have, (which is admittedly limited) does not suggest any very chauvinistic identification by practising health visitors with the distinctiveness of the health visitor role. No doubt there are times when this distinctiveness is emphasised and times when it is not.

If we turn from health visiting practice to health visitor education, the situation is very different. The nearest thing to a 'professional institute' or a Royal College, was in fact the CETHV (now defunct, its functions incorporated into the new UKCC, and National Boards together with other forms of nurse education, but live for most of the period this thesis covers).

Under the 1962 Act,

2(1) The Council for the Training of Health Visitors (a) shall promote the training of health visitors by seeking to secure suitable facilities for the training of persons intending to become health visitors by approving such courses as suitable to be attended by such persons and by seeking to attract persons to such courses:

(b) if it appears to them that adequate provision is not being made for the further training of health visitors, shall provide or secure the provision of courses for this purpose:

(c) may conduct or make arrangements for the conduct of examinations in connection with such courses as are mentioned in the preceding paragraphs: and

(d) may carry out or assist other persons in carrying out research into matters relevant to the training of health visitors.

(in 1971 the Council of the Training of Health Visitors became the Council for the Education and Training of Health Visitors).

In terms of the 'traits' of professionalism the CETHV did control entry and training to health visiting, and by Act of Parliament its qualification was a mandatory requirement for practise as a health visitor.

It should be noted however that although the CETHV had this monopoly, the gateway to taking the CETHV courses was in effect controlled by the General Nursing Council on which general nursing and mid-wifery interests predominated. It was this body which insisted on an SRN and a midwifery or obstetrics qualification being mandatory requirements for entry to a health visitor certificate course. Some tutors at least would have liked to have broadened entry to health visiting to candidates without a nursing background.

Similarly the CETHV maintained no roll from which qualified health visitors could be struck for disciplinary delicts.

...common training and common experience of health visitors have in Council's opinion helped to create a profession which is distinguishable from nursing and which requires its own discipline and controls, these being at present totally lacking. Under present arrangements, whether or not the Council has knowledge of cases involving the disciplining of Health Visitors is purely a matter of chance. However it is clear that the professional code of conduct of the General Nursing Council (which is the only professional code to which both male and female Health Visitors, as qualified nurses, are at present subject) and penalties related to it have proved to be inappropriate in a number of cases of which the Council has become aware.

The person concerned can be disciplined as a practising nurse, which she is not, but not as a practising health visitor. Her name can be removed from the register of qualified nurses and she can still retain her health visitor certificate though her unprofessional conduct was that of a health visitor. However, her employing authority could refuse to employ her as a health visitor and could not employ her as a nurse even though - as in the cases of disciplined midwives - she could safely practice as a nurse...

The stage has therefore been reached, when there is a need for a registration and disciplinary function for the profession in line with that of other professions such as the General Medical Council, the Law Society, the General Nursing Council and the Central Midwives Board.

CETHV Working Party on Disciplinary Procedures 'Draft Memorandum for Submission to the Department of Health and Social Security' 1979.

With the reorganisation of nurse education in general, there is now a roll or 'live register' as requested by the CETHV in the memorandum.

However it is a roll kept by a body with a different composition (United Kingdom Central Council for the Education and Training of Nurses, Midwives and Health Visitors), and one in which health visitor interests are greatly outweighed by general nursing. From the beginning of the consultative period of the Briggs Report, to the passing of the Nurses, Midwives and Health visitors Act (1979), the CETHV was intensely involved in the lobbying to maintain the distinctiveness of health visiting (McClymont 1981 page 39ff). The roll now established as a basis for disciplining delinquent health visitors as delinquent health visitors, rather than as delinquent nurses, does not cover health visitor tutors as tutors, except insofar as they are now in jeopardy of being disciplined as health visitors for torts as tutors. In the one case I know of under the old rules a

tutor who was forced into resignation for leaking examination questions, was not disciplined under the regulations, since the regulations covered only such torts as might be committed by field health visitors as nurses. She left lecturing to practise as a field health visitor. Under the new regulations it is possible, but unlikely, that she might have been disciplined as a health visitor for a delict as a tutor.

Prior to the establishment of the CETHV in 1962 there existed, and still exists a body called the Standing Conference of Representatives of Centres for Health Visitor Education and Training. This body itself emerged in 1945 from an earlier one called the Joint Consultative Council of Health Visitor Training Centres which served as a liaison/pressure group in relation to the Royal Sanitary Institute (Later Royal Society (for the promotion) of Health), which in the past administered national health visitor examinations. The successor body retained much the same role with regard to the CETHV (McClymont 1981 page 22ff, Wilke 1979 page 3).

Though Standing Conference contains representatives from colleges other than HVTs (mainly Heads of the relevant departments), non-HVT representatives are something of a rarity. Standing Conference has a regional and international (UK) structure, and meetings used always to be timed so as to be ready to present appropriate recommendations to the relevant committees of the CETHV. Overlap of membership of Standing Conference and CETHV committees was considerable: 75% in the case of their respective 'Education Committees', and even very experienced HVTs showed some confusion as to which committee was which. In short, then, tutors as organised nationally as Standing Conference provided a, if not the, major input into CETHV deliberations. The most dramatic instance of this is the large scale curriculum renewal exercise conducted by the CETHV on the impetus of Standing Conference.

1.3 The health visitor tutors had expressed their concern, at the 1974 Wansfell Conference, that no further adaptations in the existing syllabus seemed possible and there was thus a need for a complete revision. We were, therefore, fully conscious of the need for changes to be made immediately: but if we had short circuited the stages of re-appraisal we would have satisfied only those who wanted immediate action.

CETHV 1977 para. 1:3

The concern expressed by the tutors resulted in a large scale participatory exercise in which groups of field health visitors and nursing officers were brought into the colleges to be consulted by tutors. It would not be inaccurate to say that the concern expressed by the tutors was in the nature of a concern that health visiting as it was practised appeared to be 'unprincipled,' to the extent that it was difficult to justify established curricula as purporting to be a rational preparation for practice.

The curriculum renewal exercise proceeded by defining how health visiting should be practised. How it turned out that health visiting should be practised was that it should be practised in such a way as to warrant the kind of pedagogical work that tutors deemed appropriate. For further substantiation of this point compare the proceedings of the Wansfell conference (CETHV 1976_A) with the final version of the Principles of Health Visiting which emerged in 1977 (CETHV 1977). The tutors' view which is articulated at Wansfell became the principles upon which field health visiting should be based.

If we then regard field health visitors as a 'client' group in this regard, we can see the widely noted phenomenon of experts - here tutors - defining the 'needs' of clients (here field health visitors) in terms of what the experts are prepared to offer. As Illich writes:

"need" is the individual offprint of a professional pattern; it is the plastic foam replica of the cast with which the professionals coin their staple; it is the advertised shape of the honeycomb out of which consumers are made.

Illich 1977 page 24

Put very simply the normative specification for the practice of health visiting which emerged from the exercise were such specifications as required health visitors to have had the kind of college education tutors wanted to provide them with.

Turning back to the Health Visitors' Association, we again find that while most health visitors do not belong, most tutors do. Its education committee is dominated by tutors and tutors occupy important positions elsewhere in the structure. And returning again to the field, we find that the two major sorts of events which bring together large numbers of field staff are the in-service training events provided by the colleges (mainly Field Work Teacher courses) and various kinds of 'old girls' reunions.

In summary then, there is virtually nothing 'organised' about health visiting which is not organised by HVTs in one way or another, or 'organised' through field health visitors' contracts with their employers. And in the first regard the way in which the occupation of health visiting is organised by tutors, is as an occupation which needs health visitor tutors.

CHAPTER THREE: A Professional Contest for Control in Health

Visitor Education?

3:1 Dingwall on Health Visitor Education

Dingwall's work (1974, 1976^(a,b), 1977^(a,b), 1982, and with McIntosh 1978) is the only substantial sociological literature on health visitor education, and for this reason alone would have to be mentioned in this thesis. In addition the book (1977a) is not just about health visitor education. It has now become part of health visitor education. It is to be found on many tutors' bookshelves, is the source of many handouts for sociologists teaching on health visitor courses, and is an 'obvious' topic of conversation for tutors who encounter sociological researchers.

In some ways Dingwall's monograph The Social Organisation of Health Visitor Training (1977a) is a fine piece of ethnographic work. By this accolade I mean that as someone who has been involved with health visitor education for 12 years it usually passes my fallibility test. The students Dingwall describes could be my students, the academics, the doctors and the health visitor tutors could be my colleagues. The world Dingwall describes is one I could walk into and feel immediately at home in.

The current thesis arises from the plan of doing research to replicate and triangulate on Dingwall's work. As Dingwall himself says:

Another observer in another setting might have told a very different story. This institution is not necessarily typical of health visitor training courses.

Dingwall 1974 page xii

Moreover ten years have elapsed since Dingwall did his research.

Dingwall's study was done from the participant observer viewpoint of a student, and it was conducted in one college over one year. As an academic lecturer, an internal examiner, an external examiner and a chairman of examiners, having played such roles in five colleges over a period of twelve years I was in a particularly fortunate position to write an account which triangulated on Dingwall's from a 'staff' point of view, and which could check the typicality of his research locale through a longer period of involvement with a larger number of colleges.

By and large with a caveat here and there Dingwall's ethnography and explication seem adequate enough except where they apply to the staff activities of assessment, and it was for this reason that I chose to focus entirely on this rather than attempting to write something general about health visitor education which would simply repeat Dingwall's story.

Some of the deficiencies in Dingwall's treatment of assessment derive from empirical features of his research locale, his stance as a participant observer, and the short period of research.

On the first count the course Dingwall studied was in a highly atypical state. It was in the process of being transferred from health authority control to being merged with a local polytechnic (1974 page xii). Among other things this probably accounts for the way in which 'academic lecturers' appear as somewhat inept by-standers in the assessment process. Dingwall describes them as 'outside lecturers' and they were in fact servicing staff, not from the polytechnic but from a local university. By contrast all the courses I have been involved with have been serviced by in-house academics many of whom have become knowledgeable about

health visitor education and take a lively interest in its curriculum development. Similarly it is probably this liminal status of the course which explains why the national official regulations of assessment in force at the time of Dingwall's study seem to be violated. The examination board meetings he describes are improperly constituted in some respects.

With regard to Dingwall's position as a participant observer, this excluded him from a number of important situations which were considered 'too sensitive' for him to observe (Dingwall 1977a page 204). The most important of these were the viva voce examinations and the panel discussions following them. I have attended over 300 such events. Moreover there are points in his account where it seems shaped by the student viewpoint.

On the third count it may at first sight seem to be curious to argue that a year's research is too short a period. As Dingwall's ethnography on the student experience shows, a year was a quite adequate period for this purpose, for here his ethnography is rich and seems accurate. However the significant events of assessment are each rather short, and each occurs only once a year. Thus Dingwall was only able to attend one moderating meeting, one meeting ratifying intermediate level results and one Final examination board meeting. He was thus in no position to know whether or how the ones he observed were typical of health visitor students assessment. I have attended over 20 of each. In fact as it turns out those he describes were not particularly atypical, but each contained some rather unusual happenings which Dingwall seized on as usual. More of this will be explained below.

Later in this chapter I will be arguing that in addition to these accidents of research, Dingwall imposes upon health visitor student assessment an inappropriate model of the kind of social organisation assessment is. However in order to understand this claim the reader will require a fuller summary of Dingwall's work on assessment.

3:2 Dingwall on Assessment

First I will briefly summarise Dingwall's approach to assessment as of 1974/7.

Dingwall takes rate production as a product of the social organisation of assessment, as I do. From the programmatic comments in the thesis and the book and from the way they are organised it is evident that he views the central feature of the socially organised character of assessment to be the 'social theories' of participants.

If we accept that actors are oriented to actors' models of society and their place in it; their commonsense knowledge of social structures, then the study of such theories must be a major research priority. We must ask what they look like, how they are distributed, where they originate and how they operate to produce the observable social order of our sociability..

I have attempted to describe some aspects of health visitors' social theorising and the ways in which it influences their activities and relations to other groups so as to locate them in social and historical terms.

Dingwall 1974 pages 493 - 94

Social organisation then is what is done by persons with certain social theories about what is doable and how things should be done. Dingwall's chapters two and three (1977) make it clear that a health visitor course entails the interplay of a number of groups of persons (students, HVTs, different sorts of academics, doctors and health authority staff) each with somewhat incompatible social theories. The model of 'social organisation' which is being used is

that of organisation as 'negotiated order' familiar to readers of Strauss et al., on hospitals (1963). Dingwall does not actually cite this source, and while in 1982 he explicitly rejects this model, it is difficult to see what alternative he puts in its place (1982 page 3). We might say then that for Dingwall a health visitor course is constituted through a dialectic interplay of social theories. Thus, for example occupational 'socialisation' for students is an acculturation process involving them in developing social theories characteristic of students through accommodating previous conceptions of themselves to the various discrepant demands made upon them to change (Dingwall 1977, pages 30ff). Dingwall describes this accommodation as 'getting through' in much the same way as Becker and Geer describe Kansas medical students making the grade (Hughes et al., 1962, Becker and Geer 1958, Becker et al., 1961 & 1968). All this seems accurate enough.

Although Dingwall does not make this explicit it is consistent with this approach that the relevant social theories of participants other than students are also developed in a dialectic relationship with each other. Thus for example it may be that how academic staff come to consider themselves and their role on a health visitor course is constituted via their relationships with tutors and other participants. This notion of the dialectic development of social theories is quite explicitly drawn upon by Dingwall in his treatment of the topic of professionalism which is one of the major themes of the book.

Here Dingwall adopts what he calls a 'nominalist' approach to 'profession' (1982 page 9) and treats the 'profession' of health visiting as that which is told as the profession of health visiting. 'Telling' by HVTs is seen as particularly

important and the way they tell it characteristically involves making explicit or implicit contrasts with other occupational groups. Health visitors are thus what nurses, doctors, social workers, ancillary staff are not, have the good qualities those others do not have and do such valuable things as those others leave undone. (Cf Dingwall 1977, pages 141ff). Again my data supports this position.

It is noticeable that as Dingwall's book proceeds it shifts ground slightly, though not in such a way as to produce major inconsistencies. At the beginning of the book the focus is on social theorising per se. As the book proceeds - and indeed as the book is extended into the working paper of 1982 - the emphasis shifts towards a notion of 'rational accountancy'. Thus towards the beginning of the book we might think that tutors' views about students were the result of applying their social theories to cases at hand, and just that. However in the later chapters and in 1982 we are left with no doubt that the expression of views about students which tutors give, are given as warrantable views ~~for~~ members of a particular group. i.e. the theme of the assessor assessed becomes prominent, there is the implication that reputational risks are associated with uttering judgements, and attention is directed to what tutors must know they are saying about themselves and their occupation when they say things about students. Assessment is depicted as a contractual rather than as an actuarial process (Dingwall 1977, pages 208 - 9, see also Section 3:3 below).

Dingwall draws attention to what seems to be the major rhetorical resource for any group claiming 'professional' status and that is the implied social contract between itself and the public. (Dingwall 1977, page 209, 1982 passim). Thus in the assessment of suitability of candidates for entry to a 'profession', talk about students is inclined to imply that judgements are being made on behalf of the public to protect them from unsafe practitioners, and to provide them with competent ones. Credit redounds to assessors for performing such an important task adequately, but equally, grave reputational risks are entailed for getting it wrong.

Though Dingwall says that he has adopted a 'nominalist' approach towards 'profession' he in fact uses this in tandem with what every sociologist knows about professional (and indeed other occupational) groups and that is that they seek control over some area of work which they claim as rightfully their's to control. As Dingwall depicts matters HVTs do manage to sustain an hegemonic position with regard to the assessment of students. It is their social theory which 'defines the situation' for the other participants to assessment. The appeal to 'social contract' appears as a successful resource and others such as academic staff seem willing enough to defer to tutors on the grounds of the latter's possession of the relevant esoteric knowledge. Thus in Dingwall's account academic staff are shown as unwilling to fail students according to 'merely' academic criteria, and unwilling to push for passes against the views of HVTs (1977, page 185ff, 1982 pages 20 - 21).

Viewed in these terms the pass rates have to be seen as the product of an hegemonic control over assessment exercised by HVTs.

Dingwall does not make it a problem that the vast majority of

students pass, but focusses instead on the reasons why some few students get referred. The explanation he gives for this involves a second oft-cited characteristic of professional occupations and that is their efforts to manage the public reputation of the occupation. When these efforts are expended at the point of admitting new members to the occupation they include attempts to instill the 'right' attitudes into neophytes and of vetoing the entry of persons who might let the side down.

There is a need to make sure that Health Visitor students do not let the side down to the public or their occupations

Dingwall 1977a, page 48

Failing students then appears as a practice of excluding potential trouble-makers, who might bring the profession into disrepute.

On this point the whole account comes together rather neatly. HVTs do act to exclude potential trouble-makers; it is their social theory as it applies to professionalism which enables them to spot the trouble-makers. It is their hegemonic control over health visitor education which allows them to exercise a veto with minimal opposition, and it is an appeal to a social contract with the public which grounds this hegemonic control. Assessment with its threat of failure serves to coerce behaviour from the students which will stand as evidence of suitability (1977a, pages 168 - 9). At the same time the competent membership of the group^{of} HVTs requires that trouble-makers are detected and weeded out for not to do so would reflect upon their competence as guarantors of professional standards. Thus it seems that the elimination of trouble-makers is for HVTs a matter of handling reputational risks as well as a demonstrandum of the hegemonic control they exercise over assessment.

If we look at the rates and ask 'who dun it ', it seems that it is tutors who have the motive, the method and the opportunity.

3:3 Dingwall in the '80s: the agonistic nature of assessment

Dingwall's 1982 paper at first sight looks very different from the earlier work. On closer inspection however the differences seem to be lexical rather than fundamental, and mainly effected by substituting interactionist terms with ethnomethodological ones: thus for example persons no longer have 'social theories' but they do seem to have 'professional codes' by analogy with Weider's convict code (see Section 3:4 below), and to orient to 'generalised formulae' as proposed by Bittner (1965). The data used in the 1982 paper are a selection from that earlier published.

I do not want to spend a great deal of time discussing whether Dingwall's revision of 1982 is essentially different from the earlier work, because the shortcomings I want to note are shared by both. I will indicate the similarities of the two accounts in the briefest possible way by juxtaposing quotations from both versions and adding a little commentary.

In both accounts assessment is seen as a contractual rather than as an actuarial process. Reference to Garfinkel's work on clinic records plays an important role in both accounts.

...a case folder could be read in one or other of two contrasting and irreconcilable ways. On the one hand it could be read as an actuarial record. On the other hand it could be read as the record of a therapeutic contract between the clinic as a medico-legal enterprise and the patient...we use the term 'contract' to refer to the definition of normal transactions between clientele and remedial agencies in terms of which agencies services are franchised and available to clients..the contents of clinic folders are assembled with regard to the possibility that

the relationship may have to be portrayed as having been in accord with the expectations of sanctionable performances by clinicians and patients.

Garfinkel 1967:198 - 9 quoted Dingwall 1982 pages 27 - 8, cited Dingwall 1977, pages 208 - 9: Garfinkel's emphasis.

What this boils down to when transposed to health visitor student assessment is that assessors will be doing assessment in such a way to demonstrate that what they have done was what they ought to have done. The documentation of assessment thus has to be read as a contractual account, rather than as an actuarial record of student qualities. I think this is a thoroughly unexceptionable proposition.

In both accounts the tutor group are depicted as a group claiming a mandate to define the terms of what they consider to be their work, as against what is claimed by other participants (Hughes 1971, Dingwall 1982 pages 4 - 6). Thus with regard to a student an HVT wished to refer against the opinion of other examiners, Dingwall says:

The discussions of Jenny Fuller shows how they would form a coalition to defend the mark of any tutor

1977, page 198

(In the case of Jenny Fuller),.

The coalition to defend Miss Wilkins has the effect of resisting non-occupational control over licensing by restricting legitimate objections to her mark to those related to the student's compliance or otherwise with a health visiting version of its content which the tutors alone were competent to specify. The academic lecturers' attempts to influence that license by reference to an academic version defined by the form rather than the content of the argument are ruled out as irrelevant.

1982 page 20

In both accounts referring students seems a demonstration of the tutors' adherence to a 'social contract' with the 'public'.

Like any other occupation with restricted entry, health visitors form a team which may be called into question as a whole as a consequence of the delicts of individual members. Given their peculiarly privileged access to the public, the evaluators feel a particular responsibility to protect the public from people they regard as unlikely to be practising in accord with the requirements of the occupation. The interpretive scheme of health visiting is, in a real sense, the public interest. It defines what is of value to the public, at the same time it defends the public from alternative, possibly counterfeit schemes.

1977, page 209

Insofar as the licence depicts the occupation's bargain with society, the exclusion of trouble-makers is a necessary obligation.

1982 page 24

And in both accounts the tutors' primary resource for executing their mandate is their ability to do special readings on, and to fill out the evidence about students produced through assessment. They are credited by Dingwall with the kind of 'competent reader status' that Garfinkel associates with contracts (Garfinkel in Turner 1974 page 120)

The continuous requirement of making sense of the student's recorded career falls on them. They develop their own interpretive programme drawing on a substantial repertoire of undocumented information which furnishes the organisationally correct reading of the documents on any particular occasion.. the only people who have such knowledge are tutors.

Dingwall 1977, page 210

Miss Lane introduces new information, which does not appear in any of the available documents, to justify the decision to withhold licensing at this time..we see the health visitors' privileged status as definers of what is to count as competence and what is to count as evidence of that.

1982 page 24 - 25

If we look back over these quotations we may note first how combative it all sounds:

form a coalition to defend the mark of any tutor: The coalition to defend: restricting non-occupational control over licensing: their understanding of the charter they had been granted by the remainder of their occupation required them to defend their prerogative.

It is evident that we are in the presence of that well-known sociological character: the dominance-seeking professional. Similarly we have a picture of persons deeply committed to the norms of their occupation:

particular responsibility: the exclusion of trouble-makers is a necessary obligation: their occupation required them to defend.

And these are obviously actors who mobilise in a solidary collegiate fashion almost as a gut reaction. Thus it is that:

Even though the other tutors considered their colleagues' judgement to be suspect.

they leap to her defence. Again this is the familiar 'professional' character who is a peer-orienteer and can be relied upon to do collegiate solidarity.

Thirdly note the importance of another matter which marks the 'professional': the possession of esoteric knowledge, and its deployment as a weapon against outsiders:

They develop their own interpretive programme drawing on a substantial repertoire of undocumented information which furnishes the organisationally correct reading: privileged status as definers of what is to count as competence.

These features characterise both accounts, and as a summary of the differences between the two we might say that in the earlier accounts, actors have social theories, just as most actors in interactionist accounts have social theories, (or perspectives or world views or ideologies, all of which amount to much the same thing),

and require a mode of analysis which refers observable action back for explanation to the cognitive organisation of the actors' minds: and thence to the circumstances in which those minds were made up; whether by socialisation, or as an adaptation to the opportunities and constraints of the local circumstances. An important feature of the social theory of HVTs as told by Dingwall is that it is the sort of social theory which provides a sense of occupational identity and worth, motivation to defend the prerogatives of the occupation, and a rhetoric for claiming a licence to do what HVTs claim the right to do: all of which might be glossed as 'profession claiming'.

By 1982 the actors no longer have social theories but orient to generalised formulae (Bittner 1965 quoted Dingwall 1982 page 4) as ways of coordinating interaction. However when HVTs orient to generalised formulae it turns out to look as if they usually do so according to a common occupational identity, in a solidary way, in order to defend the prerogatives of their occupation, and on the grounds that they have a licence to do so: all of which might be glossed as 'profession claiming'. Plus ça change

I think I have written enough now to indicate that Dingwall's approach to health visitor student assessment is dominated by the 'professional' image that he gives to HVTs. I want now to investigate further what 'professional' means to Dingwall.

3:4 Dingwall on Profession-claiming professionals

Dingwall's early work was a foray into professional socialisation, and subsequently he has become a substantial figure in the sociology of the professions. It is not surprising therefore that Dingwall's approach to assessment is viewed through this lens. However I will be arguing that this skews his work on health visitor education in a most unhelpful way.

In 1982 Dingwall quotes the following extract from Hughes, and it is evident that this expresses for Dingwall the key to understanding 'professional' occupations.

An occupation consists in part in the implied or explicit license that some people claim and are given to carry out certain activities rather different from those of other people, and they do so in exchange for money, goods and services. Generally, if the people in the occupation have any sense of identity and solidarity, they will also claim a mandate to define - not merely for themselves, but for others as well - proper conduct with respect to matters concerned in their work.. (and)..modes of thinking and belief for everyone individually, and for the body politic with respect to some broad area of life which they believe to be their occupational domain.

Hughes 1971 page 287 quoted Dingwall 1982 page 5 - 6. See also Dingwall 1983 page 6. (Hughes' emphases)

Dingwall's own approach to professional occupations, established in 1974, justified in 1976, and still substantially the same in 1983 (Murray, Dingwall and Eekelaar), is to treat professional occupations ^{as these} which make profession claims: claiming licences and mandates in much the way proposed in the quotation from Hughes. Dingwall writes of having adopted a 'nominalist' approach to professionalism:

Dingwall proposes a line of development based on induction from members' usage in an attempt to determine 'When' and 'How' the term profession was employed in his study of health visiting.

Murray Dingwall and Eekelaar 1983 page 196

This approach causes some analytic trouble when those who are apparently uncontroversially members of a profession, do not actually use the word:

In the present study we had hoped to carry further some of these suggestions in considering the ethnography of the term 'profession', across not only health visitors, but also, lawyers, doctors and social workers within and between their respective organisational settings. At the time of writing, however, our analysis of these data is rudimentary. What seems clear, though, is that Dingwall's earlier account was somewhat misled by an insufficient attention to the 'when' part of its question. The word 'profession' seems to be bound to particular contexts, one of which is formally recognised professional socialisation. Our data appear to show that its usage in everyday work, is slight.

Murray Dingwall and Eekelaar 1983 p 197

If one were interested solely in how members of an occupation did tellings of it: solely in doing an ethnography of the term 'profession', then the above turn out would constitute an interesting finding rather than a problem. It would be interesting that occupational educators use the term profession frequently in the presence of students and that the jobbers of the occupation do not use it frequently at all. Writers might incorporate this finding into accounts of how the occupation was told differently by those at the work face and those in the colleges.

The quotation above however, is in the nature of citing a research problem. To read this as a problem we have to view the authors as having adopted the strategy of listening specifically for the actors' use of the word 'profession' and of their not hearing it. And the only reason this can be a problem is if the word was being used as an index, indicator, or marker for something else.

Dingwall adopted his nominalist strategy in order to de-reify the functionalist conception of professional occupations as having rather special attributes or traits, and the structuralist reification of professional occupations as having determinate socio-structural locations or social control functions (Dingwall 1974 pages 230 - 245, 1976 passim, 1977, pages 117 - 122). He replaced both notions with one which treated professionalism as something which is accomplished in interaction through making profession-claims (1974 pages 239 - 40, 1977, page 121). When we hear profession-claims being made, we hear profession being accomplished

This approach works fine when the actors are helpful and actually use the word 'profession' or some close equivalent, as HVTs frequently do in classrooms. What however does the ethnographer do with field health visitors, (or lawyers in local government (Murray et al., 1983)), who do not often avail themselves of the term or anything like it?

It seems at first that such analysts have two options. Either they might stick doggedly with nominalism, and accept that when actors do not use the word 'profession' or some equivalent formula, they are not making profession claims: and accept that since professionalism definitionally inheres in doing a claiming, then this speech by actors cannot be counted as 'professional' speech. Whatever else they are doing they are not accomplishing profession.

Or such analysts might come out into the open and admit that they have a definition of professional which is independent of whether or not these occupations make profession claims. But then professionalism cannot be equated solely with an actor's accomplishment. Rather there is a prior categorisation of occupations as professional or not, and it is a matter of empirical interest as to whether those thus designated as professionals do or do not explicitly make profession claims.

The choice then might seem to be between a designation of 'profession' as a situational accomplishment, and 'profession' as a generalised social status or body of attributes. However things are not as simple as that, because it is apparently part of Dingwall's model that profession is actually both, but in a rather special way. It seems that it is in accomplishing profession in interaction that occupation members build-up, establish and sustain the social standing of the occupation.

The status of an occupation represents the product of an interplay between a variety of possible determinants - its relationship to the organised mode of production, its clustering of tasks and skills, its success at collective organisation and self-promotion or whatever. Of critical importance though is the ability to sustain whatever status claims are made in everyday practice, with other occupations, with representatives of sponsoring interests or with clients. Without such recognition, status claims remain essentially rhetorical, indicative of the aspirations of the occupation but otherwise of limited relevance in understanding the constitution of social structures. profession is one such claim.

Murray, Dingwall and Eekelaar 1983 page 195

In addition it is a necessary assumption for the sense of much of Dingwall's writing that profession also designates a particular kind of consciousness.

This is now a very complicated model of professionalism. The term 'professional' will now designate; 1) a set of behavioural traits characteristic of professionals: of which the central one is profession-claiming. 2) a form of consciousness which includes the capacity and motivation to make the characteristic profession claims and 3) a situated accomplishment which can be ethnographically recognised by hearing profession claims.

Why then should it be a research problem that some members of a profession do not apparently wear their professionalism on their sleeves? One answer which can be suggested is that the major mechanism in the model for explaining why some occupational group is given pay, status and facilities is that it has been successful in accomplishing profession in face to face interaction and in public debates and policy-making. If members of the profession cannot be heard making such claims then it is a little difficult to sustain the idea that claim-making is an important mechanism for achieving an eligible social status in those circumstances

where claims cannot be heard. Similarly if the communal bonds of profession membership are supposed to be sustained by members forever reminding themselves and each other in their utterances of their professional membership, then if such utterances are not frequently heard this mechanism for communal solidarity looks a little weak.

The problem of 'not hearing' 'profession' used by occupation members is then a problem of not-hearing the kind of data which is required to sustain the model. The response is to 'listen harder'. Thus the long quotation from Murray, Dingwall and Eekelaar continues:

While the word itself, may not be found, however, the claims are, in that certain sorts of statements are made about work which are not actually linked at that point to the term 'profession'.

op cit...page 197

And in the 1982 paper:

I had hoped to develop this analysis in more recent work on experienced practitioners, but in fact the term is seldom used, although the claims are still made..

1982 page 9

Murray et al., are apparently in no doubt that profession claims serve to coordinate the activities of profession members:

In the course of advancing and defending these claims, various justifications may be elaborated and become partly objectified, serving as consistent orienting principles for interpersonal dealings. While these justifications may, in theory be indefinite, they constitute in practice, a finite set which may be used as reliable guides in social interaction.

Murray, Dingwall and Eekelaar 1983 page 195

Even when profession claims are so 'indefinite' that they are not hearably made, it seems that they serve as unvoiced principles coordinating the activities of profession members.

As a solution to the research problem of discovering unvoiced profession claims Dingwall offers us the advice that we should attend to professional socialisation, because it will show:

aspects of the occupation, a licence and mandate being told overtly to novices.. (which are).. used implicitly by competent members.

1982 page 9

Thus we are to use what HVTs tell students in classrooms as a device to decode what field health visitors say and do in the field. And if HVTs make frequent reference to the professional status of health visitors and its professional conduct rules, and field health visitors do not, then that is because field health visitors are implicitly following, what HVTs are explicitly saying. And if one will not accept this then:

If one does concentrate purely on everyday practice, especially among lower-level personnel (i.e. field health visitors) then one is in danger of missing the co-ordinating and disciplining devices which bind their activities together.

1982 pages 8 - 9

The prescription offered is to listen to what is taught by HVTs and to use this as a resource for hearing what is said by field health visitors, as really being an implicit following of professional norms, shared by both groups. However Dingwall nowhere provides us with speech data from the field illustrating how such a translation could be made. Thus we are not in a position to know how well classroom pedagogy works as a rosetta stone for hearing the speech of field health visitors as really profession-claiming even when it doesn't sound like that.

The speech data Dingwall does provide (1974 pages 360 - 369, 1977_a pages 66 - 69) actually gives a very strong impression that field health visitors and tutors have very different notions on what health visiting should be as an occupation. He makes much of the fieldworkers' orientation towards moral enforcement by comparison with the more liberal and permissive tutors. Moreover Dingwall's early accounts go out of their way to argue that student health visitors are not enculturated into a sub-culture. Rather their experience is told as one of acculturation (1974 pages 137 - 79, 821ff, 1977_a page 12ff), wherein they marginally adjust their pre-existing views and demeanour, and orient to assessment to serve up to assessors what assessors want to hear. Their attitude is told as that of 'getting through' the course: as an instrumental orientation, not as a whole-hearted and enthusiastic espousal of the profession's rhetorical claims. Given that today's students are tomorrow's field health visitors one is left to wonder how it is that field health visitors ever became so thoroughly enculturated that they are able implicitly to follow in the field what they were once explicitly taught in the college.

There is an irony in that Dingwall's earlier work began as a contribution to the critique of the 'over-socialised' conceptualisation of actors in other studies of professional socialisation: and carried this off rather well so far as students are concerned. By 1982 Dingwall's thinking actually requires us to adopt an over-socialised conception of HVTs and fieldworkers as having no choice but to make profession claims. Note in the quotations cited earlier how they are required to defend, how they follow necessary obligations and how they have to leap to defend a colleague even when they think she is wrong. It seems that while the students live in Kansas, the staff live in Columbia (P Atkinson 1983).

The analytic strategy Dingwall provides offers the actors nothing else to do except to make profession claims. If they make them explicitly - all well and good, if they don't seem to be making them then the prescription is to hear them as being made implicitly.

It is not part of this thesis to pursue the topic of whether or not HVTs and field health visitors share the same views about the occupation. The digression into this area was made to flush out into the open Dingwall's approach to assessment as a 'professional' set of activities, and what this means. What we have learned from the discussion is that by 1982 Dingwall is operating with a new reification of professional. The professional has become someone who apparently has no choice but to claim and defend licence and mandate, attempt to dominate what ever they claim, and engage in solidarity action with peers against outsiders. This results in a depiction of the kinds of social organisation in which 'professionals' are involved, as an order negotiated between claim-making operators. Returning to assessment then, the machinery Dingwall provides is one in which the output rates can only be viewed as the outcome of a battle between HVTs and the rest.

In the next chapter I want to focus down on what this organisational model looks like when it is applied to the empirical data provided by Dingwall himself. I will end this chapter by saying simply that there is relatively little action on the health visitor courses I know which can be simply described in terms the adversarial relations between occupational sub-groups (except perhaps between tutors and fieldwork supervisors), and that the HVTs I know are just as likely to fall out with each other, as they are to leap to each others' defence.

CHAPTER FOUR: A closer look at Dingwall's data

4:1 Introduction

In the last chapter I argued in general terms that Dingwall's approach to assessment leaves no choice but to see matters in terms of a striving for dominance by HVTs, or to use his words, as a 'campaign to establish the occupation's licensing' (1982 page 21).

I want in this chapter to show what this approach does with data. As an illustration I present a case Dingwall uses as one of three most substantial pieces of data to demonstrate the tutors' control over assessment. This is a case he refers back to again and again as illustrating the professional aspirations and tactics that HVTs use to achieve occupational control.

To present it I will draw on the 1974, 1977 and the 1982 versions, for though they carry the same burden, there are discrepancies.

4:2 The Case of Jenny Fuller

Dramatis personae

Edwards - a doctor examiner (my guess is he is Chairman of the Board)

Cairnes - sociology lecturer

Foster, Davis, Barker - other academic examiners

Miss Lane - Senior Tutor

Miss Hardy - HVT

Miss Wilkins - HVT

External - un-named: discipline unspecified. In 1977 one external is mentioned (page 186), in 1982 two: one a 'director' of another health visiting course and the other a Professor of General Practice (1982 page 11). The external who appears in the case is referred to in the feminine. There were no female Professors of General Practice in 1973 therefore I assume that the relevant external is the health visitorly one.

The case concerns a student - Jenny Fuller - who despite good marks across her other work in Intermediate Assessment scored a failing mark on one question (quoted below). Presumably this bad mark was sufficient to bring her total into a bracket indicating referral for the Section, otherwise the discussion recorded by Dingwall would have had little point.

Question: The health visitor applies amongst other principles those of acceptance, controlled emotional involvement and a non-judgemental attitude towards her clients. Indicate how she would do this in relation to an unmarried mother with three small children who is expecting her fourth child shortly.

Extract from Dingwall's field notes

..Cairns comments that Jenny Fuller does less well on less academic aspects...Miss Wilkins says question 4 was misinterpreted. Jenny Fuller didn't come to terms with the questions of acceptance, controlled involvement and a non-judgemental attitude ..the External says (she was interested by Jenny Fuller's line in question 4. She thought it was rather)/she was rather unusual and would have given it more marks because it was critical. Miss Wilkins says she didn't think it answered the question in comparison with the other answers. The External says it was a different answer and had been marked down because it didn't conform. She thinks some of the points were relevant. Edwards says it is difficult when you take an unexpected line. Miss Wilkins says the student queried the question. She should have chosen to do another one. Edwards questions her further about this and Miss Hardy tries to mediate. Barker says her answers are always lucid and well-argued. Edwards tries to pin Miss Wilkins down further. Miss Lane cuts in and asks the external how she felt about the paper as a whole..

Text in ()/ marks difference between field-notes cited in 1977 and those cited in 1982.

Dingwall 1977, page 197, 1982 pages 17 - 18. The 1974 version is as for 1982, except that there is only one external examiner in 1974 (1974 pages 466 - 469)

Dingwall says in addition in 1977:

My further inquiries showed that the External had recommended a mark some fifty per cent higher for this answer.

(page 197)

and in 1982

..Miss Wilkins was already considered to be inadequate as a tutor by her colleagues and was forced to resign within about six months of this meeting....the external health visiting examiner had recommended a mark fifty per cent higher on this question, in line with the student's other marks, which was subsequently erased from the script. I have no direct evidence but I infer that she was persuaded to withdraw her objection prior to the meeting. As should be apparent from the extract, she was reluctant to be too closely identified with the mark given, although not prepared openly to challenge it.

1982 pages 19 - 20

Dingwall's reading of the case is as follows.

Firstly Dingwall makes the point that

Correctness was not merely a matter of logic or data but involved a correct orientation to the interpretive scheme of health visiting as taught by the school.

1977_a page 196

As a point made for a lay-readership this is quite unexceptionable: how could things be otherwise? However we might query as to whether it is the interpretive scheme taught 'by the school' or that adhered to by Miss Wilkins in particular which is at issue.

The second point that Dingwall makes the case study illustrate is that:

(tutors)..would form a coalition to defend the mark of any individual tutor (1977_a pages 197 - 8)

and that:

The coalition to defend Miss Wilkins has the effect of resisting non-occupational control over licensing by restricting legitimate objections to her mark to those related to the student's compliance or otherwise with a health visiting version of its content which the tutors alone were competent to specify. The academic lecturers' attempts to influence that license by reference to an academic version defined by the form rather than the content of the argument are ruled out as irrelevant.

1982 page 20

That the tutors concerned doubted the competence of their colleague Miss Wilkins, is taken to strengthen the argument. We are apparently to take it that tutors would rather do collegiate solidarity while doubting the wisdom of this strategy in an actuarial sense, than open up a space which outsiders might exploit to impose a non-occupational definition on the situation:

Even though the other tutors considered their colleague's judgement to be suspect, their understanding of the charter they had been granted by the remainder of their occupation required them to defend their prerogative to define 'acceptable' conduct.

1982 page 20

'My occupation right or wrong' seems to be the moral injunction they are following.

Similarly Dingwall's comments suggests that he reads the situation as highly strategic to this end:

Although Edwards, the doctor, offers Miss Wilkins as a known-to-be-new-and-inexperienced tutor a way out, she does not take it and Miss Lane, the senior tutor, cuts the debate off without resolution.

1982 page 19 (my emphases)

The debate is actually cut off with resolution, insofar as the student is presumably referred.

Before providing an alternative reading for Dingwall's case I note three features which throw doubt on his interpretation.

Firstly although it might be reasonable to view this case as tutors 'defending their patch', their patch here is actually just one of five sections of the assessment: one that tutors take sole responsibility for setting and marking (subject to moderation by the examination board). While this varies from college to college it is quite usual for tutors to be responsible in this way for the whole of Section V, half of Section 1, and/or half of Section 4. The upshot of this observation is that had the offending question been one from Section 2, and had the examiner who failed the student been a sociologist, then it is highly likely that we should have seen (some) academics, resisting 'non-occupational control' over their prerogatives to define the appropriate content of answers-to-sociology-questions, i.e., it is discipline expertise on the small scale which is at issue here, rather than the grand question of who controls health visitor assessment over all. While I could present data wherein the roles of tutors and academics/doctors are reversed it is not necessary to do so. All that is necessary is to note that in the colleges I studied students are six times as likely to be borderlined or referred in Sections marked by academics and doctors as they are in Sections marked by tutors.

Figure 6:

Four Colleges: 20 college years 1974 - 1984. Intermediate assessment:

<u>Assessments by</u>	<u>Referrals & Borderlines</u>
Doctors/academics	24 (1)
Health Visitor Tutors	4

((1) of which Sociology accounts for 11)

Given this, Dingwall's overall conclusion, which he supports with this case, seems to be ungeneralisable, if only because it seems that non-HVT examiners are actually more likely to insist on a failure on their paper than HVTs are on theirs:

The written examinations, then, demonstrate the central role of the tutors in the evaluation process. It would appear that failure is dependent upon their position on the abilities of a particular student, since none of the outside lecturers would see themselves as insisting upon a failure for their paper and it seems that their marking is, to some extent influenced by such a consideration.

1977, page 197

Secondly if the case presented by Dingwall really does show the defence of occupational control by tutors, then it is apparent that the main person whose view is set aside is not an academic or a doctor, but the External. As Dingwall's own data suggests academics and doctors rarely exert any great effort to interfere in matters which they consider to be the proper concern of tutors - and 'none of their business'. My data further suggest that by and large this is reciprocated by tutors not interfering in academic or medical matters. The important point here is that for intermediate assessment discipline expertise provides the basis for a settlement between different types of staff, and that if tutors are defending their patch, it is a relatively small patch and they are doing so against minimal opposition. The relationship between tutors and the External however is quite different.

In Dingwall's scheme of things the relevant External cannot be counted as an 'outsider' to tutors but must be counted as a member of the 'autonomously licensed occupation' (1982 page 6) and as someone who could be relied upon to cooperate in consolidating and extending the occupation's mandate to control the licensing of new entrants - if that were what the game was about. And yet in

Dingwall's story she is either 'squared' to support a dodgy mark, and/or is marginalised so that her mark (arrived at in a way that is quite-legitimate-for-tutors) is 'erased from the script'. We might ask ourselves, then, why it is that faced with a discrepancy of views between two members of the profession the tutor group actually opt to support the views of the one they seem to be least in agreement with? If 'support' is what they do.

Thirdly if this is supposed to be a demonstration of members of the profession of health visiting swinging into solidary action to defend their prerogatives then it is a very odd one. There are four members of the profession noted as present, including the external. Two are at logger-heads with each other (the external and Miss Wilkins), one 'tries to mediate' (Miss Hardy) and the fourth changes the subject!

As someone who is a very experienced attender at examination board meetings my view of what was happening is very different. However rather than rely upon my own judgement I gave a group of 3 HVTs the case study, without Dingwall's commentary, and asked for their comments: Here are some typical remarks:

HVT: Oh, oh, how embarrassing, what is the woman trying to do. It's the external. She's really challenging the external's judgement, which you can't do really, well not openly like that.

.....

HVT: My first comment is 'what is the chairman doing, letting that happen like that'. I mean that sort of wrangle doesn't do any good. And didn't she have a mini-oral. I mean one of the good things about a mini-oral is that if there is a disagreement between an internal and an external then it can be settled there and not in that embarrassing way.

(mini-orals are viva voce examinations conducted with students borderlined at the intermediate level)

.....

HVT: My god that's the kind of situation you can do without.
I wouldn't like to have her for a colleague.

RG: She was forced to resign.

HVT: I'm not surprised.

.....

(taped data)

For the experienced habitué of examination board meetings like myself and these tutors, the case has little to do with a 'campaign to establish the occupation's licensing' against outsiders such as academic lecturers. It has to do with the local protocol of not openly challenging the external's judgement, and the embarrassment which is caused when someone does this.

4:3 An alternative Reading

Now let us see if I can provide the reader with a machinery to read the case to come to the same judgement as experienced insiders. The only matter which the reader will have to take on trust is that this protocol of not questioning the external's judgement is widely upheld, and that when it is violated it does lead to trouble (evidence for this is given later). Otherwise the only equipment the reader will require are ordinary native language skills.

When someone makes an utterance, that utterance can be inspected for its adequacy: its right to be the utterance it is, said when it was, by the person who said it. Among the criteria for judging talk is the question of whether someone had the right to say what they said. This is a matter which is often pre-decided by a distribution of 'interactional rights' which goes with the situation. In this case it is the external who has the right to make the final judgement on a mark. Miss Wilkins however violates this protocol and claims her

eligibility to have the 'last word'. In doing so she not only challenges the external's speaking rights, she also brings publically to issue one of the bases of legitimacy of the whole assessment process, and that is that standards and fair-play are maintained by the presence of externals. Or at least she would bring this to issue, if other participants allowed their own speech to indicate that they heard Miss Wilkins doing this. What actually happens is that they do a studied non-hearing of this implication. Equally what Miss Wilkins is doing might not challenge the legitimacy of assessment, but the capacity of the external to play that role: i.e., what Miss Wilkins does is to come dangerously close to imputing incompetence to the external. Whether it is competence or legitimacy or both which are challenged, other speakers avoid any public recognition of this.

When one speaks one makes utterances which can be used by others as a basis for judgement of one's competence and motivation. Often people avoid the full possibilities of this, by using some kind of 'disclaimer' format (Hewitt and Stokes 1975) or 'insertion sequence' (Schegloff 1972) which separate the speaker from the utterance. If this is done, then discussions about the adequacy of a mark cannot be heard as discussions about the adequacy of a marker. Miss Wilkins doesn't do this. She invests herself whole-heartedly in the mark, and justifies it vigorously:

Although Edwards, the doctor, offers Miss Wilkins as a known-to-be-new-and-inexperienced tutor a way out, she does not take it.

With Miss Wilkins invested in her mark, it is very difficult for other assessors to deal with her without openly impugning her competence. Miss Wilkins' incompetence - though apparently 'known about' was not something which anyone wanted publically brought to

view. Miss Wilkins, after all, is a member of the board, she has assessed other students, part of the legitimacy of board proceedings rests on the fiction that all the assessors are competent in their field. The external we note 'backs off', she 'goes quiet'. To insist that Miss Wilkins should change the mark would either be a public attribution of incompetence to Miss Wilkins, and/or a show of power by the external. As we will see in health visiting circles objectivity is often equated with consensus.

Thus we see all the members of the board having trouble with Miss Wilkins and trying to manage the situation without drawing attention to the fact that she has challenged the external and implicatively impugned her competence, and without going so far as to impugn the competence of Miss Wilkins herself. Matters are threatening to reach this latter point when:

Miss Lane, the senior tutor, cuts the debate off without resolution.

The casualty of the situation is poor Jenny Fuller who gets referred.

It is important to note that the grounds which both the external and Miss Wilkins use to justify their marking seem equally proper. Both are defensible positions among tutors. What was wrong with Miss Wilkins' position was quite simply that the external didn't agree with it.

In analysing the speech used in health visitor student assessment I have generally found that what people say 'in so many words' is less important than the structure of discourse into which the

saying is inserted. Though Dingwall's fieldnotes have lost the actual words of the actors, he nonetheless presents things in such a way that the case can be retold as a series of 'moves' in an exchange structure (Coulthard and Brazil 1981).

To start us off let me say that the unexceptionable thing for Miss Wilkins to have done when facing a disagreement with an external would have been to have found some means to back down gracefully. Miss Wilkins not only doesn't do this, but goes on and on defending her position. In terms of moves we might render the case thus:

Cairnes: comments 'Jenny Fuller does less well on less academic aspects'.

Miss Wilkins(1): Defends her mark.

External(1): offers alternative basis for marking.

Miss Wilkins(2): Defends her mark.

External(2): reiterates alternative basis for marking.

Miss Wilkins(3): Defends her mark.

Edwards(chair?) (1): says it is difficult when you take an unexpected line - presumably he is seeking to relocate the confrontation which seems to be developing on a terrain wherein even competent and experienced persons might disagree i.e. to 'defuse' the situation.

Miss Wilkins(4): Defends her mark.

Edwards(2): 'questions her further'. From Dingwall's comments (quoted above) it seems that this questioning could be heard to contain openings for Miss Wilkins to step down.

Miss Wilkins(5): presumably says something in response to Edward's questions, and these utterances do not entail any backdown i.e., she defends her mark.

Miss Hardy: 'tries to mediate' - this rendering strengthens the case for hearing Edwards as engaged in persuading Miss Wilkins to move her position.

Barker: Defends the student in a way counter to Miss Wilkins' characterisation of her.

Edwards(3): 'tries to pin Miss Wilkins down' - i.e. continues his strategy as of above. In so far as he evidently fails we may assume that.

Miss Wilkins(6): Defends her mark.

Miss Lane: changes the subject.

Algorithmically this is shown in figure 7. Looked at in this way the case seems to be one in which (as someone might have said).

'we gave her every opportunity to change her mind, but no dice'. Looked at in this way what the case seems to illustrate is not collegiate control being exercised over assessment, but colleagues failing to control each other, the very antithesis of collegiality. Remember that Miss Wilkins was forced to resign within six months of this episode.

4:4 The case of Dr White

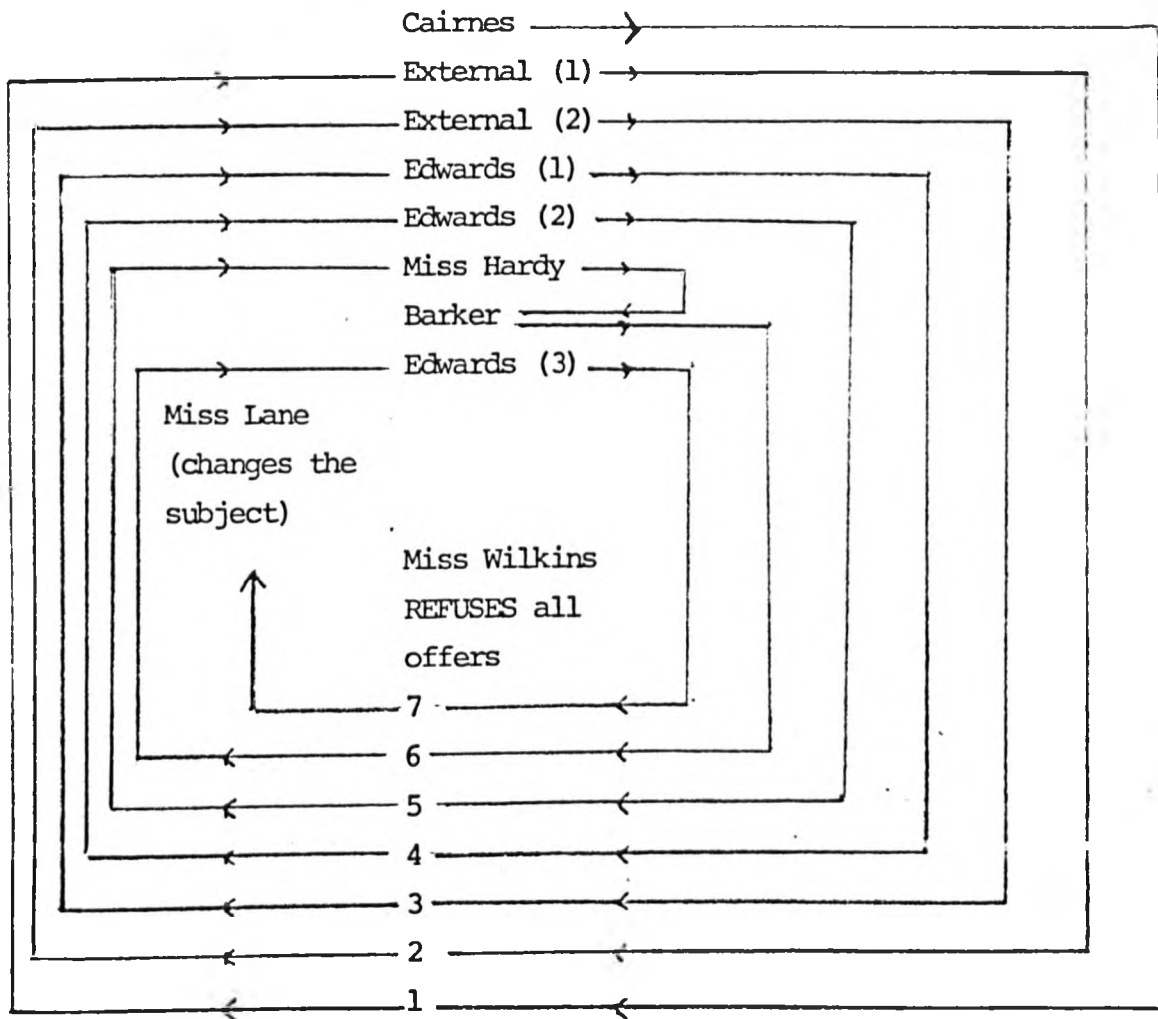
I would not write with such confidence about a second-hand case study were it not for the fact that I have witnessed several similar ones. They don't often happen but when they do they inject a considerable sense of drama into otherwise rather bland proceedings and almost force their way into the ethnographer's notes. A brief exposition of a similar case is in order here. Like the Wilkins case this involved a thought-to-be-incompetent member of staff. However this case, though similar in every other respect cannot be given the interpretation of tutors fighting their corner, because the incompetent in question was a psychology lecturer. I shall call her Dr White. Though her doctorate was not in psychology she was deeply steeped in a psychoanalytic mystique of a sort that led her to utterances such as:

It's not what is actually on the paper (scripts) which is important but what you can read into them as to how they themselves have taken it on board at a really emotional level.

(verbatim note)

Figure 7

Examiners OFFER
Miss Wilkins
reasons, and
opportunities
to relinquish
commitment to
mark



This went with a marking practice which led to her appending radically different marks to what others would regard as scripts of identical quality, and similar marks to those others regarded as of very different quality. In addition she maintained a strong belief in graphology as a guide to student character and would regale examination board meetings with instances of this from the students under discussion.

As with Miss Wilkins, Dr White was a full-time staff member with a contract of employment, and a right to have her hours in college filled with teaching, marking and meetings. She could not easily be got rid of. Without getting rid of her it was impossible to employ anyone else to teach and assess health visitor students. She was thought to be incompetent, but she was there. Because she was there for the ceremonial order of Board meetings she just had to be produced as competent. At most Board meetings she attended she gave rise to tricky moments. Here is the end of just one of them.

A student had been designated as a referral on the psychology assessment. The borderline 'mini-oral' had been conducted and Dr White had insisted that the student had not 'compensated'. In the meeting the external said that she herself was not an expert in psychology, 'so I may be speaking out of turn', but that she was doubtful whether the student's performance had been so bad as to warrant a referral. Dr White defended her judgement, while several other Board Members offered her opportunities for backing off. Then:

Chairman: but you don't think that there is sort of an area of discretion here. That judgements are always a bit subjective.

Dr White: Yes of course it is and normally I would, but I think in this case it is so clear from her work that she is deeply disturbed at a level that doesn't allow the disturbance to surface easily, visibly, if you see what.. that there can be no doubt about it.

(The senior tutor then said that really we would have to take the professional advice of 'our colleagues' and it was agreed that the student be referred).

(reconstructed from verbatim notes)

The reader will note that here the senior tutor articulates the right of psychologists to arbitrate adequate performance by students in psychology - even if the assessment is obviously a characterological one. As a 'move' this served in the same way as the senior tutor's move in Jenny Fuller case served: to close down what was becoming dangerously like an occasioned dissensus. Any step further would possibly have impugned the competence of a Board member and brought to a hearing that the external's status was being questioned. In fact in this case the sociologists looked as if they were squaring up for a show-down with Dr White.

Dingwall's treatment of the Jenny Fuller case shows a deficiency which is widely present in ethnographic work; a tendency to assume what the local organisation is, and to quarry speech data to illustrate the assumption. In this case Dingwall appears to assume that any form of upset or dissensus in examination board meetings must have to do with professionals defending their license and mandate. Even if my reading of Dingwall's case is incorrect, the most usual form of upset at a board meeting has to do with an apparent challenge of the external's judgement.

CHAPTER FIVE: Putting a Word In: Assessment as organised utterance

5:1 Finding a Context for Utterances

In 1983 Dingwall et al. , write:

we had hoped to carry further some of these suggestions in considering the ethnography of the term profession, across not only health visitors but also, lawyers, doctors and social workers within and between their respective organisational settings. What seems clear though, is that Dingwall's earlier account was somewhat misled by an insufficient attention to the 'when' part of the question.

Murray, Dingwall and Eekelaar 1983 page 197

The reader already knows (3:4 above) that Dingwall says he was 'misled' because he imagined that the word 'profession' would be frequently used by 'professionals' in all settings, and found that it was not. And that since it is for Dingwall a definitional trait of 'professionals' to make profession-claims, the remedy is to do a special reading on the speech of professionals to find profession-claims in it, even if the 'term is seldom used'.

Dingwall's rendering of the 'when' of his question is in the broad terms of work settings and employing organisations. I will be suggesting that a better 'when' question is in terms of when something is said in the fine grain of a discourse structure - the who said what, when, in response to what, leading to what response?

Two sources which Dingwall cites as influential for him are Moerman on ethnic identity (1968/1974) and Weider on the convict code (in Turner 1974), indeed it is from the former that Dingwall derives the 'when' question (Dingwall 1976a, 1977a page 121). Dingwall's use of both these writings is in a manner of which neither author would approve. Moerman writes for example

Social scientists should describe and analyse the ways in which (identification devices).. are used, and not merely - as natives do - use them as explanations.

Moerman 1968 pages 67 - 68

Dingwall's use of the idea of profession - as an item in a social theory in the earlier work, and as part of an occupational code in the later work, is as an explanation for why actors say what they do: we have seen plenty of examples in the last two chapters.

Perhaps the most important single feature of the work of both Weider and Moerman is the authors' insistence that matters such as 'ethnic identity' or 'convict codes' have an occasioned existence only. Dingwall by contrast writes as if there were an occupational code analogous to ethnic identity or the convict code, and as if it were a 'real' occupational code which goes on existing even when not heard, and manifests itself occasionally:

The paradox about both licenses and charters is, however, that much of the time they are substantially invisible. As Weider (1979 (sic):174) observes, in an analogous discussion of the 'convict code' as an organizing formula in a halfway house for drug addicts.

Dingwall 1982 page 8

To write about something as being, 'substantially invisible', 'much of the time', is to write about something which most definitely 'is' and 'is there' somewhere. Dingwall has taken the idea of occupational code and has made it a substitute for the 'social theories' which characterised his earlier work and which are not named as such in the later writing. It is quite precisely Weider's point that there is no such thing as the convict code except insofar as that notion is utilised as an interpretive resource to make sense of things in some bounded and setted situation.

'telling the code', and any particular instance of formulating the code exhibits, rather than describes or explains, the order that members acclaim through their practices of showing and telling each other that particular encountered features are typical, regular, orderly, coherent, motivated out of consideration of normative constraints, and the like.

Weider in Turner 1974 page 171

Weider is particularly scathing about the discovery by an analyst of the 'interests' lying behind the actors' utterances:

...any attempt to specify interests is subject to the same equivocalities as specifying the maxims (or the maxim) of the code and would be accomplished through the same formal apparatus as employed in specifying the convict code.

Weider in Turner 1974 page 169

Presumably Weider would apply the same remarks to the discovery by an analyst of the 'interests' implied by a 'campaign to establish the occupation's licensing' (Dingwall 1982 page 21).

By contrast with Weider, Dingwall's argument requires an occupational code which has a transituational existence. Without such an assumption there can be little sense in treating (say) the utterances of field health visitors as incomplete versions of what can be heard more completely in the talk of health visitor educators. This may or may not be a sensible strategy, but it is certainly not one which follows from Weider's work.

A return to Weider's well known convict is instructive here.

Weider's paper has become one of the standard illustrations of the 'documentary method of interpretation' (Garfinkel 1967 page 78), in respect of the way in which persons (members or analysts) hear utterances as derivations from larger corpuses, though the corpus

is not explicitly spelled out on each (or any) occasion. In this case Weider notes how in a drug rehabilitation hostel an inmate was asked by staff if he would help organise the baseball team. His response was?

You know I can't organise the baseball team.

Weider says that this response, was, under the circumstances of hearing, hearable as an instance of the 'convict code'. As a gloss on 'the code', it might be said that 'its' main thrust was that of the impropriety among inmates of cooperating with staff. What Weider draws attention to is the hearability of the convict's actual words as an instance of this code, without the speaker saying, in so many words: 'according to the code' or saying of what that code might consist. Heard in its context the utterance was sufficient unto itself as a code mentioning:

In every case in which the code was mentioned (literally 'heard to have been mentioned' since the mentioning was not usually named as such), it was up to the hearer to identify this 'telling of the code' as 'telling the code' and to search out and discover the linkages between this 'telling' and what he understood to be the code. Moreover, the hearer was in the position of having to depend upon this same telling and others of no more definite character to tell him of what the code consisted in the first place.

Weider 1979 page 174 quoted Dingwall 1982 page 8

The 'when' question which Weider's work directs us to is not one which can be answered just by saying 'in the drug rehabilitation hostel'. Rather it directs us to the way in which ordinary language skills are used to read the meaning of an utterance from 'when' it occurs in a discourse sequence.

That the response by the convict was hearable as a mentioning of 'the code' owes much to the utterance's position in an illocutionary sequence. This was a familiar kind of sequence in which the first utterance was a 'request'. Culturally

appropriate ('conditionally relevant' Atkinson and Drew 1979 pages 51 - 61, Levinson 1983 page 332ff) seconds to requests are acceptances, reasoned refusals, or apologies. It seems that refusals are dispreferred and require to be meliorated with an account, if not an apology. In this case what the convict said was neither an explicit refusal, nor an explicitly reasoned refusal, but it was nonetheless hearable as both, given the adjacency pair context. And similarly as a reasoned refusal it was hearable for a display of grounds for why the convict had to refuse. One candidate for such a grounding was 'the convict code'. (Using Labov's method of 'expanded reading' produces the same conclusions (Labov 1972)).

5:2 Utterance to Mind, or Utterance to Discourse Readings?

Note how this approach directs attention to what-is-being-done-with-speech in a particular circumstance. What was being done here was a refusal, and it is only as a refusal being done that the utterance can be heard as an instance of the code.

To put matters very simply then let us say that there are two ways of utilising speech as data. I will illustrate with a local example from an interchange between HVT and student:

Student: yes but isn't it, I'm not sure that health visitors aren't just as bad as all the other professionals. They do after all benefit from other people's misfortune.

HVT: you mean, you mean like isn't it Illich says, but I think you must, we must as professionals, at least make sure that we give back more than we benefit.

Student: well I'm/

HVT: /and that's what being a professional really is, isn't it, so the 'service ethic' that's our fourth criteria.

(taped data)

Now this is a pretty obvious bit of profession-claiming on behalf of health visitors and one way of reading it as data would be to read it as an instance of a view of health visiting as a profession. It could then be put with other utterances with the same burden and made to re-appear as a generalisation about what HVTs 'think' about health visiting as a profession, or at least about their rhetorical style of accounting health visiting as a profession. This is to take the topics raised by speakers in speech and re-construct them into something which lies behind each relevant utterance:

something which can be called a social theory, a perspective, a world view, a code: it is a topic-to-mind mapping. This is the approach adopted by Dingwall and his colleagues, and is the one characteristic of nearly all interactionist writing. What this ignores however is that local speech organisations provide for the mentioning of some topics (and not others), by some persons, in some ways (and not others). As Speier says:

..topic is but another element of conversational structure around which participants organise their concerted interaction. Accordingly we are led to ask: What does topic do in a conversation?..How do interactants use topicalising to achieve a conversational episode and its practical purposes?

The use of topical talk in conversation involves the methodic control of topics in variously coordinated ways. In conversational development the element of topicality provides conversational coherence and continuity, maintaining speaker alignments, regular sequencing and categorisation.

Speier 1972 page 91, cited Heritage and Watson 1980

The alternative is to view this speech sequence first for what it is. I will not analyse it in any detail but it is an interchange between student and teacher. The reader needs to know that "so the 'service ethic' that's our fourth criteria.." involves the tutor turning to the overhead projector, and putting another tick on a list of the 'criteria of professional occupations' (see page 12 above), and that this restores the flow of the lesson

which has been structured around this list of topics, which flow has been interrupted by the student speaker. That is to say, what is going on is a teacher handling an unwelcome interruption by a student. She doesn't discuss the nature of professions, she legislates. That she is able to legislate the definition of terms (it just happens to be 'professional' here), that she can evade discussion, that she can restore what she thinks should be the sequence of the lesson, tell us much (that we already knew) about the relations between students and teachers. It actually tells us little about what this tutor believes about professionalism, since in other teaching contexts she can be heard critiquing health visiting along quite Illichian lines. If I had to motivate her for this sequence I would say simply that she 'wanted to get through the list' and that any interruption was unwelcome, and that she exploited her position as a teacher to legislate meanings to foreclose on the student.

Looked at in this way, the sequence is structurally very similar to the following:

Student: /but I would have wanted to go on and say this is not so much/

HVT: /that would be very interesting but we have got a lot to get through, so.....

(taped data)

This is then a different way of handling language altogether: we might call it an utterance-to-discourse mapping, and it is in such an approach that we discover the social relations between speaker and speaker.

I am going to proceed in this fashion, drawing on the discussion above and on the way I re-analysed Dingwall's data in the last chapter. I am proposing that in this fashion we can display the

social organisation of assessment - as socially organised language:
and that socially organised language is what it is.

5:3 Dingwall's lost chapter

In his thesis Dingwall presents a chapter entitled An Ethnography of Social Location (1974 pages 230 - 274). In this chapter Dingwall makes a start in the painstaking reading of the organisation of health visitor education in terms of members' deployments of ordinary linguistic and para-linguistic skills, such as turn-taking, and using forms of address, managing space and time. He is particularly interested here in how the organisation is stratified in terms of the distribution of the resources of talk, honour, time and space. This chapter was the major casualty of the editing which produced the 1977 book.

However it is in this chapter that Dingwall begins to develop the tools for unravelling the local organisation in which competent performances are brought off by staff, and students are inspected for their prospective competence. For example Dingwall notes Albert's (1972) writing on the linguistic and paralinguistic realisation of social status in Burundi, and especially her formula 'High ranking person goes first (or last)', and he links this with writing on turn-taking and making conversational beginnings and endings to demonstrate quite clearly how the relative status of staff and students is produced in encounters such as seminars or tutorials (1974 page 186).

When Dingwall uses these tools in unravelling organisation among staff, he demonstrates the relative status of field health visitors and HVTs within the college and notes that among all the assessors the local Medical Officer of Health has the highest status in terms of

turn-taking (1974 page 189ff). On the course studied by Dingwall, the MOH presumably had until recently been the 'boss' with regard to the HVTs, and probably would have been, (if he was not still) the chairman of examiners. This is particularly interesting with regard to points made later in this thesis (Section 9:4). However we hear no more of this, the observation is not carried forward to the detailed descriptions of examiners' meetings at which this MOH is presumably present, and this section of the thesis is omitted from the book.

Later, in 1980 in an essay entitled "Orchestrated Encounters" Dingwall returns to this approach and updates his 1974 chapter with reference to more recent developments in conversational analysis. However elsewhere in the original thesis, in the book and in the paper of 1982 Dingwall deals not with the kind of social organisation which is realised through and in the distribution of speaking rights, but with that kind of organisation among assessors which is proposed by the notion of 'professionals in bureaucracies' (Dingwall 1982 page 9). On this basis the talk which Dingwall records is referred back by him to the forms of consciousness with which 'professionals' are socialised by the sociological literature on professionalism. It is that form of consciousness which is summed up by the notion of belonging to a 'professional community' and which once assumed asks the question, 'how did they get socialised into this sub-culture?'

As the reader will be gathering I have in this thesis adopted a policy of avoiding making prior assumptions about what the social organisation of health visitor assessment must be like, and will instead try to tell it in terms of how it is organisationally realised in forms of talk and documentation. The result is a picture, the glimmerings of which were present in that 'lost' chapter of Dingwall's

thesis and which he begins to develop in "Orchestrated Encounters".

For example in 1974 Dingwall carries out an intensive investigation of the forms of address used on the course. Most of what he discovered actually turns out as a feature of that course, and not of others, however the approach is extremely fruitful despite local variability.

Although forms of address between staff are extremely variable between courses there is a residuum of similarity which is significant; which seems to express the minimal pattern of the social distribution of honour associated with health visitor education, and which makes Dingwall's effort worthwhile.

The variability ranges from Dingwall's course where title-last name address was de rigueur across most public encounters, to the University where even in examiners' meetings all participants were directly addressed by Christian name. But hear this from the be-jeaned and sweated chairman of examiners at the University!

Chairman: what was that wording again Roger?

RG qua External Examiner: (gives question wording)

Chairman: yea, well then Mr Gomm's rewording reads, I think I've got it....

but:

Chairman: thank you Mary, Mary suggests we.....

(verbatim notes)

There are several interesting things going on here. Firstly there is the way in which the chairman formulates talk. While presumably everybody heard Mary's and my utterances, these are not publically heard to have been heard by the board, until formulated by the chairman. Of course chairmen do not formulate every jot and tittle, but they do very frequently formulate those matters which are soon

to become subject of an agreement sequence. Thus chairmen select among the talk - including their own unformulated, non-formulating talk, to choose those matters which are going to be organisationally consequential: they do an official hearing-as-heard-as on behalf of all present. Secondly note how in the chairman's ordinary talk a Christian name address is used for the external, but when the chairman formulates he, (as it were), 'plays back' a picture or a more formal social structure by using title-last name.

At the University the examiners' meetings were very 'informal' by comparison with those in the other colleges, yet talk still picks out a status difference between chairman, externals and 'others'. It is extremely tempting to match this talk organisation with the fact that when it is necessary to make examination board decisions without an examiners' meeting the 'minimal' examination board is the chairman and an external.

Chairman: I, hh, I think hhm yes Bob I will ask for chairman's powers here, and if it is agreed I will liaise with. Now which of you, yes with Mr Gomm.

(verbatim note)

What I have illustrated here is that when Dingwall maps talk to the way in which talk is locally organised, he begins to find the kind of social organisation of which persons can be competent members.

Competence means that the actor's conduct is recognised both by himself and by others whom he recognises as established members of the collectivity in question as normal, natural and quite unworthy of comment.

Dingwall 1977, page 15

My thesis builds on this approach.

5:4 Treating Organised Language with Respect

In any ethnographic study which attempts to keep faith with the data something of such an approach is inevitable even if done tacitly and partially. It is inevitable because in order to find a meaning in utterances the analyst has in some way to view them as instances of how talk and documentation are locally organised. However if this task is done in an unreflective way, without bringing to view the quite systematic way in which the utterances of persons are related to each other, then it is easy for the analyst to provide inappropriate contexts for rendering an utterance sociologically meaningful. The regrettable tendency in ethnographic sociology to assume a socio-structural context or a cognitive organisation of actor minds, and then to quarry the speech of actors to provide interior decoration for these assumptions has been noted by some socio-linguists. Stubbs for example writes:

such studies characteristically attempt to relate isolated linguistic variables to socio-psychologicistic categories, as if the language had no organisation of its own.

Stubbs 1981, pages 117 - 118 (Stubbs' emphases)

And he goes on to cite Coulthard and Ashby:

They argue, sociological categories should not be used to classify stretches of speech as though..(the speech)..had no other organisation

Coulthard and Ashby 1976, .quoted Stubbs ibid

Or more simply put Paul Atkinson says:

...rather than attempting to see through the talk, to identify things like authoritarianism, one should pay due attention to the social organisation of talk itself

Atkinson 1981, p 101 - 102

A rather similar critique is made from that quarter of ethnomethodology which specialises in so-called 'conversational analysis'. (See example Atkinson and Drew 1979 page 25)

Dingwall's later work provides a warning here. In his 1982 paper, as noted above, (Section 3:3) he takes Bittner's (1965) notion of 'organisational formulae' and applies it to health visitor student assessment. Bittner's device is as good as most competitors for coping with the observable tendency of persons to invoke 'organisational' rules and purposes in an attempt to coordinate their actions one with another. Its analytical usage directs attention to the way in which organisation is a lingual phenomenon, and the way this kind of language use serves to bring organisation into being; as persons make out their activities as what is (or should be) in accord with this or that organisational principle. Dingwall however deploys Bittner's device as if Dingwall already knows what kind of organisation he is dealing with. It is that kind of organisation which bureaucratically constrains professionals (Dingwall 1982 page 6, Murray et al . , passim). This prior knowledge Dingwall uses as a resource for finding 'organisational formulae'. It is not surprising that those which he finds are those which tend to divide occupational sub-groups, and which can therefore be rendered as data of occupational sub-group conflict: of the struggles of professionals in bureaucracies and/or of the way a professional group in a bureaucracy rallies its members in solidary defence of prerogatives. This is the kind of deficiency which Stubbs is referring to when he writes;

It is a deficiency which is to be remedied by trying to apprehend systemic relationships between utterances before trying to relate utterances to socio-structural constructs.

Stubbs 1981 ,page 129

Stubbs writes of language as being systemically organised at a number of levels. The notion of 'system' (or sometimes 'structure' here) is of a stochastic model of 'possibly sayables' derived from aggregating observations, and in terms of which any particular bit of language is but one possible array. Stubbs exemplifies in this way:

I use systemic...in its technical linguistic sense, as an adjective corresponding to a linguistic system. A system is a closed set of choices or options in a language which are mutually defining. Thus English has a number system comprising two terms, singular and plural. Old English had a three-term system, comprising singular, dual and plural. Clearly, plural means something different in two-term and three-term systems. Languages are then regarded as systems of systems. Systems may be identified as different levels of description. Linguistics traditionally uses the term level to refer to phonology, morphology, syntax and semantics, but usage here is variable.

Stubbs 1981 pages 119 - 120

And later in the same article Stubb's characterises a discourse level of organisation, which is the level we are most interested in here:

Within language, discourse or conversation constitutes a relatively autonomous level of linguistic organisation. That is, it is possible to formulate discourse structures (including two-place structures such as question-answer) and systems of choices (if A says x, then B will say y1 or y2 and will not say z). In other words, it is possible to begin to specify how conversation works.

Stubbs op.cit., pages 126 - 7

As stochastically modelled a language system or structure allows for the analyst to make some predictions about what is more likely to be said, how and when. In the limiting case, what is not provided for in the analyst's version of the system ought not to be hearable when the conditions for the system's applicability are satisfied.

It is assumed that members must also 'know' something like this system, and themselves do a structural reading of their speech environment in order to make the kinds of predictive interpretations which allow them to speak or hear in ways that locally count as competent. However the approach here is not directly concerned with laying bare methods members actually used on any particular occasion. Instead it is concerned with finding ways for the analyst to express the regular and patterned nature of language in use. It is common usage which is the topic for analysis.

There are several reasons for this dis-interest in the particularities of (say) how a member knew when to use this term rather than another. One^{is} that it is simply impracticable. This is largely because interpretation and communication under 'naturally occurring circumstances' implicate a prodigious degree of redundancy. There are hundreds of different ways in which a person might have come to the choice of this term rather than that, and while there may be something to be gained by discovering all the possibilities there is not much to be gained by trying to decide why he used that particular term on that particular occasion.

Another reason is that language use is an inter-subjective phenomenon and as such is not simply the product of adding one person's interpretive procedures to those of another. Once 'out' an utterance is off and moving to 'laws of motion' which are not those imposed on it by any one speaker's interpretive work. It is these unconsidered consequences of utterance or the 'blind logic' of language that this kind of structuralism tries to capture.

Stubbs notes that language is systemically organised at a number of 'levels'. One should take cognisance of the implication that a full analysis of situated talk or inscribed documentation would be one which would bring it to analysis at each level and display its features systemically, before relating any of these to the same data analysed at a different level. However it is obvious that such an approach proposes truly monumental works for even rather simple activity systems. I will acknowledge the incompleteness of what is to follow by saying that as for phonetics and intonation, and lexicon and syntax at the level of the sentence I will simply rely on my own and the reader's native language skills. Instead I want to focus at, or rather just above, the level of discourse organisation: i.e., upon

the way in which utterances take or are given a meaning in long sequences of utterances, and even in terms of the way in which contexts of utterances are stacked and chained. In the latter remark I refer to the kinds of meanings that can be derived from placing an utterance as one which is in a 'final examiners' meeting' but refers to a 'previous examiners'' meeting when that meeting discussed 'what the professional adviser said at the national meeting of tutors'. Overall, putting matters more simply I am dealing with the provision of meaning by hearing language as organised-in-context.

This usage of organised-in-context is likely to be misleading, so a few words about it are in order here. A distinction between an utterance and its context is first and foremost a members' distinction. When hearing an utterance we construct 'a context' for that utterance to be meaningful: It was him that said it - he is that sort of person - it is Wednesday at 10 a.m. - in the college..therefore it must mean X. We do not apprehend ourselves constructing a context to provide for a hearing. Rather we imagine that that context was there all along. We just seem to hold an utterance up against its background to see what sort of utterance it is. But of course that 'context', that 'background' is our own construction and if we were forced to construct it around that utterance rather than this, our world would be a somewhat different place. Language-in-context then is a useful piece of shorthand, so long as it is remembered that it refers to a process rather than to a bit-to-whole sort of relationship.

The finding-a-meaning-through-constructing-a-context nature of interpretive work sets two puzzles. The first is the question of how communication can be possible between communicants by their severally constructing a context which is 'much-the-same' for speaker and hearer: the question of how communication is aligned, and how thereby actions

can be geared together. Given the difficulty of even thinking about how one would judge similarities of thought between persons, 'much-the-same' will here refer to the observable fact that people do often communicate with each other in ways that they find satisfactory.

'shared agreements' refers to the various social methods for accomplishing the members' recognition that something was said-according-to-a-rule.

Garfinkel 1967 page 30

The second puzzle is that encoded in the notion of the 'documentary method' and the possibilities for infinite triangulation (and ultimate doubt and anomie) that it predicates.

The method consists of treating an actual appearance as 'the document of', as 'pointing to', as 'standing on behalf of' a presupposed underlying pattern. Not only is the underlying pattern derived from its individual documentary evidences, (but these) in their turn are interpreted on the basis of 'what is known' about the underlying pattern. Each is used to elaborate the other.

Garfinkel 1967 page 78

And as Cicourel comments:

Every procedure that seems to 'lock in' evidence (thus to claim a level of adequacy) can itself be subjected to the same sort of analysis that will in turn produce yet another indefinite arrangement of new particulars, or a rearrangement of previously established particulars.

Cicourel, cited Silverman 1973 page 47

5:6 Utterances as try-outs

The two puzzles bear upon each other, for if persons are really capable of generating an infinite and never-ending variety of interpretations of an utterance, this still further seems to jeopardize the possibility of any two persons homing in on a sufficiently similar resolution for an understanding to be reached. Garfinkel names the solution as the rendering of indexical expressions 'objective'

...expressions whose references are decided by consulting a set of coding rules that are assumed, by both user and reader, to hold irrespective of any characteristic of either one, other than their similar grasp of those rules.

Garfinkel 1967 page 122

but this in itself gives little guidance as to how this obviously routine trick is pulled. However ethnomethodology does give us some clues as to what is going on.

We might say that each utterance can be regarded as a try-out, not just of a form of words, but of the interpretive scheme which made that form of words seem worth trying under the circumstances that this interpretive work provides as 'the circumstances': that is a try-out and a test of the 'whole context' which the speaker utilised to predict the kind of meaning the utterance will be granted. Next speaker provides validation, or invalidation, partially, fully, with caveat, clearly or not. It is not just the utterance which is tested but a whole matrix of interpretations which were used to rough-shape it in the first place.

This simple exposition (relying on Garfinkel's 'wait and see clause') by no means solves the puzzle of how communication is possible, but it does provide a way of viewing the observable features of speaking and hearing as they are located within a world building and re-building process. It also points towards some other matters of interest here.

The first of these is that it is not only interpretations of utterances which are tested in this way (and repaired to fit) but also persons. Speaking is hazarding the character; making one vulnerable to judgement as competent or incompetent, scrupulous or unscrupulous, nice or nasty and so on through a large - though as we will see, situationally limited - number of possibilities. In testing out an

interpretive scheme by sending forth an utterance as an emissary on its behalf, one also risks winning or losing psychological valuables (such as esteem or 'face') and more tangible ones such as cooperation promotion, acquittal etc..

Each utterance thus has a doubly-testing capacity. On the one hand it tests the social structure which is realised through speech, and on the other hand it tests the personalities of those involved as they are realised through the same speech.

Down at the sharp-end of relationships where next speaker allows himself to be heard-as-having-heard, relationships are made, re-made or broken, strained or soured, strengthened or snapped off, resources are promised, or accepted, commitments are renewed or reneged upon. While of course 'relationships' are often formulated explicitly, much about them remains hidden. In so far as speech is comfortable, relationships are sustained without query. The production of an utterance as a try-out, and the finding that it 'fits' serves to reproduce not only the currency of terms, or the utility of discourse organisation devices, but also whole patterns of relationships.

A second matter arising from viewing utterances as a 'testing', concerns the often unnoticed role of discourse organisation as such in providing for inter-communication. The way in which discourse is organised is likely to have a quite definite effect upon the way in which interpretive schemata may be tested through utterance. For example if I hear a lecture as audience, and no slots are provided for me to ask a question as and when I feel the need, then I am very limited in my capacity to bring to the test some interpretation of mine of the speaker's meaning, and more importantly to bring to the test the kinds of interpretations I have used to find a matter worth asking a

question about. How often people say such things as 'I was going to ask, but there never seemed a point at which it was relevant'.

A third matter arising from viewing uttering as testing, is probably the most immediately important here. It is readily observable that persons go through 'the same' speech routines over and over, and that speech often seems to indicate no fundamental disagreements of interpretation between persons, (there may be disagreements, but most likely between positions that persons seem mutually to understand). This must be taken to indicate that persons rarely do a radical re-think of their world but more usually re-assemble it from familiar components in well-rehearsed ways, re-arranging a few particulars on each occasion. I may for example have to do some nifty interpretive work to find an answer for a question, but it is likely to be a matter of routine for me to recognise that an answer is the sort of utterance required.

In paraphrase Wittgenstein (1969 page 450) you can't doubt everything all of the time, and even doubting assumes some 'certain' position to do that doubting from. It might be said that on any particular occasion only certain matters are agenda-ed for doubt, while the rest are backgrounded as sure enough. And, adding Garfinkel, we might then point to the way in which 'background expectancies' are reproduced as the less likely to be questioned features of some fairly regular, routine and recurrent pattern of activities.

The picture I am going to give of health visitor student assessment proceeds from this basis that, as a specialised but for most participants routine set of activities, involving common or garden members' competences it is a lingual system which implicates the use of well-tried interpretive devices, and well-used types of utterances organised in

fairly predictable ways, and for that reason, (as well as others), familiar usage is a sanctionable matter. Health Visitor student assessment doesn't start from a tabula rasa. It doesn't have to be built anew from specially manufactured components. For most participants it is a re-arrangement of relationships which relate them in other ways, and for experienced participants it has a quality of 'already being there'.

Let me provide now an image which will focus the reader's mind in the way I want. Think of those educational toys that toddlers are provided with which consist of a container slotted with holes of different sizes and shapes, and a collection of pieces of different sizes and shapes each appropriate to push through one hole, and one hole only. The toddler's task is to find the right piece to fit the right hole. The designer thus provides a system - in the linguist's sense - consisting of size, shape and orientation and two sets of exponents - holes and pieces. The toddler is to re-discover this system by apprehending the equivalences in size, shape and orientation between a piece and a slot.

For the time being I want the reader to view organised utterance in terms of this analogy, in the sense that any utterance can be inspected for its 'fit' in terms of a system of rules/criteria/qualities which relate filling to slot, utterance to context.

Now of course this analogy serves to re-ify 'context' in just the way I warned about earlier. It pushes from view the fact that context is built as utterances are fitted, and that in dealing with occasioned language it is as sensible to write of contexts being shaped to fit utterances, as of utterances being shaped to fit contexts. However unless we pin down one side of the matter and hold it still we will

never get anywhere. On the grounds that the 'natural attitude' of actors is to view the utterance as appearing in an already-there-world I will start with this view of things.

I will say then that utterances may be locally inspected for their adequacy (or fit) according to a number of criteria. Those which I think are most important I try to capture with the following terms: Entitlement, Relevance, Propriety, Intention, Motivation and Capacity. Put another way I am claiming that systems of utterances which have an already-there quality for communicants already-there provide for the eligibility of speakers, the relevance of utterances, the proprieties & intention which can be heard in an utterance, and the appropriate motivations that persons should allow their utterances to be made out as following from, and the competence or otherwise that can be read from their linguistic display.

The reader will note, I hope, that this is to write (though not in so many words) in the same vein as Goffman when he writes:

Presumably, a 'definition of the situation' is almost always to be found, but those who are in the situation ordinarily do not create this definition, even though their society can be said to do so; ordinarily all they do is to assess correctly what the situation ought to be for them and act accordingly.

Goffman 1974 pages 1 - 2

and when he treats matters such as motivation as protocols to be followed which are provided for in 'framed-up' activity systems. The essence of this approach is that when one enters a frame, or a language game, or a discourse structure (or whatever other term will serve), one comes under the aegis of such rulings and evaluations as persons can invoke as constituents of this system.

5:7 Next-speaker and Hearing-as-heard-as

I want for a moment to focus on the importance of 'next speaker'. As noted previously each utterance is a try-out, and it is (some) next speaker(s) whose speech begins to tie it down as the utterance it is going to be for the purposes at hand. What an utterance means then is how it is heard-to-have-been-heard as. The familiar triples of classroom discourse illustrate this well enough.

T: why do you want to be strong

P: sir muscles

T: to make muscles yes

Coulthard and Montgomery 1981 page 6

Our native language skills here tell us that the pupil's utterance can be heard-to-have-been-heard the teacher's first as a question. Note however the consequences of the pupil making an utterance which cannot be heard as a hearing of this kind. Suppose the pupil said.

'Why do you keep asking questions?'

We are immediately confronted now with criterion of entitlement. We know, teachers know, so do pupils, that it is teachers who have a superior eligibility to ask pupils questions, and that hence a teacher's question has a prima facie entitlement to appear in classroom discourse. The way the system of eligibility works is best glossed here in terms of the 'distribution of interactional rights' (though that device would not always serve). Teachers have rights (are eligible) to ask questions which are not shared by pupils. When teachers ask questions, eligibles to answer are nominated - in this case the turn is apparently proffered to 'any pupil': the class is being treated as a 'cohort' (Payne and Hustler 1980). While the slot is open this eligibility is highly restricting. Under certain classroom regimes pupils are eligible to do virtually nothing else but answer or remain

silent (and that latter may be problematic). The slot provides for 'an answer'. To provide for something other than 'an answer' (or a question about the question or an indication of incapacity to answer) is not merely to do an irrelevance, but is ^{to} bring to issue the distribution of interactional rights: the system of eligibility. Thus the pupil's deviant answer is one which allows him to be heard-as-having-heard the situation as very different from that provided for in the kind of version of classroom activity that provides for the teacher's superior allocation of interactional rights; the unentitled utterance is subversive.

Without amplifying I think the reader will also realise that this mis-fit utterance is likely to be viewed by the teacher as simultaneously irrelevant, improper, intentionally rude or disruptive and ill-motivated, or as well-motivated, unintentional, improper and irrelevant - as a kind of mistake or mishearing. Before I leave this example, note what would be the reading if the teacher simply chose to ignore 'Why do you keep asking question?'. If it was a quite audible utterance the teacher could be heard as having heard but ignored it: I guess this would be heard as an unwillingness or inability by the teacher to impose his eligibility: as a weakness in the social structure and/or as a personal weakness.

I think in this example we can begin to suspect that the kinds of unexceptionable hearings (and hearings-as-having-heard) which are available in an activity system are actually quite limited, in the sense that they orbit around a few sticking points. Matters are not 'infinitely negotiable' as they might appear from a reading of Strauss et al., (1963), rather negotiating the meanings of any intersubjective currency ^{is tied} to a few fixed points. It is these 'fixed points' I try to capture with the list of criteria for utterance adequacy.

Still focussing on the way next speaker begins to select what the last utterance will be for practical purposes I give an example from a very restrictive discourse system, where it is obvious that no speakers are allowed a great deal of option. The centre-piece of an Anglican wedding ceremony is a series of standard elicits and responses. Take these two for example:

Priest: Do you (name) take this man to be your lawful wedded husband, to have and to hold.....?

Affianced: I do.

If the priest then progresses with the next elicit in the wedding ceremony 'I do' is hearable as having been spoken by an eligible person (the only eligible person in fact), and as relevant in a conditional sense: proper, as the correct response, and as intended (not as a mistaken utterance). It is also hearable as well-motivated (as a person wanting to be joined in Holy Matrimony in the sight of God). It has, for the practical purposes of marrying people, to be heard as well-motivated because there are no provisions within a wedding ceremony for linguistically investigating the motives or the characters of speakers. Whatever anyone might say elsewhere, and whatever anyone might think, good motivation is provided for in the linguistic structure of the wedding ceremony willy nilly. The priest then, with scarcely any option on his behalf, locks in 'I do' as linguistically adequate according to all the criteria noted above, and in so doing sustains the social structure which authorises priests to marry people, and will serve towards contractually binding the couple together through the future. Equally, in making available his hearing of 'I do' as adequate linguistically, the priest displays everyone present as correctly motivated for the occasion. The reader might like to speculate the effect on the proceedings of either an answer other than 'I do', or of some utterance by the priest following 'I do' other than the next clause in the wedding ceremony.

Jokes are always ethnographically fascinating. They are so because by their nature as jokes they violate discourse rules and throw them into relief. In Grice's terms they are 'floutings' or 'exploitations' (Grice in Cole 1978, and see section 5:8 below). Socio-linguistically they constitute a kind of naturally occurring disruption experiment of the kind put into practice by Garfinkel's students (Garfinkel 1967). I give you then my 'jokes' as an external examiner, actually devised as a non-disruptive disruption experiment. Each occasion is separated by a year. The tutor in two cases is the same. The timing is immediately before the start of the viva voce examinations which are the last phase of student assessment. The only inside knowledge the reader needs is to know that normatively students should be passed or referred as they merit, and not on the say-so of the tutors.

1.

RG: well, how many do you want me to fail this time?

Snr Tutor: don't be silly, mm, you will have your little joke.

2.

RG: which ones do you want me to refer then?

Snr Tutor: (laughs) I don't want you to refer any of course, but you must deal with them as they merit.

3.

RG: How many do you want me to fail this year?

Snr Tutor: none at all. Don't you go failing any of them. (laughter).

RG: right I'll stick by that.

However in this ^{last} case the matter did not rest there. During the tea-break the tutor said:

Snr Tutor: I wasn't really serious you know about not failing any. I didn't want you to think.....

(the sequence continued awkwardly with me telling the tutor that my words were a joke, and she telling me she hadn't really thought otherwise, and me telling her that I hadn't thought she had thought otherwise than that it was a joke).

The way in which assessment is organised lingually, tutors can only allow themselves to be heard-as-having-heard my questions in the examples above as non-seriously meant i.e., as not having the intention a literal reading would supply. Among the kinds of non-serious utterances mine might be, tutors can only allow themselves to be heard as hearing them as 'jokes'. This illustrates nicely the kinds of jeopardy persons are in when their conduct can be brought to account according to protocols such as those represented by the criteria of utterance adequacy

The presenting issues here are of motivation and intent, and hence of what might be implied characterologically from allowing oneself to be heard-as-having heard. Whatever the tutor really thinks is the intention of my speech she can scarcely allow herself to be heard as hearing it as seriously meant. To do so would be to allow herself to be heard as imputing improper motivations to me. If she allowed herself to be heard as having heard my utterance as seriously intended and answered with a list of names or 'none', this would be to allow herself to be heard as improperly motivated - as the interactional trouble of the last example quoted above shows. Equally it is not available to her to hear-as-heard my utterance as seriously intended and well-motivated - as a kind of mistake: as the utterance of someone who doesn't know what's what. This matter is taken care of by my status as external. As external, unless I indicate otherwise, I must be treated as knowing how things ought to be. To do otherwise would likely be offensive, and indeed subversive of the grounding of the legitimacy of the external's supervisory role, which relies in part on the notion that only a knowledgeable and properly motivated person will be appointed as external.

Thus the way language is rigged in this situation there is only one unexceptionable way available to the tutor to allow herself to be heard

as having heard my utterance, and that is as a joke. All other realised interpretations would be insulting or self-condemning.

I have argued then, that any utterance may be inspected according to criteria which establish its right to be where it is in some language context. As is shown by the examples above this kind of inspection work may not be done hearably. Indeed for someone to say, in so many words, 'Now I wonder if you used the right phrase there' has a rather special implication, and is scarcely representative of the routine and inaudible inspection work which is usually done. The appropriateness of most speech 'passes on the nod' and persons do not usually have to show grounds for why that utterance was made there, or was hearable in that way. As Dingwall says, the competence of a speaker:

lies in the recognition by his audience that the fact of his speaking and the manner of his speaking are not matters for competent remarks.

1974 page 18

There do seem to be limits to what utterances will be treated as unexceptionable. The list of criteria given is an attempt to specify in general terms the modalities of the kinds of complaints which might be made audibly, but then again might not be.

Pointing to being heard-as-having-heard-as, points to the way in which social relationships are substantially constituted in language. This is not a particularly original insight, but it does serve to focus on the site where relationships are actually forged and strained, altered and reconstituted. Moreover whatever kind of utterance it is, it is also likely to have characterological implications; implicatively to form the basis for imputing motives, and hence for imputing the kinds of personality traits which might give rise to that sort of motivation. Equally whatever kind of utterance it is, it is likely to have status

or eligibility implications, insofar as an utterance claims an entitlement to be where it is, it claims a speaker's right to speak and a hearer's right or obligation to hear. Next speaker may be heard as evaluating such claims.

Put this way then I think the reader should see that in forming utterances and in deciding what kinds of utterances they are, persons 'do' social structure (qua entitlement and eligibility) and 'do' character (qua intention, motivation and competence). Sometimes this is quite explicit as when members do organisation by citing generalised formulae (pace Bittner 1965) or, as frequently happens in health visitor education, when tutors make profession-claims. Equally characterological judgements may become explicit when discussing the utterances a student has made in a viva voce. We might say that when matters become explicit in this way they become 'topic'.

Simply listening for topical references to character or social structure and then constructing from them a 'members' view of the world' is however likely to have misleading results. To make this leap peremptorily, is to miss the important question of what can be made topic, and by whom, and in what way, when, in a sequence of discourse (Speier 1972). The inspection of this matter is likely to tell us a great deal more about 'social organisation' than an approach which simply collects topicalisations as resources for discovering cognitive organisations to lie beneath them.

Put simply my point is that social structure and character are done on each and every occasion that utterances are made, because on each and every such occasion, speakers make available eligibility claims and displays of motivation and capability. Insofar as these are not brought to query, they will serve as the 'social structure' and the

'persons' for the time being. What is analytically difficult is the fact that this activity is only jerked into audibility and out of the background expectancies of things, when such eligibility claims are challenged, or some person's motivation or competence is questioned. In many spheres of social life these are unusual events, and the analyst must draw on them as disruptions. This is why incompetent/adversarial communicators such as Miss Wilkins or Dr White are such a valuable asset to the ethnographer.

CHAPTER SIX: Criteria of utterance adequacy

6:1 Grice Maxims

Although I did not discover Grice or his maxims until after the machinery outlined in this chapter had been developed and put to use, there are considerable similarities. Grice suggests that there is a set of general principles guiding the conduct of any conversation. These he expresses in four 'maxims', grouped under what he calls the 'cooperation principle':

Make your conversation such as is required, at the stage at which it occurs, by the accepted purpose or direction of talk exchange in which you are engaged.

Grice, quoted in Levinson 1983 page 101.

The maxims consist of one of quality - which has to do with the truth status of the utterance; one of quantity - which has to do with the requirement for completeness (without undue prolixity); relevance, and manner (Levinson 1983 pages 101 - 2).

The view of talk given by Grice's theory of conversational implicature is very close to what was outlined in chapter five. Grice's maxims however are not especially designed to elucidate how talking creates displays of social structure and personal identity, whereas the machinery I propose is. Like Grice's maxims however mine are not presented to show directly what guidelines persons actually do follow in producing talk. As Levinson says:

Grice's point is subtly different. It is not the case, he will readily admit that people follow these guidelines to the letter. Rather in most ordinary kinds of talk these principles are oriented to, such that when talk does not proceed according to these specifications, hearers assume that contrary to appearances, the principles are nonetheless being adhered to at some deeper level.

Levinson 1983 page 102.

This is of course how it is that my jokes as an external examiner could be made out as intended as jokes, rather than as literally meant proposals.

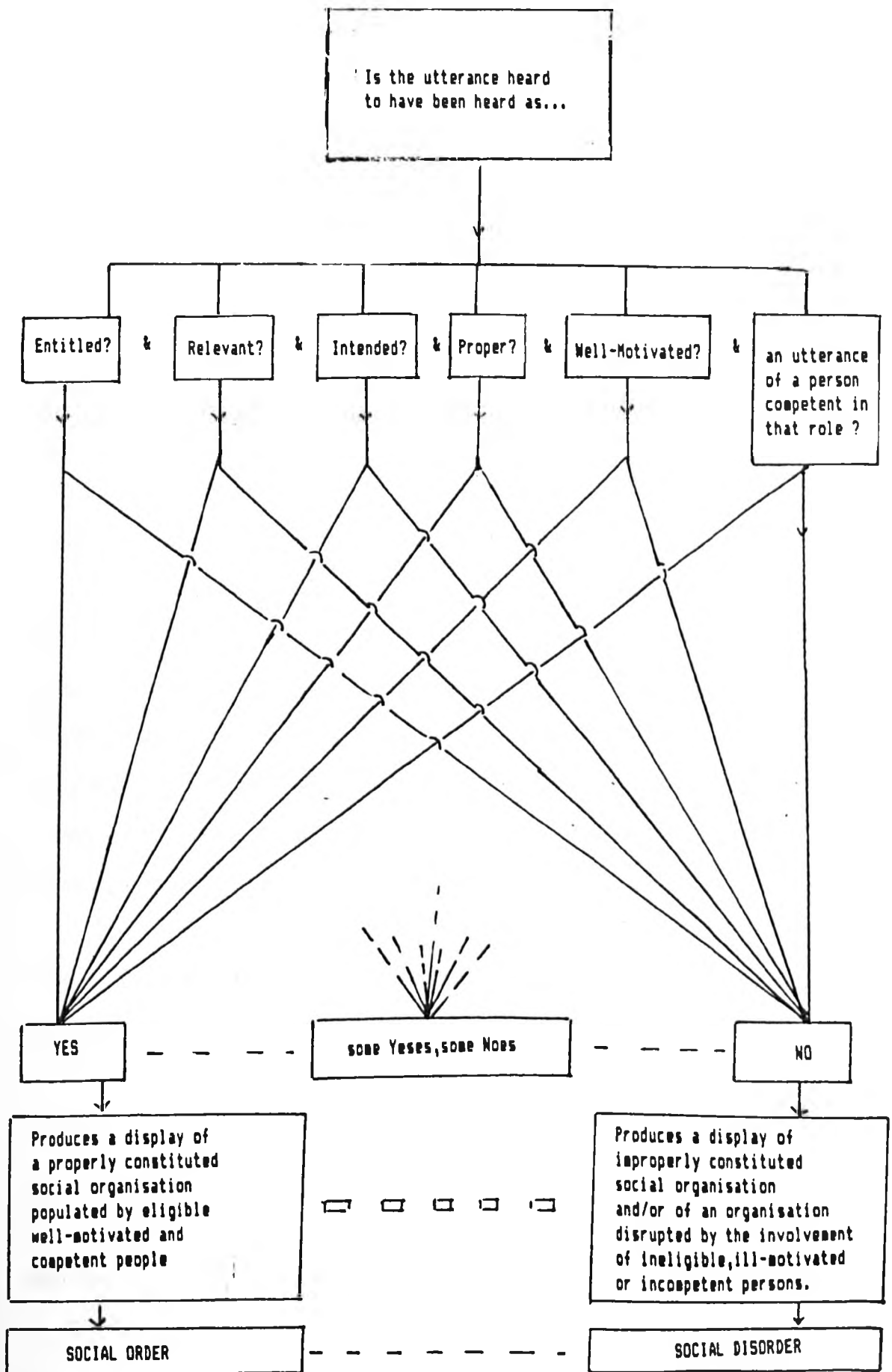
In the same way that Grice suggests the use of his maxims, then I do not propose the machinery below as one which could be used incorrigibly to code utterances which members find troublesome. While an utterance which will serve without challenge or repair as a building block in a discourse sequence will be one which is not being heard to have been heard as deficient on any of the criteria, for those which do cause troubles it will not necessarily be clear as to which criterion they fail on. As we saw from the Wilkin's case, members are often at some pains to overlook, fudge up, not hear (and so on), deficient utterances or to hear as having heard them as deficient in trivial rather than in important ways.

The diagram below then is one which takes a backwards, forwards, sideways, skip-a-space kind of reading, rather than one which can be used mechanically. As such it coincides with the fuzzy logic quality of interpretive procedures.

Nor, it should be said does the machinery apply to anything but the flow of speech at a particular point in time. Thus speech which in one place may pass unexceptionably, may later be topicalised for a critical commentary. These are two separate speech occasions, though of course what is said in the one, about the other, may yield important evidence for the ethnographer.

FIGURE 8

The Criteria of Utterance Adequacy & the Production of Social Order and Personality.



6:2 Entitlement, Speaker Rights and Truth Claims

By writing of an utterance as having a title I am writing about the way in which an utterance may be inspected with reference to 'where it has come from'. The most obvious form of entitlement is where utterances may be judged against the rights of speakers, or their eligibility. In a general way much about eligibility is pre-decided for communicants by roughly shared concepts of status, role etc.: by members' notions of social structure, which may from time to time be explicitly invoked. However it is in situated and occasioned action that eligibility is realised and there is no infallible way of reading off what someone said by direct reference to a socio-structural model, whether it is a members' model captured by an analyst as part of a 'social theory' or an analyst's imposition drawn from the general sociological literature such as 'professionals in bureaucracies'. Rather, analysis must proceed in the other direction. The only empirical data for eligibility (authority etc.,) is what is realised in speech and other kinds of action because the entitlement of an utterance, as so-and-so's utterance, remains uncontested, or successfully survives a challenge. The social structure of the moment entails all kinds of organisational devices which are momentarily in play, and through which eligibility is realised. Turn-taking arrangements are an obvious example of this. (see below).

The entitlement of an utterance and the eligibility of a speaker may of course be two ways of looking at the same thing. I prefer my way of looking because it directs attention immediately to how it is so often in inspecting utterances for their right to be where they are, and what they are, that the eligibility of the speaker is discovered. With regard to assessing students, for example, what they say or write in one situated occasion, is quite precisely and explicitly to be inspected as evidence of their eligibility to be granted a status.

Similarly in the examiners' meeting, who is eligible for a turn may be decided on chairman's ruling on the sequential or topical relevance of an utterance (see below, chapter eight). Chairman's eligibility to entitle a turn in this way is again realised in speakers allowing themselves to be heard as having heard the chairman's remarks as invitations to continue or to back down.

The purpose of having a term 'title' to apply to utterances, and another, 'eligibility', to apply to speakers is to allow for the handling of the fairly common occurrence where an eligible speaker nonetheless makes an utterance which is subject to complaint. Speakers' eligibilites are generally conditional upon their being exercised in due manner (what ever that might locally mean) and an inadequate utterance may bring to doubt either the speaker's personal capacity to exercise eligibility, or the legitimacy of the eligibility system, or both. Thus checking the entitlement of an utterance, may also be checking the eligibility of a speaker.

Just as an utterance may be said to have a title in respect of a speaking, so also it has a title in respect of a hearing. An utterance may turn out to be unentitled because it was said in the hearing of those ineligible to hear. Students are not supposed to be privy to examiners' meetings, and certainly not to the contents of unseen examination papers before due time. Allowing ineligible to hear or read something they shouldn't, may undercut the eligibility of the person who made that possible. Thus in one of my colleges a tutor was forced to resign for having leaked unseen examination questions to students, those questions lost their title, and a whole new set had to be prepared.

So far I have written about entitlement of utterances as if it were simply related to the speaking and hearing rights of status bearers. However people are often made out as not the authors of their utterances. People 'report', 'speak on behalf of', 'pass on', 'give messages' etc., so that the entitlement of an utterance may not rest entirely on the reporter's right to report, but will involve whatever rights the originator of the report had to be heard. That will do for reports from, but there are also reports on, and these of course will be entitled by the rights of those who hear the report to initiate or be made privy to the results of investigations. Often such rights do not inhere in persons at all but in agencies - 'the college', 'the board', 'the validating body', or in discorporate entities such as 'the truth'. The latter is particularly important in assessing students, for assessments are brought off as claims about the truth about students.

An important aspect of eligibility is the question of who has what rights to raise and formulate what matters as topics. As we will see in the treatment of 'meetings' below chairpersons appear to have rights and obligations to formulate the 'upshot' of discussions as the public hearing of what has transpired (see also Heritage and Watson 1980).

In summary then when I write of the title of utterances I am directing attention towards an important way in which speakers do social structure. And to remind the reader, much of this doing will be ⁱⁿaudible because it inheres in not complaining about, or not challenging an utterance on the grounds of its credentials. I have in this way miniaturised Bachrach and Baratz's (1962/3) notion of 'non-decision' so that it may be applied to hearable speech to detect non-hearable structures within it. In a different form of words I have repeated Goffman's insistence that scenes are made by exclusion rather than by inclusion (Goffman 1961).

6:3 Relevance and sequential order

Utterances may also be inspected for their situated relevance. I use here the notion of conditional relevance which defines the relationships of appropriateness between utterances as temporally organised. This is best seen in the 'adjacency pair' where a second may be inspected for its relationship with a first (Schegloff and Sacks 1973: Atkinson and Drew 1979 page 36ff, Levinson 1983 page 303ff, provide convenient summaries).

Conditional relevance indicates both a speaker's and a hearer's resource. Thus it is by hearing a 'question' that I may know that my turn is already shaped up for an 'answer' (or some substitute), and that I may be sanctioned for not providing one.

For the analyst, using the notion of conditional relevance, either the question or the answer will provide a resource to find the one following from, or leading to the other (Sharrock and Watson 1984). Conditional relevance is one of the ways speakers and hearers are enabled to do continuity work on sequences of utterances to make them, or find that they, hang together as sequences.

It is much easier to illustrate conditional relevance at the level of a pair of utterances, but much the same kind of interpretive work is done at what the textual analyst might call the 'paragraph' or the 'chapter' level (Hoey 1983). Thus for example the second or third agenda-ed slot in the formal sequence of a meeting usually provides for the 'reading' of minutes from a previous one, such that the two meetings stand in a paragraph-like relationship to each other.

Our member's competence to recognise conditional relevancies is one of the resources we use to recognise asymmetrical distributions of interactional rights. It is as if we start like Habermas (1970) from the notion of an 'ideal speech situation' wherein speakers are equal, and then read deviations from this state as unequally allocated prerogatives. For example our third party hearing of something as a question and our not hearing that question as answered, arouses our suspicions that someone's rights to ask questions, or someone's right not to be asked questions are being brought to query. In Rosenhan's pseudo-patient experiment (1973) bogus mental patients were instructed to ask of doctors and nurses what under other circumstances would seem quite unexceptionable questions, for example:

Excuse me Doctor/nurse can you tell me when I will be discussed at case conference.

In a large percentage of cases the questions were simply 'not heard'. Rosenhan quite reasonably concludes (though not in so many words) that the distribution of speaker eligibility in a mental hospital is such that questions by mental patients to staff have a poor title, and may be ignored warrantably. His resource for such an interpretation is an ordinary members' competence that tells one that under egalitarian speech conditions, a question requires an answer for the satisfaction of conditional relevance: or failing an answer an apology or mitigation of some kind.

Among the aspects of conditional relevance which are most important in the production of orderly speech are those which govern turn-taking:

Turn-taking is used for the ordering of moves in games, for allocating political office, for regulating traffic at intersections, for serving customers at business establishments, and for talking in interviews, meetings, debates, ceremonies, conversations etc - these last being members of the set which we will refer to as 'speech exchange systems'. It is obviously a

a prominent type of social organisation, one whose instances are implicated in a wide range of activities. For socially organised activities, the presence of 'turns' suggests an economy, with turns for something being valued - and with the means for allocating them, which affect their relative distribution, as in economies. An investigator interested in the sociology of turn-organised activity will want to determine, at least, the shape of the turn-taking device, and how it affects the distribution of turns for the activities on which it operates.

Sacks, Schegloff and Jefferson 1974 page 710

As for so many other kinds of lingual organisation we will find that turn-taking constitutes a crucial element of the organisation of assessment, and has some kind of a relationship to eligibility (see Dingwall's exploration of this matter cited above; section 5:3). Note however that while it may be a measure of a person's standing that they take more and longer turns, this may not be an infallible guide. What are in local terms incompetent communicators, may well be honoured and allowed more turns, longer turns and interruptions than others, because others do not allow themselves to be heard as noticing the eligibility torts of the speaker.

Relevance in this schema then refers to the sequential ordering of utterance sequences. What is often of interest to speakers and hearers is whether what comes after legitimately follows from what came before. In so far as a slot is provided and filled without complaint, it is implied that that slot was legitimately provided and that what fills it was adequate, for the time being.

6:4 Propriety

Of the terms I am going to use here, 'propriety' is the most difficult one to pin down. This is so because when members inspect an utterance for its situational propriety, they inspect it for all kinds of features which may be very local and 'sub-cultural' and specific to the immediate circumstances: hence propriety will be

a very variable matter. As a start however I use the notion of 'slots' and 'fillers'. Slots then are what are provided through conditional relevance: a question shapes next turn-taker's slot for a filling with an 'answer'.

It is quite possible to make a second to a first which satisfies conditional relevance but which nonetheless turns out to be exceptionable. Answers which are indeed 'answers to questions' may still turn out to be 'wrong answers' or less than adequate in other ways.

It is at this level of adequacy where the use of sub-culturally specific lexicons, styles of narrative organisation (Narrative Organisation Devices) and membership categorisation devices (MCDs, Sacks 1972) may become important. Thus the following in the speech of a health visitor may be quite unexceptionable but would sound distinctly odd coming from most other people:

When I visit friends I usually get a colleague to do it for me.

(overheard from field health visitor
in canteen).

In the chapters on student case studies and their examination I give an extensive treatment of the use of MCD and narrative organisation. Here suffice it to say that the kind of impropriety which may be heard because someone doesn't use the right words, or doesn't do the right mentionings, may bring to doubt that person's eligibility as a member, or indeed as a status holder among members (see the examples of external's jokes in 5:7 above). In the viva voce, students' utterances are inspected for their propriety (in this sense) as evidence they give of the student's eligibility to become a member of the occupation of health visiting.

There are times, especially in pedagogic circumstances where using the 'right terms' in the 'right way' is a mandatory matter, but more usually this is an area of permissiveness. The field health visitor quoted above could meaningfully say what she said among health visitors, but in the same company she could equally well have expressed it in a less sub-culturally specific way. Often I think ethnographers have become fascinated with local argots and speech styles, and have focussed their attention on the curiosities of local language use in terms of differences between the speech of this group and that of the wider community. This may give an over-emphasised impression not only of speech differences, but of differences in cognitive organisation. Equally it has not always been noted that speaking 'local' may be a permissive matter, and that there is a wide range of permission within local speech (but see Labov 1973 on this). In the Wilkin's case for example the grounds Miss Wilkin's argues for referring the student seem to me to be quite proper ones for a tutor to adopt. She says:

Jenny Fuller didn't come to terms with the questions of acceptance, controlled involvement and a non-judgemental attitude.

Equally the External's version sounds quite proper too, and in other circumstances we might have heard two tutors discussing the relative merits of students answering questions as the examiner intended, or of critiquing the question; in terms of the relative importance for a field worker of 'following procedures' or 'showing critical awareness'. Miss Wilkin's version was not locally improper, and certainly it is not the case, as Dingwall's reading requires it to be, that the version espoused by the External and backed by other participants was discrepant with the niceties of health visitor education. What was wrong with Miss Wilkin's version was that it was different from the external's. It was not improper, but unentitled.

6:5 Intention and the promissary nature of speech

By intention I refer to the way in which speakers allow themselves to be heard as hearing someone as having meant to produce that sort of hearing.

(in examination board meeting)

Snr Tutor: I think in this case we must be allowed to have the final say in safety to practise because/

Chairman: /to repeat, we will of course take your recommendations seriously - if you can make up your minds among yourselves, but it is the decision of the whole board.

Snr Tutor: I suppose we might as well go home then, if we are getting in the way.

The senior tutor's last utterance attributes an intention to the chairman as having meant to have been heard as giving a snub or something similar. The chairman reformulates his intention thus:

Chairman: now don't take it like that, but we don't have all day, and other people have perfectly valid points to make.

(reconstructed from verbatim notes)

The use of the term 'intention' here is close to a Grice-meaning. According to Grice (1957, see also Schiffer 1972), an agent 'non-naturally means' something by an action or an utterance if he intends to produce some effect in the observer, by means of the observer recognising that that was his intention. Grice is here drawing attention to the currency value of certain actions or verbal forms such that when they are used under appropriate circumstances 'everybody knows' what the originator meant to convey. By using such devices speakers may be fairly sure that a listener will take that to be their meaning. Grice's project was to separate overt from covert 'intentions' and to focus particularly on how language is a public utility so that speakers can rely on the hearings their words will receive if they format them in particular ways. The Grice-meaning allows for an utterance to intend a meaning which bears little relationship to

the speaker's 'real' 'underlying' motivation or belief: i.e. it allows for dissimulation, gentility, humouring etc..

Here I have taken the idea of a Grice-meaning and implicated the hearer in its production. Thus 'intention' used here is what is imputed by speakers: as the example given shows, this imputation may be by the originator of the utterance, or by another. Intention as used here says nothing about the 'real underlying motives' of speakers.

When utterances are inspected for intention, that inspection comes close to a characterological inspection of the speaker: sometimes the two are identical. When in allowing oneself to be heard-as-having-heard an utterance as having some intent, one is in effect reading a commentary on the previous speaker. To hear as having heard the intention as betokening a warrantable motivation is to produce the other as of good character.

One of the interesting features of inspecting utterances according to intention is the way in which speakers so often put a distance between themselves and their utterance, so that an intentional reading of their utterance cannot be a characterological reading of them. The use of disclaimers (Hawitt and Stokes 1975), pre-sequences (Merritt 1976, Terasaki 1976, Atkinson and Drew 1979 pages 141 - 8, Levinson 1983 pages 345 - 364), caveating, provisionalising, various forms of studied ambiguity, speaking 'for the sake of argument' or with a 'hat' on, serve to proscribe the interpretive follow-through from a speaker's intention to a speaker's character, for example:

External: now it might be said that there is some cause for concern with this girl, its not me saying it, necessarily, but it might be said.

(verbatim note from discussion after viva voce examinations)

This utterance has an intention: it intends that 'there is some cause for concern with this girl'. But the intention it is given is made out as not ('necessarily') the external's own view. Rather she lays another intention on top of the first so that she can be heard as intending to report something without subscribing to it.

Similarly a lot of linguistic repair work is done on intentions: 'I didn't mean that'; 'I'm sure that's not what you meant'; 'you weren't meant to hear that'; (see Pomerantz 1975, Schegloff et al., 1977).

As sequences of utterances unfold so they leave behind a trail of established intentions: so and so said that and meant to be heard as saying that. In this way the establishing of the intended nature of speech serves to lock in speakers such that they are in jeopardy of complaint if they should subsequently say something which can be claimed to be a contradiction of, inconsistent with, or a reneging on something said previously.

This is what I refer to as the promissary nature of speech. Once one has allowed oneself to be heard-as-intended, one has made a kind of commitment to do such as is consistent with that, or in failing to do so, to offer an apology or justification. The formal promise is a straightforward example of this (Seale 1969 pages 54 - 61, Wootton 1975 pages 49 - 50). However this kind of jeopardy is always present if speakers have allowed themselves to be heard as having intended a meaning. This is skillfully handled by Atkinson and Drew (1979) in their treatment of blame-imputation sequences in court-room cross-examination. The art of the cross-examiner lies partly in getting the examinee to agree that what he said he intended to mean as the counsel formulates. Then counsel will angle the examination so

that the examinee has either also to agree that other descriptions of his behaviour (which logically follow from his commitment), show him as deficient in some regard and blameworthy, or if he refuses to agree, to show him as reneging on or trying to wriggle out of a commitment to a version of the truth which he intended earlier.

We can see clearly then that when special devices are not used to distance a speaker from her utterance, then she is in jeopardy of being-heard-to-be-heard-as committing herself to contradictory intentions, or of breaking a commitment.

The most obvious and most obviously constraining example of this in health visitor student assessment lies in the agreement sequences of meetings which I deal with in detail later.

Thus locating an utterance by its intention is locating it as heard as it was meant to be heard, even if, paradoxically this means, 'meant to be heard unseriously'. The issue is so closely tied to that of motivation and capacity that I pass on to that immediately below.

6:6 Motivation and Capacity

Motivation and capacity are major interpretive resources which members use to understand each others' observable behaviour. It is through discovering how some action or utterance was motivated that members discover that someone is this or that sort of person. Without such a method:

observers would be unable to organise the current and flow of socially intelligible events, nor could they observe the products of biography; i.e. they could not see interaction as a course of history. They would be without a temporal method..They..

(vocabularies of motive)..are a grammar in that they methodically collect these disparate phenomena. And they are social in that they transform what would otherwise be fragmentary series of unconnected immediate events into generally intelligible social courses of behaviour

Blum and McHugh 1971 p 106

I am referring here to the motive attribution work that persons do in building up sequences of utterance (see also McHugh et al 1974 page 45, C Wright Mills 1940, Taylor 1979). In this sense a 'motive' is established as a feature of discourse by being heard to have been heard as the motive for the utterance. In so far as most recurrent social situations specify appropriate motivations for participants (Goffman 1974 pages 1 and 2), then, unqueried motivations make it audible that good motivations are accepted to lie beneath the action.

By itself, or in strict rendering, however motivation is inadequate for this kind of interpretive work, for in order to link motivation with intention and both with some characterological reading, we need to know what the person is deemed capable of.

If for example someone says 'I promise you a million pounds', and your guess is that he does not have a million pounds to promise, this pushes you towards hearing his words as non-seriously meant, and towards the kinds of motivations which people have for making non-serious utterances. If on the other hand the speaker is immensely wealthy, you have an opportunity for hearing his intention as serious, his motive as generous, and himself as a generous sort of person. (see also McHugh 1970). Playing intention against capacity is often used to make out whether someone meant what they said, or whether it was a kind of accident, or unintentional utterance (Lyman and Scott 1976). Thus there are occasions when an unfortunate utterance may turn out to imply either than it was intended and ill-motivated, or that it was unintended and the utterance of an incompetent. However among the kinds of

disclaimers persons avail themselves of to avoid this jeopardy, are those which point to their being incapacitated by social or moral constraint, such that their dispreferred utterance turns out to be a non-culpable matter. The doorman for example who says 'Its more than my job's worth to let you in' may limit his capacity in a way that demands our agreement, and thus do a refusal which we don't like, but have to accept as not ill-motivated. Weider's convict does something similar it seems, (see above section 5:1). In effect by grounding a refusal in a legitimate incapacity, a speaker may undercut the title of our request.

For most social actions there are preferential motivations and a great deal of writing about 'face work' and 'character work' (Goffman 1967, Strong 1979, Strong and Davis 1977, 1978) might be translated into these terms.

The way language is organised in some circumstances is such that speakers are frequently availing themselves of devices to make public that they heard what another said as intentioned and in accord with good motives, and that they did not hear any bad motives, and that what might otherwise be hearable as ill-motivated was actually unintended by the other: face work. In face work utterances are enplaced by being heard as having been heard as intentioned and well-motivated utterances, or as unintended.

..the ascribed identity and moral status of the individual is treated as the reality and any discrepancies are simply glossed over.

Strong 1979 page 41.

Other kinds of speech system feature the use by some participants of devices to make it public that they heard what the other said as ill-intentioned (e.g., designed to mislead) and ill-motivated, and

that what might otherwise have been heard as well-motivated is actually ill-intentioned. Such character work:

does not concern the maintenance of a smooth surface appearance but involves the uncovering of a person's moral essence, a rather more tricky endeavour. That essence, or the everyday concept of character, refers to an assumed moral core, inherent within individuals and transcending any particular social occasion. Character on this account is what people 'really' are underneath it all. Whereas face-work attempts to preserve the ideal image that a person may present in any one encounter, character work seeks to go beyond this and explore the reality.

Strong 1979 pages 41 - 42

Strong gives us an instance of 'character work':

Dr S: What do you wash her nappies in?

Mother: Ivory Snow.

Dr S: Why do you use Ivory Snow?

Mother: Well it's supposed to make nappies softer than other washing powders.

Dr S: How do you know Ivory Snow makes nappies softer?

Mother: (shrugs awkwardly) Well, um,.. (she mumbles something about her mother and advertisements).

Dr S: You don't want to believe everything you see in the adverts. It's business, That's their business. Your business is your baby.

Strong 1979 page 43.

Though these are not Strong's words, we can see how in the sequence the doctor sets the mother up to answer a question and then disentitles her answer, displays her as an incompetent and throws doubt on her eligibility to be a mother. (see also Garfinkel 1956⁽⁴⁾ and Emerson 1969 pages 137 - 141).

However temporary a social role may be (e.g. next turn-taker) it nonetheless is likely to presuppose some kind of capacity for the taker, in the sense that the utterance which realises the role can be judged for evidence of the speaker's competence, motivation etc..

Similarly an inadequate utterance by an eligible speaker 'who should know better' casts doubt upon a person's competence to be granted that eligibility, and or upon the system which grants eligibilities. This is what we might call the hubris of eligibility.

6:7 Summary

In summary of entitlement, relevance, propriety, intention, and motivation and capacity, I will say that this set expresses the criteria which have to be heard as having been heard as satisfied if some local social structure is not to be subverted or brought to question, and if participants are not to be characterologically demeaned. Work done in putting together sequences of utterances also does the work of assembling social structures and producing identities. What ever you say, and however you say it, you write social structure and identity in the margin. Moreover it is particularly important to recall how in relation to establishing intention speech has a promissary quality so that persons are continually being drawn into commitments which constrain their future action.

The machinery outlined above was designed to express that any fairly recurrent kind of interaction is a constraining medium for all participants. The way I have expressed this is by claiming that utterances simply do have to be made out as either of good title or poor, as relevant or irrelevant, as proper or improper, as intended or not, as well or ill-motivated. Without invoking some kind of machinery like this I cannot see how speakers and hearers could ever put speech together.

The reader will have noted in this chapter references to micro-structuralists such as Goffman or Strong, to ethnomethodologists of the 'conversational analysis' variety, such as Sacks, Schegloff or

Atkinson and Drew, to pragmatic linguists such as Grice and Levinson, and discourse analysts like Stubbs or Coulthard: while at the same time the thesis claims to be an 'ethnographic' work. I happen to believe that there is a considerable level of agreement between these approaches, though it is one which is hidden by the use of different languages of exegesis, and sometimes by a measure of chauvinism.

However given that there appears to be something of a dispute between different sorts of analysts it seems necessary to place myself and this work in context here. An understanding of the differences between conversational analysis, pragmatic linguistics and discourse analysis requires a considerable grounding in the history of linguistics and linguistic philosophy. Levinson 1983 provides an excellent (and book-length) treatment of the differences and I will not try to emulate that here. I will concentrate instead on the alleged incompatibility between the interests of conversational analysts and those of ethnographers.

A number of ethnomethodologists, for example Atkinson and Drew 1979, Atkinson 1978 and Woolgar 1983, have suggested a radical incommensurability between the concerns of ethnographers and their own, going so far as to claim that an ethnographic approach is irremediably flawed by its reliance on the unexplicated use by analysts of ordinary members' competences. As the reader will guess from foregoing comments, to a point I agree. However in writing swingeing critiques it is never quite clear what corpses of work are being made to march under which waving banners.

Button (1977) notes that there is a tendency towards ethnography within ethnomethodology, as well as between it and more 'interactionist'

styles of work. He distinguishes as two tendencies, 'fine-grained sequential analysis' and work of an 'ethnographic character'. The former tendency he exemplifies by writers such as Sacks, Schegloff and Jefferson, while among the latter he places Zimmerman (1969), Weider (1974), and Sack's doctoral thesis on suicide.

As David Shone and Paul Atkinson note, ethnomethodologists often:

give () the appearance of being more concerned with proposing their epistemological purity, than with constructive debate. The self-consciously 'difficult' language of ethnomethodology contrasts with the readability of most interactionist ethnographies. Ethnographers do not always see the relevance of highly technical discussions of 'speech exchange systems' and so on for their own analytic and theoretical writing.

Shone and Atkinson 1983 pages 159 - 160

I will not join the battle here. There is much which I mistrust in 'interactionism' as the reader will see and I am wary of ethnographers who assume in advance what it is they are about to study and then build it with a selective treatment of data. However picking up on Button's distinction it seems to me that there are two quite distinctive sociological tasks to be performed.

The one can only be performed through giving dogged attention to the 'fine grained sequential structure' of discourse, and that is the task of laying bare the 'general principles' of speech organisation. The work of Schegloff (1979) and of the Birmingham Discourse Project (cited Levinson 1983) on telephone conversations are particularly good examples here. Firstly such work shows what can be done by 'sweating' large numbers of relatively short interaction sequences in the way of elucidating the regular and predictable features of talk. But secondly it does little by itself to offer anything of interest to someone interested in the role played by making a telephone call in some wider pattern of activities, say, kinship, a business enterprise, making

appointments for medical consultations and so on.

If we think of 'native language skills' as the tools that members use to put together action which is coherent for them, then the fine-grained analysis of large numbers of samples of talk collected on the basis of its formal discourse classification ('closings', 'repairs', etc.,) is what is necessary to specify the tool-kits that members use.

The other important task then, is the 'ethnographic' one, of displaying what it is that persons 'build' with such tool-kits in the way of constituting again and again such phenomena as 'lessons', 'medical consultations', 'examination board meetings', 'job selection interviews' and so on, or larger patterns of interaction such as 'health visitor student assessment'.

If one takes the line, as I do, that 'social structures' and 'personalities' are linguistically realised, then I see no other way for analysing a social formation but through apprehending the tools members use for constituting it. What this requires is a kind of ethnography which is informed by the findings of conversational analysis (and indeed of other kinds of exemplars here). Hammersley 1977, French and MacLure 1979, Payne and Hustler 1980, Dingwall 1980, Paul Atkinson 1981, Mehan 1981, 1983 Mehan et al., 1981, 1982, Shone and Atkinson 1983, each in their way press into service the findings of discourse or conversational analysis to display the production of specialised activity systems through the use of members' linguistic competences. Much the same kind of work is done by some of the very writers who have been the most stridently critical of 'ethnographic' approaches: Max Atkinson on coroners' courts (1978), Atkinson and Drew on commissions of enquiry (1979), Woolgar with Latour on laboratory life (1979), Mulkey (1984) on Nobel Prize giving ceremonies.

The machinery presented in this chapter is given as a way of bringing the findings of CA and other socio-linguistic work to bear on the kind of task which ethnographers set themselves; that of providing a rich and detailed description and appreciation of some sphere of social life bigger than a short transcript.

In the remainder of the thesis I will be using this machinery to unpack the social organisation of health visitor student assessment as organised language. I will not be using it in any mechanical way. To do so would be to produce a virtually unreadable text. However I will be referring back to it as appropriate. Now its lineaments are stored in this chapter the reader may refer back to it from time to time to check unexplicated interpretations of the data against it.

PART TWO

Finding the Social Structure

Introduction

The task of the chapters which constitute part two of the thesis is to elucidate the social structure of health visitor student assessment. The approach adopted relies on the assumption that a close study of the fine grain of routinised encounters displays the structure of the wider organisation in which they are embedded (Dingwall 1980 page 155). Since the organisation is to be treated as a lingual one, I will be paying particular attention to the social organisation of talk. The main vehicle is a detailed study of those examination board meetings where assessment instruments are moderated: that is, discussed as to their adequacy and agreed as instruments for use. The data base for this is my field notes on 11 such meetings in 5 colleges. It complicates matters somewhat that in some colleges the instruments for continuously assessed work for the coming examination cycle are moderated in September, (during the examination board meeting which is also the 'Final' meeting of the current cycle), while in others all assessment instruments are moderated at a special meeting somewhere between the end of November and the beginning of March. A diagram of a typical assessment cycle is to be found on the end pages of the thesis.

The form taken by the data base is a large number of short sequences of interaction taken down verbatim, together with over-view notes written up shortly after the meetings. Tape recorded data would have been better, but the ethnographer has to work with what he can obtain.

Moderation board meetings were chosen as the vehicle for the task of explicating the social structure of health visitor student assessment in the sequence of the thesis solely on the literary ground that they are the assessment event which occurs first in the cycle. Later in

this part of the thesis I 'check' the impression given from moderation board meetings with material selected from the examination board meetings which ratify the results of intermediate assessment. These are the kinds of meetings from which the cases of Dr White and Jenny Fuller cited in chapter four were taken.

Since it is part of the purpose of the thesis to document the ethnographic details of health visitor student assessment per se the ethnography of moderation board meetings is presented somewhat 'richly': that is to say, not every part of the description will be of first order relevance to the analytical purpose in hand. Moreover it seemed appropriate to start the detailed analysis with a chapter of rich ethnography to enable the reader to 'get the feel of' health visitor student assessment.

The chapters in this part consist of an introductory chapter (7), drawing some parallels between educational assessment and legal proceedings, and a chapter (8) of ethnographic reportage on moderation meetings. Chapters 9 and 10 draw some general conclusions about the social structure of health visitor student assessment and check these generalisations against other data from assessment contexts.

CHAPTER SEVEN: Due Procedures

7:1 An education-legal enterprise

In 1982 Dingwall invites us to view health visitor student assessment as an 'education-legal enterprise', or, as he prefers to put it as:

an activity which takes place within a context of regulation and social accountability

1982 page 20

Since it is difficult to think of many organisational activities which would not fall under Dingwall's phrasing I will prefer the former designation. Firstly it indicates that assessment is conducted under juridical auspices: assessments could be challenged in the High Courts: students dismissed by their employing authority for failing assessment might have grounds for an unfair dismissal case, and although neither such event has happened, both are often speculated about. There is also a host of other contracts impinging on assessment, some of which are litigable. Secondly the term 'education-legal enterprise' points to some strong parallels there are between the public ceremonies of assessment and legal proceeding in the courts.

7:2 Language and 'unambiguous' decisions

In their study Order in Court (1979), Atkinson and Drew draw attention early on to the special quality of legal language:

..had the workings of more 'ordinary' reasoning procedures (as manifested in for example, conversational practice) been found adequate for settling all manner of disputes, there would presumably have been no call for the design and development of the kinds of special procedures now embodied in the legal systems of different societies.

Page 7

In the very ways they do provide for departures from everyday methods of reasoning, legal practices are supposed to overcome or at least mitigate, problems such as those which might otherwise arise.

Page 9

With relatively little paraphrase the same remarks might be applied to educational assessment procedures. As Atkinson and Drew indicate (for the law), it is not that educational assessment represents the deployment of a special kind of language (though there are lexical specificities), what is important is that this is language use marked by a special attention to the repair of the indexicality of ordinary language in attempts to avoid complaints that opinions have been formed or decisions made in ad hoc, biased, haphazard or otherwise deficient ways. And indeed just as at the termination of legal proceedings there is at the end of health visitor student assessment a set of quite clear, concise, definite and final disposals which are not corrigible except by activating rather special sets of procedures. 'Appeals' designates the latter for both assessment and the law. Atkinson and Drew's work is a model of how the insights of conversational analysis might be applied to elucidating specialised social activities. The book however has two shortcomings which it is instructive to deal with briefly below. Firstly there is the way in which Atkinson and Drew set legal procedures up in an unwittingly functionalist style:

The existence of special legal procedures may be related to the noticeable inadequacies of ordinary everyday procedures as effective methods for arriving at decisions which are (for practical purposes) unambiguously definite and final..it is not at all clear how such decisions could be reached in recognisably appropriate ways following the elimination of special legal procedure:

Atkinson and Drew 1979 pages 16-17

As this quotation might indicate the early chapters of Atkinson and Drew come dangerously close to being an apologia for the law to the effect that if we abolished 'special legal procedures' we would create a dire state of societal anomie in which unambiguously definite and final decisions could not be made. It appears that the authors take it for granted, not only that social life requires unambiguous, definite and final decisions (which is a credible general claim), but that we require those which are currently made, to be made.

We can however rescue the quotation from this implication by treating 'noticeable inadequacies' relexively, and by suggesting that legal procedures are formatted as they are 'in case someone notices' that decisions have been made inadequately. This is to draw attention to the quite impressive way in which the courts of advanced industrial societies shape up into hierarchies where the decisions of a lower court may be made accountable to the scrutiny of a higher one. The security of legal disposals then rests (partly) on the disposing court's comportment in such a way that the procedures used to reach a decision can be made out to have complied with the conditions under which it was deemed bound to operate.

I have already begun to touch upon the second shortcoming of the book, and that is the way it, like so much ethnomethodological writing, has a powerless quality (Clegg 1975 pages 73 - 5). Thus, for example though oath-taking is mentioned, it is not mentioned that by taking an oath a person thereby puts himself in jeopardy of being found guilty of perjury. With scant attention to the 'power' of the court to bind and sanction participants, Atkinson and Drew leave us with the impression that language use in the courtroom works by some magic of indexical repair to convince participants of the verity of the decisions thereby reached. The definite and final quality of legal decisions is thus attributed to the orderly organisation of courtroom language, rather than to the power of the court to order compliance with its decisions. Curiously for writers on the law what Atkinson and Drew fail to notice is that the legitimacy of courtroom procedures is of a rational-legal type of which conditionality is the hall-mark (Weber (1968) page 217).

7:3 Contractuality, conditionality and rational-legal legitimation

Language use which leads to a judicial finding has a final and binding quality because it 'lays it on the line' as to what will be the consequences for designated persons if they do or do not comply. The 'consequences' in their turn are what are made from similar scenario work by yet other people, because the judicial finding activates the constituents of a huge web of contracts. Put another way the law 'works' because there are pre-existent to any particular case, (albeit loosely specified), claimable contractual obligations: between the individual and the state (as in the criminal law); between court officials and their employer; between policemen and police authorities etc., The law works when these contracts are activated. By 'activated' I mean two things here.

Firstly it has to be designated in some way that here, now, in this case, such contracts should be enlivened and enacted. Secondly I point to the way in which in legal proceedings a finding serves to 'network' contracts such that (for example) the now-deemed-broken contract between a citizen and the state, becomes implicative for enacting elements of the contract between a prison warder and the Home Office, a clerk of the court and his employer, the accused and his erst-while employer and so on. Much of this networking is highly routinised so that 'when the switch is thrown' the interaction of large numbers of persons is co-ordinated in a highly predictable way: and it can be so because those involved can reliably predict each others' actions.

In autocratic regimes predictable patterns of social interaction may be imposed by fiat, backed solely by force majeure, or by force more decently clothed in a legitimacy costume taken from the long rack of legitimations which serve to justify autocratic powers. In the Western democracies however, power is, to use Weber's term, more usually legitimated in a rational-legal manner.

A key feature of rational-legal legitimation is the notion that power is exercised conditionally. That is to say, power holders are deemed only to be able to exercise their power under certain conditions, and on condition that these conditions are adhered to. It is as if the following paraphrase holds:

We are empowered to constrain you, so long as you can find no grounds for saying that we exercised power unrulefully, arbitrarily, unconstitutionally, ultra vires etc., i.e. so long as you can make no case that the conditions on which power is exercised were breached.

The reference to making a case, implies that there is some agency to which a case might be made, and directs our attention to the hierarchy of courts which characterise the legal machinery in democratic societies.

An inspection of judicial procedures shows an almost obsessive attention paid to demonstrating that due procedures are being followed, or put another way, to the demonstration that nothing is happening which might serve as a ground for complaint that the conditionalities upon which legal proceedings are based have been departed from. This applies not only to the judicial, but to the legislative and the executive process also.

This mode of bringing off decisions - unlike the 'unconditional power' of the autocrat, allows for their successful challenge from time to

time, in its own terms, and thus the production of secure decisions has to be worked at in a way that undercuts any grounds for later complaint that conditions have not been complied with. The security of decisions rests not upon persons' belief in their veritable or moral quality per se, but in the way in which a decision 'calls in' a network of obligations deemed to exist independently of the case in issue.

A secure decision then is one which pulls a whole web of contractual arrangements together behind itself, in such a way as to evade any complaint that any conditionality in any one of them has been breached.

7:4 Court Procedures and Examination Procedures - Due Procedures

The important question here is what we can learn about health visitor student assessment from this discussion of the law.

The notion of due procedures spans both contexts. It can be made to refer to the fact that there are proper ways of doing things, such that things done that way are properly done. However the notion of due procedures itself assumes a regulatory apparatus. The system of legal appeals provides the archetypal image here. The decisions of minor courts are subject to overturn by the decisions of superior courts on the grounds that due procedures were not adhered to. In health visitor assessment, similarly, the decisions of examination boards are scrutinised by external examiners who report to the validating body annually. Students may appeal against decisions of the board to Governing bodies or Senates. Legally it is the case that there is an appeal from thence to the High Court - though no-one as yet has trodden that route. In each case it will be an important issue as to whether the board adhered by 'due procedures'.

The upshot of this is that we may and do find participants to assessment orienting their speech and writing to the possibility of this kind of complaint. In this sense then, we may read much of the action in assessment as an accomplishment of a following of due procedures. In addition, in terms of the machinery laid out in chapter six, that an utterance such as a mark or a disposal has been arrived at duly, in this sense, is an important aspect of its entitlement, while a successful claim that it was arrived at in a way that departed from due procedures undercuts its entitlement, and is implicative of individual and organisational incompetence or ill-motivation.

CHAPTER EIGHT: Establishing Due Procedures - Moderating Board Meetings

8:1 Introduction

Referring to assessment is first and foremost referring to the ways in which evidence about students is elicited. Here I want to deal with those kinds of evidence which are brought into being by the setting of students to tasks such as writing essays, sitting examinations or performing in front of television cameras. These are, as it were, the precise instruments for yielding knowledge about students. There is in addition the derivation of evidence about students from more 'naturalistic' or less contrived situations such as performances in seminars, in clinics, or rarely, in the homes of clients. Most such observations are relatively unscheduled and unstructured and result in reports, verbal and written, by tutors and field staff. I will be dealing with this aspect of assessment at a later point in the thesis and here I want to deal with the production of evaluative instruments in the form of essays, exam questions and other 'set' exercises. For simplicity below I will often refer to all as 'questions'.

The setting of questions involves a lot of busy work, privately and in groups preparing drafts of one sort or another. However I am going to look at the process one step on and describe how such draft questions are dealt with by an examiners' meeting. This is not because I think that the private, off-the-record work of drafting questions is unimportant or uninteresting in itself. It is however largely invisible, whereas examination boards are highly visible, and, in terms of the overall pattern of assessment, it is the questions which emanate from the board discussion which are used. Moreover one of the most important considerations for those who draft questions is that the questions will be discussed by the board. In a sense then board meetings will be 'there' in the private considerations of those who prepare drafts.

There is then a whole set of evaluative instruments which have to be discussed, amended and agreed upon by properly constituted examination boards, before it can be allowed that they may be used and that the evidence they produce is allowable evidence about the student. Put another way the good title of questions is being established, such that they are authorised for use in assessment, and such that the student responses may be judged for their adequacy against the question.

8:2 Assessable and non-assessable work

As evidence for the importance of 'moderation' I cite the kinds of troubles which arise through the use by staff of what look like assessment instruments, but which are not instruments which have passed through this process of moderation. These problems actually arise quite frequently and on a health visitor course we find distinction between 'course work' and 'assessable work', 'mocks' and 'real examination', 'trial runs' and 'the real thing'. One problem which arises here is in convincing students that such a distinction exists.

Field Note (Report by student): Julie said she had asked (HVT) whether the exam counted towards the final result. (HVT) Had said no it didn't. Julie asked that in the light of this it shouldn't be marked by tutors, but that tutors should just talk through the right answers with the group. (HVT) said that wouldn't do because then the tutors wouldn't get any idea about how everyone was doing as individuals. Julie said that that must be assessment then. The tutor said it was better to think of it as a sort of monitoring, and that the difference was that the results wouldn't normally be presented to an examination board. Julie asked whether it could ever happen that the results would count against someone. The tutor said that very rarely it might appear that someone was struggling so much that she would be advised to leave, or she might be given an extension on the course.

(written up 15 minutes after the telling)

Similarly problems arise when the results of such 'assessment which is not assessment' does find its way to examination boards. This happens when for instance a student fails a section of a paper and is 'borderlined' for viva voce (or 'mini-oral' as this kind of viva voce is usually called). Here tutors may arm themselves with the student's

relevant 'course work' to proffer as additional evidence about the student. Sometimes examination boards agree to take this into consideration, sometimes they do not on the grounds that this information was not produced using instruments which have survived a moderation.

8:3 Orienting to contracts and establishing constitutionality

The entitlement of a question rests on it being the question agreed at the moderating board, through the due procedures of the moderating board, which is made eligible in this way through being granted a franchise by the validating body, which in turn was franchised by Parliamentary legislation. At the same time the title of questions implicates a host of other contractual obligations between persons and their educational employers, staff and management, management and unions, and between students and their seconding health authorities, and between students and colleges. It is not that the procedures of examination boards have to adhere point by point to sets of rules and regulations governing these relationships. Rather, from time to time, persons will point to an apparent violation of contract, or a need to follow a regulation. Thus rather than present the process as one of adhering to rules, it would be better to write of persons making out their activities as not inconsistent with the spirit or the letter of a regulatory framework which might be deemed to put them in jeopardy.

Certainly the most hearable kinds of constraint in assessment are the following:

1. Persons invoke the validating body, its rules and the agreed submission document as a grounds for the appropriateness or inappropriateness of some policy.
2. Persons invoke ideas about the kinds of relationships which ought to pertain between staff and students, students and colleges. This is most notable when assessors spin scenarios about the possibility of a student appealing against an assessment on the grounds that the assessment was improperly done in some respect. Appeals are empirically very rare, but scenario work of this kind is quite common.

There are two other kinds of constraint which are largely unremarked in moderating meetings, or in other examination board meetings, which I have reason to believe are nonetheless important.

3. Persons do not frequently bring to visibility that most of those assembled in a board meeting are employees of a college and that the chairman of the board is their 'boss'.
4. Persons do not frequently remark upon the fact that most students on courses are secondees of health authorities which have invested considerable sums of money in their successful completion.

These unremarked features of assessment and the question of why they are infrequently remarked will be discussed later.

This said, when we view an examiners' meeting we are seeing an attempt to accomplish constitutionality by looking for, and hopefully avoiding, the possibility that someone might say that rules have been broken; that 'due procedures' have not been followed.

When we view a moderating meeting we are seeing part of the process through which results are secured. At the end of the first and second parts of the course, examiners' meetings will 'do a closing' on the results, but the examiners' meetings I am going to discuss below are those which scrutinise and validate the instruments of assessment as properly usable instruments, the results of whose use will later have a prima facie case for acceptance as valid indicators of student quality. What we are seeing in these 'moderating meetings' then, is the establishment of some due procedures for assessment, so that when results are produced their security will depend to a large extent on the demonstration that they were so duly produced.

8:4 The Constitution of the Board

An examination board is constituted as follows:

1. Chairperson: eligibles-head of department, sub-dean, dean of faculty, vice principal, principal. i.e. the chair is necessarily (CETHV 1982 Reg. 7:2, 1976 Reg. 7:3) taken by a representative of the college managerial hierarchy and substitutions are looked for within this field. It is a requirement that chairpersons should not have been involved in teaching or assessing students.
2. Externals, (most courses have two or more): eligibles - tutors from other colleges, academic staff from other colleges who teach on HV courses and are internal examiners there, nurse managers, medics who teach on health visitor courses as specialist lecturers.

Recently, experienced field health visitors have been added to this list. The majority of externals are tutors, but the ratio between tutors and non-tutors is now quite close to 60:40. In the past externals were chosen by the college from a list of approved examiners kept by the CETHV. Since 1974 colleges have chosen their own examiners subject to approval by the validating body.

3. Internal Examiners: this term covers all those staff in the college and all those 'outside lecturers' who teach substantial portions of the course. They are differentiated in putative expertise (sociologists, HVTs, doctors etc.,) and, in the moderating meeting particularly, in terms of who prepared which draft questions.

8:5 Chairpersons and Externals

In effect the composition of the examination board brings together elements of two hierarchies. On the one hand the chairperson of the examination board stands in a 'managerial' position with regard to most of the participants: he is their boss. On the other hand the whole assembly is gathered under the aegis of the college's contract with the validating body. In this regard externals stand as agents of the validating body vis a vis everybody else. Put very simply then 'the college' is 'on display', chairpersons particularly expect 'good behaviour' from their staff, because delicts in this respect 'show the college up'. This is precisely the language in which chairpersons as bosses complain to their staff - nearly always off - stage, afterwards, about unbecoming conduct.

Fieldnote:

(HOD/Chairperson) had (tutor) into his office yesterday to dress her down about her behaviour in the examination meeting. At the meeting she had come very close to intimating that one of the externals was incompetent. (HOD) told me that what had upset him was that her 'rudeness' and that this gave the college a bad image to the externals.

I asked him whether this was because the external was an 'outsider' like the doctor-examiners. He said yes but she was a 'special outsider', someone there to make judgements about the college.

The hierarchical nature of the examination board meeting is in one college physically embodied in the 'top-tabling' of chairperson, flanked on either side by an external, with his personal secretary sitting somewhat to the rear. Next in precedence is the most senior tutor, sitting down-table of one of the externals. Other examiners take their place anywhere. Similarly as I have noted above (section 5:3) the status of externals is generally picked out in forms of address. Although it is common for internals to address each other, and to be addressed by the chairman by first name, externals are almost exclusively addressed or named by title last name.

The 'boss' status of the chairperson is something which usually lies latent in examination board meetings. From time to time it is oriented to and formulated in a disciplinary way, and it does form the basis of humorous asides by chairpersons, but for much of the time we might say that all participants behave and treat each other as a collection of 'professionals' each reliably committed to doing what is correct: each with a special and unique expertise, but each with an equal general competence as examiners. It might be said that the examination board meeting combines a 'bureaucratic structure' with a 'professional' one, and that this gives rise to interactional problems.

8:6 Interactional Problems

The kinds of interactional problems which arise are familiar enough, both in the literature of 'Professionals in Bureaucracies' (Davies 1983) and in the common experience of any reader who works in an educational setting. They arise from the fact that 'management' may avail itself of its managerial authority, while employees may avail themselves of their discipline expertise as an authoritative grounding for a contrary view. The kinds of delicts which might lead to a retrospective dressing down include behaving with undue levity, or disruptively, being overly contentious in a way that impedes the reaching of agreements, in some way showing that a less than adequate commitment to the gravity of the task at hand or (as above) upsetting the externals. Rarely in examination board meetings do we see chairpersons formulate their managerial role, (a case in which this happened is dealt with in Appendix 2), but no-one is in any doubt that 'after the meeting' they may do just this, as in the example above.

A second kind of interactional problem which should be noted arises from the attribution to examiners both of special discipline-based expertise, and a general competence as examiners. There is then a persistent problem of trespass, such that someone may claim expertise to which another claims exclusionary rights. One index of this is the delicacy with which members often introduce remarks to avoid trespass:

Of course I'm not an expert in this field, so my remarks may be out of order.

I don't feel able to give an opinion, unless (tutor) can give us some inside knowledge about the esoterics of the thing. I mean about exactly what was intended by the question from a health visiting point of view.

Now I may be daft in what I've said, because I'm not a psychologist, perhaps (psychologist) can say if I've been daft.

(verbatim notes from moderating board meetings)

While after moderating and other examination board meetings persons may complain about the presumptive behaviour of someone 'treading on my field', in meetings we rarely hear these complaints articulated. People do not usually say 'get off my patch', even politely. Chairpersons and other third parties however do intervene to formulate who is the expert in what and by so doing underwrite one view rather than another as entitled:

(Topic a 'health visiting' question using the term deviations')

Sociologist: yes but what I am saying is, is that deviance and norms has a rather technical meaning which the students have learnt, or should have (laughs) and that to use it in this way could be confusing to them.

HVT: but we, that's what we so often say, 'detecting deviations from the norm'.

Sociologist: but we always try very hard to problemicise that kind of thinking.

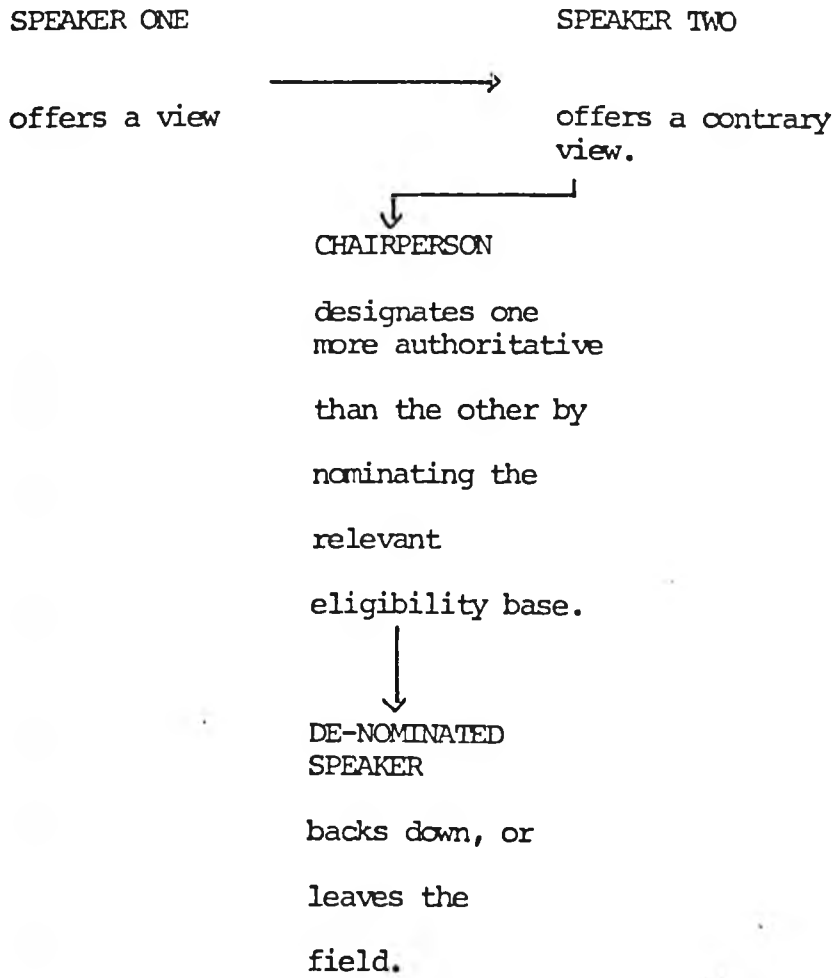
Chairperson: I think we should recall that this is a health visiting question we are discussing, isn't it.

Sociologist: O.K.

(Verbatim note)

As the example above hints, the chairperson plays an important and on-going role in switching authority from one speaker to another, by doing a mentioning of the discipline expertise of the speaker, and/or by naming the kind of knowledge which is being discussed. Such sequences appear with great regularity and might be represented in the algorithm in figure 9.

FIGURE 9



With this in view we can now backtrack to two points made earlier. Firstly one of the sins for which employees may be criticised later and off-stage is 'being awkward'. Being awkward is not backing down when a chairperson runs the meeting through such a sequence. Secondly the chairman has another trick up his sleeve. Faced with a speaker who will not thus back-off, he may submit the matter to the external.

Chairperson: well we can't go on and on discussing this, so what I am going to do is to put it to our externals, they are after all the external examiners, and abide by their decision.

As this might indicate externals are treated as omnicompetent unless they themselves indicate otherwise. This takes us back to the dressing down given to the tutor in her head of department's office, mentioned above.

8:7 Turns and the Structure of the Syllabus

The elements of hierarchy on the one hand and the social distribution of putative expertise on the other, form an important basis for the orderly production of examiners' meetings in so far as at critical points they differentiate actors in a way that provides for appropriate turn-taking. As already indicated, chairpersons do a great deal of work in nominating speakers to take turns, and in giving an evaluation of their contribution. By the same token when persons nominate themselves for turns, or refuse to give way, their performance can be evaluated as entitled or not entitled. In all cases the most fundamental resource for this work is the structure of the syllabus.

The guidelines for the curriculum of a health visitor course provided by the CETHV divides the first part of the course into 5 'Sections'.

SECTION ONE: Human Growth and Development. (often divided into 'psychology/psychological development' and 'physical development')

SECTION TWO: The Individual in the Group (vulgarly - 'sociology')

SECTION THREE: The Development of Social Policy ('social policy')

SECTION FOUR: Social Aspects of Health and Disease. ('Social Aspects')

SECTION FIVE: Health Visiting Principles and Practice. (includes Health Education, and usually 'Nutrition')

The scheduling and time-tabling of this package varies from college to college. Usually HVTs have sole responsibility for Section 5, and probably half responsibility for either Section 1 or 4. Medics are usually involved, if not totally responsible for Section 4, and may take a half share of Section 1, Psychologists take at least half of Section 1; Sociologists and Social Policy experts, Sections 2 and 3 respectively.

In preparing a submission, colleges have to address these guidelines as an agenda and do a showing that they will (say) 'cover Section 4 adequately'. Each of the sections has to feature in assessment to carry 'equal weight'. Students have to 'pass' each section. Hence whatever passes for the assessment of a section has to be able to survive a claim that it is not as rigorous, difficult, thorough etc., as another section.

The sections provide for the division of labour in teaching and assessing health visitor students. For example I may be at an examiners' meeting as 'internal examiner for Section 2', and as a person who had responsibility for teaching students that which is to be assessed under that rubric. None of this would be particularly interesting here, were it not for the fact that such 'roles' provide an important basis for the orderly production of examination board meetings. When sociologists talk of the 'social organisation of knowledge' they are usually speaking of the way in which knowledge

is produced by the social organisation of knowers. Here we see the obverse: the social organisation of the knowers produced by the way in which knowledge is organised.

In an examiners' meeting we see knowledge being done and done in a way that defers to a superior authority (the validating body through its guidelines). This deference includes the necessity to show that each section is served by appropriate experts. Attention to appropriate staffing is an important feature of course re-validation. On a smaller scale the syllabus frames the discussion of examination questions in the following ways.

a) the assessment package as a whole has demonstrably to be an extrapolation from a scheme of instruction which matches that ideal incorporated into the submission negotiated with the validating body. This is a matter which is oriented to as to the 'spirit' as well as 'to the letter'. Thus while a submission may say nothing about the necessity for questions on (say) the elderly somewhere in the assessment package, some assessor will likely note it as a deficiency if a question on 'the elderly' does not occur somewhere. As Dingwall indicates assessment instruments overall, should show some adequate coverage of the 'aspirational distribution of practice' (1982 page 15).

b) the assessment package as a whole has to be agreed to be composed of just those sorts of instruments for assessment indicated in the same submission. If the submission indicates an unseen examination, then an unseen examination will have to be set as indicated. Along these lines much of the detail will be a matter of 'custom and practice' here. If 'we usually have eight questions' then eight questions is probably what we will have this year.

c) each and every question or other instrument will have to be demonstrably properly locatable within this structure. Questions set for Section 4 for example will have to be Section 4-type questions. Interactionally this is an important matter for it provides for the ruling of relevance in discussion.

Chairman: (to psychologist) yea, yea, yea, but this is, I emphasis it a Section One (heavy emphasis) Part B question, not a psychology question as such, so really perhaps you are out of court there.

(verbatim note)

d) Persons present are locatable within the division of labour which is underpinned by this same syllabus structure. Thus the same kinds of relevance rules (voiced or unvoiced) which delimit the opportunities available for discussing a particular question, also designate an expert speaker. This matter is complicated somewhat by the fact that while (say) tutors can be treated as experts on Section 5 questions, one among them will have actually provided the draft under discussion and can be imputed with an additional expertise as someone who knew what she wanted to achieve by a particular wording, and (usually) as someone who has actually taught the students in this area.

Chairman: come on now, you're making something of a meal of this, I think we had better ask, get (tutor) to tell us exactly what she wanted to achieve with this question. Only she can tell us that after all.

(verbatim note)

or in the case of a missing Doctor examiner:

Chairman: well, we do find ourselves in some difficulty here. We don't like the wording of Dr (X)'s questions, some of them. But only he knows what he taught the students. So what I suggest is that I take Chairman's action and put our suggestions to Dr (X), and if he agrees or whatever he decides I send them to the Externals to ratify. If everyone agrees..

Thus we can see that in the moderating board meeting a large range of matters can be referred to 'the syllabus' as a

generalized formula to which all sorts of problems can be brought for solution..acquiring through this reference a distinctive meaning that they should not otherwise have.

Bittner 1965 pages 249 - 50 (quoted with the same intent by Dingwall 1982 page 4)

By extension to Bittner's notion of 'organizational rubrics', I note it is in terms of derelictions from this same generalized formula, whether in terms of unprincipled questions, or aberrant turn-taking, that assessment instruments might be seen as having been produced by other than 'due procedures'.

8:8 The temporal ordering of examination meetings and the sequential attribution of expertise.

The overall temporal order of the examination meeting is provided by its agenda.

XXXXXXXXX College
DEPARTMENT OF XXXXXXXXXXX XXXXXXXXX

Health Visiting Certificate Course 198X/XX

Moderators' Meeting to be held in the Board Room on Tuesday
27th November at 2 p.m.

AGENDA

1. Apologies
2. Welcome
3. Minutes of the Meeting of 13th September
4. Matters arising
5. To Moderate the question for Section 1, sub-sections A and B
and Section 4 Examiners (named)
6. To consider the dates for Intermediate Assessment
7. Any Other Business

(External Examiner)
(External Examiner)
(Internal Examiner)
()
()
(Head of Department)
Ecl., (draft question papers)

The agenda here starts with:

1. Apologies

That the agenda provides for the ordering of the meeting is shown right at the beginning. Apologies are quite commonly given verbally by incomers, and usually in a way that everyone who cares to can hear. We know the meeting has started, and the agenda is its temporal order, when those same apologies are announced. (On

accomplishing coordinated attention see Atkinson and Drew 1979 page 82ff). The chairperson announces who could have been there, but was not, and has apologised. He may also indicate who should have been there and has not apologised. This may be an orientation to possible troubles arising from a missing participant. It is also a source of that 'chairman's humour' which mentions his managerial status in a context where this is screened out by the 'rules of irrelevance' in play (Goffman 1961) e.g.

Chairman: (having noted an absent internal) I shall be after him, after the meeting. Like a flash. (laughter).

(verbatim note)

The second item on this agenda is

2. Welcome

The kind of welcome which is done is very much dependent upon the presence of 'new members'. For high status new comers (particularly externals) everyone is named. For low status newcomers, the newcomer is announced to everyone else. The way of announcement is significant. People have many characteristics by which they might be introduced even within the narrow confines of a college, but here most introductions firmly locate the introducee in terms of the task at hand.

Mr Gomm, on the left there, who is senior lecturer in sociology and is of course here as examiner for section two.

(verbatim note)

Occasionally a little elaboration is done: recent marriages, recoveries from illnesses, babies, publications and additional education qualifications exhaust my fieldnotes.

Item three reads 'Minutes of the Meeting of...'. This is where things begin to get interesting. It is a very mundane observation, but one of great significance that meetings of a wide variety of sorts are enveloped by minutes. Near the beginning of an agenda, we find the minutes of some previous meeting. The product of this current meeting will again be minutes. These minutes will be occasioned at the next meeting, and so on.

Several points on this. Firstly the minutes of the meeting are its significant documentary product. As with organisation records of most sorts the minutes will show not so much 'what happens', but that what ought to have happened did happen (Garfinkel 1967 pages 186 - 207). For example when there are real-time departures from agenda order, these are likely to be repaired for the minutes:

Chairman: I think it might, it might be convenient here, but it had better be minuted under any other business, is that...

(verbatim note)

The second point to note is how parsimonious minutes are as a record of meetings. In the particular meeting I am reporting there was an hour and forty minute discussion on examination questions. The minute reads:

5. The questions for Section 1 subsections A and B and Section 4 were moderated.

That's not quite it, because although not attached as an annex to the minutes, the final versions of these papers do so serve. The point here is that the documentation consists in totality of drafts, final papers and a minute note to the effect that the final papers were quite duly and properly produced. And that of course is quite enough for the constitutional purposes at hand, or at least it will be when the minutes have been 'agreed' and 'signed as a true record'.

Formalistically we might say that there is:

- i. what happened at the meeting.
- ii. a formulation of what happened at the meeting - minutes (which make only the most parsimonious reference to what 'really happened').
- iii. an opportunity proffered to demur from that formulation ('Can I sign these minutes as...?')

Someone who has received the minutes, but who has failed to register an objection at the appropriate time, may nonetheless be deemed bound by them. A closing has been done. Efforts to 'open the matter up again' are likely to be unsuccessful.

Fieldnote

(Chairman was very cross because (academic lecturer) had come to him to say that the minutes were inaccurate. This was a week after the meeting at which the minutes in question had been agenda-ed. He said he hadn't been able to get to the meeting. 'I told him in no uncertain terms that he had had the same opportunity as everyone else to read the minutes. He could have sent a note. He could have got someone else to raise it. At this stage there is nothing that can be done about it'.

We now see why it is an important matter that persons eligible and required to attend meetings may be listed on agendas, and why attendees and apologisers are listed at the head of minutes. These are the personages who are deemed bound to accept, not only the minutes as a 'true and accurate record', but such policies as the minutes describe as having been agreed.

We will see that much of the discussion of examination questions takes the same format in miniscule.

I will leap over 'Matters Arising' and straight to item 5, which is the moderation item.

As noted above, assessment is sectionalised and sections have numbers, sub-sections have letters, and questions are again numbered and

sometimes in turn sub-sectioned and numbered or lettered. It is not surprising that chairpersons avail themselves of this orderliness in order to rule relevance temporally. Put another way, not to proceed (in this case) starting with Section 1; Sub-section A., and not to finish with Section 4 (last question) requires some kind of special explanation.

Chairman: If no one has any objections we will start with Section 2, no B, of paper 1, because (L) says she has to teach elsewhere in half an hour's time.

(verbatim note)

No such special explanation seems required if papers are 'taken in the logical order'.

In fact, questions are not necessarily taken 'in the logical order' within sections or sub-sections. This is because examiners (here qua draft-questions providers) usually provide more questions than will actually be used (or complaints are made if they do not). The usual approach then is to look at a list of questions first for possible deletions. From now on, turn taking begins to take a characteristic pattern, which might be expressed in the following basic formula:

- A. CHAIR Formulates the task and nominates 'expert'
- B. EXPERT does some kind of formulation or commentary
- C. i,ii,iii etc - though chairman may step in to inject some order, anyone takes next turn, and next turn and next turn, until there is a no-taker situation.
- D. CHAIR formulates the results of the discussion; usually as a question wording.
- E. CHAIR offers turn to either expert, or external, or he does not.
- F. CHAIR offers open-turn with some formula such as 'no more comments then' or 'put' the question wording to the meeting.
- [G. CHAIR may offer turn to externals.]
- H. if there is a taker, sequence returns to C, otherwise next A.

To remind the reader 'expert' here is my rendering for the public attribution of expertise, usually by the chairman: i.e., entitlement given to the utterances of someone on the grounds of her situational eligibility. Thus turn B is habitually given by the chairman to a person who provided the draft questions. And indeed it would appear quite bizarre for the chairman to designate as topic drafts provided by one person, and then offer 'first turn' to another (unless that other were the external).

All is not as simple as at first may appear however, since as topics and sub-topics arise in the course of discussing any particular draft, so the chairperson may nominate for a turn some other person as having relevant expertise. Thus if an issue of relevance to the practice of health visiting arises in the course of discussing a 'sociology' question, he may offer a turn to a tutor or vice versa. However what was indicated above is more common: that is the chairman may nihilate the effect of a self-nominated turn by reference to the lesser eligibility of the speaker's expertise. Similarly, and also elaborating C above, the chairman may proffer a turn to externals.

Lastly in relation to personalised expertise I note the phenomenon of the 'emergent expert'. It often happens that someone raises some point which is claimably of wider importance than in the wording of a particular question. And it may be that the chair takes this raising as a resource for offering turns: sometimes semi-humorously:

Chairman: and how does that suit the preposition lobby?
Would it be 'to' or 'for' there?

and sometimes straight:

Chairman: does that meet, violate, your point about not using 'we' or should we change it?

Having commented upon individualised expertise, it is necessary now to comment upon expertise which is available to all participants and serves as a warrant for their participation in discussions of questions which are not necessarily 'on their subject'. One such basis we have already met, and that is the 'syllabus' and the regulations for assessment. Anyone can make a point on the basis that a particular question or compilation of questions does or does not adhere to what is intended by the submission. Other bases of generalised expertise concern grammaticality and punctuation, rubrics (such as those which name the paper, or instruct the candidate as to the choice available to her), but most interesting of all is the allowability of comments from anyone as to the efficiency of questions; i.e., as to their likely effectiveness in eliciting the kinds of responses from candidates which were intended in the question.

In this regard then we can hear the problem of trespass being managed rather as one imagines business consultants handle knowledgeable clients. i.e., the client's superior knowledge is deferred to by asking for clarification of esoteric points while the 'consultant' offers solutions in an 'if-then' format.

(topic a 'health visiting' question)

Sociologist: What we need to know I think is whether from a health visiting point of view it is the search for health needs in this case, or the remedy which is the more important. Because if it is the former the rider ought really to be the main part of the question and vice versa.

(verbatim note)

or

(topic; a psychology question)

HVT: now of course I'm not a psychologist, and what I need to know is just how many of these theories of learning you are thinking about. Because as it stands I can't see how the girls will know whether they are supposed to write about one of them or all of them or what. So how many are there, and shouldn't there be an indication of how many.

(verbatim note)

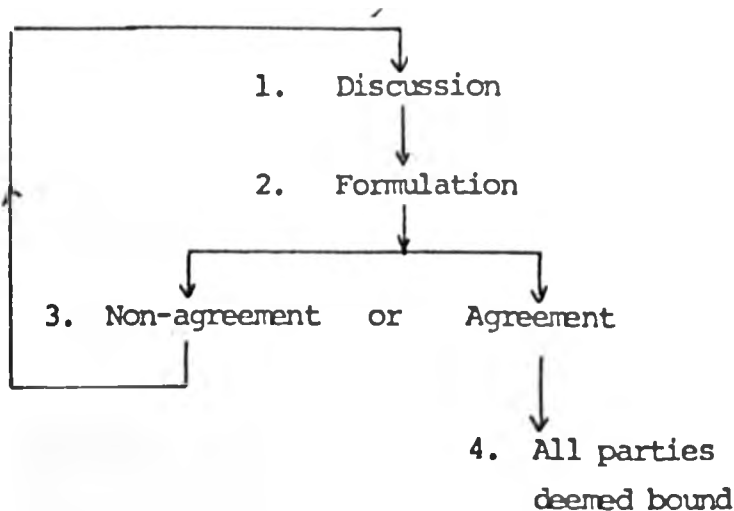
The 'efficiency' of questions, together with their grammaticality has occupied the major part of all the moderating meetings I have attended. This is scarcely surprising. If persons were proscribed from discussing anything but 'their field', there would be precious little discussion at all.

8:9 Meetings as agreement structures

Before turning to the particular types of discussions which can be heard in moderating meetings I want to complete my description of the overall machinery through which this discussion is occasioned.

This can be done by pointing out that the sub-sequences of a moderating board meeting replicate in miniature what was described for meetings as a whole. Both may be described in the following gross format:

Figure 10:



Thus an 'agreement' is, in terms of ethnomethodological work (Schegloff and Sacks 1973), 'a closing', and as I have already noted one which is difficult to open up again. The characteristic way in which agreements are done may be seen in the following four illustrations. The first is the familiar 'agreement of minutes', the second is the smaller scale agreement to the wording of a particular question, the third is the agreement to a paper of questions, the fourth terminates the agenda item concerned with moderating questions:

Chairman: is everybody

'Everybody': silence

Chairman: Good I'll sign them (pause while signs) as a correct record

.....

Chairman: so the question now reads (reads the re-drafted question). Is everybody happy with that?

'Everybody': silence

Chairman: (looks at each external in turn)

Chairman: Question 7 now is it?

.....

Chairman: So now we have eight questions, as we should have shouldn't we?

'Everybody': no utterance

Chairman: and we are all agreed on their wording?

'Everybody': nods and mutters

Chairman: and the rubric is O.K. right?

'Everybody': nods and mutters

Chairman: externals happy?

Externals: (nod)

Chairman: so thats it, one down two to go.

.....

Chairman: so now we have the two papers completely moderated, hopefully, and we have agreed the wording and everything, and there are the right number of questions and everything, right, good, everyone agreed, speak now or forever,

'Everybody': nods and mutters

Chairman: good. Next item on the agenda, its half-past four and I might still get a round of golf.

.....

(all verbatim notes)

This is the boring stuff that meetings are made of, but important nonetheless. I draw attention to two points. Firstly not only is a question 'agreed' in its own right, it is agreed as part of the agreement of a paper, and agreed again as part of the agreement that all the moderating has been satisfactory, and then agreed at the next meeting with the signing of the minutes. In terms of closings the wording of each question is prodigiously locked in, and what is more to the point this nesting system of agreements serves as the wherewithal for it to be said:

'You had every opportunity to complain about that question at the appropriate time' - i.e., no complaint now is warranted.

(Chairman to examiner at staff meeting subsequent to moderating meeting: verbatim note)

Put another way, this is how moderating meetings work, contractually to bind participants to their decisions. Thereafter persons are in jeopardy with regard to complaints that they have departed from some policy which 'has been agreed'.

The second point to note is how it is that it is generally a 'silence', or at least nothing more than some murmurs, nods and mutters, which seals the deal. i.e., the chairman proffers a turn to 'anybody', and 'no-takers' indicates agreement. This is highly characteristic of health visitor examination boards in all their guises. I have only three recorded cases of votes being taken. I take this to indicate a very high premium placed on consensus in these contexts, and this is something I will pick up for further comment later.

8:10 Good questions

The task at hand in a moderating meeting is that of deleting some questions from draft lists supplied, agreeing some as drafted, amending others, and perhaps - though rarely - formulating some new ones on the spot: then agreeing that these are the instruments which must be used. What this entails is, on the one hand the estimation of the efficiency of a question for yielding the information about a candidate it is designed to yield, and on the other, evaluating the contribution a question makes to assessment as a whole within the terms of the syllabus-to-be-assessed as an overall rubric. Thus one hears participants say such things as:

Examiner: yes it might be ever so relevant, but I just don't see that it will give an accurate assessment of that, of the candidates' knowledge in that field because of the way it is phrased at present.

(i.e. is the question an instrument which will yield accurate information about the candidates' state of knowledge?)

or

Examiner (HVT): I'd personally like to keep in the one on child batter, child abuse, because there really is nothing which is more relevant to the, at the present time.

(i.e. is the question an instrument which will tap the candidates' state of knowledge in a way that is relevant to health visitor education: a sanctionable inclusion in assessment directed towards licensing practitioners, and conducted under the aegis of the validating body?)

(verbatim notes)

The distinction between 'accuracy' and 'relevance (to practice)' is a tempting one. It would be misleading however to suggest that it is always and on every occasion easy to use these terms as analytic devices to classify the aims of speakers. In addition, all utterances seem directed towards the 'constitutionality' of questions; either as in accord with the constitutional principles of assessment: the rules of the game, or as on the way to becoming rules to bind in the future.

Something of what is going on can be shown by focussing on the way in which participants 'formulate the candidate' in the course of supporting or critiquing questions. The same discussion will serve well enough also to illustrate what I mean by talking about the 'efficiency' of a question.

Formulating the candidate

It happens in every kind of moderating meeting I have ever attended - health visiting, district nursing, school nursing, social work, GCE, TEC or City and Guilds - that from time to time the candidate is formulated as someone with certain capabilities, personality traits, educational experiences, interpretative tendencies etc.. Since candidates are, perforce, not present at moderating meetings, and they are the recipients for the questions, it is understandable that 'a candidate' will be materialised to stand as target. Thus utterances like the following which propose interpretative possibilities for 'the candidate' always seem to occur somewhere in moderating meetings.

GCE:

Board Member: I'm thinking that many of them will simply take this to be the same old question about secularisation which isn't what you intend it.

TEC:

Lecturer: Look whatever you say, looking at this mark scheme, they will only be getting half marks at most because most of them simply won't see there is another side to the question.

HV

Internal: I'm just worried that they might misinterpret this question as one which is really about psychological theory, because its awfully like some of the things which we've done with them, and which should be examined on our paper, but I don't think you could give them many marks on that sort of answer there.

From the latter quotation it is worth noting how candidate success may rest on candidates being able to read a question on Paper One Section A as a 'psychology question', and a question on Paper One Section B as a 'development' question, and serve up answers appropriate for marking by psychologists on the one hand, and health visitor tutors on the other.

It is also worth noting who the candidate is not. We should not be misled by hearing candidates referred to loosely as just 'candidates', 'pupils', 'students', 'them', 'the girls', 'the lads', 'the kids', or 'the punters'. The 'candidate' (or whatever) stands for all candidates or a proposable sub-group:

I'm thinking of the weaker candidates here who may misinterpret this one rather easily.

I like this question, because its the sort that will give the high flyers a chance to shine.

(both from health visitor moderation)

Examinations are of course conducted on the basis that it is the same paper for all of them while concurrently it will be a different paper for each of them. Confronting each candidate with the same paper, and then noting the differences in their performance is what examinations are all about. Papers then should be set such that the only differences candidate answers reflect are those which are germane to what is being assessed. The formulation of the 'universal candidate' is the formulation of the candidate for whom the paper is 'the same'.

Moderating meetings quickly bog down when participants are allowed to formulate many different sorts of candidates which might stand in a different sort of relationship to the same question. What can always be made an issue is whether and which differences between candidates can be counted as irrelevant to assessment, and hence whether elicitation

devices should be designed to show up, or eliminate these differences. As in the example above, should it be an assessable matter that students are or are not, able to distinguish the different requirements of similar-sounding questions on Part A and Part B of a single examination paper without additional prompts?

Similarly at an A level sociology moderating meeting:

- Board member: yea, but the candidate who has used Haralambos as his main source, that will yield a different answer.
- Examiner: I don't think we can set questions on that basis, taking into account which text books pupils have used.
- Board Member: but it is the major text book.
- Examiner: yea you've raised a its a difficult one, perhaps we could rephrase it.

And at a moderating meeting in a college where there were two definable groups of health visitor students following different programmes:

- HVT: but no, my girls they wouldn't be able to do that one because they have to go home at three and they will have missed that sequence by Dr (X).
- Chairman: there is quite a lot of choice on the paper
- HVT: but my girls will have less to choose from.

The more types of candidates are proposed the more troubles crowd in: questions which favour male candidates rather than female ones (GCE), questions which favour 'home' rather than 'overseas' candidates (GCE), questions which favour candidates who have had access to particular texts (GCE), questions which favour candidates from particular firms (TEC), questions which advantage candidates with particular prior experience (HV), questions which favour students with particular placement experiences (HV/DN). The problem is of knowing what kind of candidate deficiency to count as a culpable and countable deficiency and hence as sound evidence against a candidate.

It is no wonder that chairpersons of moderating boards, of whatever sort, take a firm line to prevent the elaboration of the candidacy.

Chairman: I'm sorry, this is getting absurd, someone will be saying soon that we can't have this question because some student missed some seminar on one day in September because she missed the bus. I really can't let this go on any further. We can only go so far in trying to be fair to all the candidates.

Candidates are of course real students, who have followed real courses of instruction. I note however that in health visitor education - unlike (say) TEC education - questions are not supposed to be answerable by the students' memorising notes and serving them up as answers. Health Visitor examiners make reference from time to time to 'higher order skills', or to the higher 'Bloomian' categories. Thus it can be a complainable matter that a question is 'merely descriptive', 'just calls for a list', or similarly requires only the less meritorious academic capacities.

Back of this issue is the fact that most of these examiners are also the teachers of students, and have some interest in making sure that the questions set are in fact answerable by students. Reference however to the real students and 'what they have done' is a delicate matter. It seems as if examiners try to avoid giving the impression that they are setting questions specifically designed to make it easy for students to pass. In this respect Doctor examiners provide us with useful data, for in this respect they are usually deviant examiners.

Though it is custom and practice for draft providers to provide more than the required number of questions, Doctor examiners frequently do not:

Doctor examiner: well, I did only have eight lectures, and so I set only eight questions, and you only need eight questions don't you.

In exam board meetings doctor examiners are usually immune from criticism, but outside their behaviour gives rise to the following sorts of comments:

HVT: It just reflects medical education. You give a lecture. The students take notes. You set an examination and the students just have to write down the notes they have taken.

Sociologist: when you look at the Doctor's questions, you see they are all mainly descriptive and listing sorts of questions. I mean they say give me back the notes I gave you on what ever it is. I mean examining is always a bit like that but Doctors make no pretence about it.

Similarly the following in a note from a Doctor examiner caused great hilarity.

...overall the answers to the first three were uninspired, badly informed, and poorly organised, mostly representing a regurgitation of my lectures.....However if there are any problems with the lower marks in this paper I would be prepared to go up a bit because I did mark rather severely.

I relate the disattention to schemes of instruction which most examiners do, (but doctors usually do not) to the notion that these questions are being set on the basis that they might be questions for any health visitor students anywhere, that 'national standards' are at issue, and that what these particular students have 'done' is to be disattended. However in one of the colleges 'what they've done' was articulated frequently and was used by all examiners to justify the selection of questions they offered as drafts.

HVT: I'm not happy (about a change of wording)...because that's what they will have done with me and will have been led to expect that...() will throw them.

Academic: (presses the superiority of her suggested re-wording)

Chairman: Well, I think if that is what they have been led to expect, then we will have to put up with that even if the wording could have been more felicitous.

(reconstructed from verbatim notes)

8:12 The contractual nature of questions

I introduced the formulation of the candidate as if board members were discussing candidate characteristics in terms of the logistics of eliciting accurate information about the candidates' knowledge, however it is equally sensible to view such discussions in terms of achieving some kind of equity between candidates. Put another way, things could be more usefully represented as the examination and its constituent questions being set up to constitute a kind of contract with the candidacy. In this case 'the candidate' seems to resemble 'the reasonable man', 'the consumer', 'the lessee' and other fictions of the law.

Following this line by example, it is extremely common for someone in a moderating meeting to object to a question on the grounds that it could, 'lead to a yes or no answer'; viz;

'The true object of the welfare state is to teach people to do without it. Do you agree or disagree with this statement?'

Now no one actually seems to believe that health visitor candidates will imagine that a 'yes' or a 'no' would serve as an adequate answer of this question from a list entitled 'Social Policy Essay Assignments'. Nor is it likely that markers would feel constrained to accept such an answer as adequate. Nonetheless 'yes-or-no answer' complaints are extremely common in health visitor moderation meetings, together with comments such as:

...if they did say 'yes' or 'no' you'd really have no comeback.

Examiners make some effort to formulate questions in such a way that at least some of the conditions for an adequate answer are clearly indicated, against the (remote) possibility that a candidate might subsequently complain that she had followed the instructions adequately.

given a 'yes' or a 'no' answer, but had nonetheless been given no marks. Put another way, it is as if in attempting the question the candidate enters a contractual relationship with the examiner. Her side of the bargain is to allow herself to be marked.

The question cited above was rephrased to make it much clearer as to what kind of answer she was contracting herself to be judged against, not because any candidate was likely to misunderstand that a discursive essay was required, but in case one claimed that the contract was void because she had been misled as to its terms. The question was re-phrased to stand as:

'It has been said that the true object of the welfare state is to teach people to do without it. Give a reasoned account of why you agree or disagree with this proposition.'

Further characteristics of 'the candidate' then, are a capacity to 'misunderstand' the terms of the question-as-contract, and a tendency to appeal against the consequential mark, on the grounds that they have been misled. Real candidates on the whole do not make such appeals. In real-life such appeals are likely to be made on their behalf, by the very examiners who set the questions up. Hence from a later examination meeting:

Internal: ...given that, it appeared that many of them had been misled somewhat by the wording, we had to mark that one rather leniently I'm afraid.

At the moderating meeting however the attention is upon avoiding the necessity for such later repair.

'The candidate' is also not just anyone. In health visiting, she is a health visitor student. That is to say she is someone deemed judgeable by the kinds of criteria relevant to judging health visitor students. This is well exemplified by the common complaint in a

moderating committee about the use of the term 'you':

(draft question)

'what advice would you give to a mother of a 3 year old Downs Syndrome baby, expecting a second child?'

Which was re-drafted to read:

'What advice should the health visitor give to a mother of a 3 year old Downs Syndrome child, expecting her second child?'

The substitution of 'the health visitor should' for 'would you' lays it clearly on the line that the answer which is required is an answer which will be judged against occupationally-bound normative standards for dealing with such cases, and not some 'merely' personal opinion.

Again with regard to substitutions of 'you' by 'health visitor' we see both a clarification of the question-as-contract (the small print writ large), and a compliance with the contract between the examination board and the validating body - the franchise is to conduct health visitor assessment.

8:13 Rubric work and good form

I have already noted that the questions can be regarded as contracts with students, and to this we need simply to add that much work is done on the over-riding rubrics for papers and sections which specify matters such as:

'Candidates should attempt four questions.'

However in addition to this kind of checking and amendment boards - especially chairpersons of boards - also attend to what one might call the 'good form' of the instruments. I will comment on two aspects of this.

Firstly there are 'house-style' rules in most colleges for examination papers which are deemed applicable to all internally set examinations irrespective of the course. These may be as minimal as that of the necessity for putting the name of the college and course on the heading, or as detailed as requiring a standard lay-out with a specified point size, fount, positioning of dates, rubrics etc.. I will not bother to exemplify this here but I will comment that attention to this sort of matter betokens that not only is there a contract between a college and a validating body, but that this examination board is also contractually bound to doing things in a certain way as a constituent of the college.

This is not necessarily a trivial matter. For example health visitor assessment instruments are sometimes far from 'standard'. In-tray exercises for example may consist of seven or eight pages of instructions cut into slips which are non-standard in size. In a particular college it was a house-rule that each and every 'examination paper' and page thereof should bear the name of the college, the department and the examination. It seemed somewhat bizarre to provide this for a sheet containing merely the message that:

Mrs Robinson phoned re: Johnathon's ears.

However the matter was considered important enough to submit the problem to the chairman of a sub-committee of the Academic Board for a ruling.

All this has to do with the 'public face' of the college, and the way in which the necessity to do such public-face-work is invoked as a way of limiting employees' options. The second matter for comment then is closely related to this and concerns such matters as grammaticality and language style, not in relation to the efficiency of instruments

but in relation to 'giving a good impression'.

Chairman: I think while it may be clearer to split the infinitive, we shouldn't do it. It just gives a bad impression.

(verbatim note)

Split infinitives, phrases ending in prepositions, the use of 'etc', the use of 'witch words' such as 'situation', 'hopefully', and 'maybe' provide examples of complainable matters where the burden of the complaint seems to be that some current wording linguistically demeans the status of the board and/or the college of which it is a part. I was advised by a chairman of examiners in a college which does not feature in this account that he always took a copy of Fowler's Uses and Abuses and Gower's Plain Words to moderating meetings.

I want to differentiate this kind of discussion on linguistic niceties from those which bring to the fore the linguistic specificities of different sub-groups on the board.

Fieldnote: Both the Doctors objected to the word 'medicalisation' in a sociology question. They complained that it was meaningless jargon. The chairperson said it was a 'very ugly word'. Was there some way of avoiding it? The sociologist said that it was a technical term with a quite precise meaning in sociology, that the students would understand it, and that it had been coined precisely because there was no easy alternative. The word was allowed to stand. The doctors commented solto voce that sociologists were trying to give the impression of being scientific by wrapping common-sense up in a lot of jargon.

and at the same meeting:

A doctor complained that the word 'stroke' appeared in a health visiting question. She said, health visitors were professional people and they should use the proper professional term 'cerebro vascular accident'. The health visitor tutors agreed reluctantly.

This kind of interchange occurs once or twice per moderation meeting, with some sub-group claiming the right to arbitrate correct terminology against another, (however it is far less common than interchanges about grammaticality, spelling or punctuation). Chairpersons, it seems, always uphold Doctors' terms as against HVTs, but otherwise, in line with what was noted above, chairpersons seem to follow the rule that syllabus section determines correct usage:

(Fieldnote)

The psychologist objected to the use of the term 'learning' in a health education question. The chairman said that if that was the way students were used to hearing the term 'learning' in a health education context then they would know what it meant.

8:14: A Principled Collection of Questions

Choosing questions from a list, and amending those that are chosen is not something which is done in a particularly systematic way, but through the rather ad hoc citation of exclusionary and inclusionary principles, as Dingwall notes (1982 11 - 14).

Deletion work starts with the draft-provider nominating his or her own preferences. Some questions leave the lists at this stage never to be seen again. Many deletions are accomplished on the basis of questions being inefficient. It is common practice to leave redrafting an inefficient question 'for the time being' and to look for other inclusions in its stead. Again questions left on one side in this way might never be returned to. Otherwise the main framework for doing inclusion and exclusion is the sectionalising of the syllabus and the transformations of this which appear in submission documents. It is this framework that provides both the requirement that there should be (say) Section Four questions, and that Section Four-type questions should be assessed under the rubric of Section Four and not elsewhere. It also points in the direction of what kind of expert

should be providing the draft questions. Again, as noted above, this may be seen in terms of both a contract with the validating body, properly to interpret the franchise, and a contract with the students - to set such questions as are answerable by such students.

The processes of setting assessment work then starts with a system of quotas and some specifications for their filling, and is a process of providing instruments to 'fit',

For example the question noted above (provided by an HVT) on the Downs Syndrome baby (see page 172) was eventually deleted from Section Four. Section Four is entitled The Social Aspects of Health and Disease and the question was thought to be 'too much a health visiting question' i.e. better fitting into Section Five.

External: it is sharp-ended on the advice the health visitor would give, which is what makes it a really Section Five question, rather than a Section Four. I would say it is a good idea to have a question on mental handicap there, but for Section Four it ought to be more broadly phrased to be about the incidence and occurrence of mental handicap, or about the range of services available. It's too narrowly focussed on the work of the health visitor.

(reconstructed from verbatim notes)

Beyond section-appropriateness, participants make many kinds of proposals which all add up to a claim that assessment as a whole should cover what is most important and most relevant in health visiting - this goes as much for the 'academic subjects' as it does for the health visiting ones. Participants do not necessarily agree with each other, and insofar as there are only a limited number of questions available and HVTs have a penchant for regarding virtually everything as important, they never succeed. Cross-cutting the syllabus sections there are many category systems (Sacks 1972, Paul Atkinson (nd)) which once cited can serve as a basis for a claim that something has been 'left out', or that something definitely

must 'go in'. There are too many of these to list here, but for example, the clientele of the health visitor maybe differentiated into age-groups or stages of life:

HVT: I think that one really must stay in, its the only thing in the whole examination which is about the middle-aged.

or

External: looking back over it, we've got the newborn, and the toddler, but we've not really got a question of anything in between except that one which was, we deleted, but that wasn't about normal development in the infant was it anyway.

(verbatim note)

Types of condition: mental handicap, physical handicap, senility, chronic illness, may serve as similar categorisation devices:

HVT: I think we should leave out one of those questions on handicap and put in something about normal development or about people who are in pretty good health, after all it is about health visiting and not about visiting the sick.

(verbatim note)

And there are types of clientele: people living alone, large families, immigrants, problem families. And there are types of health visiting skill counselling, referring, liaising, community work, welfare rights: and types of skills applied to types of cases: nutritional counselling, counselling the bereaved, knowing the services available to single parent families, knowing the law on child-minding. There are also 'topical issues' which come and go from year to year: baby battering, granny battering, hypothermia, incest, sickle-cell anaemia, teenage malnutrition. And this is to say nothing about the categorical systems associated with psychology, medicine, sociology and social policy which are also invocable.

8:15 Getting Through the Meeting

If participants were to bend themselves seriously to the task of creating an assessment package referring to all the matters which can be given a claim to inclusion, moderating board meetings would never finish. In fact they do and with relatively little trouble.

That moderating boards do complete their tasks relies on two major features. Firstly they have only limited raw material to work with. Draft question setters may provide more questions than the minimum required, but they still provide only a finite set. Rarely are new questions drafted in the meeting. What is provided for the meeting has to do and does. Moreover since some questions are deleted for good and all, early on, the moderating meeting works with less and less as time goes by.

Secondly we have to look at the interactional structure of moderating board meetings as a machinery for getting through its business. We have already seen what that machinery looks like (sections 8:8 and 8:9).

Let us take it to be the problem that for every proposal made any number of counter-proposals can be made, and that since the meeting gathers together persons from different specialities it is unlikely that persuasive reasoning will serve to produce consensus on each and every occasion. Then it is the problem of selecting between counter-proposals. The key to the solution lies in the chairperson's work, and the deference of others to that work. We might say that it is a machinery of occasioning authority in interaction. Briefly chairpersons

a) nominate speakers, and handle troublesome self-nominations by entitling them or not:

Chairperson: I think we have to remember this is a sociology question, about which sociologists know best.

or

Chairperson: well in the last resort we have to recognise that () teaches the students, and provided the question, and she knows what she means by it, and since she will do the marking, well.

b) when this fails to achieve a back-down, chairpersons submit the matter to the external.

Chairman: O.K. there seems to be some dissension about whether this is a good question or not. I think we had better let the externals have the last word.

or they authorise (underline the superior entitlement of) a statement by an external.

Chairman: I think in this case we had better be guided by our externals. (Turning to external) Now perhaps you could give us your wording again.

c) should the latter ploy fail to produce a back-down, then there is latent, the chairperson's status as a boss.

In this regard and as a kind of check on the importance of 'bosses' power' we can look at the Doctor examiners again. Though having contracts as part-time lecturers with the college, they can scarcely be regarded as 'employees' in the same way as other internal examiners. Doctors' questions are usually accepted without query except in terms of their efficiency and grammaticality and from the view point of other internals:

Psychologist: they get away with murder do the Doctors.

It perhaps should be noted however that reciprocally Doctor examiners rarely participate in the discussion of 'other people's' questions, and often don't turn up to meetings.

d) the chairman provides for a closing on the discussion in the characteristic 'offer' formula:

Chairman: everyone agreed then.

To fill the slot provided with an objection may well be seen as 'being awkward', and may well lead to post-meeting complaints. Moreover each time a closing is done it rules out the re-opening of discussion: it locks away what has been decided fairly securely, in the sense that better and better grounds are required for a re-opening the more closing the agreement has been subjected to.

8:16 Summary:

At the end of the moderating meeting there is a set of moderated instruments, which have been agreed upon as the set which will be used to assess students. As Dingwall says:

This is not just any old bunch of questions: it is a principled selection which has been scrutinised both for its compliance with the organization's charter and for its ability to yield evidence of the students' worthiness to be licensed.

Dingwall 1982 page 16

Or as we might say: the utilisation of these 'questions' will now not merely be a warrantable matter, but a required one, on the grounds that these questions have been duly produced through the due procedures of the organisation, which due procedures in turn comply with (or at least do not contradict) the contract between the college and the validating body, and such contracts as may be deemed to exist between college staff and their employing organisation, and college students and the college in which they are enrolled.

The moderating meeting is a rather unusual kind of speech event insofar as for long periods of time the adequacy of particular utterances - 'questions' - are made a topic. Questions are discussed in terms of all the criteria listed in chapter six. When we look at the process we see that these discussions pre-suppose, and hence reconstitute a complex moral order. For example syntax, spelling, and aesthetic lingual qualities are discussed and in making these discussable, assessors refer themselves as eligibles to membership of the educated classes who know about such things, and of a college which might be 'let down' by faults in this regard. Or the utilisation of a specialised lexicon refers an assessor, via a question, to an occupational sub-group, and an occupational sub-group to a rightful place in educating and assessing health visitor students. Similarly invocations of the submission, syllabus or curriculum as a basis for entitling a question relate those assembled to the validating body, while attention to the efficiency of questions indexes moral and juridical obligations to students.

In all these senses and more than, assessors make themselves out as adhering to the kinds of contractual obligations that persons such as they ought to adhere to. More important than this however the moderating board meeting is a contractual ceremony. As Garfinkel says:

What a contract specifies is not simply given in the document that attests to the contract's existence. Nor are the terms, designations, and expressions contained in the document invoked in any 'automatic way' to regulate the relationship.

Garfinkel 1967 page 120

An implication of this is that what the contract means now, on this occasion, and how it should bind members' conduct is something which has to be enacted. In the agreement routines of the moderation board meeting we see contractual obligations invoked and commitments made to follow them through.

Insofar as the validating body has no powers to discipline assessors what is happening is that obligations to the validating body are being levered into the employment contracts of staff. Thus after the meeting, after the agreements, it will be a sanctionable matter if staff qua staff do not use the questions which were moderated, and use some others, or if they allow students sight of unseen questions, or do what ever else might have been proscribed by this meeting. The sanctions to enforce contractuality on assessors individually are the kind of sanction which accompany a contract of employment whose daily enforcement is in the hands of educational management. Boss power thus provides the important sanctions which lie behind assessors' orientations to 'the needs of the public' or the 'requirements of the CETHV'. In addition what is laid down through the same machinery is what counts as compliance with obligations to students, and what obligations students will pick up when they answer a question as formulated.

CHAPTER NINE: Accomplishing Profession and Boss Power

9:1 Introduction

In the next two chapters I want to draw on the last two to make some generalisations about the social organisation of health visitor student assessment which will serve for the rest of the thesis. The first task is to give an organisational identity to health visitor tutors. Since the kind of organisation for which I am providing a description is a lingual one, then, their status will have to be defined in terms of speaking rights.

9:2 Professing rights; accomplishing profession re-visited

In 1974 (pages 230 - 245), 1976_a(passim) and 1977_a(pages 118 - 122), Dingwall provides a critique of the then common ways of dealing with the category 'profession' and a remedy in terms of treating profession as an 'accomplishment', he says:

Past approaches pretend to some basic, simple super-order of super-concepts which are prior to members' experience. But that experience 'is in order as it is', however vague, incoherent, or whatever it may be. Where there is sense there must be perfect order - so there must be perfect order even in the vaguest sentence (Wittgenstein 1972:45). How can we bring 'profession' back from its metaphysical to its everyday use?

Dingwall 1977_a page 121

In this earlier work Dingwall made a genuine attempt to capture the meaning of profession 'for the actors', and certainly throws a lot of light upon how health visitor educators claim professionalism. Where that early attempt was flawed was in being a 'topic-to-mind' mapping. That is to say when HVTs made a topic of profession, Dingwall hi-jacked their words and built them into a model of the cognitive organisation (social theory) that his approach deemed lay behind utterances. What he missed was the work profession-claiming was doing on the spot. Although it is not part of this thesis to report on this here I will say briefly that in classroom settings HVTs make a topic of professionalism

for various purposes. Among these is the quite common practice which all teachers (of what ever type) use to control the classroom situation by legislating their own superior knowledge. HVTs invoke 'professional knowledge' in exactly the same way as geographers invoke geographical knowledge, or sociology teachers, sociological knowledge: as a basis for ruling relevance and propriety, putting down challenges to their superior eligibility and so on (see example in section 5:2). This kind of pedagogic activity is now well documented by writers such as French and MacLure (1979) Hammersley (1977), Payne and Hustler 1980, Shone and Atkinson (1983) and others.

There is no good reason to suppose one way or the other what the relation is between these kinds of tellings, what actors 'really think' and tellings elsewhere. All tellings are to some purpose. For example in interviews with sociologists HVTs are wont to do tellings of profession which display their own epistemological rationality:

(taped interview data)

HVT 930: Profession, hh, h, well yes, as you know I've been getting into Wittgenstein, so the meaning of a word is the rules for its use, yeah, and I guess what that means is that what profession means is what we make it mean and not much more than that. I personally don't use the term if I can help it..hm but I suppose it is there, entailed when we say 'health visitor' or talk about the role and function of the health visitor.

It is fairly common among teachers that there is 'the truth' and there is 'what you tell the students' and that the relationship between the two is problematic. Indeed Dingwall's own earlier work notes how towards the beginning of a course HVTs' show some respect to the students' previous experience as nurses, and by the end of the course hope to have detached students from their previous nursing consciousness (Dingwall 1977, page 156 - 158).

To quote a source which Dingwall uses himself it is highly likely that pedagogic tellings of profession will have the qualities noted by Moerman for native answers to the naive questions of anthropologists:

It is clear when an ethnographer asks natives questions which they would not ask each other, he is calling attention to issues which are normally inexplicit, and sometimes non-existent. In so far as the significance of an action depends upon the situation in which it occurs, then to the extent that answering an ethnographer's question is an unusual situation for natives, one cannot reason from a native's answer to his normal categories and ascriptions.

Moerman in Turner 1974 page 66

And equally it is likely that those who are habitually asked 'naive questions' by students, develop for that purpose a repertoire of answers which may have little to do with the 'normal categories' they use in other circumstances.

The later work of Dingwall (1982, Murray, Dingwall and Eckelaar 1983) appears to be a project designed to construct just that kind of super-order of super-concepts that Dingwall objects to earlier. Or at least this is what is implied by the dissatisfaction with the kind of order which is found in the 'vaguest' sentence and the working to repair the vague sentences of fieldworkers by reference to the more explicit ones of tutors (see above section 3:4).

What I want to propose here is a way of dealing with 'accomplishing profession' which is closer to Dingwall's original project, which is sensitive to the immediate situations in which speech occurs, and which follows much more logically as a remedy for the problems posed by Moerman. For this purpose however, 'profession' will have to be dissolved as a reference to a type-actor with reliable tendencies, and re-rendered as something much more like 'claiming or credited with expertise'. This makes HVTs seeable as more like, than unlike, their academic colleagues.

A starting point here is Sharrock's paper on Owning Knowledge which immediately precedes the reprint of Moerman in Turner's compilation (Turner 1974). Sharrock raises the question:

how do we come in the very first place, to conceive of a corpus of knowledge as a collectivity's corpus? To suppose that a connection can be made between a collectivity's corpus and its members' activities is to presuppose that there is already such a relationship between the corpus of knowledge and the social structure as will permit the ascription of the corpus to one or other collectivity.

Sharrock 1974 page 45

Sharrock goes on to argue cogently that the ascription of corpuses of knowledge to collectivities (and the same would apply to individuals) is an explanatory operation within a set of solipsistic procedures. My paraphrase for this would be: Why do they do it? Because they have this corpus of knowledge. How do you know? Because they do it.

The thrust of Sharrock's paper is that there is little to be gained from attempting sociological explanations by attributing corpuses of knowledge to collectivities of actors. And that there is much to be learned by seeking to discover how it is, in a setting and occasioned way, that persons attribute corpuses of knowledge to themselves and to each other. He suggests that instead of the analyst focussing on the question of how what actors provide in the way of data can be read to discover what they 'know', that we should focus on how in situated action persons claim or are imputed with knowledge. Own-account imputation work by sociologists merely obscures the imputation of knowledge as an everyday practice.

Sharrock offers us the analogy of 'ownership' to stand in for putative relationships between collectivities and corpuses of knowledge. He says that the naming of a corpus of knowledge as the corpus of a collectivity (e.g. sociology as the corpus of sociologists) is a members' explanatory

strategy such that:

The treatment of corpus names as recognizing a relationship of ownership between collectivity and corpus provides us, then, with a method of interpreting the activities of persons in society, both those who are collectivity members and those who are not. It provides us with a method of assessing the bona fides of actions and thus of managing the distinction between appearances and realities that is fundamental both to the conduct of everyday life and the accomplishment of sociological work. The examination of activities to see if they are premised on a corpus of knowledge owned by a collectivity in which the actor does not have membership, equips us to find that his activities are imitations, impersonations, representations and the like and that he is not acting in his own behalf but trying to appear like others or express their ideas and interests.

Sharrock 1974 page 52

It is critical for understanding this quotation that the 'we' and 'us' who are attributed with these methodic devices, are naive lay members whose interpretive procedures should be a topic for the sociologist, rather than a model to follow.

Sharrock's paper is short and programmatic, but it offers promise for dealing with issues of interest here. For example is not a 'profession' that which is professed, and is not that professing the exercise of a legitimated right in some corpus of knowledge deemed owned by the collectivity? Indeed in this regard the idea of owning knowledge is scarcely analogic.

Sharrock's paper focusses on the kinds of ownership which derive from membership of a collectivity, and the quotation above raises two issues about eligibility. On the one hand there is for members the question of whether the collectivity can rightly own that corpus, and on the other hand there is the question of whether that individual is rightly a member of that collectivity. Both of these are issues which are to be found in relation to professionalism and subject expertise: the first particularly in relation to boundary-work between groups each claiming a corpus bearing on the same kind of issues; between sociologists and

psychologists, between health visitors and doctors. The second goes to the heart of the assessment process, for assessment is all about establishing a candidate's eligibility for membership and hence eligibility to professing rights.

For illustrative purposes I want to focus on something related to the first issue here. Given that an assemblage of persons may belong to a number of 'corpus owning' collectivities, each of which collectivity claims the right to 'profess' on much the same sorts of issues, how are things to be managed so that their relative claims are arbitrated. Or put more simply how in particular settings are the professing rights of participants allocated?

We have already seen this in the previous chapter.

- 'Sociologist: yes but what I am saying is, is that deviance and norms has a rather technical meaning which the students have learnt, or should have learnt (laughs) and that to use it in this way could be confusing to them.
- 'HVT: but we, that's what we do so often say, 'detecting deviations from the norm'.
- 'Sociologist: we always try very hard to problemicise that kind of thinking.
- 'Chairperson: I think we should recall that this is a health visiting question we are discussing isn't it.
- 'Sociologist: O.K.

The data comes from a moderating board meeting. The meeting gathers together persons with several different kinds of subject expertise (sociology, health visiting etc.). Each of these persons might in a general sort of way be said to be members of collectivities which own knowledge and each might be said to have presumptive rights to profess when it comes to discussing examination questions.

The role of the chairperson is crucial. What the chairperson does is to arbitrate professing rights between speakers. He does this by naming the topic as a 'health visiting question' thus disqualifying the entitlement of the sociologist's comments. In such meetings it is not only chairpersons who do such work. Other participants quite routinely claim and disclaim the right to profess and proffer each other professing rights but the chairpersons in all colleges observed by myself were the important operators here.

This then is what 'accomplishing profession' looks like in one situated and occasioned way. What it look like is some kind of joint project wherein participants rule-in and rule-out expertise according to interactional twists and turns.

Against the background of Dingwall's writing it is important to emphasise that health visitor tutors are no more and no less subject to production as the experts-for-the-moment than is any other subject expert. And as is the case for any other subject expert, making strident profession-claims will not serve to earn the utterances of HVTs any greater degree of entitlement if chairpersons will not permit it.

(in moderating board meeting)

Chairman: can I ask you is this a sociological point you are making?

Sociologist: well I am a sociologist (laughs)

Chairman: and this is a psychology question.

Sociologist: point taken.

(verbatim note)

A sequence quoted earlier in the thesis is by no means uncharacteristic:

(Final examination board meeting)

Snr Tutor: I think in this case we must be allowed to have the final say in safety to practise because/

Chairman: to repeat we will of course take your recommendations seriously - if you can make up your minds among yourselves, but it is the decision of the whole board.

Snr Tutor: I suppose we might as well go home, if we are getting in the way.

Chairman: now don't take it like that, but we don't have all day, and other people have perfectly valid points to make.

(reconstructed from verbatim notes)

In this case the tutors, as is not uncommon, were unable to agree among themselves and the meeting had relapsed into a conversation between tutors. The chairman had said:

Chairman: there are people here beside the tutor group.

Similarly drawing attention to decisions being decisions of the whole board is a characteristic way that chairpersons have of undercutting title claims made on the basis of superior expertise when these appear to be impeding a speedy transmission of business:

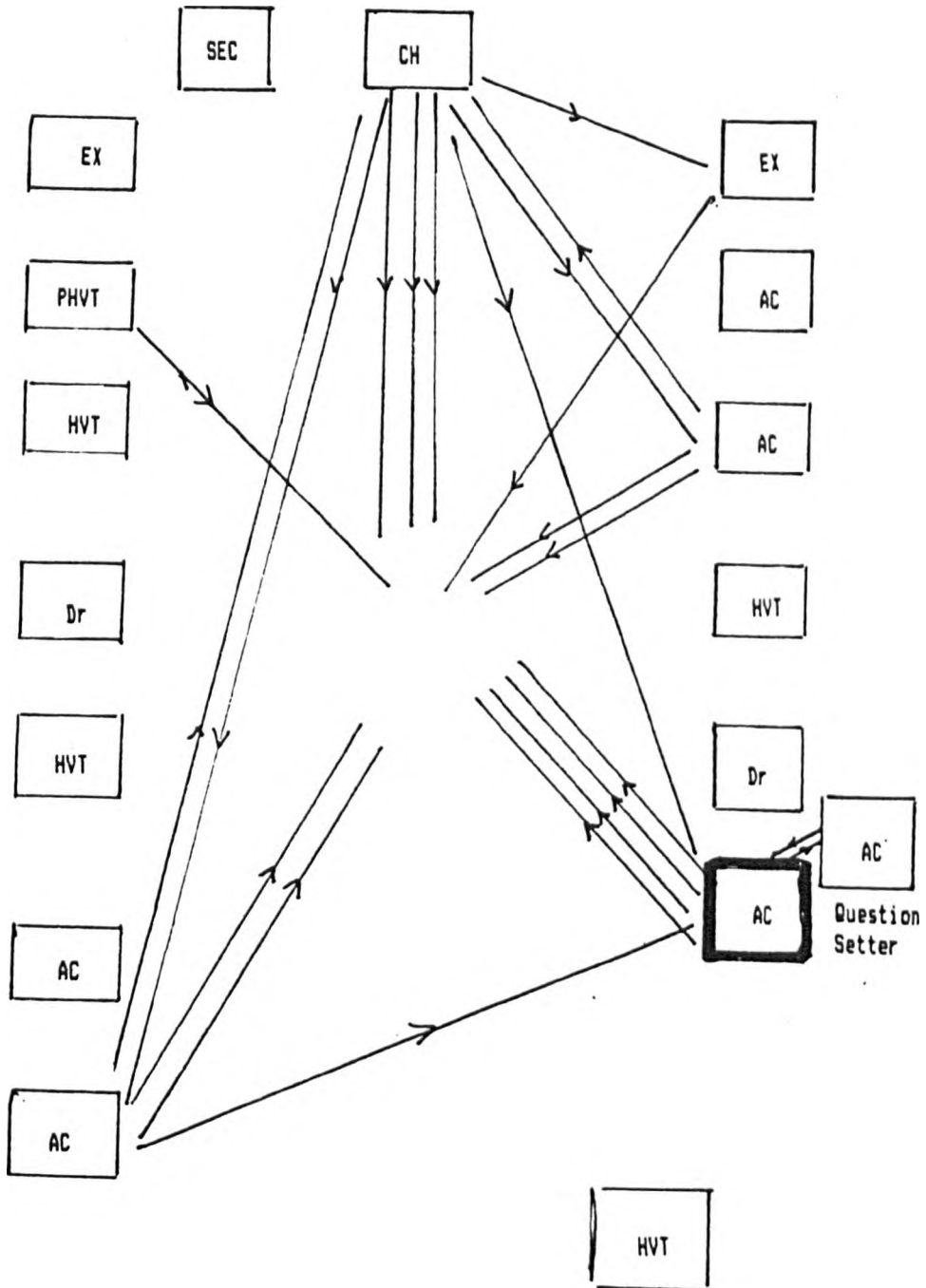
(in moderating meeting after lengthy discussion of a psychology question)

Chairman: look it does seem to me that if all the members of the board, except the psychologists are having difficulty with this question, it might be a good idea to find another one instead.

(verbatim note)

The chairman's most obvious resource for this work of entitling utterances is the syllabus which in its sectionalisation provides the lineaments of the division of labour on a course, and a rough and ready basis for speaking rights. In the moderating board meeting, because the temporal sequence of the meeting is spun around moving from syllabus section to syllabus section, the syllabus also provides an obvious basis for turn-taking:

FIGURE 11
Verbal interchanges during the moderation board meeting: Sociology
question under discussion

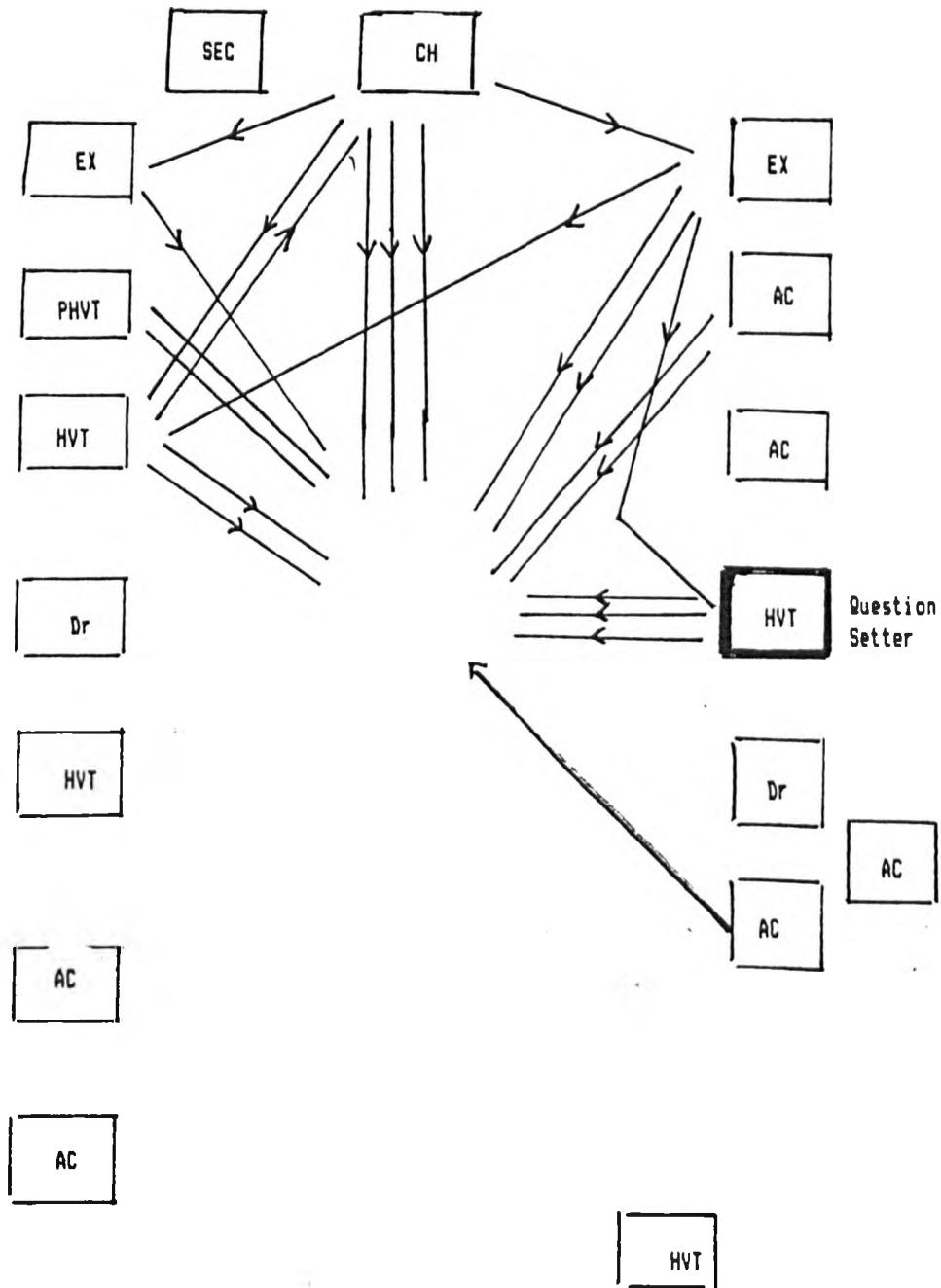


AC-academic, CH-chairman, EX-external examiner, Dr-doctor examiner, HVT-Health visitor tutor, PHVT-principal health visitor tutor, SEC-secretary to chairman/head of department.

(Unnominated utterances drawn to centre; nominated or obviously person directed utterances drawn between speaker and nominee)

FIGURE 12

Verbal interchanges during the moderation board meeting: Health
Visiting question under discussion



AC-academic, CH-chairman, EX-external examiner, Dr-doctor
examiner, HVT-Health visitor tutor, PHVT-principal health visitor
tutor, SEC-secretary to chairman/head of department.

(Unnominated utterances drawn to centre: nominated or obviously person
directed utterances drawn between speaker and nominee)

Chairman: (to psychologist) now come on, this is a sociology question, so you are really speaking out of turn.

(verbatim note)

If we look at health visitor student assessment as organised language then the question of 'when' health visitor tutors are 'the experts' is answered by saying 'when their turn comes up'.

This is seen, albeit crudely, in figures 11, 12 one of which shows the number and direction of interchanges while discussing a 'sociology' question, and the other while discussing a 'health visiting question'.

There is nothing here to suggest that HVTs 'dominate' the proceedings.

9:4 Boss power

As I have noted the chairpersons of health visitor examination boards are in a managerial relationship to most of the other participants: they are Heads of Departments, Deans of Faculty, Principals and Vice Principals:

'The chairman of the Board must be a senior member of the staff of the institution who is not involved in either teaching or examining students on the course'

CEIHV Reg. 7:3

Some chairpersons of examination boards are extremely experienced and knowledgeable about health visitor education. Apart from tutors they are the most usual college representatives at Standing Conference meetings, and the validating body holds a bi-annual briefing for chairpersons. It is not uncommon for the chairperson to be more experienced in the examination procedures than the bulk of a tutor group. For example I have been involved with health visitor examining longer than any of the five tutors towards whom I am chairman of examiners, and in one of the other colleges observed the same was true.

Whosoever is chairperson of a meeting tends to be deferred to and it is likely that whoever was chairperson of a health visitor examination board would be able to entitle and disentitle utterances with a fair degree of success. However in the case of health visitor education the chairperson is also an education manager and this is a matter of importance in understanding assessment.

The managerial status of the chairperson is generally unvoiced during the formal procedures of examining, (though as noted earlier it may be made the basis for humour). It may be useful to express this in terms of a heuristic of idealisations (Strong 1979 chapter seven) that are sustained in board meetings, and say that it is a working fiction that every member of the board is a well-motivated professional person, who can be relied upon to do what is right without having to be ordered to do so. And that therefore what could be heard as 'bosses ordering staff about' would subvert this fiction.

It is generally outside and after board meetings that chairpersons avail themselves of their managerial position to tell off, or dress-down staff who they deem have 'let the college down' in some way. While this seems most usually to be associated with delicts committed during board meetings, it also happens in a more general way. Thus I have data for a head of department doing a telling of the professionalism of health visiting as a way of disciplining tutors:

(fieldnote)

He said that health visiting was a professional occupation, and that meant that the students should be encouraged to behave reliably and responsibly. After all he said, once they were in the field it would be absolutely crucial that they filled in records accurately and they made the visits they promised to make. And therefore while they were being trained to be professionals tutors should provide a good example to them. He drew particular attention to the completion of registers, punctuality and regular and reliable

visiting of students in the field. 'If they don't see you doing it, they are not going to take the idea of professionalism seriously.

In Appendix 2 the reader will find a case entitled 'The Case of the Borderline Borderline' in which the managerial status of the chairperson 'came out from under' and dominated a long sequence of a board meeting. The occasion was one where tutors had not adequately done the preparatory work which is necessary for a smooth examiners' meeting. The chairman's performance had the quite startling effect of reducing health visitor tutors from the reliable and self-motivated professional persons (that examiners are usually produced as in meetings), to delinquent staff. In brief then the means of producing health visitor tutors as 'professionals' lie very much in the hands of their boss.

9:5 Orchestrating Professionalism

As detailed in Chapter 3, the main thrust of Dingwall's treatment of HVTs is associated with the idea of profession-claiming. The picture he gives of health visitor education is as a contest for control between tutors and others, in which tutors are successful. This putative success (it seems) is due to concerted team-work, ownership of esoteric knowledge, and an ability to invoke a special relationship with the fount of legitimacy for health visitor education - the validating body. In chapter four my re-analysis of a case provided by Dingwall, together with data of my own throws considerable doubt on Dingwall's best data for the efficacy of team work between tutors as a control strategy, and indeed upon the notion that a competition for control is a useful way of thinking about the organisation of health visitor education. In dealing with moderating board meetings I have shown that a crucial feature of these encounters is the allocative work of the chairperson which designates who shall hold the floor, which of two competing viewpoints will prevail and so on. To borrow a term from the subsidiary drift in Dingwall's writing, it might be said that for examination board meetings at least,

the status of HVTs is a product of orchestration by the chairperson.

As noted previously Dingwall's 1980 paper Orchestrated Encounters, develops a chapter of his thesis which did not appear in the 1977 book. For whatever reason that chapter was abandoned it is certainly the case that the mode of analysis adopted in it was out of kilter with the main thrust of the book. In the paper Dingwall notes that the work of Conversational Analysts has in effect established the 'conversation' as a Weberian ideal-type (Dingwall 1980 page 153), such that their analyses of the 'mundane conversation' can be used as a point of comparison for the analysis of other kinds of speech exchange system:

By establishing the formal, context free apparatus of conversation we can look at the ways in which it is locally modified (context-sensitivity) to distribute the scarce resources of speech. Central among these is the right to speak and receive attention. The orderly character of social interaction depends in a fundamental sense on this feature, that ordinarily only one party talks at a time and that others orient to what that party is saying. The distributive apparatus is used to manage this by resolving such matters as beginning and ending speech exchange, ensuring that only one person speaks at any length at any time - establishing them as a focus of attention, ensuring that speaker change occurs - a device to direct attention through the possibility of being nominated as next speaker, and the like. Sacks *et al* (1974:729) suggest that, if we can produce a formal description of this apparatus as it works for mundane conversations, we will eventually be able to identify other types of speech exchange system through contrasting their properties with those of conversation.

Dingwall 1980 page 152

Thus as Dingwall argues:

Such an approach seems to have the advantage of allowing us to establish clear empirical grounds for making statements about the boundaries, mandates and structures of organisations rather than merely asserting them..

Dingwall 1980 page 171

If then the relative status or social power of participants is at issue, and 'mundane' conversations are definitively marked by an equality of status, hierarchical speech exchange systems should be characterised by distinctive departures from the form of the ideal-typical mundane

conversation. We should be able to apprehend social hierarchy by attending to the way in which a speech exchange system departs from the mundane conversation. 'Orchestration' is Dingwall's term for one kind of hierarchical exchange system:

...it is of the essence of an orchestrated encounter that one party has the ultimate right to determine when the other party or parties may speak and receive attention and what they may speak about.

Dingwall 1980 page 156

Apart from contrasting orchestration with the 'informal, consensual regulation' of the conversation, Dingwall draws the contrast with the systems of preallocation that Atkinson and Drew describe for courtrooms (Atkinson 1976, 1978, Atkinson and Drew 1979).

..an orchestrated encounter is less bound by the sort of explicit procedural rules, which Atkinson identifies in courtrooms, that preallocate turns quite closely, specifying what categories of person may do what sorts of things at which points in the proceedings.

From my descriptions of moderation meetings the reader will see that they feature preallocation with regard to the following of agendas, the making of agreements, and the utilisation of the syllabus as a resource for allocating turns. However as Dingwall says, 'we are talking about differences of degree rather than kind' (1980 page 156), and there is little point in trying to decide whether 'orchestrated encounter' or 'preallocation system' is the more appropriate characterisation of the examination board meeting. What is important is the way:

..the orchestration displays the structure of the larger organisation in which the encounter is embedded.

Dingwall 1980 page 155

Dingwall illustrates the fruitfulness of the approach by analysing the structure of tutorials. He shows very convincingly that in their departure from the protocols of mundane conversations tutorials constitute and reconstitute two categories of persons - tutors and

students - who are in a hierarchical relationship to each other. Of course it is not a surprising finding that tutors outrank students. The 'finding' is less important than the way in which the method allows us to say with some precision what we mean by inequality within an organisation and how we recognise it when we see it. It is worth noting that it is not part of Dingwall's account here that tutors somehow 'win' control over students by clever strategic work. Rather they exercise speaking rights which are 'given' by the participants' understanding of the kind of organisation they are party to.

Had Dingwall adopted this mode of analysis for examination board meetings I am certain that he would have found it impossible to describe them in terms of an adversarial inter-occupational competition, for as I have shown chairpersons exercise an orchestrating role which allows for HVTs to realise their professional pretensions only when they are allocated a turn to do so. As Dingwall says, the organisation of the speech encounter displays the organisation of the larger organisation in which it is embedded. An important feature of this larger organisation is that for HVTs the chairperson is an arm of management. In this respect, then, we can say that the professional status of HVTs (such as it is) is not something which is won by successful profession-claiming, but something which is granted by college management.

CHAPTER TEN: Chairperson's formulations and externals' last words

10:1 Introduction

In the last chapter I demonstrated that health visitor tutors must be seen as college staff and subject to college management like any other assessor. The validating body, while it may have some sort of status as a 'professional association', has no means for disciplining those 'members of the profession' who are its educators, and so far as staff are concerned the contractual basis for health visitor student education is provided for by teachers' contracts of employment. Criticising the model of organisation as 'negotiated order', Dingwall says in 1982:

What we reject is the notion that (the) informal order is somehow prior to the formal order, a topic which is important in its own right as the limiting condition for routine practice.

1982 page 29

What Dingwall meant by the 'formal order' here was the orienting of tutors as 'health visitors' to the licence and mandate claims of the profession. What Dingwall overlooked was the much more 'formal' order of employment contracts and educational bureaucracy. However the contractual arrangement between the college and the validating body is that which gives the process of educating and assessing students legality and legitimacy. I want in this chapter to investigate how this is seen in the lingual organisation of meetings.

10:2 Chairperson's formulations and externals' last words

At various junctures above I have drawn attention to the way in which chairpersons at the examination board meetings (like chairpersons at other meetings) routinely formulate the 'upshot' of a discussion (Heritage and Watson 1980). That is to say the chairperson does a public 'hearing-as-heard-as' and thereby 'plays back' to the meeting a version of the implicativeness of the discussion. This very often precedes 'putting it

to the meeting' for agreement. I have also noted (in Chapter 4) how there seems to be an important protocol in these meetings that externals have 'last words'. Though the externals' last words are less obvious in the moderating board meetings than in other examination board meetings the rule holds:

Chairman: so the question now reads (reads the re-drafted question).
Is everybody happy with that?

Everybody: silence

Chairman: (looks at each external in turn).

Chairman: Question 7 now is it?

Note how here there is 'everybody' and there are the externals. Sometimes the chairman quite explicitly consults the externals, sometimes his formulation is a 'repeat' of an external's utterance, sometimes the externals' 'last words' are the nods and mutters elicited by a chairman's glance as in the example above. Sometimes even that glance isn't there, but the fact that the chairperson has offered a slot for disagreement, which has not been so filled by the externals, successfully implicates them in the decision. Given that the chairman is also an education manager, and the externals are the agents of the validating body, there is no reason why we should not see this as a contract made between the two agencies. This is what might have been expected from the interdigitation of two organisational forms that the examination board meeting represents.

What I want to comment on in more detail here is how the principle of externals' last words serves as a device for organising examination board meetings. The nub of the matter has already been disclosed. In these meetings the facility which the chairman uses for doing authoritative closings on topics through operating an agreement sequence, is that the chairman's formulation will also be the external's last words. Without the externals' agreement the chairman cannot do a closing. And where the

chairman's formulation also stands as the external's last word, a disagreement from someone else is a challenge to the externals and an impediment to the organisational work the chairman is trying to do.

10:3 Externals 'last words first' as an organisational device

and a source of troubles: intermediate level ratification meetings.

In the moderation board meeting externals usually have their last words last, even if those last words are uttered on their behalf by the chairperson, and in moderating meetings there are longish periods of fairly open discussion about the merits of questions where, unless the external takes an obvious stand, or the chairman is attempting a closure, what is said will not imply a challenge to the externals' authoritative status. By contrast in the ratification meetings externals have their last words first.

The intermediate level ratification meetings such as those noted in chapter four are preceded by the externals 'scrutinising' the work done by the students to establish that the marking has been fair and to an adequate standard. On rare occasions externals find that they cannot agree with the way the marking has been done, and they ask the examiner concerned to 'second look' the marks. This is apparently what happened in the case of Miss Wilkins. All of this happens, 'off-the-record'.

Normally markers respond to the externals' request by altering the marks in the way that the external proposes. There is nothing curious about this. Externals are quite explicitly supposed to be the guarantors of national standards. The curiosity lies in the behaviour of Miss Wilkins and Doctor White, who refused to alter their marks in line with an external's suggestion: i.e., they refused to come into line with what passes as a standardisation of local results against national norms. Had they been GCE examiners, contracted solely for the purpose of

marking, face with a demand by a chief examiner to alter their marks, they would have been dismissed for refusing.

As will be detailed later in the thesis, all this is to say that by the time the examination board meeting begins the externals have scrutinised the marks, have (normally) had altered anything they disagree with, and have dealt with borderline cases through an oral and a panel decision. When the meeting starts then, there is normally already a set of marks with which the externals can agree: the deviance of Dr White and Miss Wilkins was in impeding the externals coming to the meeting with a set of marks they could publically agree. The first substantial slot in the meeting is in fact the externals' report on their scrutiny of the marking.

Since the main object of this ratification meeting is for the board to 'agree the marks', the proceedings are held under the auspices of externals' last words which have been uttered first. Thus it is a matter of organisational deviance for internal examiners to query the marking. The Case of the Borderline Borderline (appendix 2) throws an interesting light on this as a deviant case, insofar as the trouble which produced the tutors as incompetent college staff was the fact that after the externals had uttered agreement with the marks, and the Board had duly agreed them also, it was discovered that one candidate who had thereby been 'passed', should not have been. Noting what was written in chapter six this points to the enormous importance in assessment which is given to the relevance of speech events in a sequential structure, and the troubles which arise when matters get out of order. Miss Wilkins and Dr White were thus not merely speaking out of turn in challenging the externals' last words, but speaking out of order by perpetuating the doubt about a mark beyond the stage of events when it should have been dispelled.

10:4 Externals' last words first again in the final ratification meeting:

In Chapter Four I presented half of the data provided by Dingwall which he uses to demonstrate that tutors collegially deploy strategies to defend the occupation's mandate to license new practitioners. I hope I have convinced the reader by now that what was going on was an attempt by tutors and other assessors to cool out an inept colleague who was challenging the external's right to have the last word on a disposal. I want here to present the rest of the data Dingwall provides for his *interpretation of health visitor student assessment as an interoccupational* contest. Again the key element missing from Dingwall's account is the protocol about externals having the last word.

Dingwall takes this data from the 'finals' examination board meetings which ratify the results recommended by viva voce panels who have interviewed students to discover their suitability to practise as health visitors. I will deal in more detail later with the viva voce examinations. Here it is sufficient for the reader to know that the viva teams consist of an external examiner, and usually, an internal examiner who is not a health visitor tutor plus the student's own personal health visitor tutor.

As with the ratification meetings at intermediate level these ratification meetings place externals' last words first in the sense that it is the external who announces the results of the viva voce. Characteristically the most senior of the tutors reads the intermediate level marks of each student, and then the external announces the decision of the viva panel. Recommendations for a 'pass' are done with minimal comment, and perhaps corroborative nods from the other panellists, while recommendations for a referral are much more elaborate, usually apologetic and generally entail corroborative reports from the other panellists.

As Dingwall himself notes these announcements are treated as 'non-negotiable'. There is nothing more to discuss with regard to passing students, but when students are recommended for referral the terms and length of their referral is decided through discussion. It is in the course of such discussions that Dingwall finds data for:

the set of disciplinary principles to which assessors are demonstrably orienting in their action to establish first that students are worthy of licensure and second, that the training organization has acted only within the charter granted to it for and on behalf of the remainder of its society.

Dingwall 1982 page 28

and in the process touches on:

issues like who is assigned rights to define relevant criteria for assessing competence, what constitutes rational examination, and how interpretations of the charter may be defended, ibid

From his reading of the utterances of tutors in these discussions about referrals, Dingwall discovers that:

insofar as the license depicts the occupation's bargain with society, the exclusion of trouble makers is a necessary obligation.

op. cit. page 24

The reader will already know that in Dingwall's scheme of things it is the tutors who are 'assigned rights to define relevant criteria for assessing competence'

we see the health visitors' (sic) privileged status as definers of what is to count as competence and what is to count as evidence of that.

op. cit. page 25

and that defending interpretations of the charter, means defending health visitor tutor definitions against those of other assessors.

In this respect then, one of Dingwall's cases starts rather curiously.

In the case of Randall:

The examiner insisted upon her referral. I was told there was some debate about this but he remained adamant.

1977, page 206

The sex of the external here is crucial, because it means that it was not a 'member of the profession' who 'insisted' on Randall's failure, but, I assume, a professor of general practice. Thus if this ratification meeting was conducted in the same way as all those I have observed it began with 'the last word' on the decision being had by an external who was not a 'member of the profession'

Dingwall says of Randall's case:

This decision was not negotiable as was made quite clear to one of the examiners who tried to re-open Randall's case in the course of the meeting. The Board had to confine its discussions to what the oral examiners, particularly the External, would agree to.

Randall's case was considered first. The decision was discussed jointly by the senior tutor and the External.

Dingwall's fieldnotes on the case are as follows:

Miss Lane invites the External to speak to the candidates for failing. The External questions whether Mr Randall has had time to demonstrate his ability even allowing for his diffidence in oral situations. Now that men can get the statutory qualifications you had to look at them carefully. Miss Lane adds that she had to deal with poor communication with families in one case. One of the families on which he was doing studies had requested that he should cease to visit. She says she had discussed his position with him and his Fieldwork Instructor and suggested he should consider his suitability for health visiting. She comments on his poor academic record and limited chances to overcome communication problems. He was very slow and needed time to develop. She had switched his Fieldwork Instructor for a while to see if that would help. She does not recommend that he be given a licence to practice yet as he requires further supervision. The other tutors indicate their assent.

1982 page 23 - 24

Dingwall makes two kinds of comments about this case and the other which accompanies it. The first is this:

What is of particular interest here is the way in which a whole new amount of information is introduced by the senior tutor to show Randall as really having been weak all along. None of this appears in the formal documents...Yet it immediately makes sense of the decision and can be used to produce a reading of (the) academic mark. 21st out of 28 clear passers becomes a 'poor' performance, and to produce the following reading of her evaluations:

Miss Wilkins (sic) says her assessor describes her as 'shy and diffident' but the tutors feel her lacks articulacy. Her Fieldwork Instructor describes her as 'passive - absolutely non-communicative'

(In 1977, Randall is female; in 1982, male, and presumably for 'Miss Wilkins' here we should read 'Miss Lane')

Given that the section of text (1977) in which this story occurs contains references to Garfinkel's paper on clinic records and contractuality, I think it is reasonable to assume that Dingwall is here deploying a notion that arises in that paper; that of competent readership:

Even colloquial usage recognises that what a contract specifies is not simply given in the document that attests to the contract's existence, Nor are terms, designations, and expressions contained in a document invoked in any 'automatic way' to regulate the relationship. Instead, the ways they relate to performances are matters for competent readership to interpret. As is well known, culturally speaking, jurists are competent readers of most contracts: it is for them to say what the terms really mean. Indeed the form in which legal contracts are put intends such readership.

Garfinkel 1967 page 120 (first emphases mine)

From the last paragraph of the last ethnographic chapter of the 1977 text, it would appear that health visitor tutors are being treated as having competent reader status:

The tutors play a crucial role as the gatekeepers to this documentation as its legitimate encoders and decoders. The continuous requirement of making sense of the student's recorded career falls upon them. They develop their own interpretive programme for drawing on a substantial repertoire of undocumented information which furnishes the organisationally correct reading of the documentation on any given occasion.

1977, page 210

The quotation continues by noting the 'elliptical' nature of the documentation and says that the meaning of the documents can only be made out by those who have 'relevant detailed knowledge of the social order of the institution'

The only people who have such knowledge are the tutors
(ibid)

If this is an extrapolation from Garfinkel's notion of the 'competent reader' of records, then it is not really a warranted one. Nowhere does Garfinkel suggest that the elliptical nature of clinic records grants any power or influence to those who inscribe them. Rather the picture he gives is of clinic staff ⁶inscribing records while never being quite sure who will read them, and what sense a medico-legally expert attorney might make of them under certain dire circumstances. Inscribing documentation elliptically is as likely to be a mark of organisational weakness as it is to be a resource for organisational influence.

Once we know the simple rule 'external has the last word' it becomes apparent that this is the case with HVTs.

First let us look at the inscribed records themselves. On Randall, the fieldwork teacher wrote, among other things:

A shy diffident young woman but on closer acquaintance she shows a deep sympathy and insight into family situations. She seems to lack drive but works enthusiastically with guidance. I think her strengths would lie in the care of the elderly and the adolescent. She lacks the ability to express herself and this gives a false impression of her worth.

and the tutor:

She was at first an unresponsive student, but following counselling at the end of the Autumn term she made an effort to contribute to the group discussions. Her written work was always carefully prepared and an effort made to integrate theoretical material into area and health visiting studies. She seems a shy, reserved person with limited confidence and experience but with stimulation she may develop professionally and mature.

Neither the Assessor of Supervised Practice, nor the tutor had recommended a referral in their reports. These are not 'good reports' but they are as good as the reports of many students who have been passed in my experience. Their formatting is typical. They describe the student as good in this respect, poor in this respect, but where a weakness is noted it is noted along with some melioration:

with stimulation she may develop professionally and mature

or some reference to misleading appearances:

She lacks the ability to express herself and this gives a false impression of her worth

In terms of a system of assessment dominated by tutors it is actually rather a puzzle as to why, if the tutor wanted the student to fail, she didn't come right out and say so in a report. Why does she have to:

introduce new information, which does not appear in any of the available documents to justify the decision to withhold the licensing at this time

1982 page 24

There is no puzzle at all if we invoke the more simple notion that externals have the last word on student competence. If this is the case it seems to 'fall into place that' tutors will write inscriptions about students in such a way that the documents will not rule out either a pass or a referral decision by a viva voce panel, and in such a way that which ever decision is arrived at, the inscribed documentation can be 'filled in' to predicate the decision which was actually reached. Dingwall seems to make this point (1977, page 208) but it is not a point which is consistent with a view of tutors dominating the process of assessment. As we will see later tutors actually seem to play only a minor role in the decision-making of the viva voce panels.

The case as a whole then seems to read as one of a doctor deciding on the incompetence of a health visitor student and insisting on a referral, and health visitor tutors falling into line, by doing a special reading on the documentation to find the doctor's decision warranted. This scarcely sounds like an occupational group in charge of the situation. However the fact that the external here was a doctor is largely irrelevant. It is not occupation membership which is important in examination board meetings but roles played in this ritual format. Externals are externals whatever their occupational affiliation.

The second use to which Dingwall puts this data to is to make it speak to:

the set of disciplinary principles to which assessors are demonstrably orienting in their action to establish first that students are worthy of licensure and second that the training organisation has acted only within the charter granted to it for and on behalf of the remainder of its society.

Dingwall 1982 page 28

From his reading of the utterances in this context Dingwall discovers for the reader that assessors make themselves out as disposing of students 'objectively' and 'in the public interest':

They are not in the business of taking highly personalized decisions but of erecting 'objective' criteria of competence. Their first duty is to defend the credibility of the license (sic) as a protection of the public.

ibid

The speech data for this gloss are as follows. What Dingwall details is the speech of tutors and an external which follows suggestions by two other assessors that the period of referral should be a short one so as not to jeopardise the student's career prospects:

Miss Lane rules this out. They only need concern themselves with whether he is good enough (..) Miss Hardy agrees. They need to concern themselves with his potential as a health visitor. Edwards accepts this and reiterates that he is only disputing the length of

the referral. They can't ignore his future. The External says, 'You can't neglect the fact that he will get a licence to practise and you have to protect the statutory qualification'.

1982 page 25

Now at first sight this sounds very much like the external and the tutors 'telling profession' to outsiders: in this case to a doctor and an academic lecturer. If we are to read it as a move in a collegiate game of defending an occupational mandate, then the tutors are presumably invoking their right to tell what the professional thing to do is, against outsiders. If so then how do we handle this data?

HVT: I'd, the point I'd just like to make is that its very unlikely that if we make it (period of referral) that long, so long, her sponsoring authority, well won't go along sponsoring her

Academic: I think its absolutely essential that she gets as long a period as possible.. (before she's allowed to practise unsupervised) ...if that's a problem for her, well it's the public safety.

External: yes that's my feeling

(reconstructed from verbatim notes)

This interchange comes from a discussion in every other way similar to that described by Dingwall, as does the following:

Senior Tutor: I'm not happy with a short referral of that length/

External: well we must admit we are taking a chance, but with the possibility of her, whats her name (nursing officer) cutting up rough (she says she doesn't think they can risk the student's career prospects)

HVT: I agree, and she will be well supervised where she is going.

(reconstructed from verbatim notes)

We could spend a lot of time discussing whether all health visitors, (or just all tutors) agreed on all points as to the 'professional code' of health visiting, for the data above seem to suggest they don't on this issue. I must admit that I spent, nay wasted, a huge amount of time trying to pin down the variability as between tutors on their views of professionalism before the simpler alternative presented itself. The

simpler, and much more fruitful approach to the data is to ask 'who's who' in the local organisation of a Finals examination board meeting? This is not a question which can be answered adequately by invoking occupational sub-group membership. Instead we need to see who's who in terms of external's last words.

In the first of my sequences above the academic and the external (an HVT from elsewhere) were members of the viva voce panel which had discussed the student's prognosis prior to the meeting. Members of these multidisciplinary panels almost invariably 'form a team' to defend a decision agreed by them and uttered by the external, should there be any queries. In the second piece of data provided by myself the external and the HVT were both members of the viva voce panel, and the senior health visitor tutor was not. It is interesting that the next utterance in the sequence was by the chairman, and it ran like this:

Chairman: I think we've got the external's view here, and if she's satisfied well then.

In Dingwall's data we don't know who viva-ed the student in addition to the external, but we can see that the invocation of the 'public interest' over-riding the 'student's interest', is used by the tutors and the external her/himself to justify the decision which has already been made. Put another way, then, when all the data are put together 'public interest' and 'student interest' appear as ad hocing devices available to members to defend the external's right to have the 'last word', whichever way the viva voce panel has opted.

Having gutted Dingwall's data, and given it a rather different interpretation, it is important to say now that his 1982 analysis does show considerable insight if we skim off the aberrations which are created by an insistence on seeing health visitor student assessment as a matter of inter-occupational dominance-striving. I will agree that

assessors are:

..demonstrably orienting their action to establish first that students are worthy of licensure, and second, that the training organization has acted only within the charter granted to it for and on behalf of the remainder of their society.

But the organisation is not quite of the sort that Dingwall imagines it to be.

To whom are assessors 'demonstrating'? Well the obvious candidates are the external examiners. And what better way of demonstrating compliance with charter obligations than letting the representatives of the chartering agency have the last word? More than this however assessors demonstrate to each other the good grounds for the decisions they make. Note that such discussions (if they occur) precede the now familiar closing routines operated by the chairman which bind each and every assessor to support thereafter the rationality of the decision which has been made. Appeals do not often occur, but talk about their possibility does, and this constitutes another element in the context of social regulation to which assessors orient their speech.

In fact though, the discussions seem to have relatively little importance, (apart from their capacity to cause interactional troubles), for although persons can be heard to express different opinions quite frequently, I have only known two (rather unusual) occasions when anyone has demurred from the proposal 'put' by the chairman for agreement. Thus as before I draw attention to the contracting nature of meeting talk.

The two cases noted above are both detailed in the appendices. One of them - 'The Case of the Chairman's Complaint' (appendix 3) features an external who refused to invest herself in the recommendation she gave to the board:

External: ..with considerable reluctance did I pass her today.
I must say I would be very reluctant to employ her.

Chairman: I must say it causes me great concern when (external) says she wouldn't employ her but she has passed. I think perhaps we had better discuss this further.....

(for remainder see appendix 3)

Apparently without the external 'whole-heartedly' committed, the chairman felt unable to formulate the recommendation she uttered, for agreement by the board as a whole. This points I think to the crucial importance of the external's implied or explicit complicity with board decisions. Externals actually quite frequently express 'doubts' when making these announcements, but in almost every case they do so in a 'doubts raised-doubts resolved' format:

External: There were, we had some grave concerns about this girl, given the report from the field, and mm. But we did investigate the causes for concern very thoroughly in the viva, and I should say I have been in telephone contact with her supervisor, so that all in all now we feel confident in recommending that she should pass.

(reconstructed from verbatim notes)

It seems then that without 'doubts about students' being resolved by an external's say so, the chairman cannot do an organisational closing on the matter.

The second case (appendix 4) is called the 'Case of the Contested Decision'. It concerns a special board meeting which occurred on the only occasion out of more than 360 where a viva voce panel failed to reach a decision. There were therefore no external's last words to serve as a coordinating device in the meeting and a full board discussed the disposal of the student. There is much to be learned from this case study, but here I want to concentrate on two issues. Firstly it quite dramatically illustrates the interactional problems which arise when discussions of students are conducted among large numbers of people in the absence of the rubric of 'last words'. In the end the matter had to be decided on

a vote, and after a discussion which threw a grave sense of doubt over the applicability of rules, the competence of assessors, the quality of evidence and the rationality of the assessment process itself.

Secondly there is what the case tells us about the nature of the speech which accompanies decision-making in assessment and the repertoire from which it is drawn. We certainly cannot regard this speech as in any simple way a manifestation of assessors' 'ideas' about assessment. Some examples given above will serve to indicate how this speech should be read. In the example given by Dingwall, tutors backed an external's decision by invoking the over-riding importance of the 'public interest'; thereby diminishing their obligation to take the student's career interests into consideration. In one of my sequences of data, the external (who was an HVT), invokes the over-riding right of the student to a career, and allows the 'public' to take some risk. It is highly characteristic of the talk of health visitor student assessment (and in my experience of any kind of organisation) that: for every proposition, a counter proposition may be made of equal weight. The example which stands as an archetype in health visitor student assessment is the pair of propositions:

If there is any doubt about safety to practise, you must refer.

If there is insufficient evidence of unsafety to practise, then you can't refer.

(for other examples of 'type one and type two errors' of this kind see Scheff 1963)

In the case of the contested decision, we can hear different assessors invoking both principles. We can also hear raised in the same speech event, directly or implicatively, other contradictory pairs which are in fact not usually raised together. They include the idea that students

should be disposed of according to their current competence, and that they should be disposed of according to potential; that the disposal should take into account where the student will be working and how well supervised she will be there, and that students should be disposed of as if they might work anywhere; that assessment is an artificial process and therefore its results cannot be relied upon, and that assessment yields the only evidence which can be relied upon; that student anxiety distorts the evidence about students, and that the ability to cope with anxiety is an important attribute for a health visitor; that employability is the most important criterion and that employability is flawed by the poor decisions made by employers; that field supervisors are a valuable source of evidence about student competence, and that field supervisors are often unreliable and subjective. There are other 'contradiction pairs' but this list will do for our purposes.

It is important for the reader to resist two temptations here. The first is to imagine that belief in the verity or probity of one or other of any of these pairs is socially distributed, either between types of assessors, or between individuals. This would lead to the gloss that these are matters of dissension. It simply isn't true. On different occasions the same persons can be heard articulating one or other of the members of these pairs. The second temptation to resist is that of popping these utterances into the minds of the actors to produce the gloss that, 'the social theory of health visitor student assessors is riddled with contradictions'. This is to assume that the kind of cognitive structure lying behind the lingual activities is tightly enough structured to have contradictions in it.

Rather think of matters this way, by analogy. The English language contains homonyms, so that words with very different meanings nonetheless sound the same. People know these sounds, and the meanings they have: they are part of their repertoire, but we do not say that this

repertoire is 'contradictory'. By and large contextual cues sort out which of a pair of meanings an uttered sound intends. In much the same way the 'contradictory' nature of the assessors' repertoire of things-to-say-when-assessing-students, contains propositions which if set side by side would be contradictory, but by and large they are not uttered in the same speech sequences. It is not contradiction which is the important matter, but the illocution of 'contradicting'. For one assessor to say, 'if you have any doubt you must refer' and for another to say, 'there is insufficient evidence of unsafety therefore we must pass her' is for the one to contradict the other:

External 5: well I wouldn't mind employing her as a health visitor, given that I could put her under a good nursing officer.

Chairman 9: well that's it..the regulations talk of potential skills' (Internal) is not certain uhm

Academic.1:3: well as I understand it we can't pass someone on the grounds that they will be well supervised, we have to pass them on the possibility that they might be poorly supervised..licence to practise as an independent practitioner in her own right, that sort of thing.

(from the Case of the Contested Decision Appendix 4)

This is tangibly adversarial talk. The academic lecturer 'throws back' what is in fact one widely used ground for justifying decisions against another equally widely used ground which has been articulated by the external. In other circumstances either member of the pair might serve to warrant a decision, but only if not countered by a contradiction. As noted, this sequence is drawn from a highly atypical event in assessment: 'a disaster' as the principal tutor described it; 'highly embarrassing' according to the chairman: 'hairy' as an academic put it. What usually happens is that participants behave as if a rule applied: if one member of a contradictory pair of decision rules has been uttered; don't propose the other one. And in examination board meetings what this generally means is that if one member of the pair has been uttered by the

external, then it will be an exceptionable matter to utter the other.

This is simply to say that the adjacency pair 'proposition-(uncaveated/unprovisionalised) counter-proposition' is rarely to be heard in health visitor student assessment. Just as the potential for ambiguity is eliminated with regard to homonyms by contextual cues, so the social order of examination board meetings provides a context in which the competent participant knows which member of a contradiction pair is to be rallied to. As usual it is the one implicated by the speech of the external.

10:5 Conclusion to Part Two

Methodologically these remarks bring this part of the thesis full-circle. In chapter five I coined a distinction between two approaches to lingual data in sociology. The one I called 'utterance to mind', and the other 'utterance to discourse mapping'. Utterance to mind mapping asks us to attend to the semantic burden of utterances, and to find therein what it is that speakers 'think' or 'believe'. More elaborately this may be constructed into a 'social theory', a 'perspective' or a 'world view'. Having collected together a lot of sayings by actors and harmonised them into a corpus to stand for what the actors think or know, the next analytic operation is to find a sociological cause for this knowledge with which the sociologist has imbued them:

..the study of such theories must be a major research priority. We must ask what they look like, how they are distributed, where they originate and how they operate to produce the observable social order of our sociability. .

Dingwall 1974 page 493 (my emphases)

In sociological works 'where they originate' usually turns out to mean a socio-structural location to which some group of type-actors adapts by developing a view of the world which renders it preferentially meaningful to them. Thus actors are socially located in an environment which must cause them to have this set of ideas. Their speech can then be read in terms of the Mandy Rice Davis clause: they would say that wouldn't they? This operation might be said to socialise the actors by providing them with a social location which is the origin of their thoughts and values. That is to say actors have to be treated as sub-culturally socialised. In Dingwall's work the actors are identified as occupationals, socialised with the characteristics that sociologists know that profession claiming occupationals have. Utterance-to-mindwise, the meaning of their speech must have something to do with professionals making out and defending the licence and mandate claims of the profession.

However as I have indicated, if we attend to the speech of assessors then it will not be very long before we come to the realisation that the same types of person and the same individuals seem to hold very 'contradictory ideas' about the proper procedures for disposing of students. For an analyst dedicated to utterance-to-mind mapping this constitutes a formidable problem, for what is to be done when on similar occasions the same type-actors invoke different and quite contradictory 'good grounds' for a decision. However this is a self-imposed problem which arises from treating actors' minds as if they were like texts formatted with an eye to non-contradiction. The problem simply does not arise if instead of hearing utterances as emanations of the cognitive structures of sub-culturally socialised actors, we hear them as building blocks in discourse sequences which have and reconstitute their own social structure.

In this part of the thesis I have attended to how speech is used locally to produce displays of social structure and identity. The 'findings' might be summarised as follows:

1. There are front-stage and backstage phases of the social organisation of assessment. Backstage most of the time is the bureaucratic formation of the college which relates most assessors as staff to a boss. And backstaged most of the time is the supervisory role of the externals. This is seen particularly in the off-stage negotiations between externals and individual assessors about changes of marks. This backstage organisation is in a sense 'given' by the contractual relationships between an employing agency and its employees, and a validating body and the franchised college.

Front staged most of the time is a production of the assessment organisation as populated by reliable, competent and properly motivated persons of diverse expertise who know the limits of their expertise, and who will do the right things and come to the right decisions without being ordered, or brow-beaten: in short, and to use the term in a common lay sense, assessors are produced as 'professionals'. Chairmen do not usually issue orders, and externals do not pull rank, and what emerges as the basis for decisions is 'the truth about students' and the serving of the 'public interest': objectivity and moral correctness are discovered in unforced consensus.

2. There is a sequential order, such that there are times when matters may be discussed openly, and many possibilities canvassed, and there are times when the decision has been made, and it becomes an act of organisational deviance to query it. As noted, the 'truth for practical purposes' is 'fixed down' by the act of the representative of the educational bureaucracy - the chairman, formulating for and as the

'agreement of the board' what is the largely non-negotiable proposal of the agent of the supervisory bureaucracy, the external.

There are then two major types of linguistic deviance predicated by this social structure. Speaking out of turn is speaking in such a way as to bring what ought to be back-stage up front. Thus when Miss Wilkins challenges the external's opinion on marks, she produces herself as incompetent, as a problem for college management. As it happened those present chose not to allow themselves to be heard-as-having-heard the implicativeness of her speaking out of turn. Speaking out of order is persisting in querying or throwing doubt on some matter when it has been organisationally 'settled', or impeding the organisational settlement of a matter in the correct sequential order. Again Miss Wilkins by refusing to bow to the external's opinion, perpetuates a doubt beyond the sequential phase when doubts should have been organisationally laid to rest. This is seen also in the behaviour of Dr White, in Dingwall's data on Final ratification meetings and in the Case of the Borderline Borderline (appendix 2). What these cases do is to produce a display of assessment, not as a 'professional process' (as it should be) when co-equals bend their minds to the rational and moral appraisal of a case, but as a bureaucratic process in which it is the ascribed organisational position of education managers and external examiners and the bureaucratic procedures which 'really' count.

In his thesis and in the book Dingwall makes much of the notion of 'the organisation of competent membership'. What that might mean of course will depend upon what kind of 'organisation' it is that persons can be competent members of. Much of the time it seems that Dingwall treats 'organisation' as a synonym for 'professional' or 'profession-claiming' occupation: so that much is made of the importance for students to acquire the capacity to make the profession-claims

characteristic of health visiting. If on the other hand we focus on staff, and take the organisation to be as I have described it, then, for HVTs, or sociologists, or psychologists, or any of the other internal assessors to 'accomplish profession' means knowing their place in a bureaucratic order. This I think comes fairly close to Weber's (1968) usage of the terms 'professional' and 'bureaucracy', though it is not the usage which has been associated with most of the literature on 'autonomy-claiming' professionals.

PART THREE

Power, Influence and Constraint

Introduction

In part two of the thesis I drew attention to the 'power' of educational managers and external examiners vis a vis other assessors. To leave matters at that, and give the impression that assessment is a matter which is 'dominated' by these personages would be very misleading. Before I can correct this impression however it will be necessary to investigate what it means in a sociological account to use words such as 'power' or 'influence' or 'dominance'. I will do this by looking at the way in which Dingwall makes out HVTs as the 'influentials' on a health visitor course. Prior to this it will be necessary to look at some of the wider literature on power, and after looking at Dingwall's work in this light, I will want to characterise two approaches to power and influence, one of which I will call 'interactionist' and the other 'structuralist'.

CHAPTER ELEVEN: Interesting the actors and empowering the data.

11:1 Introduction

Dingwall does not address as a problem the fact of high pass rates, but he does seek to demonstrate how those referrals which occur are imposed on other assessors by the tutor group. The model is clear in one respect, and that is that tutors are influentials, and that we have to read results as the product of tutor influence. In this respect the approach is very similar to that of Cicourel and Kitsuse who attribute 'rates of college going' to the influence of counsellors at Lakeside High (1963). Before we scrutinise Dingwall's account it is necessary to look more broadly at the topic of power and influence in sociology.

11:2 One and Two dimensional approaches to power

Steven Lukes (1974) provides a lucid catalogue of sociological perspectives on power and I will draw heavily on his account below. He distinguishes between one, two and three dimensional views of power, influence and 'other modes of significant affecting'. I will deal with the one and two dimensional views here as variants within my 'interactionist category'.

The one dimensional view is as closely associated with conventional political science as it is with sociology. Dahl is perhaps the most notable exponent, and a useful reference point here because he uses the same one dimensional view for the study of politics per se as for the study of organisations. Power is defined by Dahl in the classic Parson's translation-of-Weber terms of : A's ability to get B to do something that B would not otherwise do (Dahl 1957 pages 201 - 5). This is a common enough rendering and what is more important is the way a one dimensional view provides for the recognition of this happening. What is most characteristic of this view is a restriction of analytic interest to actual decision-making. The central method in Dahl's Who Governs is:

to determine for each decision which participants had initiated alternatives that were finally adopted, had vetoed alternatives that were turned down. These actions were then tabulated as individual 'successes' or 'defeats'. The participants with the greatest proportion of successes were then considered to be the most influential.

Dahl 1957 page 203

Thus in community politics, power is to be searched for and found in formal decision making. Interests are attributed in terms of the professed goals of participants, or as implied by what is obviously supporting or veto-ing action, and power is only to be found in situations of explicit dissensus.

Bachrach and Baratz' (1962) critique of this position is justly well-known. In Lukes' terms the main thrust of their work represents a 'two dimensional view'. Bachrach and Baratz argue that the view of power outlined above is overly restrictive in that it fails to take account of the way in which certain matters do, and other matters do not become matters for formal deciding.

Bachrach and Baratz then advocate a widening of the search for power to include the processes through which issues are excluded from the political arena; that is they follow C Wright Mills' injunction to study how private troubles are transformed into public issues, or not (Mills 1959). The notion of non-decision is the key idea here. In their programmatic (1962, and 1963) they advocate, and in their empirical work (1970) they follow, the policy of looking for how matters which might be issues are excluded from the political agenda. The idea of a 'non-decision' does not of course refer to everything that is never made an issue for decision, but to matters which are imaginably of interest to people, but do not become subject to decision-making. The resources for discovering non-decisions are publically unarticulated or unheard grievances which may be found among out-of-power groups,

(in this case specifically among blacks in Baltimore), and notions of the vested interests of in-power groups which would be threatened if such grievances surfaced as issues.

As is apparent from the last sentence this approach in fact requires the analyst to know in advance the broad outlines of power relations. The approach is not so much about discovering power relations, but about discovering the mechanisms through which known patterns of power are sustained. Nonetheless as Lukes says it is a considerable advance on the one-dimensional view which allows those who set political agendas to set the terms of sociological analysis.

Just as the one-dimensional view requires the presence of explicit dissensus for the recognition of power, so the two faces view requires a description of matters as conflictful in order for power to be said to be in operation. In the two-dimensional view however the conflict may be unarticulated, and suppressed, and the analyst is allowed to 'unearth it'.

As Lukes points out there are certain difficulties arising for views of power which require the demonstration of conflict as a prior requirement for demonstrating power:

..why the insistence on actual and observable conflict will not do is simply that it is highly unsatisfactory to suppose that power is only exercised in situations of such conflict. To put matters sharply, A may exercise power over B by getting him to do what he does not want to do, but he also exercises power over him by influencing, shaping, or determining his very wants. Indeed is it not the supreme exercise of power to get another or others to have the desires you want them to have - that is, to secure their compliance by controlling their thoughts and desires.

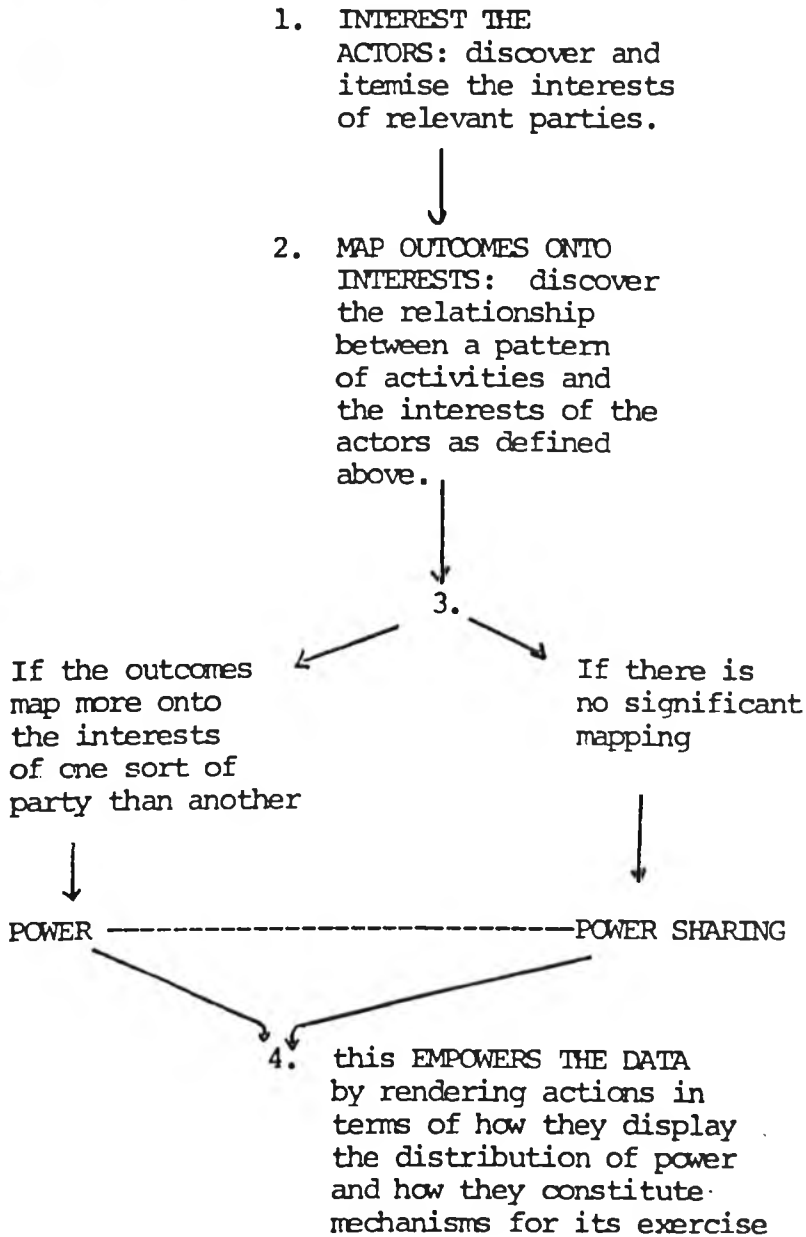
Lukes 1974 page 23

While both one and two-dimensional writers give some recognition to this possibility, their empirical work avoids its implication, and

focuses on concrete examples of the production of decisions, and of the making of decisions to avoid other matters becoming matters for decision (Lukes 1974 page 19).

It is now a sociological common place to point out that different approaches to power not only conceptualise power differently but predicate different methodologies for its discovery and discover it in different degrees and distributions. This is so much so that the topic of power has become a text-book case for illustrating theory-method interdependence (Gomm 1982). And it is indeed true that Dahl and his colleagues on the one hand, and Bachrach and Baratz on the other, produce very different pictures of the distribution of power and the workings of the political system in the USA. However with Lukes I want to focus not so much on the differences between these approaches as upon their similarity. Lukes says that both are behaviourist and empiricist - in the sense of requiring a demonstration of power through examples of concrete decisions and/or non-decisions. Both are restricted to discovering power only under circumstances of conflict, and both are methodologically individualistic in the sense of viewing power or influence as individual properties or properties of identifiable groups, and interests as something close to the 'desires' of people. (To some extent this is an inaccurate characterisation of Baratz and Bacharach, and it is better viewed as Lukes' version of their work). One can I think go further in demonstrating the similarities of the views by showing them as utilising a very similar machinery for discovering power and influence.

Figure 13



11:3 Power as an analyst's strategy

While one and two dimensional views of power usually yield radically different pictures of the world, they also show a strong similarity. The similarity lies in the fact that, what ever else it is, power is for the purpose of a sociological account, an analytic strategy. It is a notion, or better an 'operation' entailed in making sociological sense of things. In both approaches power is made out using a similar machinery. The machinery might be put in diagram form as in figure 13

Here I want to demonstrate how Dingwall's account of the influence of tutors accords with the use of something like the machinery outlined above: that is to look at how he interests actors and empowers data.

11:4 Interests and Influence in Dingwall's accounts: the tutors done it.

Dingwall interests his actors by using the notion of professional dominance-striving. As professionals, health visitor tutors are seen to have that characteristic which is definitive of professional groups, that of seeking to dominate what ever it is that they claim as their proper sphere of influence. Here the proper sphere of influence is the selection of new members for the occupation. Apparently HVTs need the collaboration of academics to legitimate the process, but resist any attempts by academics to play more than a rubber-stamping role:

Insofar as the occupation has problems of defending the legitimacy of its own mandate claims, to professional status, for instance, this may be reflected by drawing others with established legitimacy into its own assessment procedures. Their presence and participation can then be adduced as compliance with accepted standards.

Dingwall 1982 page 21

but

The academic lecturers' attempts to influence that license by reference to an academic version...are ruled out as irrelevant

Dingwall 1982 page 20

Like myself Dingwall seemingly discovered relatively little conflict.

This may be something of a problem if the idea of power is close to the idea of 'prevailing despite opposition'. In mapping outcomes onto interests Dingwall provides little in the way of persuasive commentary. I take it that he uses the absence of much conflict as a resource for assuming that in fact HVTs do prevail. As collateral for this he cites statements by academics which sound as if academics let them prevail:

In the failing sense, as far as I am aware, the actual marks in the exams have never had any bearing. Now obviously, what tends to happen is if you get somebody who is right near the margin on the academic criteria, then usually noises are made like 'Well, she got a good report from her fieldwork instructor. And this seems to be the grounds on which the final decision is taken.

Dingwall 1982 pages 20 - 21

Thus by and large it appears that the way things happen serves the interests of HVTs and the reason why there is so little conflict is that they have already won. Notably however, as is usual in searches for power Dingwall does use as illustrative case study material occasions when there seems to be some dissensus. The case of Jenny Fuller for example (see chapter 4 above), and the cases of referral at Finals (Dingwall 1977, pages 198 - 210, 1982 pages 21 - 27 see also chapters 4 and 10 above). In each case Dingwall depicts HVTs as 'winning'. To paraphrase Dahl 'the participants with the greatest proportion of successes were then considered to be the most influential'.

Dingwall does very little work to convince the reader that how things turn out serves the interests of HVTs. He does point out that:

Insofar as the license depicts the occupation's bargain with society, the exclusion of trouble-makers is a necessary obligation.

and from this one might draw the implication that, therefore it is in their interests that their versions of 'trouble-maker' are referred, over and

above an occupational interest simply in having their own way.

Otherwise, however, we are given no reasons for seeing a relationship between passing or referring students and the interests or wishes of HVTs which might be read independently of the claim that outcomes are in fact in accord with their wishes and interests.

Dingwall's later (1982) account extends and complicates the picture by emphasising not only tutors exercising power and influence over others, but regulating themselves. His use of the occupational code notion combines the two main putative attributes of 'professionals': seeking to dominate others, and orienting to peer discipline.

Dingwall's data is empowered insofar as it is brought under the ambit of this machinery. Thus statements by academics about their not insisting on referrals on academic grounds becomes evidence of tutor influence. Cases involving dissensus become cases of tutors prevailing despite opposition. Tutors supporting each other becomes the kind of collegiate solidarity they use as a ploy to win through, and tutors' ability to give commentaries on students' practical competence, becomes a 'competent reader' status and a mechanism for the exercise of power. Rather less explicitly put, the fact that this is health visitor education oriented to a health visitorly social contract between the public and the profession appears as another mechanism for ensuring that tutor views prevail over all others.

Correspondingly all other possible sources of influence are either not mentioned or are angled to appear as supports to the tutors. Academics we have dealt with. The fact that the viva panel which referred students at the final level presumably included a 'non-health visitor' is not noted. The dispute between a 'health visitor' external and a health visitor tutor is depicted as collegiate solidarity. The relationship

with the validating body simply gives strength to the tutors' elbows. There appear to have been no chairpersons or representatives of college management present at the important assessment events observed by Dingwall. The external examiners appear either as a source of support to tutors, or as over-ridden by tutors. Dingwall says little about the influence of fieldworkers on assessment, but what he does say implies that HVTs tell them what to say. Writing about a Fieldwork Teacher's report on a referred student Dingwall says:

..of course, this could have as easily have been due to her own judgement as to the influence of the tutors' opinions. I think, though, that one can at least argue for a potential influence by the tutors underlying their central role in the evaluation system. They certainly act as gatekeepers between fieldwork instructors' opinions and the examiners and could also be responsible for structuring the observations of the summer assessors.

Dingwall 1977_a pages 203 - 204

At various junctures in the thesis I have taken each of these kinds of evidence (bar the last) and have shown that each can be read differently from the way in which Dingwall interpreted them. The machinery Dingwall uses empowers these pieces of data in the same direction and makes them all evidence of tutor influence. I picked off each piece of evidence piece-meal and to this extent the issue of who influences who remains an open one.

The problem with this kind of account is that it relies for its credibility on the very proposition that it seeks to demonstrate. If you believe that health visitor tutors have an occupational interest in dominating the process of assessment, then you can use that as a resource for reading the data to produce that kind of picture. I could provide an equally credible, but equally corrigible, account of external examiners dominating assessment, if I could find some 'interest' to direct their activities to this end.

I have already dealt with part of the analytic problem here. It is the one which arises from treating actor speech as indicative of actor cognition, here not only of actor's ideas, but of the way in which those ideas are given and motivated by membership of social groups: here occupational groups with professional aspirations. However the problem is a more general one than this and lies deeply rooted in what I will call an 'interactionist' approach to power and influence in interaction.

11:5 Power and Interaction

Here I will pursue the theme that an 'interactionist' approach is inadequate for understanding regularly occurring patterns of activity, including those which result in regular rates as does health visitor student assessment.

The term 'interactionist' has no fixed meaning in sociology, and it would not be profitable here to give an extensive review of works which might or might not fall under this label. Dingwall's work for example has some of the 'interactionist' characteristics noted below and not others. Instead I will construct an ideal-typical interactionism which quite purposefully exaggerates those tendencies in interactionist writing which make it distinctive (on this strategy see Bierstedt 1960, Gonos 1977, p 855).

By an interactionist model of influence then, I mean one which treats power and influence as attributes of people or groups: it is essentially an interpersonal or intergroup model of power. It should be said that many authors who can be characterised as interactionists in this sense focus on the action as if it were made by the strategic work of the actors within macro-sociologically given constraints. The genre of work in the sociology of education which is associated with Peter Woods

(1980a and b) exemplifies this nicely for here teachers and pupils adopt strategies to adapt to, or survive within, circumstances they cannot alter. This forces the analyst into the tricky manoeuvre of allocating phenomena between those which are the constraining environment and those which are within the actors' room for manoeuvre. Insofar as the analysis focuses on the manoeuvres, the real social structure is always 'over there'.

Interactionist accounts tie the idea of power to an idea of 'interests' which is akin to what persons want to achieve. It often turns out in such analyses that what persons want to achieve most are psychologicistic goals, such as avoiding embarrassment or personal invalidation, or maintaining dominance or control for its own sake. The idea of interests is usually very close to the idea of motives. In so far as the model is sociological, and departs from admittedly social-psychological versions, it is because, to a degree at least, motivations and resources are socially given, often by the membership of social groups such as 'occupations' (pace Dingwall). Nonetheless the model is strongly underpinned by Meadian psychology, and even if doctors (say) have the motives they have because they are doctors, this is of interest because of the way their doctorly behaviour displays the kind of psychological apparatus that would make anyone behave that way if they were a doctor. As Gonos says:

The rules the interactionist sees operating in human interaction are universal, that is, are feature of all interaction not just that of any particular realm of activity.

Gonos 1977 page 857

Equally important in an interactionist model is the notion that motives precede interaction, and that much the same motivational set is carried from situation to situation.

The operational views of power is as 'prevailing against opposition' and of influence as being able to take a negotiative role. Evidence of power and influence are looked for in situations of interpersonal conflict. When such manifestly conflictual situations do not present themselves, either the analyst has nothing to say, or s/he identifies inherent conflict and engages in speculation as to how the manifestly unconflictual action is due to the use of clever strategic ploys through which a dominant party has nipped challenges in the bud. 'Strategic interaction' (Stimson and Webb 1975) is a key term here, and refers to a view of interaction as a conflict between parties who have discrepant goals and use strategies in an attempt to achieve them. Typically 'situations' are seen as 'precarious' and as requiring lots of busy work to shore them up lest they 'collapse'. And when dominance is cited the dominant party is depicted as constantly on the ball, putting down challenges and preventing them arising in the first place. The picture of influence then, particularly of 'dominant influence', is of something which is sustained in the arena by winning battle after battle.

As Sharrock, ironically, says of this view applied to 'medical dominance'

if there is a need on each separate encounter with a patient for the doctor to engage in a continuing struggle for dominance, one which lasts throughout the whole encounter, then his position is not a very strong one; it is one which might easily be lost. Someone who is genuinely and firmly in control does not have to contest that fact with those he controls - that he does not have to contest it is one of the things, surely, that being in control means.

Sharrock 1979 page 136

'Good data' for such an account might look like the following:

Logan takes it down the wing, beats Rafferty, feints. Across to Laming. Laming to Brown. Brown tackled by Johnson, Johnson muffs, and its Rafferty retrieves. Rafferty out to Mulkern...

And indeed this kind of commentary would tell us how Interactionists United dominated the game, kick by kick.

An equivalent in a commentary on health visitor student assessment is:

What we see is the academic members of the board pushing an interpretation of the mark as an error by the tutor rather than by the student....Miss Lane the senior tutor, cuts the debate off without resolution...The coalition to defend Miss Wilkins has the effect of resisting non-occupational control over licensing..

Dingwall 1982 pages 19 - 20

As we have seen such an interpretation involved dividing actors into 'teams', attributing teams with 'interests', imbuing actors with the motivation to 'win' and reading action off as 'wins' and 'losses'. We could change the game almost at will by analytically re-shuffling team membership, interests and motives.

My critique of interactionist accounts of influence has then followed Lukes' critique of one and two-dimensional views of power. Put briefly this is that such views are

1. behaviourist - in that they rely upon observable situations of conflict in order to detect power. A consequence of this is that faced with manifestly unconflictual situations the analyst either has nothing to say about power, or has to treat the unconflictual as a battle won. This in turn involves some rather doubtful activity attributing 'interests' to actors to provide a resource for discovering who did win.
2. That such accounts are methodologically individualistic attributing power or influence to individuals or identifiable groups (and go no further than this) and that this leads to a search for the causes of observable behaviour in the motives persons bring to it, and the strategies they deploy to bring it about. When this tendency is added to the methodological necessity that power and influence are displayed through conflict, this leaves unanalysed the kinds of constraints which act on all participants 'powerful' or not.

Lukes' remedy for these inadequacies is to add a 'third dimension' to the discussion of power. I will follow this line below, focussing particularly on the way in which interactionist accounts tend to leave unanalysed the kinds of constraints that everyone in an encounter may be subject to. Put another way this is to propose that even if we 'see' that some participant is more powerful than others, and that this power is used as a facility to shape the encounter, we still have to account for how it is that this exercise of power is a possibility.

CHAPTER TWELVE: Adding the Third Dimension

12:1 Introduction

Lukes' remedy for the shortcomings of one and two-dimensional views of power is to add to them an idea of 'structural determination'. Much the same points have been made by Giddens (1976) and Clegg (1975) and others, using somewhat different words. However for simplicity I will stick with Lukes for a while. Lukes notes Marx's well-known formulation that:

Men make their own history but they do not make it just as they please; they do not make it under circumstances chosen by themselves, but under circumstances directly encountered, given and transmitted from the past.

Marx Engels (1962 page 247)

With this quotation in view it might be said that interactionist accounts concentrate overly on people making their own history, and little on those circumstances they cannot choose unless those circumstances turn out just to be other people making their own history. As Lukes writes:

Of course..collectivities and organisations are made up of individuals - but the power they exercise cannot be simply conceptualised in terms of the individual's decisions or behaviour..there is the phenomenon of 'systematic' or organisational effects, where the mobilisation of bias results, as Schattschneider put it, from the form of organisation..the bias of the system is not sustained simply by a series of individually chosen acts, but also, more importantly, by the socially structured and culturally patterned behaviour of groups..

Lukes 1974 p21 - 22 (quotes re-ordered: embedded reference to Schattschneider 1960)

Perhaps the least controversial example of structural determination is the 'market'. Markets are certainly constituted by myriad little acts by sentient and motivated individuals, and by a great many highly coordinated and purposive actions by economic and governmental institutions yet the way markets 'work' cannot be resolved back to these actions. Markets have a 'blind logic' which operates beyond the control of any or all participants (when this ceases to be the case we give up using the word 'market'). Rather than explaining markets in terms of individual motivations or organisational goals, we would do better to explain the relevant motives and goals as what are provided for by the way markets

work.

The example of the market allows us to explicate the notion of 'power' in any model which includes an idea of structural determination. Lukes is not particularly helpful here, since he often uses the term 'power' loosely to cover a wide range of 'significant modes of affecting' including the idea of structural determination itself. I will use the term 'power' more precisely after the fashion of Giddens (1976) or Clegg (1975) to refer to power as an ability given by a particular mode of structural determination. This is quite explicitly to restrict the term to 'two dimensions' and to attribute power to identifiable individuals and groups as in an interactionist model. The advance on the latter comes from viewing 'power' as itself (third dimensionally) structurally provided. Thus with the example of the market, we can say that the millionaire is powerful economically speaking, but only because there is a market to provide for his use of property to advantage: we would of course also have to fill out the example to refer to a legal system providing for ownership and so on until we had sketched in the characteristics of a 'form of life' (Clegg 1975) called 'capitalism' which provides for people to be powerful in this way.

Power in such models becomes 'relative autonomy' (of people here, not of structures): an ability or the facilities to make more beneficial choices than others. The example of the millionaire and the market is on a rather grand scale. Closer to home are the examples of how interactional rights are distributed in viva voce, or how professing rights are allocated in moderating meetings. Both are examples of 'distributions of power', but not of power 'strategically gained on the spot'. The idea of power is not available as an ultimate explanation for why observable action turns out the way it does. Power in its turn and the limits to power require to be explained. Structural

determination does not shape action only through granting more power to some persons than to others. As the Bunker Hunts discovered when they tried to corner the world market in silver, it also works to limit the power of the most powerful, and structural determination may operate without bestowing power at all, by constraining everyone to much the same degree.

Returning now to the explanation of health visitor student results:

I take it that Dingwall's explanation is that the results which emanate from health visitor courses result from the exercise of power or influence by tutors and that the direction in which they exercise this power is in line with some set of interests they have given by their occupational socialisation: an 'occupational code' in the 1982 version. Following the discussion above this simply cannot be an explanatory account for health visitor student results. Firstly it does not explain how tutors are empowered - to the extent that they are. It merely assumes they are. Secondly it assumes a motivational set - occupational code - for tutors which transcends the immediate situations in which they assess and can be cited as a cause. It does not explain why it should be in line with the correct motivations of tutors to pass most students. Thirdly when we look at the impressive regularity of health visitor student results it seems highly unlikely that they can be explained by invoking such shifting and precarious matters as individual and group motives and/or successful negotiation.

On the latter point and in line with the discussion above, I think we must allow that no one among assessors is really very powerful.

Sometimes withdrawals and referrals must represent 'wins' by tutors, sometimes by field staff, sometimes by externals, sometimes by internals sometimes collaborating, sometimes in contest, BUT whatever happens there is an evens chance no one will get referred and a seventy percent chance that no more than one will get referred, and a near on 100% chance that

all of the latter will pass next time around. Against this verity there really is not a great deal of point in sorting out who won each round and we must turn our attention instead to the question of how it is provided for that assessors have only this tiny room to manoeuvre: only this very small political arena.

12:2 Continuity in health visitor student results

Though there have been huge changes in health visitor education and health visitor student assessment the organisation of bias in assessment has remained constant over a long time period.

Let us note that over the last 19 years between 94 and 98 per cent of students survive to the end of a course and are passed as 'safe to practise'. Or put another way, that each year there is a better than evens chance for a course than no students will be referred, and a 70 per cent chance that no more than one student will be referred. The drop-out rate is low and of those who are referred almost all subsequently pass. To this let us add that in the period 1925 - 1965 under a different system of examining somewhere between 95 and 98 per cent of candidates were eventually passed as safe to practise. This earlier system of assessment referred more students. Only 85 per cent passed at the first attempt and the final figure involved more re-examinations than is the case at present. The earlier system entailed nationally set and nationally marked examination papers and locally conducted viva voce by nationally appointed examiners. Two different examination bodies were involved: the Royal Society of Health in England, Wales and Northern Ireland, and the Royal Sanitary Association in Scotland. In detail the pattern of examining was different, and each body changed their examination pattern during this period. Thus despite changes in examining procedures the pass rates show a considerable degree of inertia. This degree of inertia continues

to the present day, despite the movement of health visitor education out of health authority schools and into general education, despite the local delegation of examining, and despite a shift from grand-slam examining to continuous assessment; despite radical differences between colleges in their assessment procedures; despite changes of assessment procedures within colleges over time, and despite a rise in intake on courses from as few as 9 or 10, to as many as 65 and a later fall to as low as 11 or 12. Yet despite these changes the only significant change in health visitor student results seems to be that in the past more students were referred before being eventually passed. Even this is less radical a difference than it appears. Under the earlier system most courses were only six months long, most referred students were re-examined within the year and thus about 97 per cent of students were passing within a year.

When we view almost 50 years of similar pass rates despite changes in educational provision and assessment organisation, we can be pretty certain that the room to manoeuvre for assessors is very limited. It is fairly obvious that once a norm of this sort has been established that the performance of colleges vis a vis each other, and the performance of individual assessors becomes accountable as competent or not by comparing one set of results with 'what usually happens'. This is obvious, but what are more interesting are two other questions. One is 'why this norm' rather than another, and the other question is how does 'norming behaviour' serve as an organisational principle in the constitution of the activities of assessing students? I will tackle the first question to end this part of the thesis, and devote the next part of the thesis to the latter.

12:3 Organisational bias on organisational bias

At this point it is worth quoting Lukes:

the bias of the system, is not sustained by a series of individually chosen acts, but also more importantly by the socially structured and culturally patterned behaviour of groups..

It is very tempting to write about an organisational bias within the colleges for passing students and then to map this organisational bias in the colleges onto what must be assumed to be an organisational bias in the health service for not losing its investment. 97 per cent of students are sponsored by the health authorities, at a cost which including salary, fees, travelling expenses and additionality is approaching £18,000 a year per student, drawn from funds which could be deployed towards training other sorts of staff, and where, in most parts of the country, health authorities have a choice of colleges with regard to which they may sponsor students. In material terms the key 'means for producing' health visitor education is sponsored students, and this is controlled by health authority decision-makers: indeed the numbers on courses is controlled directly by the number of sponsorships allocated. Moreover the pass-rate norms were set while health authorities themselves were the educational providers. It seems highly unlikely that health authorities would mount expensive training exercises only to fail large numbers of students, and equally under contemporary conditions it seems unlikely that health authorities would continue to sponsor students to courses with high rates of failure.

The intersection of an organisational bias for sound investment on the part of the health authorities, with an organisational bias in the college for passing most of their students may be seen in the following array. It is based on 237 cases and expresses the concordance and discordance between the college and the field in making disposals at the final stage of assessment:

Figure 14

Field intimates	Pass	Refer	
	232	6	238
=====			
Assessors actually			
Pass	228	2	230
Refer	4	4	8
=====			

Put another way there were two occasions on which the college assessors passed a student which the field seemed to want to refer (including the case of the Black Stockings - see appendix), and four occasions on which the college referred students that the field appeared to want passed. Just six discordant decisions.

The fact that the views of the field are mediated by tutors flaws this as data. As an internal examiner my evidence for 'the field' preferring a referral is (with the exception of 2 cases) provided by hearing what tutors say, and it is quite conceivable that some of the cases listed as concordant passes were in fact 'against' the wishes of the field. Much the same might be said about concordant referrals. However as is common practice when I have had such news as an external examiner I have always checked it with a telephone call to the Assessor of Supervised Practice.

Nonetheless the data is somewhat flawed, However while we can imagine shunting the small numbers from box to box in the matrix it is difficult to believe that ad hocing on operationalising categories will ever disrupt the overall pattern which speaks massively of a concurrence between (let

us say) the field's interests for passes, and the college's delivery of them.

12:4 Explaining Organisational Bias and the problem of interests

If this were an interactionist account the next step would be to look for an 'interactionist' mechanism through which the health authorities' interests for passes were conveyed to the colleges. Angry complaints about referrals, or refusals to extend sponsorship during a period of referral would constitute good data here. However there is little evidence of this. There are after all very few referrals and almost no failures anyway.

So there isn't much for the health authorities to complain about. However the argument is precisely that there isn't much to complain about, because things are so organised to avoid such complaints. It has all the difficulties of counter-factual arguments (Lukes 1974).

Another kind of supportive data might come from observing assessors, forever 'taking into account' the possibility of 'upsetting the service' when making decisions about students. However what we actually do hear is assessors reminding each other that the financial investment of the health authorities is the last consideration which should be allowed to influence decisions:

HVT: I think, I know that they are very anxious to have her down there (i.e. the health authority wants here to pass)

External: who are they indeed, well its this board which decides such matters.

HVT: no, I, hh, I didn't. What I meant was that that's some sort of evidence about her ability in the field.

Principle Tutor: we can't let (the convenience of the health authorities colour our decisions)

Chairman: I must agree with our external, we can't be subjected to pressures.

HVT: no but you know I didn't mean.....

(Finals examination board; reconstructed from verbatim notes)

Thus we have met another problem which arises from the use of the idea of 'interests' in an explanatory way in sociology. As Woolgar (1981) points out, while sociologists are busy attributing interests to actors, actors are busy making out their activities as properly interested. Since the evidence for the former has to come from the latter, the analyst is forced into the manoeuvre of treating speech which is interested by the actor in one way, as 'really' interested in another.

Returning for a moment to the notes in chapter six, the speaker's manoeuvre in 'interesting' an utterance is of course part of the way in which a good title for an utterance is established. A properly entitled utterance is one which is interested only in the way it should be, and if accepted as such it displays the speaker as well-motivated.

The moral scrutiny of social activities requires interpretive work to establish what might be motivating people, and interpretive work to establish whether, under the circumstances, this is a legitimate or illegitimate motivation. To find some course of action is morally correct is to discover that it was not improperly motivated (McHugh 1970) Or what amounts to much the same thing, that it was motivated to serve a legitimate interest.

The use of the term 'interest' rather than motive here allows us more easily to see that in much social interaction, persons are deemed not to act so much, or only, in their own interests as to act as the agents for the interests of others, or of disincorporate entities such as 'the truth' or 'justice' or somesuch. Thus the made-out-to-be properly motivated organisation-member may be the person who is motivated more

to serve interests of the organisation, than to serve interests of her own. The theme of the alignment of personal motive with the legitimate demands that a member serve the interests of the organisation, occupation, country or cadre is central to the language of discipline, loyalty and such like that serve as coordinating rubrics.

I have already introduced the reader to sections of Dingwall's work where he shows that assessors make out their activities as properly interested by making explicit references to a 'social contract' with the public, and to the relations with the validating body, which is itself depicted as engaged in furthering this public interest:

The interpretive scheme of health visiting is, in a real sense, the public interest. It defines what is of value to the public, and, at the same time defends the public from alternative, possibly counterfeit schemes.

Dingwall 1977, page 209

This kind of interesting is quite clearly and explicitly done. What I want to note in addition is how utterances may be disentitled because they can be made out as serving what is ineligible to influence assessment. The last quoted sequence of data will do as an example. Here it appears that the HVT's contribution to the discussion about the length of a student's referral is found unentitled because it gives a voice to interests which are not eligible to be heard: that of the health authority. As the reader now knows while this is a ground for disentitling the utterance the organisational basis for it is the principle of externals' last words. Nonetheless explicit references to the organisational convenience or financial interests of the health authority, or to the need to avoid upsetting the suppliers of students, are rare.

Dingwall encountered this lack of obvious orientation of assessors to the dominant position of the health authorities, and treats of the relationship mysteriously in terms of 'certain pressures'. Comparing

health visitor student assessment with that of teachers and social workers he says:

Given the widely-held notion of a 'teacher shortage' there are certain pressures on staff to produce as many certified graduates as possible, although these may be less direct given the form of support through student grants rather than local authority sponsorship....since there is equally a shortage of qualified social workers in Britain and they are similarly sponsored by local authorities..The shortage of staff and direct sponsorship also leave training schools vulnerable to pressure to produce as many graduates as possible and to minimise wastage

Dingwall 1974 pages 491 - 2 (my emphases)

Like myself Dingwall seemingly found little empirical evidence for such 'pressures' being exerted.

The argument then is that it is the dominant position of the health authority on the supply side of health visitor student assessment which in some way determines the pass rate, but the evidence is that the assessors of students are always making out their activities as not influenced to pass students by any consideration of the problems this might cause for them with health authorities.

We are now with a familiar problem in sociology; that presented by a gap between what seems quite plausible when argued at a macro-structural level of analysis, but which seems quite unclear when looked at ethnographically. In a well-known passage Stokes and Hewitt draw attention to this problem:

Interactionist theory is a more accurate reflection of the attitudes and experiences of everyday life but finds it hard to account for their overwhelming similarity and continuity from day to day, year to year and generation to generation. Structural theory more accurately portrays the facts of cultural persistence but does so by conceiving of culture's influence on conduct in a way that is empirically invalid and theoretically unsatisfying.

Stokes and Hewitt 1976 page 842

In fact the situation in sociology is not quite as dire as Stokes and Hewitt make it out to be, and although their own remedies do not take

us very far in plugging the gap, there is a genre of work which provides for sociological analysis which neither invokes macro-structural determinism, nor the shifty world of interactionism. I refer particularly here to Goffman's work.

12:5 Frames, role formats, discourse systems, language games and other little systems of constraint

One of the problems of using a term such as 'structural determination' is that it sets the reader up always to expect an explanation which links some local doing to the workings of the grand structures of industrial society/capitalism. Macrosociologists have to a great extent pre-empted the term for their own use. Goffman however, especially as interpreted by Gonos, offers us a picture of structural determination which does not beg the question of whether and how little doings are linked to the grander structures proposed in macrosociology.

The approach starts from the perfectly uncontroversial observation that when one (say) plays a game, or goes to a meeting, or attends a wedding, or stands in a queue, one thereby becomes subject to whatever regulations protocols and expectations 'go with' the situation. Put more precisely, one places oneself in jeopardy of complaint if one does such as others will take as a violation of these niceties.

Goffman's whole approach is predicated on the acceptance that there are 'social forms' or 'frames' which are socially given and which in a sense have an existence apart from the individuals who play them out. Gonos commenting on Goffman writes:

Everyday life is seen to be made up of more or less - delineated 'worlds', realms of special meanings within which a particular language of reality is binding. The world is a mode of experience fleshed out by adherence to the rules of a frame or occasion...a frame is described by the stable rules of its operation, whatever the circumstances of any particular enactment. In other words frames are not to be thought of as empirical in the way that situations are.

The re-ification this entails is not as outrageous as it might at first appear, for the thinking is modelled on the language-speech distinction. Like languages which remain relatively unchanged by usage, so do social forms. Goffman frequently draws this analogy between language-speech and form-action (Goffman 1974 pages 11 - 12, 236)

Irrespective of whether this particular queue dissolved into disorder, or this particular meeting went awry, queueings and meetings will still be available for use as ways of organising activity in the future.

Goffman comments here:

Presumably, a 'definition of the situation' is almost always to be found, but those who are in the situation ordinarily do not create this definition, even though their society can be said to do so: ordinarily, all they do is to assess correctly what the situation ought to be for them, and then act accordingly.

Goffman 1974 pages 1 - 2

An implication of this is that even powerful participants do not have unlimited choice as to what 'definition of the situation' to uphold 'against' the less powerful. Pace Emerson 1970 for example, gynaecological staff, can sustain just that amount of power that is given by sustaining that this is a gynaecological examination. There is no way that they can get away with redefining things as a shopping trip or a birthday party!

If power becomes a dependency of structural determination, so also do interests and motives. Goffman's writing is particularly interesting in this respect, if frequently misunderstood (Gonos 1977). Throughout his writing there is a downgrading of the individual as a unit of analysis. Interactionist approaches depict action as a process of negotiation between 'selves'. To the degree to which selves are sociological, selves are represented as social products, becoming so

through a process of biographical accumulation - socialisation - which results in personalities who carry their characteristics (attitudes, beliefs, social theories etc.,) from situation to situation. Selves, their motives and characteristics and the socialisation process which lies back of this are thereby available as an explanation for what happens: labelling theory illustrates this neatly. For Goffman by contrast, the 'self' is often treated as that which is permitted by the structures which constrain action. The self is a dramatic effect. Gonos comments:

For interactionism, the focus on meaning is linked..to the conventional assumption that 'everyday behaviour is a 'direct' indication of the (actors's) inner state, of the doers' being' (Davis 1975 p 601). Goffman, in the tradition of structuralism, inverts this understanding by making the subjective aspect of action subsidiary, and 'after effect'. Any outward indication 'Is itself the substance, not the shadow' (Goffman 1974 p 463). The actual pattern of determination then, according to Goffman, is just the reverse of how, in our society (and in interactionism), it is perceived (Goffman 1974 p 462 - 3). It is the activity of producing a particular world that generates a characteristic set of 'inner states', for its participants. The pattern of their occurrence - when and how they are to be expressed - is a determined aspect of the operation of any established kind of activity system. Individuals infer the subjectivity proper to their roles in such a system by applying current doctrines concerning how they are related to their acts.

Gonos 1977 page 863

In this sense then the 'motivations' (wishes, desires, wants, interests) of persons would be off-limits as explanatory devices for the sociological analyst. Rather than action arising from motives, motives are seen to be structurally determined by the activity systems in which persons find themselves involved. Indeed part of the required behaviour is likely to be for actors to make their behaviour observable as following from proper motives and serving those interests granted as legitimate.

Goffman however does not follow this line to its ultimate conclusion. Much of his work is precisely about the tension experienced by persons

between the kinds of selves which are realisable through various social structures and some residual self which is capable of experiencing wayward and alienated desires. This aspect of Goffman's writing is in the direct lineage of Durkheim's thinking on homo duplex, and if Goffman's structuralism is assignable to any descent from founding fathers it is from Durkheim and Simmel rather than from Marx.

The important point here can be made quite bluntly by imagining what it would be like trying to understand the regular and patterned nature of wedding ceremonies by inspecting participants for the motives they brought with them to the wedding. Presumably persons go to weddings for all kinds of reasons, but weddings of a sort turn out to be much the same, while weddings of different sorts turn out differently. It is virtually impossible to imagine anyone being able to 'negotiate' an Anglican wedding into a Jewish one, however strongly motivated and well-resourced. Weddings turn out to be 'true to type' because doing a wedding is entering an activity system which provides actors with things to do and say, which of themselves betoken correct motivation. Put more simply this kind of structural constraint involves a deference to the proprieties of given activity systems, which usually transcend, or provide the particular and ideosyncratic motivations of actual persons. As Strong says of Doctor-parent encounters:

though they met in all manner of circumstances, doctors and parents routinely transcended the mundane particularities of their meeting and invested themselves and their relationship within the same ritual frame.

Strong 1979 page 38

12:6 Social Forms and Temporal Continuity

The idea of a social form, or frame, or role format (Strong 1978, Strong and Davis 1977) language game (Clegg 1976, or discourse structure allows us a level of analysis which fills the gap noted by Stokes and Hewitt (among others). This missing point of linkage between

interactionist and macrosociological approaches is a temporal dimension, or at least a dimension which implicates temporality.

Interactionist accounts (including most ethnomethodological ones) are firmly located in 'now-time' but for both, the locus at which the effect of past events accumulate to influence those in the present is the socialised actor. In interactionism it is characteristic for the analyst to fill out the minds of actors with perspectives or social theories or such like, acquired through experience in a definitive social location. Ethnomethodologists take a more parsimonious and Wittgensteinian line and merely credit actors with acquiring a kind of mastery (Wittgenstein 1976 page 20) over interpretive competences. However in both models the linkage between now and then is made through the actors' consciousness. The actor brings to each new scene or setting such as she has learnt previously and uses it as an interpretive resource for new activity. What these approaches ignore is that activity systems (frames etc.,) have an autonomy from actors and in a sense are ready there waiting to be used when the actor arrives on the scene. Goffman, and Strong & Davis argue that not only do such activity systems have their own laws of motion beyond the control of any particular actor, but they also have their own evolutionary history which cannot easily be reduced to purposeful planning by (or occasioned negotiation between) actors.

As I read Strong's work his specific argument is that the characteristic forms taken by doctor-parent (and presumably doctor-patient) interaction sequences are the product of a long term shake-down to the 'balance of power' between (as it were) every-doctor and every-patient:

Formats...typically operated at a pre-conscious level. They were cultural solutions which already existed, were well-known to participants and had normally been used by them many times before. On most occasions their use was a matter of unreflecting routine rather than a deliberate choice.

Strong and Davis 1977 page 791

In simple terms the approach seems to propose the following: Over time, patterns of activity have crystallised out as a 'solution' to routine problems or as optimal trade-off positions between types of participants, but once established they gain a normative status so that deferring to their protocols in itself becomes a sanctionable matter. Thus pace Strong, patterns of Doctor-patient interaction which were established prior to the NHS represented a shake-down to the relative bargaining strength of fee paying patients and fee-receiving doctors. 'Gentility' is how Strong characterises the relationship. However these same patterns of relationships have gained a 'life of their own' so that they persist as proper ways for doctors and patients to interact. Doctors and patients defer to these pre-NHS protocols despite the change in relationship between doctor and patient effected by the socialisation of medicine. At first sight then what is being suggested is a kind of historical inertia or cultural lag, and really for some patterns of activity (weddings, funerals, card games, the State Opening of Parliament) this seems quite uncontroversial.

12:7 Retrospective Copying and Normal Results

Health Visitor student results have remained similar over a long time period and for most of that time the interaction which produced them is lost. Comments like the following are however interesting. The comment comes from a tutor, now retired who was involved in the transfer of a course from the health authority and assessment by the Royal Sanitary Institute, to higher education and internal assessment:

I don't think we ever thought about it at the time, not explicitly. It was the same school in new premises, in a new organisational context, but we didn't so far as I remember expect the results to be very different from what they had been under the old system. I suppose we must have been satisfied with the results - though I don't think we were ever, or have ever been satisfied with, by, the standard that they reached to achieve the results, if you take my difference. There is always room for improvement. But as for the changes leading to any huge change in the numbers passing I don't think it would ever have crossed our minds. Perhaps it should have done.

(taped data)

There is no great problem in finding a mechanism for the stability of rates through a process of historical inertia. Given that some kind of standard has to be utilised any new departure in health visitor examining will be likely to be 'standardised' on the 'old results'. It is difficult to get information on this kind of standardisation in the past, but as collateral evidence I note that much about the current pattern of assessment was in fact already in place in 1925: for example a two part course structure, the first dedicated to 'theory' the second to 'practice': a first part examination through exercises on paper (exams.,) and final assessment through viva voce: the conduct of viva voce by external examiners. It is common enough that new educational initiatives rarely break completely with the past, and often incorporate elements of a pre-existing pattern within them.

It is certainly true that whenever new assessment instruments are being discussed on health visitor courses, a critical consideration is whether they will yield the same kinds of results as do other assessment instruments. The following taped discussion comes from a staff meeting discussing the design of an assessment instrument using video-taped scenes as stimulus material for questions to students. The video-taped material in this case featured meal selections made by adolescent students on the refectory counter:

HVT 1: ...which they can see because the choices are, well visible (laughs) and they can work out whether it contributes to a healthy diet/

HVT 2: /but I'm saying that the only sense that makes, in the queue is what else they eat in a day, in a week, in a month/

HVT 1: /fine, that's fine, that's just fine, and that's what this question is about, what other foods they ought to incorporate in their diet to sort of balance out the stuff they eat here.

HVT 3: an emetic, if its anything like the usual. An emetic if they have any sense I should think (laughter)

HVT 2: O.K. so its doable, I agree, but you remember what happened last year when we did it, the pilot/

HVT 3: the interview with the old lady, the elderly lady.
yea

HVT 1: yea

HVT 3: (laughter) I can see what's/

HVT 2: /and what happened, the results were very awkward.....
..really

HVT 3: you said that before but I don't see it. O.K. they all
got it right, or nearly, well that's fine if they know it

HVT 2: but it wasn't a good discriminator, if you put it along
side the other/

HVT 3: /well we do have a problem here, which we are trying to
solve if you don't be so destructive. I mean a validation, the
validation problem, so all we've got to do is to work out the
questions so that there is some resemblance somewhere to their
results, other results.

HVT 1: and I'm saying that's ridiculous, because if you are
testing different skills, different knowledges, different you
see, which is what you can't get, then there is no good reason
to expect that the results will be the same/

HVT 3: /but if they don't come out the same, no I don't mean the
same, but showing some similarity, then it won't be an adequate
assessment instrument, or at least no one will accept that, the
external examiner

It is a measure of the constraints under which health visitor student assessment is practised that assessors have shown a quite impressive innovativeness in designing new sorts of assessment, allegedly to test for a wider and wider range of health visitor relevant skills, knowledge and attitudes, but that each new assessment instrument requires to be 'validated' by giving the same kinds of results as the one it replaces, and as the ones it takes its place alongside. In the case of the 'Borderline Borderline' (appendix 2) an external does indeed query the validity of role-played and video-taped interviewing as an assessment instrument on the grounds that the results rank-ordered students differently from the way other assessment instruments rank-ordered them. The assessment instrument being discussed by the tutors above was in fact dropped because, by contrast with other instruments, it produced aberrant results.

Retrospective copying of this sort accords rather well with the second half of the Marx-Engels quotation given earlier to the effect that people make their own history but only:

under circumstances directly encountered, given and transmitted from the past.

In encountering and taking into account what is given and transmitted from the past, persons thereby reproduce something of what they encounter.

12:8 Assessing as Norming Behaviour

In a paper written in 1977 Strong and Davis make a spirited case for the resurrection of the notion of 'role'. They record that:

Only ten years ago the concept of role occupied a central position in sociological theorising and research. Graduate students were given a role to study just as anthropologists were given a tribe. The concept was typically conceived in normative terms, an abstract concept covering simultaneously a melange of generalised expectations, rights, duties and relationships....a decade later things look rather different. Major theoretical debate has shifted elsewhere while few researchers now address themselves as they were once wont to do, to uncovering the properties of this or that substantive role. The very term itself has almost vanished from current writing.

Strong and Davis 1977 pages 776 - 77

While Strong and Davis note various shortcomings of the traditional functionalist concept of role they also note its usefulness as providing:

a solution to the general problem of 'levels of analysis': roles provided a link between observable behaviour and more abstract structural concerns

ibid page 776

It must be said that as Strong himself admits (1979) there is nothing very original about these writers' retooling of the idea of the role, as 'role format'. The idea is extrapolated from Goffman's notion of a frame (1974), which in turn is derived from Bateson 1955/72). Just

as the Bateson-Goffman notion of frame solves a problem of 'levels of analysis' so does the idea of role format. The problem of level is of course that noted in the quotation from Stokes and Hewitt (section 12:4) and the idea of a frame, or a role format, or indeed a language game or a discourse structure, provides an analytic position between macro-structuralism and micro-interactionism. The most important features of such notions is the autonomy they grant the social form in question from any particular occasion of its use. Certainly the archetype of such autonomous social forms for Goffman is language itself which is not perceptibly altered in occasioned usage, and yet is the necessary condition for the speech in which it is occasioned and reconstituted. Giddens notes features of the language-speech distinction which exemplify the properties claimed on the one hand for frames (here 'structures'), and on the other for such occasioned action as might be said to be 'framed' (here 'practices'):

(a) Speech is 'situated', i.e. spatially and temporally located, whereas language is, as Ricoeur puts it, 'virtual and outside of time'. (b) Speech presupposes a subject, whereas language is specifically subjectless - even if it does not 'exist' except in so far as it is 'known' to, and produced by, its speakers. (c) Speech always potentially acknowledges the presence of another. Its relevance as facilitating communicative intent is fundamental, but it is also the intended medium, as Austin makes clear, of a whole host of other 'illocutionary effects'; (natural) language as a structure, on the other hand, is neither an intended product of any one subject, nor oriented towards another. In sum, generalizing this, practices are the situated doings of a subject, can be examined with regard to their intended outcomes, and may involve an orientation towards securing a response or a range of responses from another or others; structures, on the other hand, have no specific socio-temporal location, are characterized by the 'absence of a subject', and cannot be framed in terms of a subject-object dialectic

Giddens 1976 page 118 - 19. Embedded references to Ricoeur 1971 & Austin 1966

There are two properties of importance to note here about these language-like social forms. Firstly as already noted above, having an autonomy from occasioned usage, such social forms can be said to 'have their own history' (something like the phenomenon which used to be known as 'institutionalisation' (Parsons 1952)).

If the norms within encounters are generated by a particular balance of resources among the participants then, where the conditions are such that this particular balance holds true across a broad range of encounters, a routinised solution is liable to emerge. Its use avoids uncertainty, cuts out initial skirmishings, avoids trouble and enables a rapid concentration on the task at hand. It is these solutions that we wish to term role formats, a concept which encompasses both the stability in relationships and the variability for which role itself does not allow. These solutions are not simple moral imperatives, although they may have a strong moral flavour. Over time routinisation renders a working compromise not merely a solution, but the solution. It becomes the way things are and, since we idealise our lives, the way things ought to be.

Strong and Davis 1977 pages 783 - 4

Secondly in a thoroughly Durkheimian way, (as the quotation above captures), these social forms gain a normative status and become systems of constraint: They provide sets of criteria against which persons whose action is thus framed, may be judged as competent or incompetent, good or bad, and so on.

I note that, in a way which is unremarked by the authors, they not only re-introduce the notion of 'role' but another term which has fallen into disuse, that of 'norm'. The idea of a norm had all the problems associated with a reified conception of role, but also had the advantage of solving the 'problem of level'. Given that my interest is in the results of assessment, which look 'norm-like' rather than 'role-like', I will take a licence from Goffman and Strong and Davis and treat the results as a norm, and assessing as a 'norming' activity.

Here a reference to a second approach by Bateson to the 'problem of level' is apposite. This concerns his distinction between the processes of 'feedback' (for which we might read 'interaction') and 'calibration' (1979). Having given the example of the feed-back mechanism between a thermostat and the air temperature, and the way that that is calibrated by setting the thermostat in the first place, he continues:

A driver of an automobile travels at 70 miles per hour and thereby alerts the sense organ (radar perhaps) of a traffic policeman. The bias or threshold of the policeman dictates that he shall respond to any difference greater than 10 miles per hour above or below the speed limit.

The policeman's bias was set by the local chief of police, who acted self-correctively with his eye on orders (i.e. calibration) received from the state capital.

The state capital acted self-correctively with the legislators' eyes on their votes. The voters, in turn, set a calibration within the legislature in favour of Democratic or Republican policy.

...we note an alternating ladder of calibration and feedback up to larger and larger spheres of relevance and more and more abstract information and wider decision.

Bateson 1979 pages 198 - 199

The idea of a 'norm' then corresponds fairly closely with the idea of a 'calibration' which sets the parameters for interaction. Like role formats 'norms' then will be seen as having a 'life of their own', and as providing for their own reproduction through gaining a normative status as 'the right thing to do'. By talking of persons orienting their activities towards a norm, one drives a wedge between the actor's 'in-order-to motives', and a sociological explanation for why the norm is as it is. Thus if we ask assessors why they grade and rank students as they do, this will generate a great deal of speech, the upshot of which will be about giving students the results that the students' performance merits. Further investigation will discover various methods which assessors have for discovering this as 'well written', or that as 'the right answer' or this as 'good interviewing'. But none of this will explain why it is that each year and from course to course results are so similar. For that kind of explanation we have to invoke firstly, assessors orienting their activities to the norm constituted by 'normal results'. That is to say we have to see 'normal results' as providing a moral constraint on the activities of assessors, under the auspices of which assessors deploy whatever criterial rules they use for judging students. Normal results then are not 'caused by' the ideas assessors

have about students, rather causality runs the other way. The organisation is such that it is calibrated to provide as criteria for competence, those criteria associated with getting results which are normal. Secondly since 'normal results' do not originate in the social theories of assessors, we can attribute them to that 'balance of power' (as Strong might say) between the colleges and the supplying health authorities. Put another way, it can be claimed that the organisational convenience of the health service bureaucracy has over time become deeply embedded into the actuarial criteria that assessors use for judging student quality. The truth about students always has to be that the vast majority of them are 'safe to practise'.

12:9 Conclusion to Part Three

This part of the thesis began by looking at the question of power and influence in health visitor student assessment. It ends with the notion of constraint. I noted that so far as disposing of students is concerned, no one involved in assessment can be said to have much 'power': for if power means an ability to determine outcomes, the very regularity of outcomes suggests strongly that they are pre-decided in all but the fine detail. This observation leads to the suggestion that everyone involved as assessors, (externals and chairmen as well) operate in a field of constraint such that if they and their organisation is going to be produced as competent, normal results is what they will have to produce. One could stop at this point and note that it is a very common tendency for all agencies in educational assessment to 'norm' in this way, and for the norm to provide the criteria against which assessors and teachers will be judged (Bee and Dolton 1984, 1985). One could note also the public concern which is generated when pass-rates fluctuate, or when they vary from one examination to another where it is deemed that they should be 'equivalent', or where increasing numbers of persons achieve what are

supposed to be more exclusive qualifications (Cox and Dyson 1969, 1970, 1971). In a society where socio-economic inequality is legitimated by the notion of 'meritocracy' it is not surprising that 'educational standards' should gain a 'sacred' status, and fluctuations in them be viewed as a moral calamity.

I went one step further however and suggested, speculatively, but with some credibility I think, that in health visitor education in particular the normal results which count as the accurate results, which count as the results produced by competent teachers and assessors, are also the kinds of results which do not jeopardise the political economic relationship between institutions which educate health visitor students, and the health authorities which provide the most important means for them to do so.

PART FOUR

Accomplishing Normal Results

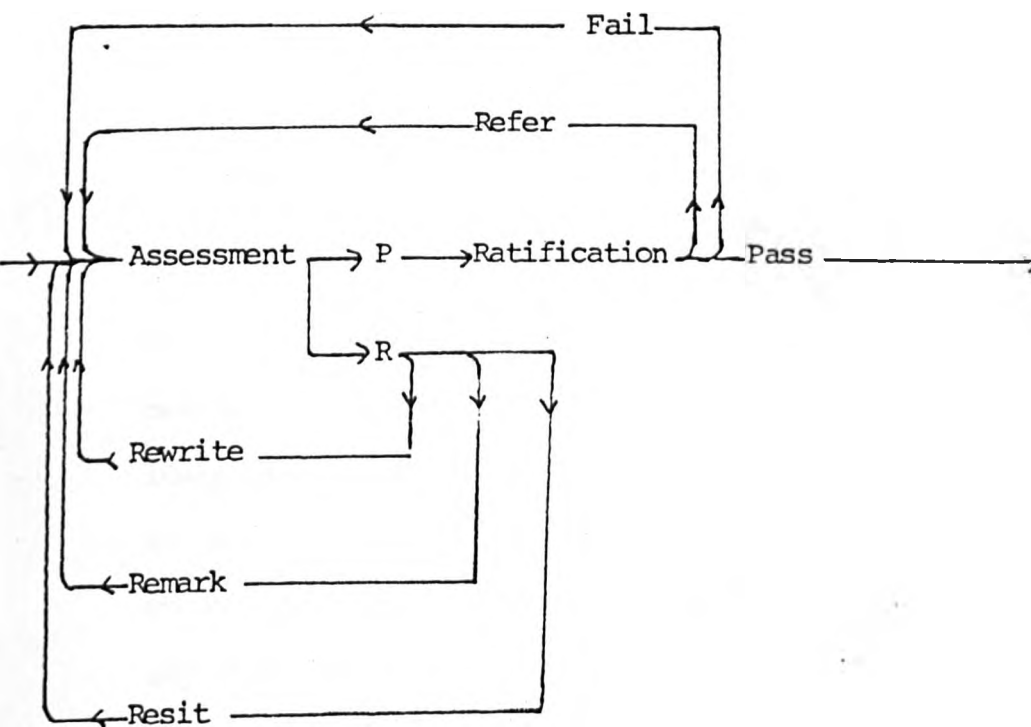
CHAPTER THIRTEEN: Doubt and Certainty

13:1 Introduction to Part Four

In the previous section of the thesis I noted that there was an 'organisational bias' in health visitor student assessment to produce a particular pattern of results. In this last part of the thesis I want to demonstrate what this bias looks, and sounds like. In the introduction I promised that I would be investigating how health visitor student assessment is organised to produce the results it does. This promise will be fulfilled, but it is convenient to fulfill it by reversing the question. Rather than asking how it is that assessment is organised to produce 'normal results', I will ask how it is that being constrained to the production of normal results organises health visitor student assessment. The warrant for this formula is that for each new cycle of assessment, normal results are already there to provide an icon or paradigm against which this year's efforts can be judged.

The machinery in the diagram below discloses in a crude way the procedures through which competence is found in students. The bulk of this part of the thesis will take the form of detailed, though selective, empirical demonstration of how it is done. Before embarking on this task there is an initial question to be answered: put crudely that is the question which arises from asking 'what staff think they are actually doing?'

Figure 14



13:2 The importance of doubt

If mine were the sort of account produced under the influence of Berger and Luckmann's 'social construction of reality' I would at this point pose a question thus:

'How is that a view of assessment as an actuarial process classifying students in terms of real objective characteristics relevant to their licensure as health visitors is sustained as a credible possibility against the sources of disconfirmation constituted by the fact that the marks and disposals always come out much the same and that assessment might be made out merely as nodding through health authority staff who have already been selected for health visiting by being sponsored by a health authority?'

It is in this vein for example that Michael Moore poses for 'progressive clergymen', the discomfoting 'problem' of having empty churches, and finds 'their' solution in their talking-up a world for themselves in which empty churches are a to-be-expected feature, and where clergymen are to be community workers (Moore 1974). Similarly Jim McIntosh finds that doctors have 'solved' the problem he gives them of their being uncertain about a patient's reaction to an adverse prognosis, by their belief that patients don't want to be told (McIntosh 1978).

To pose a problem in this way is to adopt a view of orderly social life resting upon the beliefs of social actors:

One may view the individual's everyday life in terms of the working away of a conversational apparatus that ongoingly maintains modifies and reconstructs his subjective reality

Berger and Luckman 1969

From this position the question above would be answered in terms of health visitor student assessors having available to them a set of ideas nicely tailored to confirm a preferential view of reality, and to nihiliate disconfirmations. Though from a somewhat different tradition, Mary Douglas' notion of 'self-sealing systems of ideas' captures the logic of the approach nicely (Douglas 1975). What such an approach predicates is the inspection of members thought to discover how it locks itself on one version of reality, and evades others.

However as I have noted before this approach presents acute analytic difficulties, because actors' minds, and their self-sealing belief-systems, have to be constructed from actor utterances, and actor utterances are insertions in on-going, on-the-spot systems of organised communication. They are evidence of this first, and only secondly, (if at all), evidence of cognitive organisation.

I will simply say that I cannot give a coherent account of what the assessors of health visitor students think about the process, and that although it is easy enough to get them to say things about it, I do not know how to read these sayings back to discover their 'subjective reality'. Moreover speaking as a participant I am not at all sure where my 'member's' account of assessment could end; language after all is a generative medium. At what point could an analyst collecting my talk be sure that he had enough to reconstruct my mind from it?

What I do know is that persons involved in health visitor student assessment rarely articulate the less flattering version of their activities, but do quite frequently and (in particular sorts of contexts) articulate 'doubts'. On the first count I take it that to articulate the view that assessment is merely a 'nodding through operation' would be to impugn the rationality and challenge the motivation of other assessors (in short it would be rude), and that whether persons believe this or not, they would be unlikely to say it. The second matter I find more interesting, and the topic of 'uncertainty' in sociology has gained such an important status that it is worth further discussion here.

13:3 Uncertainty in professional and organisational life

Uncertainty is a topic with some considerable currency in the sociological literature and especially in those areas dealing with professionalism and expertise. In such contexts the idea of 'uncertainty' has often been invoked to characterise the special nature of professional occupations and/or the dominant position that professionals are seen to have vis a vis the laity. In its simplest form the argument runs that specialist occupations crystallise out in the social structure where there are naturally occurring uncertainties: birth, death, illness, or the vagaries of the weather or the hunt (Malinowski 1935, Durkheim 1915)

There is a long history in anthropology and archaeology accounting for the emergence of priesthoods or magicians on the grounds that these practitioners offered a way of coping with such uncertainties (Childe 1959, Radin 1935). In this literature there is often the implication, and sometimes the explicit claim, that uncertainty was put to use by those persons as a basis for exploiting others.

For uncertainty to provide a basis for exploitation and advantage it would of course be necessary for there to be a social distribution of knowledge leaving one group facing important uncertainties, which another would successfully claim to be able to remedy: at a price. Thus it is a common image in the sociological literature that those who are able to repair doubt also make sure that this unequal social distribution of knowledge is sustained. There is much written on secret knowledge, esoteric jargon, sponsored control of entry to the expert collectivity, all with the implication that these are devices to keep a laity in an uncertain and dependent state.

In the sociology of the professions this is a theme which has run and run. Parsons attributes much about the cultural patterning of the physician role as a way of protecting the uncertain patient from exploitation (1950, 52). Illich attributes professional power partly to professional strategies for 'monopolising knowledge' and keeping others ignorant and hence uncertain (1977). Davis (1960) argues that doctors who know the prognosis of a case keep their patients' parents in an uncertain state because they are thus easier to manage, and the relative uncertainty of the patient together with the relative certainty of the doctor is a recurring theme in the literature of professional-client interaction (Calnan 1984 for a critical review). Jamous and Pelloille (1970) develop Friedson's (1970) characterisation of professionals as 'autonomous' by suggesting that what enables such

autonomy is an ability to avoid any clear specification of how-to-do-it which would-be supervisors might get to know of. In Dingwall's writing the uncertainty theme is used twice. Once, (1977, page 168) to suggest a source of staff control over students on the basis of the students' uncertainty about the outcomes of assessment, and again to suggest tutors' powerful position vis a vis other assessors based on their ability to give certain meanings to elliptically texted records (1977, pages 209 - 10 and see chapter 10 above).

In a wider literature we meet Hickson et alia's (1971) notion of 'strategic contingencies' which tells us that power in an organisation resides with those 'units' whose role allows them to repair the uncertainties of other organisational units: 'repair' quite literally here, since his example is of machine maintenance crews. And it is but a short step from here to the more vulgar 'mushroom theory of management': 'keep them in the dark and shovel shit on them'.

If the argument is that the uncertainty of others confers power - as it seems to be -, it is not a very persuasive one. Patterns of power do not arise from a social distribution of knowledge which allows some persons to be certain and leaves others in doubt. Rather the case is the opposite as the mushroom theory of management suggests. It is being in a powerful position (or constitutive of that) which allows some group to deprive others of knowledge, elevates that knowledge to a status of importance, allows the group to avoid giving an account of itself, and to evade making its practices clear enough for non-members to follow themselves (Clegg 1975, Johnson 1976).

Curiously having learnt from one sort of literature that doctors control their patients by keeping them in doubt, the reader who turns to the literature of medical education will find that medical students suffer

from epistemological angst. Moreover for some writers this is not just the problem faced by the student, but is part of the zeitgeist of medicine as a cultural form, or perhaps of our society as a whole:

The paradox and poignancy - both for physician and patient - is the fact that our great twentieth century progress in medical science and technology has helped to reveal how ignorant, bewildered and mistaken we still are in many ways about health and illness, life and death.

Fox 1980 page 1

Of all writers Fox seems to be the one who has made the theme of uncertainty in medical culture most surely her own. In her classic paper (1957) Training for Uncertainty she wrote what is widely quoted elsewhere:

All physicians are confronted with uncertainties. Some of these result from their own incomplete or imperfect mastery of medical knowledge, others derive from limitations in current medical knowledge: and still others grow out of difficulties in distinguishing between personal ignorance or ineptitude and the limits of medical knowledge.

Fox 1957 page 241

Since Fox there has been a plethora of studies of medical students and medical practitioners which characterise their activities as 'strategies to deal with such doubts (for example McIntosh 1978, and for a brief and uncritical review of such studies see Robinson 1973). Thus on the one hand we have studies of uncertain patients using strategies to remedy their doubts (e.g., Glaser and Strauss 1968), and on the other a literature about doctors using strategies to cope with theirs'.

In a recent review of the uncertainty theme in medical sociology Fox characterises the idea as one of medical sociology's most important and fruitful concepts: one of course which she did much to popularise (Fox 1957, 1959).

One of the interesting consequences of the publication of my 'Training for Uncertainty' essay...was the unexpected amount of appreciative response that it evoked from faculty and students in nursing, social work, law, divinity and business schools, as well as from medical faculty and students.

Fox 1980 page 8

In a convenient discussion of Fox's review Paul Atkinson draws attention to the fact that there is not just one concept of uncertainty utilised in this kind of literature but at least four:

a manifestation of the Zeitgeist and a focus of social disquiet; a characteristic of professional medical culture; an inherent feature of the present state of biological and medical sciences; a cognitive trait or emotional problem of individual students and practitioners.

Paul Atkinson 1984 page 951.

As Atkinson says:

The net effect of this 'lumping' is to suggest that 'uncertainty' is therefore a pervasive feature of contemporary medicine and medical education. 1984 page 951

and

the theme of 'uncertainty' has been under-developed, and over-played. It has taken on the status of one of those 'catch-phrases' which are relied upon for analytic purposes in diverse contexts but not dealt with critically.

1984 page 949

Atkinson's own critique takes the rhetorical form of turning the proposition on its head, to re-describe medical education as education for certainty. Calling in evidence his own work on medical education (1977, 1981, Atkinson and Heath 1981), and that of Armstrong (1980) and Maddison (1978), he constructs a picture of medical education as no more uncertainty-provoking than any other kind of studenthood:

Medical education..can be more adequately represented as characterized by pragmatic empiricism than in terms of 'moral' and 'existential' doubt.

To reach this conclusion he draws on the one hand upon the familiar image of students from Boys in White, and on the other from a Kuhnian notion of paradigm. Thus medical students:

do have the problem that there appears to be too much to learn, and criticisms of 'over-crowded' curricula..are commonly voiced. But it is far from clear that 'uncertainty' is the sole or even the major outcome of this. What is equally apparent is that students adopt a highly pragmatic approach to organizing their work. They rely on certain kinds of practical reasoning in order to arrive at a tolerable modus vivendi which answers their interests (such as passing the necessary examinations).

Atkinson 1984 page 952

While for practitioners, Kuhn's view of the 'normal' scientist is adopted:

it seems likely that Kuhn's view of 'normal' science provides a better idea of the context of scientific activity (page 954)... Rather than a 'way of knowing' science comes over as a world of established 'facts' and soluable 'puzzles' (page 952)...For the practitioner, for most of the time, the characteristic attitude is one of 'trust' in...'cook-book' knowledge and action (page 955)

Ibid; Kuhn 1970

So there we have it. Either practitioners and probationers are deeply doubtful, or they are not. Fox's studies, and those of similar ilk read convincingly enough, taken on their own terms, so do the studies by Atkinson and those he cites in support of his case. How is the reader to choose between them? Well it will help to note that Atkinson does not in fact banish uncertainty from the circumstances of medical education or medical culture. Rather he points out that certainty and uncertainty both feature:

The moral certainty of practical reasoning, 'experience', 'routine' and so forth, and the 'uncertainty' of theoretical discourse reflect two different possible versions or approaches adopted towards knowledge and action, which may be adopted in different contexts, for different purposes. Different orientations may be situationally appropriate in the contexts of, say: teaching rounds for junior students; post-graduate training: the conduct and publication of research: peer review; clinical conferences: routine practice: consultations between senior colleagues: the exchange of views between members of different specialities: the presentation of expert testimony.

Ibid page 955

The notion that 'certainty' and 'doubt' are situationally distributed even within a circumscribed subculture such as medicine, takes us half way towards an answer. But we must ask 'What is this certainty and doubt which is situationally occasioned?' Insofar as immediately following the quotation above, Atkinson cites Schutz there can be little doubt that what he is referring to are states of mind:

As Schutz points out in his treatment of 'multiple realities', our sense of other provinces of meaning is dependent upon our sense of paramount reality, in which we place our trust. I wish to assert that any sense of 'uncertainty' - in medicine or any other field of discourse - simultaneously implies the existence of a province of meaning in which certainty and trust are relatively stable, or an attitude (a 'natural attitude') which treats them as such.

Ibid 955 Schutz 1967 (my emphases)

Now it would be silly to say that uncertainty or certainty were not states of mind, but it can be questioned as to whether this is a practical way of rendering them for a sociological analysis. To do so, and to attempt to apply the terms to empirically occurring situations, will always be vulnerable to the query 'How do you know?'

Personal experience tells us that as social actors we are quite capable of experiencing acute uncertainty, while bringing off an assured performance, and that there are times when we really think we know, but have and provisionalise. The problem of the 'dissimulating actor' however is not as acute as at first sight might appear. If we are looking

for what is 'situationally appropriate' in different contexts, (as Atkinson prescribes), then we can read this off the surface of action without delving into matters such as whether 'underneath it all' persons are certain or uncertain. As I have argued in greater detail above social performances are not derivable from what people believe or feel in the usual way of saying such things. If matters were thus social life would be a good deal more 'uncertain' than it is.

Focussing on the occasioning of doubt and certainty as 'situationally appropriate' is focussing on how it is provided for that these are the appropriate stances to take. In so far as most of the evidence available is lingual I will focus on that.

13:4 Uttering Doubts

Firstly I want to consider what it is to make it known that one is 'doubtful' i.e., to look at expressions of doubt as 'performatives'. To say 'I am not sure' might take any of the following paraphrases (and more):

I'm uncommitted. Whatever I say there is nothing in it you can hold me to. Whatever happens I won't be to blame.

I have not taken a position on this. You may express an opinion without fear that I will contradict you.

I won't decide. You do. Then you can take the blame.

I have not taken a position on this. If you take a position on it, you will be taking a position on a matter where wiser persons would not.

I will not take your position on this, and though I won't contradict you. You can't count on my support.

Or if the hearable utterance is not 'I'm not sure' but an articulation of two possible views the:

Here are two views. I'm not going to decide. You decide between them.

In terms of the machinery laid out in chapter six each of these paraphrases suggests an evasion of that promissary nature of speech which puts a speaker in jeopardy of being held to account for some later utterance in terms of its consistency with some earlier one: or alternatively, in jeopardy of being found to be committed to some position when later this position is decided to be faulty.

These disembodied renderings help to focus on the matter of what might be being done when someone makes themselves out as doubtful. However phrases such as 'I'm not sure' take their meaning from the context in which they were uttered.

13:5 The situational distribution of doubt and certainty in health visitor student assessment.

In health visitor student assessment it is actually quite easy to sketch in the situational distribution of utterances of doubt and certainty, and by attending to 'deviant cases' and societal reaction to these, to say something about what might be called the 'social organisation of doubt and certainty'. First I will make a distinction between utterances where students are being topicalised in a way that is likely to be consequential for their disposal and those more general utterances on which nothing so important hinges. I will deal first with the latter.

Sometimes the 'doubtfulness' of health visitor student assessment is topicalised in a general way. In telling profession, it seems as if 'uncertainty' has become yet another definitive trait of 'professionalism'. This at least is the message given by Ruth Schrock, a philosopher who has become closely associated with health visitor education. Commenting on the 'professional' need for constant occupational re-appraisal she says:

Uncertainty is experienced by the practitioner not only about the more concrete aspects of his/her activity, but about its whole purpose or meaning...

To solve the increasing uncertainty we must first create even more and perhaps deliberately create total uncertainty. Only after we have the courage to do this can we pass onto the next stage of the process.

Schrock 1977 pages 69 - 70 in CETHV 1977

We can hear much the same being told to students:

(Fieldnote)

(HVT) said to the students that there were no easy answers, and that they shouldn't think there were. If they were always sure they were doing the right thing, they certainly weren't doing the job properly.

(verbatim note from health visiting seminar)

and by HVTs to fieldworkers:

...because as you yourselves must know, as a professional job, it is a job which is riddled with uncertainty, and one of the things which we have to prepare the student for is that, that professional uncertainty. Any health visitor as I think you will agree who said she was never in doubt, well we would be very suspicious wouldn't we that she had misconceived the task.

(tape recorded lecture to fieldworkers)

All this we can add to Dingwall's corpus of information on how the 'profession of health visiting' is publically and pedagogically told: it is told as an uncertain affair, and its practitioners as reflective, careful people dealing with difficult and complex situations. Much the same might be said about general talk about assessing students, where speakers often emphasise the difficulties of distinguishing between what students appear to know and believe, and what they 'really' know and believe.

In an earlier stage of the research I compiled a huge catalogue of 'doubtful' sayings by health visitor student assessors. Doubts are expressed about the student's level of commitment to health visiting, and these doubts are elaborated with reference to the student's background in nursing, when she will have learned to dissimulate

agreement with superiors, and from which she may be an 'escapee'. Doubts are expressed about whether students actually know how committed they are to health visiting. Doubts are expressed about whether the student's behaviour is 'her' or whether it is influenced by the student group, the fieldwork teacher, or the tutor. Doubts are expressed about the capacity of assessment techniques for yielding evidence about the 'real student' underneath. Assessment is depicted as anxiety provoking and therefore productive of distorted evidence, and assessors cite their own fallibility. To add to the doubt what the student does today may be no good guide to her 'potential' in the future, and in the last resort no-one is quite sure about the characteristics and knowledge that the health visitor needs to have.

A collection of sayings about assessment by assessors would give the impression that a general penumbra of uncertainty pervades the process and inhabits their minds. Rather than expand on matters in general however it is much more interesting to look at the expression of doubt and certainty in relation to the disposal of particular students. Before doing this it is instructive to turn to a study of 'decision-making' in an entirely different context: Lynch's study of the treatment of 'artifacts' in a research laboratory (Lynch 1982).

13:6 Accuracy and Artifact in the Laboratory

Lynch's study concerns the activities of scientists and technicians in a psycho-biology laboratory examining specimens of animal brain tissue. In these activities wafer-thin slices of brain are prepared and manipulated in various ways in order to make visible certain of their features under optical and electron microscopes, directly or via photography. Such specimens are of course highly 'artificial' in the sense that they are produced through elaborate technical procedures, yet they have to be scrutinised as representing 'naturally occurring'

features, which yet would not be observable in the absence of these artificial procedures.

A recurrent problem for researchers then is that of deciding which observables in a specimen or photograph can be counted as 'real' and which have to be regarded as a mere artifact: as a distortion of reality. Lynch found that in the laboratory much interactional time was devoted to detecting and solving such troubles. He notes that decisions were actually made in the light of specific practical purposes rather than in terms of any standard, 'absolute' criteria. Thus whether or not an 'imperfect' slide or photograph was usable depended on matters such as whether or not there was time to prepare some more. Imperfect slides might turn out to be 'O.K.' for corroborative purposes, but useless if what they showed did not corroborate what was shown on other slides judged to be less imperfect

Lynch's main point in his study is that researchers did not treat as a logical problem the question of how natural phenomena could be 'distorted' by the same techniques that made them visible in the first place. For those who like Wittgensteinian paradoxes it might be said that it is only through being able to doubt the evidential quality of some slides, that researchers are able to bring off a 'certain' picture of reality, and that it is only by being certain about the likely shape of reality, that the evidential quality of some slides can be doubted. The relationship between this observation and 'the documentary method' (Garfinkel 1967) on the one hand and the puzzle-solving nature of 'normal science' (Kuhn, see also Barnes 1982, and quotations from Atkinson above), should be obvious. Doubt is a necessary stance towards encountered experience for it allows for the allocation of phenomena to the categories of 'sound' and 'unsound

evidence'. In lingual terms it allows interactants a choice of commitment between positions, or indeed to choose no position at all.

Mutatis mutandis we might make the same point made of the laboratory by Lynch of the assessors of students. The repertoire of utterances available to assessors will provide grounds always for taking a display by the student as either sound or unsound evidence. As the reader already knows, the way in which such matters are arbitrated results most usually in adverse evidence being discovered to be unsound, and benign evidence being discovered as sound evidence and a pass rate of 95%. This is shown in the algorithm in figure 15.

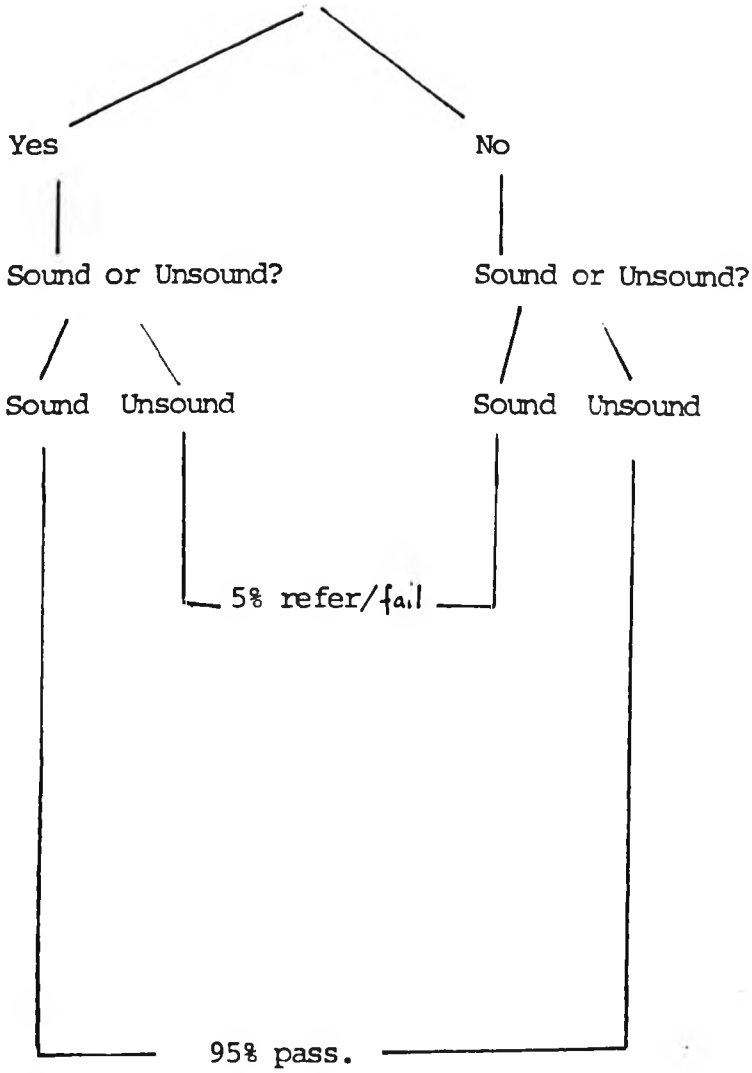
Extending the algorithm we can accommodate the re-writing, re-marking, re-sitting in the diagram at the beginning of this chapter, for the current diagram is of course just a transformation of the earlier one. At each decision stage it is likely that some kind of opting will be going on between regarding a display by the student as truly representing her ability, or as a situational distortion of it. A repertoire of doubts is a major facility for this.

13:7 The lingual organisation of doubt and certainty: speaker commitment.

Though Scheff (1963) has noted for other contexts this phenomenon of what might be called 'unilateral ad hocing' he gives no detailed account of how it might be executed lingually, and while there are good linguistic studies of ad hocing per se (Leiter 1976) these do not offer an account of its unilateral quality (though see Daniels 1970, Mehan 1983). In order to explicate this phenomenon in health visitor student assessment I will start with the simple propositions that utterances which can be made out as of a certain and definitive nature commit the speaker, while those utterances which we hear as 'doubtful' do not. I refer here to the promissary nature of utterances mentioned in chapter 6

Figure 15

Is it evidence for a pass?



By way of example consider the following utterance from a head of department in an academic board meeting:

HOD: ...and I'm saying this quite clearly and firmly now so that there will be no misunderstanding. I object strongly to the way in which some other heads present their figures to maximise their student hours.

Without any detailed analysis it is easy to see how this 'disambiguated' utterance, positions the speaker in relation to others present, and inserts an utterance into the flow of discourse in such a way that it will serve to structure what comes after (On such 'insertion sequences' see Schegloff 1972). It seems uncontroversial to say that what the speaker does is to format his speech as a warning that he will not take kindly to any attempt to repair it. Insofar as his utterance is also a blame imputation he is in effect warning that he will find any denial unacceptable. Moreover as a quite explicit blame imputation he sets up any next speaker to whom the blame might be directed, so that that speaker's utterance will have to be heard as a response to a blame (or a failure to respond to a blame). Since he has also issued a pre-warning, anything other than a denial will be hearable as some kind of back-down, or evasive tactic. This is the stuff out of which adversarial speech sequences are made, 'contentious' personalities interactionally produced and adversarial social relationships reproduced.

We hear precious little of this kind of adversarialism in the discourse of health visitor student assessment. In fact for exemplary purposes I have been forced enormously to over-represent it in the text.

As a second exemplary starting point I offer this example:

HVT: well I just want to put it on record, that I don't agree. I don't think she's ready to practise unsupervised yet.

Chairman: I won't put that. I won't have it put on record. The girl has been properly examined and she has been passed by the examiners.

The first two points to make about this interchange are the obvious ones. Firstly if someone makes a certain sounding propositional utterance, they structure the ensuing speech such that a proposition with contrary implications becomes a 'disagreement'. And secondly a 'certain' utterance puts the speaker in jeopardy of being found 'wrong' subsequently.

However for a full-reading of this particular interchange we also need to know about the distribution of speaking rights between speakers, and the sequential ordering of discourse. I have already introduced the reader to these in earlier chapters, and in relation to the discussion there it can be said that by making this 'certain' utterance at this point, the HVT violated the external's right to have 'the last word' on student competence. She also 'spoke out of order' insofar as this certain statement of her own was inserted after an organisational decision had been made with contrary implications. By distancing herself from a decision which was already organisationally certain, she opted out of the membership of a collectivity which demanded from her membership in the form of support for its decisions.

Before going any further with this discussion it is necessary to make a distinction between certain and uncertain utterances about a student's status within the assessment system, and certain and uncertain utterances about a student's competence, or about the quality of her work. In the sequence above what is made an issue by the chairman's put-down, is that the tutor makes a certain utterance about the student's competence, which is contrary to the status of the student which has already been decided in the due organisational manner: i.e. the tutor's utterance challenges the effectiveness of the organisation as one for making good decisions.

With this in mind then we can now begin to map the distribution of certain and uncertain utterances about students into the various speech contexts of health visitor student assessment. This may be expressed thus:

1: Prior to any organisational decision about a student's status within the assessment system uncertain statements about the students competence, or about the evidential quality of her work are not only permissible, but are characteristic.

2: After any organisational decision about a student's status within the assessment system:

a: if students have been 'passed' utterances of doubt about either the warrantability of their assessment status or their competence or the evidential quality of their work are likely to be treated as exceptionable.

b: if students have been borderline or referred, doubtful utterances about the warrantability of the assessment status of the student is likely to be exceptionable, but it is utterances of certainty about the student's deficiencies which are likely to be taken exception to.

I will take these points in turn below.

13:7 Doubt as a facility for repair work

'1: Prior to any organisational decision about a student's status within the assessment system uncertain statements about the student's competence, or about the evidential quality of her work are not only permissible, but are characteristic.'

I have already mentioned that assessment has a sequential order of 'repair and ratification'. Thus for example, prior to an examination board meeting external examiners may ask an internal examiner to alter marks. This is something of a tricky manoeuvre and has to be handled with delicacy. On the one hand, for externals to 'demand' that marks should be changed might be implicative of a charge of incompetence against the internal examiner. On the other hand for the internal examiner merely to do 'as told' might betoken a less than sincere commitment on her behalf to the task of marking. Thus we find that these interchanges are characterised by a quite considerable 'working-up' of the 'difficulties of marking'.

(Field note)

(External) rang me to ask if I would second-look two of the students whose work I had failed. She prefaced this request by saying 'I know it's always difficult', and that 'it was difficult for her as someone who had not taught the students', and that there is always an area of 'some discretion'. She went on to say that 'as she saw it' the major difficulty was deciding whether a script was just a script or whether it told you really what the student knew. I agreed with her about the difficulties of marking, and elaborated on doubtfulness of a student's written work as evidence of her knowledge. Between us we mentioned the 'artificiality' of assessment, the possibilities of students 'misreading questions', the possibilities for markers to mark down a fair script when they marked it immediately after an excellent one, the influence of busy-ness on the care and attention given to marking, and other matters. Then she asked me if I would look again at two scripts in particular.

Though the actual words of this interchange are lost it is easy to see it in terms of the pre-sequencing of a request by a speaker who fears that the request might be rejected (Atkinson and Drew 1979 pages 142 - 44), and concurrently the dis-intending of criticism, by one who is about to imply that a faulty decision has been made. In this way then the 'doubtful nature' of assessment - which 'everybody knows about' - is used as a facility for negotiating a change of marks without impugning the competence of the marker, and without the external obviously 'pulling rank'.

Put another way, if we consider marks as public utterances by a marker, then attempts to repair the marks raise the possibilities for all the kinds of interactional troubles that the repair of one person's utterances by another raises (Schegloff, Jefferson & Sacks 1977, Levinson 360 - 64). That 'everybody knows that', 'assessment isn't an exact science', meliorates the possibilities for trouble. We see something rather similar in the borderline orals which are conducted for students who are given marks just below a pass mark:

(from discussion following 'mini oral' for border line candidate)

External: well all her marks have been low () she wasn't very impressive this morning either

Internal: She was very nervous () I thought.

External: yea, mm.

Internal: I mm, hh, when I look back over the marks, it may be that I was rather tight in my marking () If you compare my range with say Section 2. The same students seem to be scoring two or three more than in my section.

External: we only need 2 or 3 to compensate her.

Tutor: yes

Internal: yea and marking isn't exactly an exact science yea.

(External comments that the student was not 'that much worse' than some others. A compensatory pass is decided upon)

(reconstructed from verbatim note)

Again we can see how the 'doubtful nature' of assessment can be invoked to repair marks without implying any serious deficiency to the marker, here by a self-repair on behalf of the person who uttered the marks in the first place.

However at the subsequent ratification meeting the external reported that:

(fieldnote)

..that they had interviewed (student) and she had given a better performance there and they had decided to compensate her by two marks so she could pass

Note how in the borderline oral the candidate is compensated on the grounds that the marking was probably awry (too 'tight'), and that the internal makes himself culpable for an artifact of marking, though in a way meliorated by what everybody knows about assessment not being an 'exact science'. In the ratification meeting, by contrast, the 'blame' for the original marks is back with the student, as is the credit for giving a 'better performance', which is what merits her compensation.

This serves then as a rough and ready model of how repairs of marks on the grounds of their inaccuracy - where this implicates assessor culpability - are dealt with 'off-stage' prior to ratification.

Ratification - which fix it that the student is culpable for her marks and the marking has been accurate - are dealt with in the more public and ceremonial context of the examination board meeting. Similarly, as already noted in chapter ten, the elliptically formatted reports on student competence written by tutors gain a 'certain' meaning after the decision of the board.

In the same way it is worth noting how it may be a complainable matter that results are treated as certain before the ratification meeting. In the case of the Borderline Borderline (Appendix 2) the chairman adds to his other complaints one about the HVTs having told the student of her marks before ratification.

13:8 Doubts are not warranted after external's last words, and passes are doubtless

We have now run into the second of the propositions given earlier that:

'After any organisational decision about a student's status within the assessment system:

a) if students have been 'passed' utterances of doubt about either the warrantability of their assessment status or about their competence or about the evidential quality of their work is likely to be treated as exceptionable'.

In the current example then the external in the examination board meeting gives an authoritative and certain statement to the effect that there is now no doubt about the student's competence. I have already noted earlier something rather similar in the way in which externals reporting to a final's examination board meeting, tell a tale of doubts raised and doubts resolved.

Once the organisational decision has been made it becomes an exceptionable matter to 'doubt it'.

(fieldnote)

After the examination board meeting HVT said she was still very surprised that they had passed (student). She was herself very uncertain whether she was ready for the field. Principal tutor said 'I don't think you ought to be saying that sort of thing now' and later she said 'it could be a matter of defamation'

Certainty then is a contractual matter. Once knowledge has been produced by the due procedures it is a mark of the good organisation member to treat it as true.

Similarly though in borderline orals internal examiners may 'self-repair' their earlier marks, this is not an option available in ratification meetings:

Internal: (says that after the students' work had been marked she realised that some of them might have been misunderstanding one of the questions but she wasn't sure about it) so I would like to ask the board whether I could have another look at them.

Chairman: I don't think we can go about doing this at this stage. The externals have agreed the marks, and they didn't find any () and its not as if any student came down badly enough to have failed, is it.

(verbatim note)

This brings me to the last of the propositions:

'That if students have been borderlined or referred, () utterances of certainty about the student's potential for health visiting is likely to be taken exception to:'

HVT 1: I don't think she'll ever make a health visitor.

HVT 2: I think you've had your knife into her from the word go.

HVT 1: no I just don't think she'll make it, even after the extra.

HVT 2: well don't go on damning her before she's had a chance to improve.

(noted from staffroom talk)

As I noted previously benign evidence about students is usually found to be 'good evidence' and is quickly pinned down through the organisational means for closure on the facts about students, while adverse evidence

about students is generally found to be evidence of her current state rather than of her potential, and the investigation is prolonged.

(see figures 14 & 15)

13:9 Conclusion

The attempt to operationalise a state of mind called 'uncertainty' in terms of utterances which serve as its document actually makes it a puzzle as to what 'uncertainty' is supposed to mean. If we proceed as I have done by noting when persons 'do doubting', and when they 'do certainty', we can see the organisational work which is being done by these utterances. In terms of what might be called the 'overall structure' of assessment, (in one way or another) what is made certain is that students really are competent enough, and what is kept doubtful is whether adverse evidence is good evidence against their candidature. This is perhaps what we might have predicted from a system which produces knowledge about students, where the options available for factual statements are given by 'normal results'.

CHAPTER FOURTEEN: Making the marks come out right, and students in number time

14:1 Normal Marks

From the viewpoint of entering employment as a Health Visitor the important requisite is a Health Visitor Certificate. This Certificate (issued by the Central Council for the Education and Training of Health Visitors (until 1983)) on the recommendation of colleges, does not bear any information about grades of pass, overall or sectionalised. Nor is this information retrievable by a prospective employer.

While some colleges award distinctions, and some, in addition, merits, credits, and prizes of various sorts this is a purely local matter. Others do not follow this practice and there are no validating body guidelines as to how such designations of distinction should be awarded. That a student has gained a 'distinction' is very likely to be noted on any reference written on her behalf by the college. However since most students are already on the establishment of a health authority, and since there is little job-changing between authorities (McClymont 1981 pages 118 - 121) such references are rarely important. All this is to say that the results which interface with health authorities are passes, referrals and fails formatted in such a way that the fine detail is lost. The fine detail is primarily of interest for college staff. It is not conveyed directly to the validating body, though features of it may be noted by external examiners in their reports. I will argue that this fine detail in the numbers has to do with the way in which things are organised to confirm internally that a competent job is being done in assessing students, accurately, fairly and relevantly.

14:2 Criterial Rules for Marking?

Early in the period of research I spent a great deal of time looking at the question of how it was that assessors (HVTs here) came to discover

that a particular piece of work merited the mark they gave it. I imagined that by so doing I would discover their criteria rules for assessing work, and would be able to work backwards from these to specify the categorical systems in which the knowledge of assessors was encoded. This is a fairly commonplace approach. It assumes that if one can learn how to diagnose a disease, or order a drink in Subanon (Frake 1961), then one can learn how to grade an essay on a health visitor course. As the reader might guess from the allusion, the exercise foundered in much the same way as critics of componential analysis might have predicted (Burling 1964, Moerman 1972, Wootton 1975). As Wootton writes of such exercises:

While it is undoubtedly possible to elicit distinctive features of words...it may nevertheless be argued that the meaning of a word in any given instance is bound up in significant ways with the context in which an utterance is made.

Wootton 1975 p 33 (for 'utterance is made', read 'mark given')

In looking at the activities of assessors as they were confronted with the task of finding a mark or grade to append to a script, it seemed that one was not dealing with a simple process in which assessors drew on a stock of pedagogical knowledge, and then matched a script to that:

(fieldnote)

I asked (HVT) if she would show me how the script merited a mark of 15. She said it had a lot of good features and it met the marking scheme quite well. We looked at the marking scheme and I chose the clause:

'The student should demonstrate awareness of the main causes of mental handicap'.

Five marks were awarded for this and '5' was written in the margin of the essay. I asked whether the student had got all the points. She noted some omissions but said that that was good enough for five mark because although she had missed some things out those she had got were 'well expressed'. I said supposing she had got all the points and they had been well expressed. She was evidently a bit flustered by this but said that in that case she might have 'found' her an extra mark (though only five were allocated in the mark scheme), but in fact it wasn't a problem because no one had actually got all the points down.

Looking through the scripts I found another with '4' written in the margin against the student's writing on the causes of mental handicap. I asked whether this latter student's answer wasn't actually rather better than that of the first. The tutor scrutinised the script, and said:

'It does look as if I've marked her down but it won't actually make a great deal of difference'.

She pointed out that this latter student had scored 18 on the essay overall, and she 'wasn't in need of marks'.

This was fairly characteristic of my discussions with tutors based on their marking of actual scripts. In this case it seemed that whether or not some bit of text was worth four marks or five marks depended less upon a matching of the student's answer to some 'ideal' and more upon the total marks to which the sub-total was contributing, and upon this student's rank-order position relative to others.

Even more characteristic of these forays was the way in which, confronted for a second time with a script they had previously marked, markers were puzzled as to how they had arrived at the original mark. As a way of eliciting information about how the original marking had been done the whole exercise foundered as the marker adopted the same problematic as the analyst and tried to work out what it was that was in the script which could have led to the mark:

Now I look at it again I don't think it was as good as I must have thought it was then. And I think it may be that I was influenced by her very stylish style which sounds good but doesn't say as much as it looks it says.

And later on the same script:

It may be a question of whose script I marked previously, because that can influence you if you get a poor one and then a better one.

(both reconstructed from verbatim notes)

Rather than providing me with data of how marking was once done, markers operated in the fashion of Garfinkel's jurymen. Though it should be said that sometimes these markers discovered themselves to have been

'wrong' they might have been said to have been:

...selecting, arranging and unifying the historical context of an action after its occurrence so as to present a publically acceptable or coherent account of it.

Garfinkel 1967 page 267

It should be noted that in this work I concentrated only on assessable work which had 'tight' marking schemes moderated by the Board, and within the marking schemes I concentrated only on what might appear to be relatively unambiguous instructions, such as the one cited earlier. I avoided, for example, clauses such as 'The student should show critical awareness of the ethical implications - 6 marks' which seemed to me to be capable of a wide range of interpretations. Moreover I used examination scripts where student answers are typically more similar to each other than in the longer more discursive exercises. However in fact relatively little student work is accompanied by tight marking schemes, and in one college no marking schemes were produced at all. One imagines that attempting to carry out the same investigation on the longer, more discursive pieces of work, or on the video-taped materials would have led to even less enlightenment.

Faced with these findings I came to realise that if one were interested in how students were differentiated in marking then an approach which attempted to 'trace marks back' to assessors' notions about 'right answers' or 'coherent expression' would be less enlightening than one which looked at marking as a future-oriented activity in which assessors 'look forwards' to the way in which their marks will be received when made public.

14:3 Marking for scrutiny

By way of a summary it might be said that with continuously assessed work, when students present work to which staff would append a failing grade, the work is sent back for rewriting. And with examinations when the marks don't come out 'normal' it is usual to re-mark them until they do. It is not surprising then that the distribution of students through marks has an 'impossible' appearance. Colleges with very small numbers of candidates, nonetheless manage to mark students such that they show a statistically 'normal distribution' to a much greater degree than one would expect if some 'real' distribution of student ability/performance was being measured. As noted above (section 1:5) markers almost never use marks in the range above 75 and where the 'pass mark' is 40% rarely use marks below 45% (In centres where 50% is used as a pass mark, marks below 55% are rare, bunching the marks even further (Fader 1976 page 83). Thus 90% of all marks are crammed into some 25 - 35% of the available range. Commenting on the failure of a regression analysis using student marks and IQ scores Fader says:

This approach...suffered from the lack of spread in the examination marks, which accentuated the low correlations between the two variables...the regression line was very flat and this, being typical of many centres, often led to negative predicted values for the AH3 score, which are of course, just not possible.

Fader 1976 page 59

Fader's comments on this merely imply that markers are failing to discriminate adequately between students, by restricting themselves to such a narrow banding and that if the marks were spread out better 'real' differences of performance, now obscured, would probably become observable and statistically manipulable.

It seems more realistic however to suggest that these patterns of marks are produced by markers following practices which might be paraphrased by the instruction: 'Clump most of them in the middle and put a few at either end of a range 38 - 80'.

To write of marking being oriented towards the future when marks will become public is to direct attention to the way in which these marks are framed for discussion. They are so framed by the 'schedule of results' - an example of which is given in figure 16. The schedule of results is used by externals as a basis for selecting student work for scrutiny, and it is tabled at the ratification meetings at which marks are agreed and discussed.

The schedule of results plays an important role in framing marks as 'normal' or 'deviant': as worth scrutiny or not etc.. The reader will see that as the marks are laid out several matters are immediately apparent:

1. On the table as a whole high marks and low marks are immediately apparent.
2. On the horizontal all the marks for one student are displayed in such a way that their 'consistency' or 'erraticness' is apparent. In local terms 'consistency' in marks is prima facie evidence for accuracy in marking.
3. On the verticals, marks are grouped per subject. It is relatively easy to see if there are more high marks for some subjects, and more low marks for some subjects than others.

The way the schedule of results frames things then is to assign normalcy and oddness to marks in relationships to other marks. It might be thought of as a tabular equivalent of a discourse structure where there are 'slots' to be filled 'properly' and 'relevantly' and where the way they are filled will be implicative of competence and capacity.

Figure 16.

XXXXXXXXXXXX COLLEGE

HEALTH VISITOR EXAMINATION 198X

Schedule of Results

Confidential

No.	Name	Ext.	SECTION					RESULT
			1	2	3	4	5	
01	Brake Mrs M	A	38	51	60	44	53	
02	Jones Miss R	A	53	58	60	42	58	
03	Withers Mrs L	B	55	52	65	54	53	
04	Renata Miss Z	A	57	55	60	58	53	
05	Unglow Mrs L	B	69	57	58	54	61	
06	Dobo Mrs G	B	61	52	61	57	58	
07	Shah Mrs B	A	57	59	62	51	57	
08	Lozell Mrs C	A	60	60	60	58	57	
09	Wong Mrs P	B	53	58	54	44	56	
10	Wong Miss I	A	58	51	59	49	58	
11	Archer Mrs S	B	65	64	62	70	63	
12	Butt Mrs H	A	59	64	63	63	61	
13	Laming Mrs A	B	70	67	67	64	67	
14	Romax Mrs J	B	54	62	58	56	56	

(Ext. designates that the external examiners divide the students between them)

The schedule of results always contains features which might be commented upon as evidence of poor assessment or poor teaching. At an examination meeting it lies on the table as a potential imputation of blame to someone. Among the kinds of blames it might implicate are several sorts. 'Too many high marks' might imply that marking has been excessively lenient, or that students have been given too much staff assistance. 'Too many low marks', might imply that marking has been too severe, that elicitation has been faulty, or that students have been badly taught. A mark for a student from one assessor which is notably 'out of line' with that given by other assessors may suggest that different standards of marking have been adopted, while marks from one assessor which show no apparent relationship to those given by other markers make it look as if the marker has used unprincipled and erratic marking practices.

On a schedule of results a mark is addressed in two ways. In one direction it is addressed to the assessor who did the marking. As with any other utterance should the mark be found deficient this will be implicative of the competence and character of the marker, for in uttering a mark an assessor exercises an eligibility, and claims the competence and character on which eligibility is conditional. In the other direction the mark is addressed to the student. The mark claims to describe certain student qualities accurately, however like any other truth-claim the mark does this by implying that the procedures which were used in its production were adequate to the task: here that the mark was produced through the correct use of a well-designed and properly moderated instrument: or put negatively, that no serious irregularities, untoward influences or biases, unruleful behaviour or situational contingencies entered into its production in such a way as to distort its truth-claiming capacity. Having said that, it will be apparent that although the obvious second addressee is the student, it is in reality the marker again.

In addition, as previously implied, in assessment actuariality and contractuality are inextricably intertwined. Thus it is that not only may 'odd marks' be implicative of inaccuracy in marking, but of the inequitable or unreasonable treatment of a student, or of a departure from the contractual obligation to do such as has been 'duly agreed' on a previous occasion. Oddities in marks might be made to imply more than just inaccuracy. They might (just conceivably) turn out to be insecure and challengeable by appeal. No wonder examiners pay most attention to low marks.

The schedule of results provides a strong frame for the discussion of student competence at intermediate level. Both Dingwall and assessors represent assessment as 'whole person assessment':

The assessment procedures of the school of health visiting provide for an evaluation of the whole person and it is that totality which must meet the standards of performance in the setting.

Dingwall 1977, page 168

Thus it needs to be said very firmly that at the intermediate level the predominant way of discussing students is in terms of marks, and the predominant way of discussing marks is in relation to other marks, and not in relation to the features of the work to which they are appended, or to the characteristics of the student who produced it. Not that these latter matters are undiscussed, but usually they are bits of evidence which are raised ancillary to discussions about the relationships between marks.

14:4 Students in number-time

Student marks represent a fairly common phenomenon where substantive cases produced according to criteria of one (or more) sort(s) of categorical system(s) are mapped into the terms of an 'uninterpreted' axiomatic system (Cicourel 1964 page 9); here a mathematical system of

ordinal numbers, standard scales etc.. Once there, students-as-numbers may be handled as if the relationships between the qualities of students were isomorphic with the relationships between numbers i.e., can be ranked, added, subtracted, averaged, and subjected to other kinds of mathematical manipulations, although nothing very sophisticated is done along these lines in health visitor student assessment. The incorrigible problems of classifying students into numbers in the first place (which everyone locally admits is a problem) are then left behind, to be re-discovered in only a few selected cases. Once in number-time, trouble-spotting becomes a matter of finding discrepancies between marks, and only then of querying the way in which students got mapped into marks in the first place. Thus the following sequence of marks is likely to raise questions:

60 65 58 62 42

But it is only problematic because (by subtraction) 42 is a 'low mark'. Only because of this will the adequacy of '42' as a descriptor of the student be brought to issue. All the many problems which might be raised about 60s, and 65s, and 58s and 62s are lost from view because of the mathematical similarity relations between these numbers. Indeed if all the puzzles which might be posed about the mapping of students into marks were to be posed, it is difficult to see how assessment might be done. It is only those which are thrown up within the terms of the axiomatic system which have to be dealt with.

For most of the time a commonsensical (rather than a mathematical) appraisal of the number relations is allowed to stand for the realities of student work, and for the real student qualities student work is supposed to document. And although there are exceptions to this it is oddities in number relationships which bring to issue the categorical systems which were allegedly used to find marks for student work and

bring to issue the categorical systems which are used to talk about the relationship between a student's work and her 'real' qualities.

There are three implications of these observations. The first is that if those who do the marking are formatting marks with a view to their public appraisal then it is the kind of critique which might be produced from a reading-of-marks-on-a-schedule which is likely to be most worrying. Or put another way, markers mark knowing that the accuracy of their efforts will be judged in these terms. Secondly it is tempting to view the practice of marking as a device which enormously reduces the opportunities for disagreement which could arise, were assessors allowed a liberal choice of descriptors. Restricting the descriptors available to numbers (or in some cases letter grades) at the same time allows for the handling of what might otherwise be complicated and ambiguous descriptions and comparisons in terms of a parsimonious, logical and elegant categorical systems of number-relations. Ancilliary to this I note that troubles do arise among assessors when students and their work are 'allowed out' of number time and are topicalised as people or pieces of work with multiplex characteristics. Thirdly I want to draw attention to the way in which the putting of students into number-time determines the very way in which they are discussed. Put briefly and in a way I will elaborate on below, it is only when oddities are perceived in the numbers that students are discussed other than as marks in any detailed way.

I will take the last two points together firstly by describing how externals go about scrutinising the work of students to find the wherewithal to say that the marking has been fair and accurate, and secondly by detailing how most students are in fact spoken of in examination board meetings.

14:5 The Externals' Scrutiny

External examiners 'scrutinise' the written, videotaped and other documentary work of students once it has been marked. Different externals request different arrangements for scrutiny but the two most common patterns, are either the sending of a selection of student work to the External herself (usually 'tops, bottoms and middles'), or the setting aside of a half day at the college so that the externals can select their own 'sample' from the totality of student work. In either case the 'schedule of results' plays an important role in framing marks as 'normal' or 'deviant' and as worth scrutiny or not.

One way in which the scrutiny of student work is organised is through the sending of a sample of scripts to the examiner. Often the sample is chosen on the basis of students taken to 'represent' the results as a whole, as when the request for 'tops, middles and bottoms' is made. A way in which this is complied with is by choosing students whose work is consistently 'top, bottom, or middle'. For example:

(selecting a sample of scripts: field note)

(Chairman) said that he was going to send (Mary Brown's) scripts, but that her mark for social policy was way out of line with her other marks, so she wasn't a typical ordinary student.

I asked whether he made the decision on the grounds that someone might query the social policy result. He said no, of course not, it was just that in selecting a sample you had to choose typical students and she wasn't really typical.

Typicality is here being defined in terms of a norm that someone who gets middling marks, gets middling marks 'across the board'. As the reader will see, given the way things are managed this is not far off statistical typicality but the point here is that in selecting samples 'erratic' mark ranges are avoided. Equally the result of making such selections is that the papers for the student who scores just one or two very high marks, or just one or two very low marks are not rendered up for detailed scrutiny. On the 'consistency norm' it is these deviant marks which are

likely to be regarded with most suspicion (vide infra)

Nonetheless this method of sampling does not keep from the externals other high and low marks which may become controversial. And indeed it does not seem to me that anyone is actually trying to 'hide' anything from the external. With students whose marks are 'borderlined' or 'outright' fails, their papers are always sent to an external.

Where external examiners do a scrutiny on the college premises it is interesting to see how they find their way through the material.

Picture the scene. A board room in a college with the usual large board room table. On the table piles of examination scripts, essays, student projects and so on, and by extension in another room a VDU and video-recorder and a rack of video-tapes constituting students showing their 'interviewing skills', or in another college; 'teaching practice'. For a 20 student course the paper work will amount to some 850,000 words or since such a course will warrant two externals, some 425,000 words each, to say nothing of five hours worth of video tape and associated documentation. The time available will be some 3 hours, about an hour of which will be taken by a lengthy coffee break. Some means of sampling seems necessary.

Different externals have their own ways of coping with the problem, and all including myself seem to be somewhat serendipitous. However the schedule of results provides a route map and by so doing frames marks as normal or unusual. The way in which the room is laid out will be a physical embodiment of the schedule of results itself. Here for example are the examination scripts which represent the assessment of 'Section One', and on them their marks, and on top of them a list of marks. Here is a pile of 'Nutrition Projects' which count for one third of the marks

in 'Section Five' and here is a mark sheet which gave rise to the total which is given on the schedule, and so on. The schedule of results allows for the planning of a route through all this paper.

(External) said she was looking for someone who had scored consistently low across the board, and follow her work through (i.e. look at all her scripts) so as to get an idea of the low end of the range.

(field note)

However it is easy to get side-tracked, for knowing about (say) the 'low end of the range', entails knowing something about the marks just above, thus:

(same external) said she never got through all the papers of Ms (), because she had thought that she had better have a look at some papers a bit up the range, and then she had come across what seemed to be a question which was under-marked, so she had looked for another candidate who had done the same question and had the same score to make a comparison and so on.

(field note)

Another external by contrast:

(fieldnote)

She said she was going to look at some tops, bottoms and middles on each paper. However sometime into the exercise she got 'sidetracked'. 'I began wondering whether the marks reflected the candidate or the marking, so I began to look at the same candidate's performance in another paper, and then of course I wanted to look at the papers of candidates who scored the same as her in that paper and so on'

Others, or the same externals at different times, home in on the apparent oddities:

'I just had to look at that one. I wanted to know what could be good enough to score 81'.

(verbatim note)

or

I was particularly anxious to look at the Social Aspects papers, because if you look at the results there doesn't seem to be too much relationship between results in that paper and all the others. Look, 56, 57, 61, 45 in Social Aspects, all down the line.

(verbatim note)

I don't have to multiply the examples to make it obvious what is happening. In order to assess the adequacy of the relationship between a mark and a text, externals appeal to the relationship between another mark and another text, and in order to assess the adequacy of that relationship, to yet another mark and another text. Or they appeal to the ordinal position of a mark in a range of marks, and the relationship between texts adjacently or otherwise positioned. However the relationship between texts expressed in terms of marks is only an adequate reference point if the whole range of marks is 'right'. The rightness of a range of marks might be judged by comparing that range of marks with some other range of marks for the same students, but in the last resort, any range of marks dissolves into individual relationships between marks and texts. So in order to judge the adequacy of the relationship between a mark and a text, examiners avail themselves of the comparison with the relationship between another mark and another text...and so on. Or to quote Cicourel's more general comment on the documentary method:

every procedure that seems to 'lock-in' evidence (thus to claim a level of adequacy) can itself be subjected to the same sort of analysis that will in turn produce yet another indefinite arrangement of new particulars or a rearrangement of previously established particulars..

Cicourel cited Silverman 1973 page 47

In such an uncertain world, it is not surprising that examiners cleave to such apparent verities as that 'usually an accurate set of marks for a student will be a consistent set of marks', or 'usually an accurate set of marks in the one subject will be much the same as an accurate set of marks in another', or that 'usually an accurate set of marks will place most candidates in the middle'. These are verities in number-time which are not to be found elsewhere. And by the same token it is these

assumptions which throw into relief what is apparently odd and worthy of further investigation.

Of course externals also have available to them their experience of other such marking exercises, and their knowledge of what has passed elsewhere and at other times as good, bad or indifferent work. But this knowledge has been produced by the same interpretive procedures. It probably plays a part in the way in which they scrutinise, but it is not frequently articulated. Indeed one of the most interesting features of all verbal discussions about marking is, either the absence of any citation at all about what is 'in' the student's work that it merits, or doesn't merit a particular mark, or citations made at such a level of generality that it would be impossible to tie the utterance back to any particular feature of the work. Examiners do not very often say such things as - 'I particularly liked the way the twenty third line of her answer mentioned the importance of liaising with Social Services, and the way in which the fifty seventh dealt with the role of the health visitor in baby battering cases'. Instead they say such things as:

'It was quite strong on the health visiting implications'

Moreover co-examiners very rarely interrogate each other as to what some evaluative statement might mean.

External examiners do their scrutiny, and when they run out of time, or energy, the scrutiny is finished. And when it is finished they have to have such as will enable them to make some kind of comment when this is called for at an examiners' meeting. Most of what internal examiners know about the scrutiny exercise is what they hear in this commentary.

14:6 Ratifying marks; a more mundane look

The intermediate level ratification meetings have already featured in this thesis. However the discussion so far had been dominated by what are statistically unusual cases, those where students fail a section of work. While the descriptions of deviant cases is very illuminating in regard to elucidating the social structure of organisations, the account needs to be balanced out by a description of what more usually happens. What has been especially misleading has been the impression given that students or their work are discussed in any detail at these meetings. For most students this simply is not the case.

The main business will be agenda-ed as:

4. To consider the results of the Intermediate Level Examination.

The upshot of this consideration will be that those students who are agreed to have 'passed' will be notified to the validating body as 'recommended to proceed to the Final Part of the examination' (and they will so proceed), while for those who have 'failed' some section of these assessments, arrangements will be made for re-examination.

For this agenda item, the schedule of results - which is tabled - provides a strong frame. For many intents and purposes the students have moved into 'number-time', so that what is of first interest about them are numerical relations: which mark is higher than which, how they range and average. Considering the results takes two forms, one concentrating on the vertical and the other on the horizontal axis.

On the horizontal axis are listed all the marks for the student, or rather, all the grand-totalled marks for the student. Against her name, they are obviously 'her marks'. Indeed for the purpose of this meeting they are the central core of her, and any further characterisation of

the student will be in relation to marks.

The usual way of occasioning the student as marks is by reading her name and then reading out all her marks. Much time is spent in sequences which sound like this:

Principal Tutor: Mrs Goodwood, Mrs Goodwood gained 57 in Section 1, 59 in Section 2, 56 in Section 3, 58 in Section 4, and an overall mark of 60 in Section 5.

Chairman: So that's a recommendation for pass. Externals?

External: yes, a very consistent performance.

Chairman: Anyone?

(Anyone): (Silence)

Chairman: good

Principal Tutor: Mrs Downward, Ms Downward I beg her pardon, she gained.....

(Names changed but otherwise a verbatim note. Students are not in alphabetical order because they are anonymised for examination purposes by being given a candidate number at random; pass list order is in terms of these numbers.)

And so on through the list.

Secondly note how little there seems to be to say about students here: how parsimoniously they are characterised. What is said is significant. The most usual comments formulate the student as a 'top'

high-flyer, very impressive etc.,

'middle'

sound, not going to set the Thames on Fire but...

or more usually for middlings, no comment at all - or 'bottom'

rather weak, struggling

However in the latter case it rarely seems quite enough to characterise a student as 'weak' more usually she is:

weak but she did reach the required standard, just...

or

she's one of those who had to struggle, but she just about made it

I take such comments as implying that no one is passing anyone who ought not to be passed.

And/or comments refer to the consistency norm. Thus candidates show

a consistently high standard

or

low marks across the board

or if their marks are middling

yes, a very consistent performance

(all comments above noted from these meetings)

It puzzled me for a long time as to why among all the many things which might be said this seems to be the sort of thing which is said most frequently. It seems that since students are being discussed in number-time this is the only sort of appropriate gloss on their performance, but in addition examiners are pointing to a prima facie case of accuracy when they point to consistency. Equally students who show erratic marks are students whose marks may throw some doubt on the performance of assessors, but who are more likely to turn out to be 'erratic' sorts of students.

For one of the examination boards in my sample it was practice to agree the marks of students en bloc without individual annunciation. Nonetheless it was common for externals, and other examiners to format comments on the candidate body in similar fashion:

External: Some of the better ones were really very good and their work was very insightful as to the health visiting significance of the subjects. (.well referenced..impressive). There were as usual a number of weaker candidates bumping along the bottom line, though none who gave any concern of a failing nature. But most of the students have given a very sound account of themselves.

(reconstructed from verbatim notes)

Tops, bottoms and middles again.

Chairman: I note, and it always gives me confidence to note this, what a strong sense of internal correlation there is in the results. One always worries when there are a lot of erratic results.

(verbatim note)

We have already seen (Chapter 4) that when students 'come down' on a section they may be character-worked. However even little oddities in marks may allow the student to escape from number-time temporarily:

(Field note)

Janis scored 54, 70, 73, 68 and 75, the low mark being in psychology. The external said: 'I wonder why she came down so badly in psychology, what a pity'. The psychologist said: 'She didn't really take to psychology' and went on to say that the student had objected to experiments on people and on 'treating people as objects'. The external said she wondered how she had got on in hospital then, laughter, and 'it makes you wonder whether she is one of those who goes into health visiting to escape from nursing. The Principle tutor says she doesn't think that she was very happy in nursing, but that that may be a 'good sign' for health visiting. The other external says that some of the best health visitors were 'reluctant nurses', but its a pity she came down on the psychology.

I think it is pretty obvious that if a discrepancy of 16 marks can generate tarot-card like readings of the student (or indeed of the staff) like this, that keeping strictly to the numbers saves a considerable amount of time, and these flights are rare. Even rarer is any public query about the rationality of treating the marks in one subject as equivalent to marks in another. In Appendix 6 the reader will find such

a case which caused considerable awkwardness and embarrassment.

14:7 Normal Results and Competent Staff

The vertical axis of the schedule of results addresses the marks to the assessors. Looked at as vertical columns the schedule makes the marks the responsibility of particular members of staff. It brings them to account for their performance as teachers and assessors. Generally this aspect of the results is discussed by making time for comments on the results in each Section in turn.

Chairman: so Section 2, have our externals anything to say about Section 2?

External: no, h, no not really, we, I were quite impressed by some of the better work. Some of the worst work was very pedestrian, but the marking was hh fair I think.

Chairman: Miss (External 2)?

External 2: nothing to add, except that one or two quite impressed me, at the top.

Chairman: who's?

Sociology Lecturer: (indicates), no I've not much to say. I was quite pleased with them on the whole, though they were a fairly ordinary group of students as the marks show.

(reconstructed from verbatim notes)

So much for this meeting for 'Section Two' and its examiners. In such transactions it is agreed that the marks are accurate. For internal examiners this agreement (or very rarely lack of agreement) is probably the most important issue of the meeting. I once missed such a meeting. Later I asked a colleague what had happened. He replied:

Nothing, nothing for you though (another examiner) got her knuckles rapped a bit over something.

Intrigued by this response I asked colleague after colleague what happened at the meeting. All at least began their reply by telling me nothing had happened to me. It is to the production of such 'nothings' that so much busy work in marking is directed.

The reader can now probably predict the kinds of unpleasant 'somethings' which might happen. Attention might be drawn to the fact that more high marks were granted to students in one section than in another: imputations of excessive leniency may have to be nihilated. Attention may be drawn to the fact that more low marks were given in one section than another: imputations about unrealistic standards, or about incompetent teaching or about badly designed elicitation techniques may have to be evaded. Or worse no relationship might be discernible at all between the marking in one section and the pattern shown in the marking of all the other sections together:

Examiner: yes I agree that they have come out very oddly this year, so much so that I have spent a great deal of time re-marking them, but, well you've seen the scripts, do you think they are fair marks?

(verbatim note)

14:8 Oracles and Number Magic

At this point I would like to redress any impression I might have given that health visitor student assessment always involves, or that the marks result from, frenetic efforts to 'get it right'. Some very simple, locally unremarked features of assessment practices have a powerful effect in the production of results as they characteristically are. Much of the normal distribution which is detectable in the results is actually created by two factors working together.

Firstly there is the fact that all the grand-total marks to which so much attention is paid are produced by averaging or adding sub-section totals. If you take any two marks and average them, automatically you produce a score somewhere between them. If you take any two marks at random from a restricted range, the product divided by two will be nearer the mean for the range rather than towards either end of it. If you did this for all students, the effect would be to push all students towards a mean point. The effect of this regression to the mean

phenomenon is increased in proportion to the number of sub-totals averaged or added. Most Sections in health visitor student assessment contain three or more sub-sections.

Add to this the fact that markers use only some 35% of the mark range available. The narrower the band of marks used the more intensive is the effect of regression. Put another way if markers allocated marks drawn from 36 to 80 at random to student scripts, and manipulated the numbers in the way they are manipulated in health visitor student assessment, they would still get a reliably 'normal' looking distribution.

I do not want to suggest that assessment is done at random, nonetheless chance is overwhelmingly on the side of assessors who take this normal distribution pattern as a guarantee of accuracy. Moreover the narrow banding and the regression effect also decreases the chances of the marks for any individual student 'looking erratic'. If marks are distributed over a span of 35, then it is actually quite unlikely that a student will have any mark which is 10 marks different from some other mark she has. Again if assessors take consistency within a student's marks as a guarantee that things have come out right, chance works in their favour. Though real results show some degree of statistical significance in their rank ordering (Two-tailed multi-T test) and randomly generated 'results' do not, this kind of statistical manipulation is not done in health visitor student assessment and the inspection is entirely visual and common-sensical.

It is a principle of assessment that chance is not entitled to play a part in assigning marks to students. Thus as far as is possible the intrusion of accidental and irrelevant factors into assessment should be eliminated. This is one of the purposes of moderation, and is often the rationale for altering or compensating marks. One of the matters

assessors are scrying marks for are 'chance' deviations. These they seek in 'odd looking' marks. Since the 'normalcy' of the results would be supplied as well by assessors using the randomising practices suggested above, paradoxically, the 'odd features' are as likely to betoken something about the realities of student performance as are 'normal' features. However as we have seen it is the odd features which are regarded as problematic and in one way or another, if possible, are eliminated, or negated in significance. If we regarded the scrying of marks as a practice designed to monitor the equity of assessment, (its accuracy, the competence of staff, their compliance with regulations and good practice) then it is an oracular scrutiny, rather than an actuarial one. In any scientific-rational way, it cannot work, but of course it does work for participants and they work it like this year by year.

In Chapter 1 I drew attention to the in-house literature on student selection and assessment, and noted the difficulty researchers encountered in making student marks correlate with 'hard' indicators such as IQ, educational qualifications or age. The reason for the difficulty is a simple statistical one. For health visitor students each of these indicators are distributed across a much wider range, while student marks are tightly clumped around a mean such that in attempts to correlate there is no statistical 'room to manoeuvre'. So far in the chapter I have shown the organisational practices which create this clumping, and render student marks unusable for statistical purposes. The parallel with Garfinkel's paper Good Organisational Reasons for Bad Clinic Records is obvious.

14:9 Conclusion

Prior to marks being ratified, or rather prior to that moment at which the externals make it known that they 'agree' the marking, the marks or the work they refer to may be massaged this way or that in pursuit of a

more accurate indication of the student's capabilities. After ratification, the marks have to count as indicative of either the qualities of the student, or of the capabilities of the staff as teachers or markers. Generally speaking what is 'agreed' when the marks are agreed is that if there are any oddities in the marks then these are due to 'oddities' in the students. If the marks don't shape up 'normal' then that will be because certain types of students are 'missing'.

Internal: there just don't seem to have been the high flyers this year.

or

Internal: we don't seem this year to have the tail of students who struggle a bit, as we usually do.

Thus the oddities in this year's marks are not due to the marking - the marks are there waiting to be used, it's just that the students to go with them haven't turned up.

I am not suggesting that marking is done in an unprincipled way. Indeed I am suggesting that marking is done in a very principled way, but not in the way described by assessors. Assessors when asked such questions, directly, and in general, nearly always claim that marking is done so as to give the mark which the work (or sometimes, the student) merits: that although they can't quite put their finger on it, there is some kind of absolute standard against which student performance is judged, and that this mapping is what determines the mark. Observably however what markers seem to do, is to allocate marks on the basis of knowing the preferred frequency of occurrence of marks in advance. To use a fashionable term, assessment is 'norm-referenced' rather than 'criterion-referenced' though it is characterised as the latter. Rather than use these terms I would prefer to put matters this way:

Markers know that 'under normal circumstances' the pattern of marks which should emerge is a 'normal pattern'. Thus they know before they start marking that there are going to be many 'middling' sorts of marks. a few high ones and a few low ones. Marking becomes a practice of discovering which of these marks (that are, so to speak, already waiting to be allocated), should be attached to which pieces of work:

(field note: colleague engaged in marking essays)

'Bingo' he said. I said 'What?' He said he had just got a 68. He had had one 72 and a lot in the high fifties, and now he had got a 68 to fill in the gap.

'Normal marks' is a set of quotas waiting to be filled. I quote for example the practical advice given to a new member of staff: a social policy lecturer:

She said, I think, that I would find that the vast majority would be rather samey, and in the middle, and that there would be a few good ones and a few weak ones. The good ones would be somewhere in the seventies, and most of the weak ones would be in the mid-forties. O and she said, told me of course that the pass mark was forty, so I ought to look carefully at those around that area and decide whether or not I wanted them to fail.

(reconstructed from verbatim note)

It quite frequently happens that 'things don't come out right, first time':

HVT: far more of them got high marks than you would expect, so that we had to go back through them and do some re-marking.

Under such circumstances, the issue is raised: is it the students, or is it the marking? Is it accuracy or artifact?

(Fieldnote)

I asked how the marking was going. He said 'Fine, everything came out right, first time'.

Thus it is that prior knowledge about how the marks 'ought to come out' is used for judging whether or not the marks are 'an accurate reflection'

of student qualities, and how the marks ought to come out is normal distribution shaped, with a low probability of anyone failing a section. If they don't come out right, then chances are that either the marking is awry, or that in some way the students' work is not an accurate reflection of their abilities. It is only in the last resort, when all else fails and the organisational window has closed, that 'odd distributions' of marks will be accepted as 'accurate marks'.

A range of marks is like a sentence. Like a well-turned sentence, appropriately uttered, a consistent range raises no problems. An erratic range, or one that contains oddities, raises for participants the issue of how they should allow themselves to be heard as making it out in terms of the characters and the social procedures which produced it. In this chapter I have drawn attention to the way in which students are disposed of mainly in terms of numbers. It is true that tutors compile reports on student's field competence, and on their personalities. These reports however play scarcely any part in the assessment procedures which count towards certification at the intermediate level. Indeed one of the most interesting features about intermediate level assessment is how infrequently students are dealt with outside of number-time, and how it is that a mark which is 'odd' in terms of number-rules, is what it is that sets the student up for a characterological inspection.

The final point I would like to make here is how very ordinary this all is in educational terms. I want to extend this point by adding a section of comparative data on the awarding exercise in A level sociology.

14:10 Some comparative material

It is important to point out the mutatis mutandis my characterisation of Intermediate level assesment might apply to many other systems of educational assessment and that my experience with O and A level examining with district nurse and school nurse examining and with TEC assessment could be told in much the same terms. The topic of this thesis will not allow for the presentation of extensive comparative data here. However I think the point is sufficiently important to present just one example. The example is of the process of 'grade awarding', here at A level, (though the process is very similar to O level). My account draws on experience of 7 grade awarding events for two GCE Boards.

In GCE examining it is assumed - indeed it was established from the outset - that for large-entry subjects results take on a statistically normal distribution pattern, so that the mean will divide candidates roughly into two equal groups. The normal distribution pattern in marks is taken to reflect a normal distribution of candidate ability. Examining is directed towards producing this pattern. At one Board for example assistant examiners have, at various stages, to submit a graphical display of the marks they have so far given, as a check that their marking is coming out right i.e. that it is shaping up towards a normal distribution. Evidence that it is not leads to instructions to adjust marking practices appropriately.

(note from Chief Examiner to assistant examiner)

'You are coming up too high. Cut your marks by two or three per question as appropriate. Look especially at your marks for questions 2, 5, and 7 where you have been excessively generous.'

After all the scripts are marked 'grade awarding' takes place. This involves a team of 'independent' grade awarders whose task is to name the face marks which should determine the boundaries between the letter grades in terms of which results are made public. To do this they work

with a set of last year's scripts - graded but with the face-marks erased, and a sample of this year's scripts with face-marks, but no grades. The grade awarders have to decide which of this year's scripts most nearly equate in standard to the known-grade scripts from last year. In this way it is assumed that 'consistent' errors of over-lenient, or over-stringent marking this year will be compensated for, and the 'standard' as encoded in the distribution of students through grades will be the same as last year. 'Inconsistent errors' are supposed to have been eliminated by the supervisory work of chief and senior examiners and grade awarders are not at liberty to query the face-marks on the scripts.

The idea that the accurate accomplishment of marking will result in a normal distribution of candidates backs the assumption that the normal distribution curve will each year be cut by grade boundaries so that each year much the same percentage of candidates will fall into each grade. What grade awarding entails is a search for the face-marks which designate the grade boundaries by persons who do not have access to the distribution curve of this year's results. It is a guessing game which is conducted under circumstances of some rigidity. The scripts have been marked, at considerable expense. There is no way in which they can be sent back for re-marking. The assumption that the candidates must in nature, really distribute themselves in appropriate percentage groups across the curve is not negotiable. In short grade awarders are looking for 'right answers' which have actually already been decided to within 3 or 4 marks. The exercise has the characteristics of 'guided discovery' lessons and of clinical teaching described by Atkinson and Delamont (1977):

What we are dealing with...are carefully managed 'versions' or 'reproductions' of certain types of reality, whose verisimilitude depends upon a degree of 'stage-management'...and the systematic falsification or transformation of selected features of that reality.

Atkinson and Delamont 1977 page 141

When grade awarders announce grade boundaries, these are then mapped onto the distribution curve and the percentages of candidates in each grade are read off. If the face-marks announced collect something like the predicted percentage of candidates into each grade, then this is evidence that marking has been accurate. If on the other hand the grade boundaries suggested do not square with the predicted percentages., this is evidence that the grade awarders have got it wrong. Statisticians are often called to demonstrate how the grade awarders just have to be wrong, because 'statistically' the grade boundaries they are suggesting cannot be right. It is 'inconceivable' that such and such a percentage of candidates should fall into such and such a grade. Thus beaten, the grade awarders retire, and go through the exercise again until they 'get it right'.

Thus as in health visiting education, 'normal results' are indicative of 'accurate results' and accurate results are indicative of competence on the part of assessors, and unusual results probably can't be accurate and unless carefully dealt with they may be implicative of incompetence by assessors. Any system which allows for the employment of incompetent assessors can't be a very reliable system, and its results cannot be relied upon. Things are so organised that if grade awarders don't produce evidence that marking has been accomplished accurately, grade awarders must be wrong.

CHAPTER FIFTEEN: Case studies

15:1 Introduction to Final Assessment

Final assessment is about the student's competence to practise as a health visitor. Rhetorically it is an explicitly searching moral appraisal of the student as a whole person. In fact very few students are referred.

Of Final assessment we can ask the question: How are things organised so as to bring off a searching appraisal of students, while avoiding referring more than one or two each year: how does producing normal results organise the activities of assessors?

My treatment of Final assessment serves in the thesis as something of a check or replication on what has already been written. Thus it will test the more general applicability of the machinery laid out in chapter 6 that in speaking persons 'do social structure' and 'do personalities'. As applied to Intermediate assessment what this machinery appeared to show was that assessment is so organised that participants avoid hearing or hearing as heard as utterances which bring to doubt the legitimacy of the social structure of assessment, or the competence and motivation of those who assess. Put another way it is a highly consensual lingual system and utterances tend not to be heard as threats to its consensual nature. We can check whether this tendency persists to Final assessment.

By focussing on the linguistic organisation of assessment events at Intermediate level I threw into relief the important role of the chairperson in arbitrating situational eligibility. From this it became apparent that being a 'professional' such as an HVT, situationally speaking, meant being granted professing rights by

someone who is actually their boss. I also noted that making explicit profession-claims is given pretty short shrift, because it challenges the chairman's right to entitle utterances. The formula the chairman habitually uses to put down unilateral attempts to entitle an utterance on the basis of sub-group expertise, is that the decision 'is the decision of the whole board'. If this is so of course someone, (the chairman) who can select between utterances from any member of the board is instated in a strong controlling position. I noted also that the chairman's position is backed not only by his off-stage (but usable) status as boss, but by his ability to use utterances from externals as 'the last word' on some matter.

In these respects Finals constitute an interesting set of contrasts. The key event is a viva voce examination in which chairpersons take no part. The object of the viva voce is to discover 'safety to practise' about which HVTs must be granted an expertise superior to other kinds of assessor, both because they are 'health visitors' and because they visit students in their fieldwork placements and can report on these visits. Put briefly then it is in Final assessment that we might expect HVTs to 'come into their own' and exercise a determinate influence on who gets passed and who gets referred. Whether this is so we will see.

Our treatment of Final assessment also introduces a character who has been significantly missing so far: the student. In dealing with Intermediate assessment I dealt with students only as students were made topic by assessors, and most of the time students are in fact made topic as marks. The rationale for this was that it is, in fact, only as students are discussed and in the ways that they can be discussed that students are disposed of. I do not take the

line taken quite commonly in treatments of educational assessment that somehow or other assessors gain impressions of students, - (often on the simple basis of their race, class or gender) - and that they then use the formal languages of assessment (marks, grades, reportese and so on), to bring off legitimate-sounding and consequential descriptions which are 'really' based on categorical systems and prejudices that assessors should not have. How far this happens seems to me to be an open question, but it is a rather curious analytic practice to be always looking for secret and covert categorical systems to underlie teachers' characterisations of students or pupils and to treat as if merely a 'smoke screen' those methods of accounting which they publically use. As we have seen there is plenty of interest in a focus on the surface structure of assessment discourse without digging for deeper meanings.

However in my treatment of intermediate assessment students didn't get much of a 'look in', and there was little about face-to-face interaction between students and assessors. In this treatment of Finals we will bring students and assessors face to face.

Intermediate assessment consists as we have seen of the application of a number of quite precisely designed instruments which are authorised for use by moderation and which yield facts about students in the form of 'marks'. Concurrently with their college-based education during this first nine months of the course students undertake a one day per week 'placement' in the field with a field health visitor as supervisor (Fieldwork Teacher-FWT). Having duly completed Intermediate assessment and 'passed' students are placed full-time in the field although still under supervision. This is called 'the period of supervised practice' and lasts three months. Nominally the student is under the supervision of a nursing officer

(community). Although this 'Assessor of Supervised Practice' (ASP) signs the reports, day to day supervision is much more usually done by a field health visitor - who often actually authors the reports signed by the ASP. The elevation up the hierarchy of supervision reflects that it is this Final report which counts for the official purposes of granting a licence to practice.

During the placements in both parts of the course the student will be visited by her college tutor. Though these are spoken of as visits to the student 'in the field', this is somewhat misleading since they consist of meetings between tutor, student and field supervisor in (say) an office in a health centre - or sometimes, if convenient, in the tutor's office in the college. The meetings are in the nature of discussions about the student's performance in fieldwork. It should be noted that apart from visits made jointly by field supervisor and student to a client's home, which are to 'introduce' the student, field supervisors only very rarely see students interacting with clients in home circumstances. Students are actually much more visible in clinics and in the office of fieldworker. Given that 'home visiting' is regarded as the most distinctive feature of health visiting it is somewhat curious that the judgement of the students' competence in this setting is so much based on the students' self-reports, and such hearsay evidence that a supervisor might gain quite haphazardly from her own contacts with client families. The tutor's reports on the student's competence in home visiting are then based mainly on the student's self reports, both directly, and indirectly in so far as these form the basis of commentaries from field supervisors. The main exception to this is where a student is 'causing concern'.

Then she may be accompanied on a home visit by her day-to-day supervisor, the ASP, or the college tutor and watched in practice.

As we will see there is a final report from the field which plays an important part in the final act of assessment.

While placed for the first part of the course students complete 2, 3 or 4 case studies of client families (the number has varied from time to time and varies from college to college), and a 'neighbourhood study' which characterises the geographical area of practice in terms relevant to health visiting. Each of these studies amount to between 2000 and 2500 words - most students over-run, and many provide copious appendices. These studies, while written on the basis of the placement during the first part of the course, form an important documentary basis for the student's assessment in Finals.

At the end of supervised practice in September each student is subjected to a viva voce examination lasting some 20-45 minutes. The viva voce panel consists of an external examiner, an internal examiner, and the student's own 'personal' health visitor tutor (or at least an HVT). The latter may play a variable role from fully participant, to merely being an observer.

There are four sorts of resources available to the viva voce team:

1. The student's case and neighbourhood studies which they will have had in hand for some months previously.
2. A report from the assessor of supervised practice (see appendix 8).
3. The student's own performance in the viva.
4. Tutor reports: both written and verbal. However I note that the tutors' written reports are often not scrutinised by the other two examiners.

Other kinds of documentary evidence - such as marks at Intermediate assessment, could be called for, but rarely are.

The object of the viva voce examination (as participants remind each other from time to time) is to judge whether the student is 'safe to practise'. It is worth noting here how they remind each other of this. They do so frequently in what might be represented by the formula 'at least she's safe to practise' (whatever her other deficiencies are).

External - yea..s I mean, yes, well they were pretty weak her case studies, and you can't say that she improved on them overmuch today ... can you .. but then again there wasn't any definite evidence that she might be unsafe was there, not that I could see so
(verbatim note)

15:2 Case Studies: Authorship

In her practical placement for the first part of the course the student will be allocated by the field supervisor a number of 'families', which will be her particular responsibility during the placement. There are some initial criteria for making such a selection. The cases should represent the range of 'normal' clientele for the health visitor. What 'normal' means here is, firstly covering the usual range of clientele per age and condition. Unless some good reason can be given to the contrary it is a CETHV requirement that one of the student's case studies should include an 'elderly person'. Thus the fieldwork teacher puts together a kind of quota sample from her own current case-load for the student's set of 'families'. The 'normal' specification causes some problems for fieldworkers because some cases which initially looked 'normal' turn out not to be so in the course of time: a miscarriage occurs, a husband leaves home, there is a suspicion of child abuse, a young family member dies etc,. Any one of these events jeopardise the normalcy of the case and may lead to the

complaint that this is not a suitable case for a student should she actually choose to write it up. On the other hand students find it much easier to write interesting case studies for 'non-normal' families.

In the course of the first few months students will select between their 'families' as to which will likely become the subject of a case study. Most begin to write up rather more cases than they need, making the final decision rather late on in nine months when each of the cases has unfolded and has revealed its case-study potentialities. The preparation of case studies involves students and others in a prodigious amount of work. Not only is each over 2000 words long, and many students have an additional one or two case studies in reserve, but drafts of case studies are passed backwards and forwards between student and fieldwork teacher, student and health visitor tutor and sometimes between student and academic staff. Students read each others' case studies. Most will be the subject of a seminar in the sequence entitled 'Case Study Presentation'. Each of these occasionings of case studies may lead to amendments.

Very detailed specifications are provided for how to write case studies: in one college amounting to 7 pages of type script. Archive collections of past studies are available for students to see. Student, tutor and fieldwork teacher all have access to these specifications and I have no doubt that they are frequently oriented to in the process of writing and commenting on case studies. Tutors have a considerable influence on the case studies produced by at least some students:

Tutor: I feel that (X)'s (case-studies) are partly my work, but its partly because she didn't perceive the important things to put down in case studies, although she had a fair amount of help with them.

Taped interview data.

As with other written work (see section 14:3) one suspects that those students who receive most assistance are those whom staff suspect will be most at risk of making a bad job of it, and that those students whose case studies are commented upon adversely have been those who have refused or have been unable to follow staff advice. The following material is only a tiny piece of a sequence of versions of one case study which one could almost say was 'ghosted' by the tutor.

Draft one: Student text: She told me she was having difficulty with her two year old.

(Staff (in margin): What sort of trouble? Why? Stimulation? Anxiety about new baby? Your action?)

Draft two: Student text: She informed me that her two year old was 'clingy' and wouldn't let her mother out of sight. I suspected that the toddler was anxious about the impending new birth and I advised the mother to inform the child about it and to play with her more frequently.

(Staff notes (in margin): Inform toddlers! - Was the mother anxious? Principles of child development?)

Draft three: By careful and sensitive questioning I established that this mother was troubled by the behaviour of the two year old. As often happens children are worried by another pregnancy fearing that they might be set aside for the new baby. In this case the toddler reacted by being 'clingy' and being unwilling to let the mother out of her sight. In addition Mrs Green was herself rather anxious about this pregnancy given her history of miscarriages in the past and I felt that she was conveying this anxiety to the child. I suggested that this might be the case and she concurred.

I suggested that Mrs Green should make sure that she put some time aside each day to play with Louise, and that it might be a good idea for the play to be about babies to prepare Louise for the forthcoming event. Mrs Green concurred.

(Staff Comment: Mother's anxiety?)

Final Version: By careful and sensitive questioning I established that this mother was troubled by the behaviour of the two year

old. As often happens children are worried by another pregnancy fearing that they might be set aside for the new baby. In this case the toddler reacted by being 'clingy' and being unwilling to let the mother out of her sight. In addition Mrs Green was herself rather anxious about this pregnancy given her history of miscarriages in the past and I felt that she was conveying this anxiety to the child. By sympathetic listening I was able to establish that this was so and I felt that by providing the opportunity for Mrs Green to air her anxieties that she was able to get matters into perspective.

I suggested that Mrs Green should make sure that she put some time aside each day to play with Louise, and that it might be a good idea for the play to be about babies to prepare Louise for the forthcoming event. Mrs Green concurred.

(Also added into final draft at a later point in the text:

I was pleased to see that Mrs Green and Louise were playing at bathing baby, so that I knew that my advice about involving Louise in the birth of a sibling had had some effect!)

What will no doubt intrigue the reader is how far this account in its various versions accurately describes what went on between the student and Mrs Green. Your guess is as good as mine. The final version was after all written some six months after the events it purports to describe. Years after a student had successfully completed her health visitor certificate for which I conducted the viva voce examination she said to me:

I've had it on my conscience all this time. The first family in my case studies I made Catholics so that my birth control advice sounded better.

15:3 Case Studies: Textual Organisation

The studies are for examiners a resource for asking questions of a student. Examiners have to do a competent performance of being examiners by producing questions which are questions claimably questions arising from the studies and claimably relevant to assessing safety to practise. Understandably they are on the look-out for matters which seem 'unclear', or 'not quite right' or for that matter downright bad practice. Students - with

tutorial assistance - write case studies in just such a way as to pre-empt the raising of such questions. We have then to look at case studies as large scale exercises in defensive accountancy.

First we can say that case studies are organised in terms of 'narrative', 'membership categorisation devices' (MCDs) (Sacks 1972), and 'category bounded activities' (CBAs) (Sacks 1972, and in a more readable form Atkinson (1977) in a distinctively health visitorly way. The case study is not just any old narrative but a narrative which depicts the student dealing with a client case. Since the student is a health visitor student the narrative collects together as sequentially related those matters which may be so collected as relevant to health visiting practice. Thus the overall narrative structure is of the interdigitation of a series of visits by the student to the family (occasionally interspersed with the client's appearances in other health/welfare/educational settings), and what one might call 'life sequences' experienced by the clients (conception - pregnancy - birth - post-natality - etc., or the growth and development of a child, or the failing health of an elderly person etc.,).

There is what happens during a visit and what happens between visits when the student is 'off-stage'. What happens 'between visits' however is what is relevant to, and provides the background and the warrant for action described as occurring during a visit. And what happens between visits is often shown as having been discovered through the investigatory work of the student: - communicating with clients, liaising with agencies, consulting records. What happens between visits however is for the purposes of these case studies made out of what are known by health visitors to be common sequentially related happenings. Health visitor tutors are strong on such sequences as 'normal growth

and development', 'the ageing process', 'coming to terms with parenthood', 'the grieving process'. In addition there is what health visitors know about the usual stages and timings of medical treatments, appointment makings, about the 'normal' daily sequence of household activities, of the annual round of family activities and so on. All of these sequences and many more may be used as a resource by the student for detecting a trouble or a worry and/or for timing a particular procedure.

What is as much to the point, examiners may do the same. Thus for example for a student to describe visits to a child who progresses from birth to four months without mentioning 'weaning' would be a serious omission indeed. Or for example for a student to simply note that a 15 month old child was not yet walking, without explicitly mentioning this as 'worrying' would again have written in an unhealth-visitorly way. In short the student draws on literally hundreds of such time-tables in order to locate the description of her activities and to structure her narrative.

The characters of such case studies are depicted in terms of membership categorisation devices which are routinely used by tutors. It is notable for example that all case studies begin by specifying the characters of a case study in terms of a family collection, with dates of birth, husband's occupation, a coding for class, wife's occupation or previous occupation, and often similar details for 'members of the extended family'.

AN IMMIGRANT FAMILY WITH A HANDICAPPED CHILD AND A TODDLER

Family J
Religion - Sikh
Mr J - Factory Worker
Mrs J - Housewife

Address - Southwark
 Nationality - Indian
 Social Class - IV

Mr Mohinder J.	m.	Mrs Rajinder J.
(year of birth)		(year of birth)
1941		1944

1st born 1969 - male, still born

2nd born 1972 - female, spina bifida
 died in 18 days

Gurdeep 6.8.72 - male

Gurjeet 8.11.73 - female, spina bifida

This provides the basic data set for the case study. Within it, it is notable that babies are aged by day - month - year of birth, and often with a designation 'full-term' or 'premature': their parents rarely so. Such details for babies are of course extremely important in terms of health visitor surveillance and interventions. Extended family - if listed at all - will be so if they live nearby. If they can be collected together in terms of 'a supportive kinship network' they warrant such a listing, though sometimes their non-fulfillment of this role is noted. Other times we may hear about them when their medical history can be brought to bear on the medical history of the case-study family: for example where twins 'run in the family', or 'there is a family history of carcinoma of the colon'.

It is quite common for the next section of the case study to itemise 'previous medical history'. Not only does this show the student 'consulting records', but the display of the characters of the study as 'a family', closely juxtaposed with their medical and obstetric record sums up a great deal about the health visitor 'case': people living in families with health needs: or more problematically persons with health needs not living in families. These latter cases may give rise to

terminological difficulties in relation to an occupation of family visitors particularly in those colleges where case studies are called family studies. Evading this difficulty may give rise to what would elsewhere be very unusual usage, as in the phrase:

a family unit of one

Almost invariably the domicile of the family will follow shortly in the narrative. Its characterisation will not be the characterisation of the architect or the estate agent, but if properly done will be a description of a residence for people with health needs. It will be adverse to health or not, it will contain health hazards or it will not. It will show the housekeeping and maintenance standards which betoken a social level, and a set of attitudes to family life. It will be expensive to mortgage, maintain or heat, or it will be cheap, betokening or not health destroying financial worries. We may also learn that the front door is primrose yellow or other kinds of information gratuitous to a health visitor case study: but rather rarely. And indeed such matters as the colour of the front door may be angled into the health visitorly style of the study.

When I next visited I noted that the front door had been repainted a bright purple(!), which was another indication of how well this young couple were coping now that their housing problems had been solved.

Titles likewise do a considerable amount of work in initially framing the account:

'A young family with three children under 5'

'An elderly person living alone'

'An ante-natal mother'

Even with these broad membership categorisation devices we just

know that there are going to be category related activities for the health visitor to do.

There are literally thousands of possibilities for narrative sequences and membership categorisations. In the latter case for example a pregnant woman at 5 months is not the same MCD as a pregnant woman at 8 months, any more than is a one week old baby the same sort of character as a one month old baby. In so far as our interest is in how these studies are examined and in so far as examiners pick somewhat haphazardly on only two or three features of each study it would be fruitless to attempt a comprehensive account of case studies here. What I will do instead is to try to indicate how examiners 'get a purchase' on case studies in order to use them as resources for asking questions about, and at the same time draw attention to features of the case studies which show that they are written to prevent examiners getting such a purchase.

Bateson (1979) notes that all descriptions of social reality contain both 'report' and 'command' implications. That is to say anyone who describes a state of affairs at the same time brings himself to account to others as to what he did, or 'is doing about it', or what he thinks 'ought to be done about it'. Atkinson and Drew (1979) make much the same sorts of point in their treatment of blame imputation sequences in courts. The idea is not very dissimilar from Garfinkel's distinction between the actuarial and contractual aspects of accountancy in clinic records (1967). It is inherent in Lyman & Scott's (1976) treatment of Accounts, and it is there in the line of discourse analysis done on the texts by students of Eugene Winter such as Michael Hoey (1983).

15.4 Case studies as problem-solution discourses

In so far as the Winter-Hoey approach deals quite specifically with texts it is convenient to use their machinery here. Hoey notes (1983 pages 31 - 106) a common form of textual 'discourse' which he terms a 'Problem-Solution' discourse. It can be represented in the following way:

Situation
 Problem
 Response
 Result
 Evaluation.

To fill this with an artificial example take the following, loosely based on the 'amended draft' example given above: 1st draft.

1. I was visiting a family where the mother was pregnant and there was a two year old (SITUATION)
2. She told me she was having difficulty with her two year old. (PROBLEM)
3. Staff comment 'Your action?' - (Missing) RESPONSE.

It is evident that the tutor recognised this as an 'incomplete' or 'poorly formed' discourse.

It should be noted that the use of the term 'discourse' by Winter and Hoey refers to units of text which provide some intuitive sense of completeness or 'well-formedness'. Thus the mentioning of a 'situation' and nothing more seems to prompt the reader to the question 'why this mentioning?'. The mentioning of some aspect of the situation which requires action or remedy ('problem') seems to require an answer to the question 'What did you do about it?' And the mention of 'response' calls for the

answer to the questions 'What was the result?' (result) and 'was it benign, successful, disastrous etc?' (evaluation).

Having phrased things in this way it will come as no surprise to learn that Winter and Hoey prescribe the reading of texts (as monologues) by the reader's insertion of interrogatives. (Hoey 1983 pages 38 - 39). In this way they suggest that we can read a monologue text as a set of answers to a set of unwritten questions the writer asks on behalf of the reader. The 'completeness' of this kind of discourse then is often constituted by the filling of all these slots, and/or marked by the presence of something representing an evaluation. Put another way leaving these slots unfilled creates a sense of absence: the textual equivalent of a noticeable silence (Schegloff and Sacks 1973). Our example from the drafts of the case study show this reader-writer interaction as a real two party system, but it seems reasonable to assume with text analysts that writers orient to readers in this way without the passing back and forth of drafts.

As Hoey notes the sense of absence is sometimes exploited in literary works; in mysteries, in jokes etc, where the reader is finally left 'dangling'. However this is not a preferred characteristic of student case studies. Indeed one of the common questions asked in viva voce examinations is about what happened to the family since the case study was completed. This might have been predicted from this model of discourse completeness and in itself provides a feeling of confidence that we are on the right lines in using this model to predict the kinds of examiners' questions which are asked of students in viva voce examinations: ie that an intuitive sense of discourse incompleteness provides for examiners one basis for asking questions.

Hoey also notes that it is a positive rather than a negative evaluation which generally provides the sense of completeness to a discourse: a negative evaluation is very often a re-statement ('repeat') of the problem so that a negative evaluation loops back to somewhere near its beginning and calls for the answer to be question: so then what did you do?

If we feed the student's final draft through the same machinery we might render it as below. We will have to re-arrange it somewhat, since the model does not predict line sequence order.

SITUATION (previously established) (1). I was visiting a family where the mother was pregnant and there was a two year old child.

(2). 'children are worried by another pregnancy fearing they might be set aside for the new baby'. (3). 'given her history of miscarriages' (4). Mothers convey their anxiety to their children (implied). (5). People can often be helped over their anxieties by a sympathetic listener (implied).

PROBLEM: (4). 'the toddler reacted by being 'clingy' and unwilling to let her mother out of her sight'. (5). 'Mrs Green was herself rather anxious about this pregnancy,'. (6) 'and I felt she was conveying this anxiety to the child'

RESPONSE: (7) 'I suggested that Mrs Green should make sure that she put some time aside each day to play with Louise, and that it might be a good idea for the play to be about babies to prepare Louise for the forthcoming event'. (8). By sympathetic listening I was able to establish this was so'

RESULT & EVALUATION: (9). 'and I felt that by providing the opportunity for Mrs Green to air her anxieties that she was able to get matters into perspective' (10). I was pleased to see that Mrs Green and Louise were playing at bathing baby, so that I knew my advice about involving Louise in the birth of a sibling had had some effect.

The reader will note that in this example (as in most) that

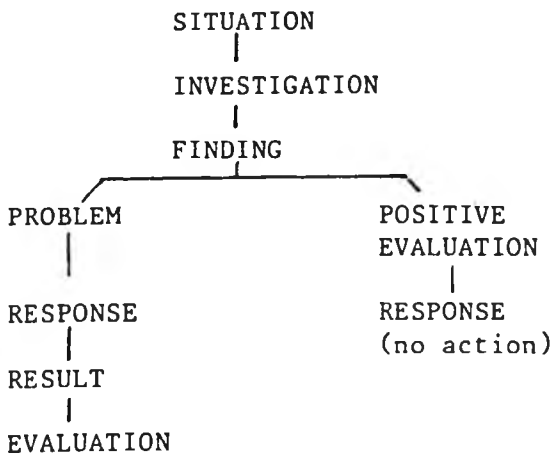
a) the 'situation' provides for responses to be seen as reasonable responses, and evaluations to be seen as positive: and

b) that the reader is required to draw on a stock of knowledge to fill in what is unwritten and to recognise the function in the discourse of various utterances.

Hoey gives a wealth of examples of the ordinariness of this kind of discourse structure ranging from advertisements, to scientific treatise, to Mr Men books and fairy tales. This is enough to demonstrate that doing this kind of discourse organisation is a fairly general competence. Hoey however is interested in the general structure of discourses, and under-emphasises the fact that the choice of candidate phrases for filling the various slots is something which is likely to be 'sub-culturally' specific. Although in this case these matters are made fairly explicit in the student's final text, we still need some inside knowledge about the norms the human subjects of the discourse are held to be bound by, in order to follow the evaluation.

15:5 Looking and finding

In fact much of the text of student case studies is less 'obviously' describable in terms of the filling of the slots of a 'problem-solution' discourse. It will help us understand bits of their structure if I note that students are supposed both to 'look for the right things' and perform the right actions on the basis of what they discover. With this in mind then we can usefully modify Hoey's analogue by inserting 'Investigation' and 'Findings' slots:



As might be suggested by the 'Search Principle' among the 'Principles of Health Visiting' (CETHV 1977 page 26) investigatory technique is a reportable matter in case studies. Thus we often read in case studies such things as:

I made sure I shook her hand so as to check her body warmth

I asked her to show me how she sterilised bottles.

I followed her into the kitchen and was able to see she had a well stocked larder.

I felt it was justified to spend so long in what seemed to be just a chat because in this way she was able to disclose her feelings in a natural and relaxed atmosphere.

by careful questioning I ascertained.

That investigatory technique is a reportable matter is also shown by examiners' comments on the absence of such reports:

EXTERNAL: You've said all these things about her, but you don't anywhere tell us how you found out.
<verbatim note from viva voce>

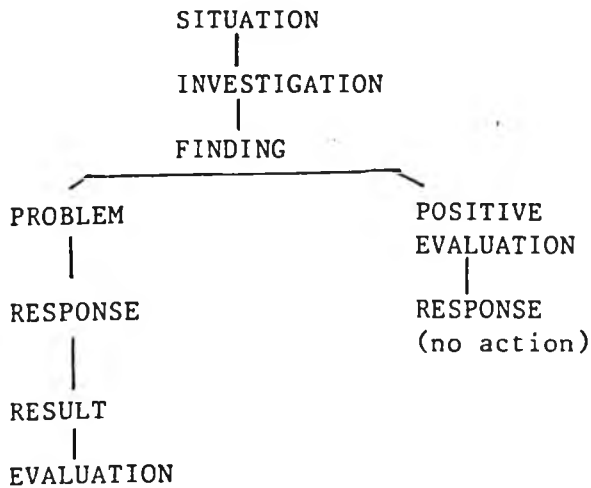
In other contexts and sometimes in case studies such investigatory techniques will be featured in various collections of health visiting knowledge together with an academic warrant, showing

how this or that technique follows from a principle of psychology, or sociology or some other body of knowledge. The illustration on page 19 shows for example what might be made of a visit to an elderly person. In 'Showing Deidre what she's done' (Appendix one) we see something similar. Technique alone however is insufficient because investigation assumes that someone knows what are investigatable matters. Again investigatable matters are highly specific to health visiting practice and for the examining reader will vary not only according to the various membership categorisation devices being used in the study but according to the unfolding of the narrative (see also P. Atkinson (1977)). To take just a simple example. If a change of medication is mentioned at one part of the study, and some report is made later of the appearance of bodily or mood changes of an unpleasant kind, then it may be a noticable omission that the student's text does not gather these two mentionings together as a matter for investigation ('drug side effects') (As we will see, equally such an omission may pass without notice, but the student is in jeopardy).

Not only do students have to show that they know what to look for, they also have to be able to show why it is lookable for, and to report that finding. Thus the first example given above continues:

I made sure I shook her hand to check her body warmth. It is important to do this with the elderly non-ambulant clients because of the danger of hypothermia. Shaking the hand is a natural gesture which allows this to be done without turning the occasion into a medical examination.

Returning to the revised analogue it now has two legs.



On the left hand there is the sequence we have already dealt with above where a student investigates and 'discovers' for the reader a problem which requires a response, and usually (though not always (see below)) she will provide us with a 'successful result.' In fact much of the overall sequential structure of the case study, as well as adjacent lines or paragraphs may do this work. This is quite obvious when students use the sub-heading 'Evaluation' and provide an interim or final evaluation of their work. Sometimes it is less obvious. For example the penultimate line of a particular case study read:

I was pleased to see Mr. and Mrs. Sea out shopping with the baby: a happy family unit.

One of the most important features of the case study (last mentioned by the student five pages previously) was:

..the problems this young couple were having in adjusting to parenthood.

For brevity it is convenient to use short illustrations such as the one above and the ones below, however it is important

to note that often the elements of such sequences are dispersed from beginning to end of a case study with many sub-routines. For example if the housing need of an elderly person forms a major theme of the study we may read about the investigations establishing her housing need towards the beginning, and of her rehousing towards the end, or equally about the student's 'regret' that she has not been rehoused. In between there may be many sub-routines tied into this overall theme. Moreover it may be that the finding (situation) is elaborated by considerable discussion as to just what sort of finding this is and hence as to what health visitorly action is required. Several paragraphs for example might be devoted to discussing (and showing investigations into) the question of whether the mother's anxiety about a child's wakefulness is caused by or is the effect of that wakefulness: the two interpretations having different kinds of implications for health visitorly action.

Sometimes the 'right responses to the findings are quite explicitly spelled out as when the student provides a 'HEALTH CARE PLAN' :

My health plans were:-

- To continue health surveillance
- To advise on management of infant as necessary.
- To observe family's adjustment to their new situation.
- To observe development of Ian.

Of course having formulated such a plan the student sets herself up both to account for omissions from it, and to account for how she actually carried it out. Sometimes she will pre-empt the latter sort of questions with phrases such as :

as I had planned

as indicated in my health care plan for Denise

And we find justifications for not following such plans:

I realised at this stage that my plan for this family had been over-ambitious and that I would have to proceed more slowly with this young mother who was only capable of taking in a little at a time.

It is worth noting how this paragraph in itself conforms with the 'problem-solution' discourse structure.

'I realised at this stage that my plan for this family had been over-ambitious' NEGATIVE EVALUATION - RETURN TO PROBLEM, ELABORATE SITUATION

'with this young mother who was only capable of taking in a little at a time'. NEW RESPONSE

'and that I would have to proceed more slowly' (and later in the text we are given positive evaluations of this new response. 'It did seem as if the strategy of offering advice only a little at a time paid off' POSITIVE EVALUATION

15:5 No-action returns

The right hand leg of the revised analogue gives us different analytic problems. It seems to be something of an occupational problem for HVTs that health visitors so infrequently 'do' what others would count as significant doings.

'Much of the time health visitors are seen by others as 'doing nothing', but it is this so-called 'nothing' that is done by health visitors that constitutes 'health visiting'. It is also this planned apparent inactivity such as 'support' that is so difficult to explain to others'.

CETHV 1977 para 8.9.

In case studies this same feature occurs in a large number of discourses which conform to the right hand leg of the analogue.

Thus for example the sentence:

I was pleased to see that the carpets were securely fixed down

is not a gratuitous expression of pleasure but paraphrases:

I looked (as I should) for safety hazards in floor coverings. I found none. Therefore no action was necessary on this front. I took none (but I did look).

In other contexts - in Health and Safety Officer reports or MOT forms for example - proformas are available for the reporter which allow the recording of proper investigatory conduct which nonetheless yields a no-action return. In the stylistic of a student case study the above format is the characteristic way of reporting the following of good investigatory practice in the absence of any actionable finding, and of mentioning the non-occurrence of such action as warrantable inaction.

Paraphrasing what was said above on the interrogative analysis of a text, the absence of a mention of any investigation, finding, action etc., of 'hazards in the home' might lead to the question 'Didn't you look?'. Case study writers preempt such questions by insertions which tell of a looking. This looking is quite commonly marked lexically with the word 'pleased' or some equivalent. It does the work of a positive

evaluation of the situation, i.e., it warrants no response.

Such no-action reports then are a highly characteristic feature of case study writing. Of course they have to be recognisable as such from their context in the narrative structure of the study as well as from an insider's knowledge about reportable and actionable matters for health visitors. For example the following sentence is readable in a different way from the foregoing:

I was delighted to discover that the worn lineoleum had now been replaced with lino tiles. Mrs Green's son having done the job over the weekend.

This sentence follows an earlier

..discussion with Mrs Green about home safety, particularly the worn floor covering

and thus constitutes a result and a positive evaluation of the student's response to a problem. Of course it also says that no further action is necessary on floor coverings and that there can be no complaint if the student took none. (In fact the student here managed to squeeze a further positive evaluation out of the same sequence vis:

The response of this rather irascible (sic) old lady to my remarks about home safety seemed to show that I was developing a good relationship with her)

No-action reports are sometimes quite 'obvious'. They are one of the 'odd' features of these case studies which inexperienced examiners comment on, presumably trading on the contrast between the style of case studies and the styles of other more familiar narratives. Some require a little more insider knowledge to decode. For example many sequences take a 'not too much - not

too little' format, vis:

The house was tidy, but not so tidy as to inhibit a young child's play

She was anxious but no more anxious than one would expect under the circumstances

He works hard in his garden but not so hard as to be a hazard to his health.

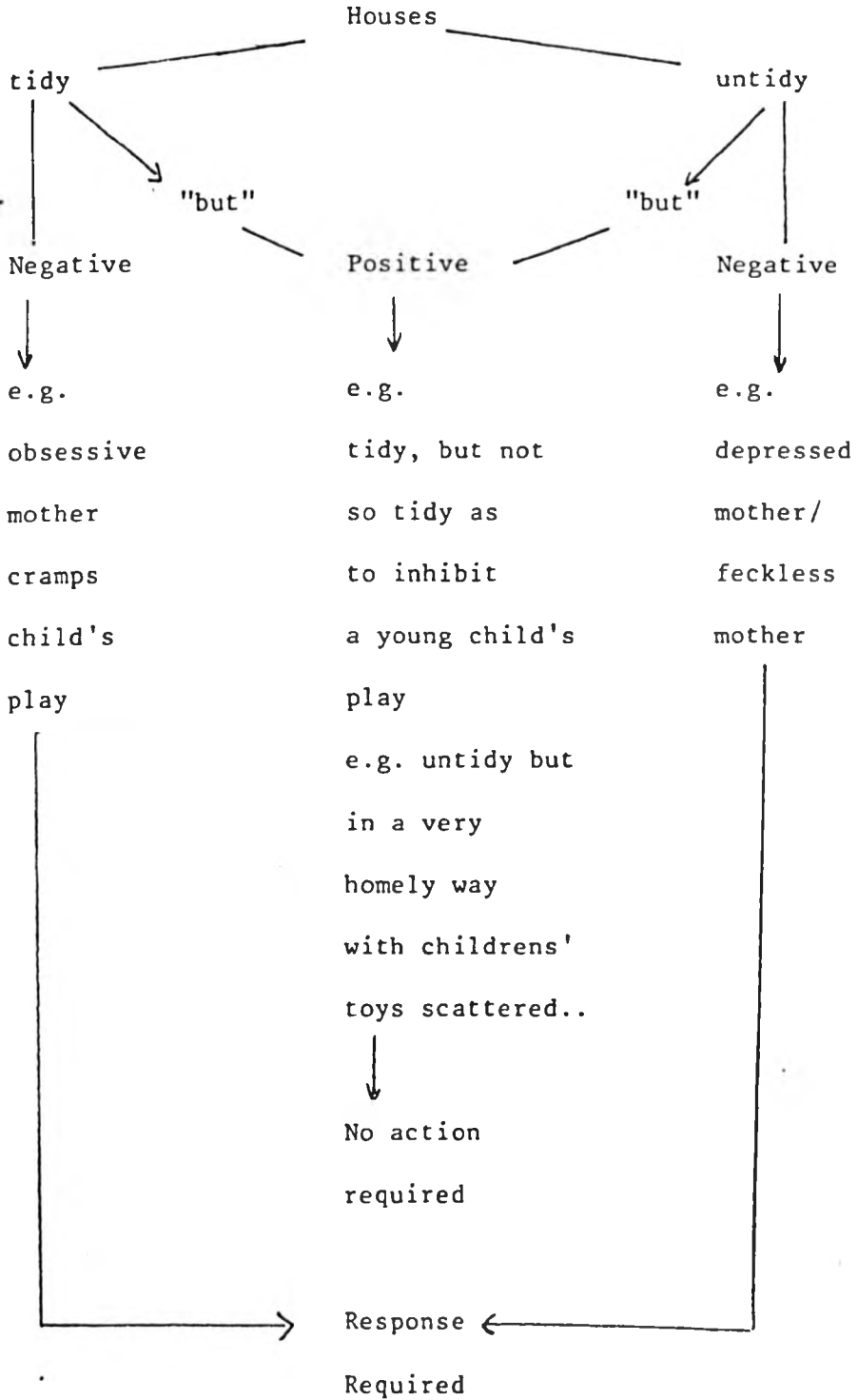
In each case it seems reasonable to read the sentence as being a report that no action is required: a positive evaluation of the situation following an investigation of the proper sort. However at the same time some possible interpretation by the reader which would have led to the suggestion that action was necessary is being proscribed. In the first example for instance we are being told that 'tidiness' indicates the absence of indicators about 'depressed' or 'inadequate' mothers, such as might have been given by an 'untidy' house. At the same time we are being told that the report of tidiness is not to be taken as a report of an actionable matter with regard to a 'young child's need for play' - this is no obsessively house-proud mother who will cramp her child's developmental needs. The sentence then, with commendable economy, tells the wise reader that investigable and reportable matters have been investigated and reported and that the finding not merely warrants no-action, but no-action of several kinds.

It is easy enough to add confidence to this reading of the examples given above simply by looking for their mirror images in other case studies. Examples are not difficult to find:

The room was very untidy but in a very homely way with childrens' toys scattered all over and much evidence of childrens' painting and drawing.

Figure 17

"The house was tidy but not so tidy as to inhibit a young child's play"



Given the circumstances I felt at the time that she was not as anxious as one might have expected. Later when I got to know her better I learnt that she was not a person to show her feelings much.

In Hoey's terms the structure of all these examples is one of 'contrast' (1983 page 107). My algorithm for expressing these relations is in figure 11.

15:6 Justifications

If the examples above proscribe the reader from making certain interpretations, other passages in the case studies serve as justifications for not doing what the reader might think ought to have been done (or telling the reader that they ought not to think that). I am using the term 'justification' here in Austin's sense:

'In one defence, briefly, we accept responsibility but deny it was bad:' (justification).. 'in the other we admit it was bad but don't accept full, or even any, responsibility'(excuse)

Austin 1961 page 176

Thus a justification proposes the correctness of the speaker's or writer's action under the circumstances, against the possible or actual claim that what was done was wrong (see also Atkinson and Drew page 140, Lyman and Scott 1976 page 124ff). To do a justification involves at least the citation of circumstances which form a basis for a positive evaluation of the action, or the citation of a moral precept performing the same function (some more extensive discussion of justifications appears later in the chapter)

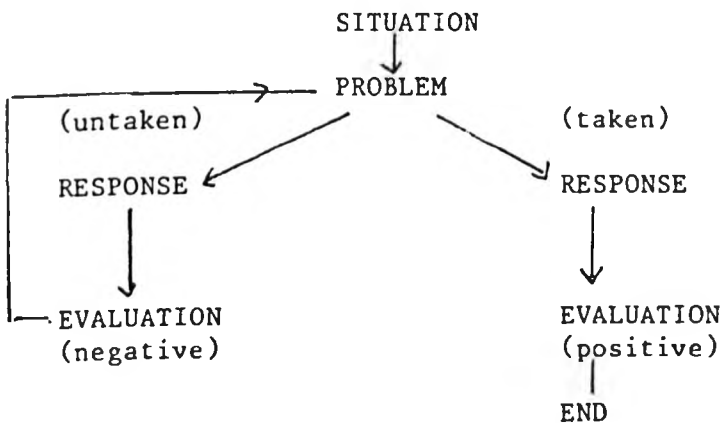
Some examples are as follows

She seemed so upset I decided not to press the matter at this stage in case I jeopardised our developing relationship

I did not continue to ask questions about their financial affairs since this would have breached the client's right to privacy

I decided that this young and not very intelligent mother could only take in a little at a time, so I delayed discussing family planning until a later visit.

As is characteristic of justifications these examples show a citation of a 'higher principle' / 'more important aim' over-riding the aim or benefit of the action which was not, (but otherwise might have been), taken. In terms of the Hoey algorithm a negative evaluation is given to the unperformed action and a positive evaluation to what was allegedly achieved or upheld by its non-performance.



In order to make the algorithm work in this case we need to allow the SITUATION to be elaborated by implication to include a health visitor student adhering to known precepts, aiming for warrantable goals and so on.

15:7 Ordinary structures:local fillings

Nobody makes any secret of the fact that case studies are written prospectively to defeat complaints that the writer

has failed to investigate the investigable, or act on the actionable, correctly. The sections above merely show what machinery is used by writers and their tutors to bring this off, in so far as they do.

To reiterate an earlier point, the machinery is an ordinary enough one, to be found in a huge range of texts. It is witness to the way in which defensive accountancy is done through what looks superficially like 'mere description'. The way the machinery is worked however (the way the slots are filled) is at least from time to time distinctively subcultural. For example let us return to justifications momentarily and relook at the sentence repeated below:

She seemed so upset I decided not to press the matter at this stage in case I jeopardised our developing relationship

This serves as a virtually cast-iron justification in health visitor circles for it cites a well-known precept that 'good relationships' are an essential pre-requisite for health visiting. But this precept is not a universal one. It would not serve if the writer were a bailiff. If the writer were a bailiff we would be hard put to it to find a meaning for this sentence falling within the ambit of what is normally considered to be bailiff-work. We would probably read the sentence as an irony, a joke or in some other non-serious way. The very fact that we would read it in this way suggests strongly that we recognise a justification when we see one: that we recognise it by its discourse structure. That for bailiffs this would be read as a surprising or non-serious 'justification' is witness that we recognise also that there are membership-category appropriate ways of filling the slots

in this kind of discourse.

In an earlier phase of this research I attempted some 'experimental' work to discover the criterial rules used by HVTs to recognise good health visiting practice as written in case studies. To this end I took a 'real' passage from a case study and wrote 5 variants on it. I asked HVTs to select the 'best version' from a health visiting point of view. I abandoned this approach before I realised the importance of discourse structure per se but some elements of the results may be cited here against the background of the remarks in previous paragraphs of this chapter.

Each of the passages showed the student health visitor taking different actions in what I imagined was 'the same' situation. Looking anew at the 'stimulus passages' I now see that unwittingly I had written each in the format of a 'Problem-Solution' discourse. All the slots were filled. On two of the passages I had made every effort to utilise a health visitorly vocabulary. HVTs were unable to decide between these passages as to which showed the 'best' health visiting practice, or to decide between these two artifacts and that taken from a real case study.

I would now argue that this inability to decide resulted from the simple fact that each passage was a 'well-formed' discourse, replete with its definition of the problem, response, result and positive evaluation. Put another way within very broad parametres for what constitutes appropriate activity for a health visitor, it didn't much matter what the

student said she did, what was important was the way she said she did it.

However the other two variants were rejected by HVTs as not being very good health visiting. Each seemed to me to satisfy the criteria for a well-formed 'problem-solution' discourse, but each included lexical features which would not be part of the usual repertoire of the tutor. Thus the following passage was objected to:

I diagnosed that this was a case of anxiety-provoked enureses and prescribed a course of merbentyl nocte

The grounds on which this was objected to was that health visitors neither 'diagnose' nor 'prescribe'. These activities are the prerogative of doctors. However no exception was taken to the following passage:

I felt that John's bedwetting was probably the result of his mother's anxiety.....I suggested that she might like to obtain some Merbentyl syrup from the Chemist.

In summary then the 'natural attitude' of examiners when reading case studies is towards discovering whether the student is capable of practising health visiting competently. A major resource for such a reading is an ordinary competence in recognising well-formed discourses. At the same time examiners are looking for those discourses to be worked with the appropriate health visitorly repertoire. Looking at matters from the view point of the writer, recognisably health visitorly utterances have to be occasioned through the competent use of a fairly ordinary machinery.

We might say that the unexceptionable case study is one which has the 'right' structure of slots, which are appropriately filled from a health visitorly repertoire. As the experimental work quoted above seems to show there is a wide latitude in the way that the slots may be filled.

'Appropriately filled' means not violating some feature of the language of health visitor education, whether in terms of untoward narrative organisation, or dispreferred utilisation of MCD or CBAs.

15:8 The availability of excuses and the giving of testimonies

Above I noted that case study writers sometimes avail themselves of 'justifications' which involve citing circumstances or precepts to explain why something which might have been done, was not done, and was warrantably not done. I want to turn now to look at the utilisation of 'excuses'. Again using an Austinian notion, 'excuses' involve an admission of the wrongness of some action or omission, but refuse fully to accept blame. Perhaps it would be better to say 'refuse to accept blame in any self-damaging way'.

The kind of excuse found in student case studies is almost entirely that which cites the student status of the writer. The simplest example is one which cites the organisation of studenthood as a circumstance making it impossible for the student to have done some preferred action:

Unfortunately holidays intervened so that I missed the most appropriate opportunity to do this.

By far the most interesting excuses however are those which mention the student's inexperience:

With more experience I now realise that I was expecting to achieve too much too soon.

It is worth spending some time on this sort of excuse since it features quite prominently in the discourses of the viva voce examination.

Writers of case studies have an option as to whether to depict themselves as competent practitioners or as students learning to become competent. The former identification seems preferable to students, but this is not necessarily so for tutors or examiners:

HVT: It is understandable that they want to show how clever they have been, so its not surprising how difficult it is to convince them that they should also write about what they learned from the experience. Even about what went wrong, right.

(taped interview data)

and

External:..star performers, that's what they give you, when really it would be better if they told you what they thought they had learnt. It is supposed to be a learning exercise.

(verbatim note from gap between vivas)

However it is permissible and students sometimes do depict themselves in case studies as students making 'mistakes and learning from them':

In retrospect I realise that I introduced far too many topics which was counter-productive. I learned from this to make much less ambitious plans for each visit.

Or simply as 'learning'

I discussed this with my fieldwork teacher and she advised..

By watching my fieldwork teacher I learned how this assessment was carried out.

In terms of Hoey's algorithm

In retrospect I realise that I introduced far too many topics which was counter-productive. I learned from this to make much less ambitious plans for each visit.

is a combination of a negative with a positive evaluation

(I failed, but I learned).

It is interesting how it is that the reader is usually only enabled to see the studentness of the writer when depicted in terms of incompetence. This is worth juxtaposing with the virtual absence of any indications that fieldwork teachers might also have shortcomings. These case studies are of course read by FWTs.

The more important point here however is that in case studies the writer is able to make a choice in self-attribution between 'health visitor' and 'student'. This enables writers to provide a positive evaluation of a 'mistake' by attributing the mistake as the mistake of her as an inexperienced student, 'learning'.

In terms of 'excuses' in general it is quite common to find their structuring involving a fission of the self into components and the attribution of the error to one component of the self such that other components of the self are exonerated from blame:

It wasn't me your honour, it was the drink (see also Lyman & Scott 1968, McAndrew & Edgerton 1969)

Thinking of this in terms of the student health visitor we can see that the accepted progression from inexperienced student to experienced practitioner allows for the attribution of mistakes to the person's earlier, inexperienced self. In some ways these writings are the text equivalents of self-repair (Schegloff, Jefferson and Sacks 1977). However unlike the spoken utterance, here text writers are presumably choosing to insert 'mistakes' in order to do repairs on them. It is doubtful whether we should see these 'excuses' as mere 'ownings up' or as simple requests not to be blamed too harshly, for we often find such excuses extended:

I realise now that I should have given Mrs G more time for my suggestions to sink in, as is taught by the principles of counselling

Formulations like this do not merely cite a mistake, and do not merely excuse it as the mistake of the inexperienced, but give testimony to the value of what has been taught on a health visitor course ('principles of counselling'). As Dingwall says in 1974:

Educational Institutions are required to demonstrate their rationality by evaluating those who pass through them in order to bear witness to the improvements effected by the organisation

Dingwall 1974 page 464

In the case studies, then we see students themselves 'bearing witness' to the improvements effected in them during their period of training.

If we look at matters in this way we may suspect that citing

mistakes is a literary strategy which is an ancillary to writing accounts which serve as a testament to health visitor education. It is of course characteristic of religious testaments that the witness enhances the wickedness and ignorance of a former life, to show to advantage the goodness and light of his/her present state.

Much such testamentary work also appears without excuses:

I was able to put into practice what I learnt on the counselling module of the course.

I was pleased to be able to apply here what I had learnt of normal infant development

Here in the case studies then is something similar to what is shown in the transcript 'Telling Deirdre'. (Appendix I)

15:9 The Candidate's Limited Right to Know

If we turn from writer to examining reader then it might appear that the resources for doing a critical reading are somewhat scanty. Examiners have no access to the original interaction sequences which are the topic of the case study. They cannot say 'It wasn't like that. That didn't happen'. Note I am not saying here that 'what really happened' is an arbiter of the truth. What I mean here is that, though inferior in every other interactional sense, in a viva voce the student at least has 'informant's rights'. While her interpretation of matters may be queried, and her response to them critiqued, she and she alone may say what happened in an empirical sense. What she says happened then serves as a truth for the practical purposes of examining: to behave in any other way would be to accuse the

student of lying. This is an imputation which is never made in a viva voce, nor rarely in post-viva discussions. From time to time however examiners may speculate in a general way about the relationship between case studies and the empirical reality they are supposed to represent. For example having noted the long time period which elapses between writing and examining an external examiner says:

External: I think sometimes it would be just as good as an exercise if they did invent case studies, write fictional ones. The ability to write a credible case study would require exactly the same skills as writing real ones - well real as we get. (verbatim note from post-viva discussion)

This sort of comment - which is not uncommon - both diminishes the importance of 'informant's rights' (although presumably not the tort of lying) and suggests that what is at issue in examining case studies is not their actuarial but their contractual quality (Garfinkel 1967): that students are being examined primarily for their ability to deploy a conventional apparatus for 'doing accounts'. This is interesting in so far as in other published literature in this field - referring to clinic records or exchanges in court rooms - the 'natural' attitude of the participants is depicted as one in which contractually produced accounts are read as actuarial records, even though they may be read actuarially with an interest in seeing that 'contracts' have been complied with. Here it seems that examiners are disinterested in actuariality per se, and read case studies for their contractual features primarily: ie for what they show about a student's commitment to a right way of doing things. This suggestion is strengthened by noting examiners quite frequent use of 'supposing' questions.

EXAMINER: Now in this case, in your study the problem cleared itself up, but supposing it hadn't, suppose it had

gone on for another month or so, what would you think, what would you.....

<verbatim note from viva voce >

By these tokens then the student's privileged access to 'what really happened' is not much of a privilege after all. And indeed students may be sanctioned (apparently) for insisting on this 'right to know' as a right to arbitrate the correctness of answers:

EXAMINER: So what advice would you give this mother with a three month old baby about weaning?

STUDENT: Well in this case as I said there was no advice I could give because the family disappeared to Kings Lynn at the critical time.

EXAMINER: yes but what advice could have been given?

STUDENT: well they weren't there you see, so I couldn't advise on weaning could I.

EXAMINER: put it this way, what advice should be given to any mother, not just this one, about this...

<reconstructed from verbatim notes from viva voce>

It seems quite clear from this kind of interchange that what is of interest to the examiner is not the specificities of a particular case, known best by the student, but the way in which that case can be made to stand for 'any case' of 'the same sort' and discussable under the auspices of 'good health visiting practice', known best by the examiner.

Examining readers then are not especially interested in 'what really happened', but they act as if constrained to ask questions as questions-arising-from-case-studies. In addition to 'supposing' questions which are usually in the nature of 'extrapolations' from case study material (see the example above), examiners may look for 'omissions', and 'discrepancies'. As already noted above

the case studies have been written to evade such strategies. The student will have included materials which seem to her and her mentors to be essentially includable 'given the nature of the case'. The sensible student will have omitted such material as might implicate blame or which raise blames which cannot be turned aside by justification, excuse or showing learning. Referring to materials which might be implicative of blame I do not mean to suggest skeletons in cupboards, cock-ups and disasters. Presumably these are omitted. What I was referring to was simply descriptive material which, if included, might have implications that something which should have been done, was not done, ie the omission of reports which do not, or will not, carry command and command satisfied clauses. Where students fall down on this kind of editing we will see that this may occasion examiners' questions.

This said it is important to note that no student can ever be fully successful in producing a totally defended account and for two main reasons. Firstly examiners are quite capable of collecting the information given in the case study together in quite different ways from those provided by the student: of providing alternative interpretations which have different command implications. As in ethnographic sociology, there are no incorrigible accounts in health visitor education.

Secondly the student is always vulnerable to the complaint that she 'left something out'. It is always possible to claim this given the 2500 words provided. Over and beyond this examiners may avail themselves of 'supposing' questions, of asking questions on 'general' health visiting knowledge, or of raising questions about a student's practical experience since she wrote the case studies

Having looked at something of the writing and reading of case studies we are now in a position to consider the situated organisation of their examination.

CHAPTER SIXTEEN: Viva Voce Examinations

Viva voce are highly ceremonialised events (Dingwall 1974 page 449). Their dates and starting times are fixed a year in advance. Students begin to prepare for them within a few weeks of starting a course. Examiners begin to prepare for them by reading case studies up to three months ahead. On the day of the viva voce, rooms lose their normal functions to become 'viva rooms' and 'waiting rooms', with 'Good Luck' cards and flowers. Chairs appear outside doors in corridors. Coffee may be provided for students; sherry for examiners. Clocks may be provided for rooms which do not usually have clocks, and sometimes for rooms which do. This is not because examiners do not have wrist watches, but because the provision of a clock provides an icon of time to which the whole viva panel may orient: particularly so if it is an alarm clock set to ring at the end of a thirty minute viva. This temporal organisation is important in several ways.

Firstly the viva programme will have been designed to gear with other scheduled events. Lunches are usually served only at certain times, and even if examiners are 'taken out to lunch', which is common, lunches will have been booked. Internal examiners as local staff may have teaching commitments elsewhere, and at the end of the viva series there will be a Final Examiners' meeting which will have been given a scheduled starting time and will involve many people who have not been involved in the viva sequence.

Secondly candidates will have been instructed to attend at particular times. Though most seem to arrive long in advance

of their viva, 'not keeping them waiting' is frequently cited as a principle. It is so cited as one of a number of principles for avoiding 'interview trouble' - to use Silverman's phrase.

One form of interview-trouble.. (Silverman gives others).. is depicted as the unease of the subject in an 'unnatural' situation. This may serve to produce an 'incorrect' reading of his answers'

Silverman 1973 page 35

The principle of 'not keeping them waiting' then relies on the idea that students who are kept waiting will become overly anxious to a degree that will render their performances a poor guide to their prospective competence as health visitors. However staff comments on 'not keeping them waiting' suggest that there is more at issue than a simple idea of situationally distorted evidence:

<comment by Principal tutor at coffee break on viva day>
They're running at least 20 minutes behind and the candidates are simply queueing up now. I don't know where we would be if one of them complained that she hadn't been treated fairly, having to wait so long

<verbatim note>

Although this seems a somewhat exaggerated response to a twenty minute overrun, it does indicate that it is the security of the disposals as well as their accuracy which is depicted as being ^{at} risk, ie., that student who was referred might have a case against that referral on the grounds that she was kept waiting an 'unfairly' long time. This kind of implication is quite explicit with regard to the amount of time each candidate is interviewed for.

<the complaint here is about a particular external examiner >
HVT: She kept <student> for 45 minutes, but they dealt with <student> in twenty because they were running over. I mean it hasn't happened - yet - but it could be said that the whole assessment was unfair and invalid because different students were given different lengths of time.

<verbatim note>

'Not keeping them waiting' and 'keeping to time' must be seen among other risks and troubles of the viva voce which revolve around the idea of interview troubles. We will see that the formulation of the viva voce properly conducted as a highly artificial situation, and the formulation of the viva voce improperly conducted, both serve as a resource for reading student performance as a situational artifact and unrepresentative of the 'real' candidate.

Referring back to earlier chapters, then, we have rediscovered some of the resources for ad hocing which were so important in Intermediate assessment, including references to the due procedures which should be followed.

Thirdly the 'fixed' length of each viva provides a basis for allocating turns between examiners. The most variable feature here is the participation of the HVT. Sometimes HVTs do little more than introduce the candidate, other times they 'examine' in much the same way as the other examiners. However whichever mode is adopted is adopted for the whole sequence of interviews. That examiners operate with an idea that they each have a certain amount of time to question candidates is shown by quite frequent apologies to the effect that 'I'm sorry I seem to have taken more than my share there'. Correspondingly there may be apologies for not asking enough questions - for not taking enough time.

16:2 Turn-taking

The gross structure of turn-taking is pre-decided by a panel. There seems to be a taken-for-granted notion that internal and external at least will have 'equal time'. Two other

organisational bases are the documents provided by the student (case and neighbourhood studies) and (again) ideas about avoiding interview troubles.

On the first basis it may well be decided that examiners will divide between themselves 'prime' responsibilities for asking questions about particular studies. I say 'prime' because this allocation does not debar any examiner from asking questions about any study. 'Prime' is used in both a statistical sense, and a temporal one. Thus the examiner who it has been decided will mainly ask questions about 'case study one' will probably ask more questions about it, and will almost certainly ask the first questions about it. The allocation of responsibilities here may refer to the particular expertise of the examiners. Thus if an internal or an external is a sociologist, a social policy lecturer or a community physician it is likely that they will take prime responsibility for examining the 'neighbourhood study'. In addition some interviewing panels will have agreed in advance (in June) to lighten the load by dividing up studies so that each examiner only reads some of them.

On the second basis, that of avoiding interview troubles it is likely (but not inevitable) that it will be decided that 'an internal goes first':

External: How are we going to arrange this then/

Internal:/well what we usually do if you remember is that I start them off, because they know me.

External: fine.

<verbatim note>

The centre sequences of a viva voce then nearly always take the following structure:

- A. Questions by (usually) internal on neighbourhood/ | case study.
 - a) questions by any examiner on same topic.
- B. Questions by (usually) external on neighbourhood/ | other case study
 - b) questions by any examiner on same topic.
- C. Questions by any examiner on any other case study/the neighbourhood study.
 - c) questions by any other examiner on same topic.

(lower case denotes 'not-inevitable'. Upper case C may or may not be a performance by the HVT.)

Wrapped around this central action, there are at the beginning , introductions, and announcements to the student of the 'batting order' or the 'procedures we are going to adopt' and perhaps a few 'settling down' utterances designed to put the student at her ease:

External: Now you look very tense, and there is no need to be, just try and relax.

External: We've read you case studies which we found very interesting, and we are just going to ask you a few questions.

Internal: Nice to see you again, how are you enjoying supervised practice.

<verbatim notes>

Endings may be abrupt: a calling of time:

Internal: so perhaps you'd like to elaborate on that/

External: I. eh..I think perhaps we really have run out of time now and/

HVT: yes, well thank you very much <Diana> we will have to let you go now.
<verbatim note>

However end sequences may also be protracted. In the presence of the candidate examiners have no reliable way of telling

each other that they are satisfied that the student is safe to practise, but this does seem to be indicated by the 'degeneration' of the viva into 'ordinary conversation'. The most noticeable features of this would be the extent to which topics shift, and students begin to initiate topics, and indeed to ask questions. However since I do not have extensive tape-recorded data I am unable to illustrate this convincingly.

As with all interviews the meat of the viva voce is in the asking of questions, and the attending to answers as answers to those questions. There is however a little more to say about the interactional rights of participants. Examiners are the ones with the rights to ask and they have disposed of these among themselves. The candidate is the one with the obligation to answer. Attempts by candidates to ask questions apart from those which are in pursuit of the 'meaning' of a question are actually rare, and when they occur are dealt with in a polite but fairly summary fashion, unless the viva has 'run out of steam'.

The examiner's right to ask questions, however, appears to be accepted with an obligation to ask at least some and preferably mostly such questions as can be seen to be questions which arise from a reading of a study, or which arise as supplementaries on answers which are answers to questions which were questions which arose from reading a study. The performance of the examiner is constrained then, though to a lesser extent, in much the same way as is that of the student in the examination room. There is nothing very curious about this. It could be a matter of complaint if the student discovered that the viva voce team asked her no questions about her studies, when these

were the sorts of questions she had been led to expect. However it is probably not the student's possible complaint which is important but the fact that examiners examine under the gaze of other examiners, and that it is for this audience that they do a competent performance. Part of this competent performance is of course a showing (through questioning) that they have actually read the studies - no mean feat when it is considered that an external will have in hand at least 120,000 words for her group of examinees, and that the way these 120,000 words will have been written will tend to minimise the memorability or any particular study.

Examiners usually come armed with lists of questions - or at least memory jogs - to help them negotiate the task of asking questions of case studies, knowledgeably. Even so there are occasional cock-ups which have to be apologised for and manoeuvred out of:

External: yes but remember that this was a man who had a history of hospitalisation for depressive illness, how does that alter the case/

Candidate: <silence> no, em, that was in the other case study, the Green case study/

Internal: yes/

External: sorry, my mistake obviously..well..mm, lets look at this case study from the point of view of mental illness, nonetheless.
<reconstructed from verbatim notes>

16:3 Marking the Remarkable & the Viva as a Species of Interview

Before we turn to look in detail at the viva voce it is important to know what we are looking for. The viva voce occurs sandwiched between the preparation and reading of documents (reports and studies) and a post - viva discussion

and analysis of viva voce below then I will be paying particular attention to those features which might make for the carrying over of 'what happened in the viva' to participant accounts which are uttered in making decisions in the post-viva discussion.

Walk through any British forest and from time to time you will come upon a tree marked with paint, designated thus by woodmen for some kind of special treatment in the future. There are an awful lot of trees in forests and they all look much the same, presumably even to woodmen. There's an awful lot of talk in a viva voce examination. The question is how far, if at all is the viva voce organised so as to 'mark' 'underline', 'designate', 'throw into relief' or otherwise give a mnemonic quality to happenings which will be regarded as significant for the purpose of later coming to a conclusion on the disposal the student.

16:4 Viva voce as a species of interview

In order to set the context for this discussion it is convenient to place these viva voce as a type of 'interview': interviews being as Silverman says:

a series of questions and answers, in which..the talk of respondents (is attended to) in order to settle practical outcomes

Silverman 1973 page 38

If this is a reasonable characterisation of interviews then it is reasonable to expect such speech systems will show some features related to the need to mark, or otherwise frame or pin down, utterances or their implicativeness in order to make them remarkable, referrable, citeable etc., for

the purpose later of settling a practical outcome.

Silverman, conveniently summarises, 'some features that provide for recognition..of interview talk' (1973)

..persons bring off and hear such talk as..
i.a series of questions and answers, in which...

ii.answers are taken to stand for underlying patterns relevant to future decisions rather than to present talk..while questions will be read as seeking to elicit what 'lies behind' the talk of respondents in order to settle practical outcomes..

iii.except where it has been specifically arranged as 'off-the-record' interview talk is known to be 'on-the-record' :i.e. the accounts of one party will be read as a display of questions and this reading will be reported upon to other persons with a legitimate 'right to know' and will eventually produce certain future decisions'

I note in passing however that the performance of the interviewee is likely to be 'on-the-record' in a different sort of way from the performances of the interviewers. Their performance is likely only to become a significantly discussable matter when there is some imputation that the interview has been mis-handled.

iv.questions are provided by one person (or group of persons) and the talk of some other person is seen as answers-to-questions..

v.One person (the interviewer) is alone legitimately responsible for the doing of the beginning and the doing of the ending of the interview, for ending one existing topic and initiating a new topic and for formulating talk (i.e. commenting on the talk's context or the character of what is being said.)

vi.While as in all talk, judgement made about meanings are made partially on the basis of the sequencing of utterances, in an interview this sequencing is attended to routinely as a managed product of one talker (the interviewer). This sequencing thus becomes a proper matter for comment in both prospective and retrospective accounts of an interview. This contrasts with the apparently 'natural', unfolding of a conversation: a 'naturalness' which is not formerly formulated.

The scheduled nature of the encounter and its presumed relevance to ..outcomes..allows the interviewer to plan the ordering of his questions with the aim of eliciting more accurately the underlying pattern.

vii...members attend to a predicted or known report of the interview (the official outcome) as providing grounds for reading the sense of what occurred

i.e., 'What happened' is retrospectively formulated and recalled as what 'led up to' the decision which was made.

This is a very useful summary of 'some of' the features of interviews, but it requires some caveating and elaboration here. Firstly Silverman takes as his data base and erects as an archetype of 'the interview', the job-selection interview (in fact his data came from the 'milk-round' interviews at a university). As Silverman notes the final decision of an interview panel serves as a resource for members to understand what happened in the interview as that which led up to that decision (see point vii above). If this is so, and I think it is the case, then it seems likely that interviews will vary according to what kinds of final decisions are pre-given for interviewers. In the job-selection interview (though presumably not in those of the 'milk-round' type), it is typical that a number of candidates are interviewed but that all but one will be eliminated. The requiredness of eliminating the majority is likely to affect both the conduct of the interview, and its retrospective interpretation. We might thus expect to find differences between interviews in which a selection of one is required and those where (say) information alone is wanted (interviewing witnesses, sociological interviewing), or where no pre-given pattern of disposals is officially required as in health visitor viva voce examinations.

Along these lines I note that it is typical for job-selection interviews to be managed in such a way that 'much the same' questions are asked of each candidate. The asking of 'the same questions' serves as a device for handling turn-taking between interviewers, so much so that once a pattern has been established interviewers complain or apologise if the proprietary rights of one interviewer to ask a particular question are breached:

<after interviewing the third candidate in a job-selection interview series>

Interviewer: thanks very much, you pinched two of my best questions

Interviewer: sorry, sorry.

<verbatim note from college job selection interview series >

The asking of what are arguably the same questions of different candidates and the answers this results in, furnishes a resource by which interviewers can make point by point comparisons between candidates.

Interviewer: I was much more impressed by the way she answered that question on the future development of FE than for any of the others.

<ibid >

or

Interviewer: He was the only one who gave any sort of answer to Roger's question about professional self-development, quite impressive really too.

<ibid >

A first proposal about variation within the class 'interviews' is that they are likely to vary in organisation according to what kind of known output is being worked for by their organisers.

A second variable feature which has already been hinted at above is how - if at all - utterances are formulated or otherwise marked as remarkable during the course of the interview. We know for example that many psychiatric and psychiatrically styled social work interviews are characterised by a dearth of evaluative comments by the interviewer (see Scheff 1968. Blum 1970) in the hearing of the interviewee. This indeed may be one of the reasons why the clients of social workers so frequently express puzzlement at what was going on (Mayer and Timms 197c). The following sequence however is a rather unusual social work interview insofar as it is social work being done for a radio audience and we may suspect that the interviewers here take trouble to mark what is significant for the radio audience. Note then how the 'gosh' in the final utterance marks the interviewee's previous utterance(s) as a matter of some psychotherapeutic significance (H is the client).

PB:there is underneath you this, what feels to be unreasonong fear about leaving?

H:yes

PB:Now it sounds to me a little as if this is a symbolic re-running of something else that has happened in your life..

H:Yes

PB:and I am struck by the fact that it's happening about 11 years into your marriage

H:Yes..yes

PB:I wonder what else happened to you at the age of eleven

H:Well

PB:When you were really eleven I mean

H:Yes, well there was rather an upset in the family.

PB:Aha..

H:..in that my father who hadn't been living with us anyway, but we had seen him from time to time because he only lived a few streets away- mm -took it into his head to go to Australia without telling anyone that he was going and uh I was the one who discovered he had gone.

→ PB:Gosh

from BBC Radio 4 'If you think you've got problems' cf Gomm 1976(b)

That 'Gosh' presumably enhances the probability that that particular sequence of utterances, (or at least its propositional content) will have for participants a memorable quality making it likely that it will survive the immediate moment.

In job-selection interviews as we have noted some memorability is likely to be imparted to certain utterances and not others as being mappable as the 'different answers' to 'the same questions'.

A third variant feature then of interviews, is the presence or absence of some paradigmatic machinery in terms of which questions and their answers may be framed as 'the significant' questions and answers. The archetype here is the 'structured interview' of social science research where the interviewer has a 'shopping list' of questions, and only those utterances which are answers to those questions 'count'. Something similar however is probably true for the doctor patient sequence below:

D: And how did this 'flu affect you?

P: I was sweating and sneezing, I couldn't stop sneezing

D: Any aches and pains?

P: Well I was aching, all over

D: Any cough?

P: Yes, I had a cough

D: Bad?

P: Well, it was really like bronchitis, I got up a lot, it was that greeny colour

D: No blood?

P: Oh no.....

Byrne & Long 1976 pages 91-2

We are probably right in hearing the doctor's questions in this case as guided by a fairly clear idea about the signs and symptoms of particular medical conditions, such that the patient's responses can be mapped as indications and counter-indications. Much the same is probably true about the radio social work sequence quoted above.

A fourth variant would be the extent to which inter-action is recorded for future reference. Of course it is of the essence of this discussion that viva voce are not recorded. Nor, normally, are job-selection interviews, social work interviews, or doctor-patient consultations.

At least two of the above variant features of interviews seem highly relevant to understanding how and what 'evidence' is collected, and 'carried over' for future use in the absence of systematic recording. Before embarking on an extensive description of viva voce it is worth reviewing these four variable features of interviews through a comparison of job-selection interviews with viva voce:

1. Job-selection interviews typically eliminate all but one candidate. Health Visitor viva voce typically give the same disposal to all candidates, but occasionally refer some few. We might try to see viva voce as the 'obverse' of job-selection

interviews: the one picking a winner, the other picking failures, but then we would expect to see other organisational similarities, however..

2. In job selection interviews there is a dearth of evaluative comment by interviewers in the hearing of the interviewee. It is as if no interviewer has the right to pre-empt the joint evaluation of all which will occur later. In health visitor viva voce by contrast, evaluative formulations by examiners are a normal feature during the interview. It is almost as if the outcome is a foregone conclusion. Typically these evaluative comments are positive- though this remark will have to be elaborated below.

3. In any series of job-selection interviews it is usual for things to shake down such that a high percentage of what can be counted as 'the same' questions are asked of the different candidates. This can be argued to constitute an emergent paradigm such that in post-interview discussions candidate performances can be re-assembled in contrast formats. In HV viva voce, questions are typically candidate-specific such that it is unusual for different candidates to be asked the 'same' questions. Indeed sometimes one hears examiners claim that comparisons are invidious:

Examiner: You have to be very careful if you get one who is very good, and another one not so good just after, not to let that sway you which is very difficult
 verbatim note

Thus we might suggest that

4. In the absence of systematic recording job selection interviews tend to have features which give some candidate utterances an on-the-spot significance which makes them remarkable later, whereas health visitor viva voce actually have no such systematic features at all.

It is tempting to relate this to the usual brevity of post-viva discussions, to the ~~hesitant~~ way in which examiners approach the grading of candidate viva performance, and to the apparently ad hoc, one-off quality of these discussions. By the latter point I mean that hearing the post-viva discussion on some candidates gives one little basis for making predictions about what candidate features will be commented on in the next post-viva discussion. However this point needs one interesting caveat for one topic does crop up with considerable frequency. That is the formulation of the 'artificiality'

of the viva situation and the question of 'how anxious she was?'. I will however be dealing with this in greater detail later.

16:5 Summary

The discussion above has established the way in which I am going to look at viva voce examinations. I will centre the treatment on the way in which they seem to be managed to minimise the noticeability of candidate deficiencies. I will pursue this theme by noting the differences in organisation between viva voce and two other sorts of 'interview': the quiz and the cross-examination. I choose these two phenomena for comparative purposes for several reasons. Firstly they are both speech systems which seem to maximise the noticeability of interviewee deficiencies. If the viva voce seems to contribute to a large number of 'pass' disposals, then these examples might show us what is absent from the viva voce that this kind of output may occur. Secondly both quizzes and cross-examinations are speech systems which are widely available in taped or transcribed forms. Thirdly I note that sometimes examiners say that quizzes and cross-examinations are what the viva voce are not:

External: it's not of course a sort of quiz with right and wrong answers. That's why it is so difficult to grade their viva performances

Or:

HVT-(to students awaiting viva)

It's not a cross-examination like on 'Crown Court' its more a sort of discussion. I think you'll find it, don't laugh, even quite enjoyable.

CHAPTER SEVENTEEN: Not occasioning student shortcomings in the viva voce.

17:1 Introduction

In a viva the examiners elicit verbal displays from the candidate and these verbal displays (along with the documents) have to provide for the examiners to make rational judgements about her disposal. Writing of rational judgements here I am pointing mainly to the fact that examiners are themselves, by their verbalisations about students, held to account for the rationality of what they say. What is elicited from the student is elicited for 'all to hear' and thus 'the evidence' is there for co-examiners to make judgements about each other's competence as assessors. This feature appears much more obviously in post-viva discussions and I will deal with it in a further chapter. Here I want to focus on the content of the viva in terms of its local organisation.

Given that the most usual disposal from a viva voce is a unanimous recommendation to 'pass', it is worth considering if or how the organisation of the viva contributes to this. One way of doing this is to approach the viva voce from the rear by imagining how things could be managed to maximise the possibilities of recommendations to refer. I take it that referrals are more likely when a student's performance contains many noticeable and memorable deficiencies. 'Deficiencies' will of course be defined in health visitorly terms, but they will be occasioned through the illocutionary organisation of the viva as such matters as 'wrong answers'. I place an emphasis on the necessity for deficiencies to be memorable, because there is usually no

detailed record kept of what transpires in the viva which might be scrutinised by examiners at it's termination to 'see what happened' (for a case in which a record was kept see Dingwall 1982 page 23). Examiners do from time to time tick question lists, or write brief notes. These are as often to do with examiners' questioning as they are to do with candidates' answering, and of course still leave unanswered the question of what it is that makes something noteworthy enough to be noted.

How then might things be organised to enhance the noticeability of student shortcomings? We can get some idea of the illocutionary organisation of a viva voce which would produce noticeable and memorable student deficiencies by pursuing a comparison between this kind of interview and others such as job-selection interviews, (see chapter 16) quizzes, or cross examinations.

17:2 The absence of a tally, score-card, principled contrast work or thematic organisation.

In the quiz, whether contestants bid to answer the same questions, or whether they separately answer different questions, questions and answers are given equivalence by being given a 'score'. Contestant scores accumulate so that by the end of the contest we know who won and the rank order of all.

QM-Quizmaster C-Contestant

QM (1)-which minerals are stalactites and stalagmites made of, the chemical name not the everyday name?

C(1):(4secs)

— Calcium Carbonate

QM(2):What sign of the Zodiac comes between Taurus the bull and Cancer the crab.

C(2):Gemini

QM(3):Indeed

(4):Ha five in a row

Applause

(5): I got an excited nudge in the ribs then from our computer, but I was spotting the five in a row and the extra mark.

(6):and we move onto Mr Tuckwell

(7):What were the Christian names of the Irish dramatist J.M. Synge?

C(3):(12seconds)
James, Magnus

QM(8):No.

(9):Mr Lyle?

C(4):James Millington

QM(9):Yes indeed

(10):and now its Mr Selwyn's turn

Radio 4 Brain of Britain 1983

Though telling the score is a frequent activity in such quizzes we do not have to be told that a point had been scored. So long as we know the method of scoring we can tell that the contestant has won a point, or failed to win a point, by attending to the quiz-master's evaluations. Not even this is necessary however for the sequence ELICIT-RESPONSE-EVALUATION is hearable even if the evaluation is unvoiced:

C(1):(4 Secs)
Calcium Carbonate

QM(2):What sign of the Zodiac comes between Taurus the bull and Cancer the crab.

C(2):Gemini

QM(3):Indeed

Here, so long as we know the rules of turn-taking it is evident that the elicited QM(2) serves also as a positive evaluation of C(1) - otherwise he wouldn't have got another question. Thus in such quizzes not only is right or wrong answering what decides the contestant's fate, but right and wrong answering is the principle around which the whole discourse is built.

I understand that some viva voce in medical education are organised like this with pre-arranged 'pseudo-questions' (see below), but health visitor viva voce are not organised like this.

In the court room cross-examining counsel will be seeking to organise the welter of evidence into an overall thematic unity which constitutes his 'case'. His case thus creates the background in terms of which this utterance by this witness is given a meaning, and a meaning limited by counsel's purpose at hand. Either the evidence elicited from the witness 'fits' with the thematic unity counsel is creating, or such anomalies as are constituted by witness evidence have to be nihilated. From the viewpoint of 'making a case' there is a relatively simple 'for-or-againstness' about witness evidence. There is no equivalent in the HV viva which pretends to be a multi-dimensional, personality-sensitive assessment.

Thus by contrast with quizzes, job-selection interviews and usually with cross-examinations these viva voce do not entail any obviously paradigmatic machinery in terms of which the candidate's performance may be scored, checked,

mapped, placed etc. as she is performing. I think the important point here is that in the absence of some machinery for doing principled contrast work, student deficiencies (or indeed student merits) are simply less noticeable, reportable and memorable.

17:3 The non-occurrence of silences

In any interview situation where rights to ask and obligations to answer are clearly defined it may be relatively unproblematic for participants as to whom a 'silence' belongs. Silences which follow 'questions' by interviewers are generally silences which are taken as interviewee inabilities to answer. This is likely to be so where ever the silence occurs in a sequence.

Sinclair and Coulthard appear to have established that a large percentage of pedagogic activity in the more traditional class room can be viewed in terms of triples: Initiation/Response/Evaluation (or feedback). For example:

T:can you think why I changed 'mat' to 'rug'

P:mat's got two vowels in it.

T:<silence>

T:which are they what are they

P:'a' and 't'

T:<silence>

T:is 't' a vowel

P:no

T:no

Coulthard 1981 page 89

Note that had one of the pupil's 'utterances' been a silence, this silence undoubtedly would have been seen as a pupil deficiency. In the quoted sequence however the teacher's non-filling of a slot which would 'normally' be filled with an

evaluation, is a noticeable absence and can be taken as a negative evaluation. Given the distribution of interactional rights characteristic of teaching or quizzing or viva voce, a 'silence' is hearable as a candidate deficiency in two ways then: as a candidate who can't/won't answer, or as a negative evaluation by the superior other, depending upon whose silence it is heard to be.

In the example from Coulthard give above, teacher 'silences' may or may not be marked by non-speech. What is important is that instead of giving the predicted evaluation, the teacher provides another initiation or elicit. If the teacher wanted to maximise the impression of a student deficiency s/he might mark the unfilled slot with a period of non-speech: a 'real' silence.

In quizzes it is common for 'time to answer' to be preallocated, so that the interviewee's turn ends either with an answer or with an indication that 'time is up'. In radio quizzes this is sometimes enhanced by the sound of a ticking clock, and in TV quizzes by a visual count-down. Thus the interviewee may be 'stuck' with the silence as obviously the interviewee's silence until time is called. In quizzes this effect is often enhanced by a proscription against interviewee's asking for clarification as to what the question means.

In court-room cross-examinations - at least as represented by dramatists - counsel may utilise the device of leaving the turn with the witness, thus producing a witness silence or hesitancy as implicative of uncertainty or unwillingness to

disclose something which should be disclosed. In school settings allocating the silence to the pupils may similarly be used in a disciplinary way.

By contrast in Health Visitor viva voce, examiners are noticeably 'helpful' to candidates. I attempted in a series of seven vivas to time silences attributable to candidates. I failed dismally because my co-examiners so usually stepped in to reformulate the question, or to give a 'clue' before any timeable silence had occurred. I note this with particular interest since such 'helpful' behaviour violates the turn-taking protocols of viva voce which provide for each examiner to have 'goes' at the candidate, uninterrupted (see above). There are times then, when it seems that the candidate and the other examiners 'form a team' against the examiner whose turn it is.

It does happen that sometimes in post-viva talk, that some candidates may be described as 'slow off the mark' or as 'heavy-going' or as 'needing a lot of help'. My point here is that the way viva voce are organised serves to minimise the noticeability of non-answering by candidates by eliminating a most important indicator of deficiency: the timeable silence. Much the same remarks apply with regard to candidates whose utterances are larded with hesitancies and incoherences. Examiners step in to shape up the candidate's answer into 'what she really meant':

< after a somewhat disjointed and incoherent utterance by a candidate >

Examiner: I think what you are trying to tell us is that you must have standards as a health visitor, but that you mustn't thrust these down the family's throat. Is that what you meant?

Candidate:yes

Examiner:good, that's what I thought you meant.

18:3. The rarity of right answers:the analyst's and the candidate's problem of 'pseudo-questions'

In quizzes and in many classroom sequences answers are 'right' or 'wrong'. In quizzes they are right or wrong because the right answer has been pre-specified and the contestant's answer may be matched against this. The right to define right answers is part of the rules of the game and goes with the right to ask questions. 'Right' and 'wrong' answers in quizzes are much like right and wrong answers in many teaching sequences. Using a format much like Sinclair's and Coulthard's, Paul Atkinson gives us the following example taken from medical education:

<u>Doctor</u> :Is it an amino acid?	ELICIT
<u>Student</u> :Yes	RESPONSE
<u>Doctor</u> :Yes-	EVALUATION
How many are there?	ELICIT
<u>STUDENT</u> :Seven	RESPONSE
<u>DOCTOR</u> :There were ten in my day	EVALUATION

The type of question here is apparently the 'pseudo-question' (Stubbs 1976). Pseudo-questions are:

..not based on the speaker's ignorance and search for knowledge, but rather are occasions for the display and evaluation of the respondent's knowledge or ignorance. The teacher will normally be satisfied that he or she already has the correct answer in mind:student's ability, attention and information state are evaluated by the teacher on the basis of the response given.

Paul Atkinson 1977 page 76

For the analyst, (and for the viva candidate and co-examiners)

there are problems of knowing whether an examiner's utterance was intended as a pseudo-question, a genuine question, a probe, or a blame-imputation. For example compare the following two utterances sequences:

Internal:would you say < > had become a commuter village?

Candidate:well, yes it is. There are a lot of commuters now as I said.

Internal:Right, what would you say were the important characteristics of a commuter village then, from a health vis....

<reconstructed from verbatim notes >

And

Internal:and, what would you say was the ratio between newcomers and well-established families in the village?

Candidate:about 50:50 I would say

Internal:and how does this affect the pattern of community life?

<reconstructed from verbatim note>

Spot the pseudo-question ! The only surface clue is the examiner's use of the word 'right' as a preface to his second utterance in the first quoted sequence. It sounds like an evaluation. Unfortunately this turns out to be a misleading clue, for later (after the viva) the internal said:

it was interesting what she said about <>. I've never been there at all, but it makes sense of what she said about the sudden growth of voluntary organisations....

However the internal, having not known the 'right answer' still uses the candidate's answer as an evaluative tool:

....which makes that bit of her neighbourhood study a bit weak.

To return to Paul Atkinson's medical example we guess that the Doctor's question about amino acids is a pseudo-question because we expect that doctors know the answers to questions about amino acids. As Sharrock (1974) suggests we use as an analytic resource the manoeuvre of attributing a corpus of knowledge to a type of actor (see section 9:2). We take the doctor's last utterance as 'the answer' and as a kind of evaluation on the same basis. We imagine that anyway we could check that this was an evaluation by looking up amino acids in a biology text book. Unfortunately, if we do, we actually find that there are twenty not ten amino acids. If we believe the text book is right we are now confronted with a problem as to what kind of utterance the last one is:

There were ten in my day

To save this as an evaluation and to save the question as a pseudo-question we have to assume some local context in which only ten amino acids are relevant for answering the question, or propose an ignorant doctor. Otherwise we will have to see it as a commentary on the growth of knowledge, a joke, a misprint, a deliberately misleading utterance etc.

We might argue that in order to hear pseudo-questions as pseudo-questions incorrigibly it is necessary to know the intention of the questioner as to whether they have a 'right answer' in mind. The next best thing is some insider knowledge about what count as right answers among such persons as the questioner is. To argue in this way however is slightly misleading in so far as it reifies the meaning of an utterance through a definition by fiat.

What I mean by this is that whether a pseudo-question is a pseudo-question is something which is decided on the spot.

Teacher:so which sociological perspective would deal with that best

Student:an interactionist perspective

Teacher:well, maybe, but I was thinking of a Marxist perspective, but if you were thinking of Becker, or the early days of the National Deviancy Conference you could be right
(taped A level sociology lesson)

The teacher's utterances here (mine as it happens) are evidently not of the genuine question kind, nor quite of the pseudo-question kind. What seems to be happening here is that whether there was a 'right' answer is influenced by the answer the student actually gave. Given that this is still a hierarchical speech system with the teacher retaining the right to evaluate answers, the important point is probably the question of what range of responses the superior speaker will allow as appropriate:what opportunities are being given for the collaborative formulation of an appropriate response. In quizzes the range is extremely limited, as it is in many teaching sequences. My feeling is that in Health Visitor viva voce, candidates may be allowed as appropriate a quite wide range of responses to a question, and that candidates may decide what that question was for practical purposes. For example (hypothetically) the question:

Examiner:and you gave birth control advice at that point.

Might appropriately yield some of the following answers:

yes I'm sorry I didn't make that clear

Which treats the question as an imputation of blame by

apologising for the necessity of a 'genuine' question being asked.

Yes but that was a mistake given her state of mind at the time

Which again treats the question as a blame imputation but in a different way.

Yes, it is essential to give birth control advice at the earliest possible moment.

Which seems to treat the question as a pseudo-question, given that the candidate must know (or assume) that the examiner knows when to give birth control advice.

Yes I did

This is perhaps the most interesting possibility. It might be a response to what was taken to be a genuine question. It does not seem to be an acceptance of blame. Equally it might simply be phatic - a confirmation that the candidate is orienting to the same topic as the examiner.

What I am getting at here is that it is often not at all easy to hear viva voce examinations in any simple way as the asking of questions to elicit answers for evaluation as right or wrong. Certainly there are sequences like this, but equally there are other sequences which seem to be about imputing blame (maybe) or accepting blame, and long sequences which I will term 'probings'.

We are familiar with this type of verbal behaviour from studies of psychiatric (Scheff 1968) and social work (Gomm 1976(4))interviews. What seems to be going on here is that

elicits are done, without any clear idea as to what sort of answer might emerge, in the hope that the emergent answer will prove to be a resource for a more 'significant' kind of question:

External: sometimes I just throw something in so that I can listen to them talk. It doesn't matter about what.

<verbatim note from tea-break during viva voce sequence>

Unless or until probings hit on something remarkable, they simply fill the airspace with sounds from the candidate which yield little in the way of raw material for doing an assessment on. A common, off-the-record complaint about co-examiners is:

She goes on and on. There are times when I can't see what she's trying to get at.

<verbatim note from corridor outside viva room >

Thus unlike the situation in the quiz, in the viva voce the candidate is allowed some latitude in helping to decide what an appropriate response is. Relating this to earlier points, in these circumstances it is difficult for examiners to keep a tally.

17:5 Handling blame imputations

Blame-imputations offer us the same analytic problem as do pseudo-questions. How do we know that an examiner's utterance was meant as an imputation of blame? In fact candidates seem often to rush for the apology when there are minimal indications that an imputation of blame was intended. Given that questions in the viva are usually 'questions about case studies' this is not really surprising. It is easy enough

to imagine candidates thinking that a question about a case study is likely to be a question about a shortcoming in a case study, or a shortcoming in the performance of the student depicted there. In what follows I will tend to take my lead from what seems to be the interpretation of the student. In figure 17 then 'Negative Evaluation (blame imputation)' may mean the student interpreting the examiner's utterance in this way. Note also that the series non-hearing to apology/acceptance is to be regarded as a cline rather than as a set of incorrigibly recognisable responses.

We need to read this diagram in terms of the distribution of interactional rights in the viva voce. Examiners have a right to ask questions. Candidates have an obligation to answer them. Similarly, though there are few 'right' answers, the prerogative to say what are appropriate answers resides with the examiner. In the case of an imputation of blame appearing as a negative evaluation, it implies that already the examiner has decided upon an appropriate response. It is important then to note what it implies if a candidate proffers a 'denial of blame' or a 'justification' in response to a blame imputation in this context. What it implies is a direct challenge to the examiner's prerogative to decide the quality of health visitorly action, case study writing, or candidate answering. In short a justification by a candidate calls for a 'back-down' by the examiner. With this in mind consider the following:

Examiner: Did you think it was the right thing to do to simply leave the diet sheets with her, or should you have done more?

Candidate: Yes I did then, because I didn't want to force it on her.

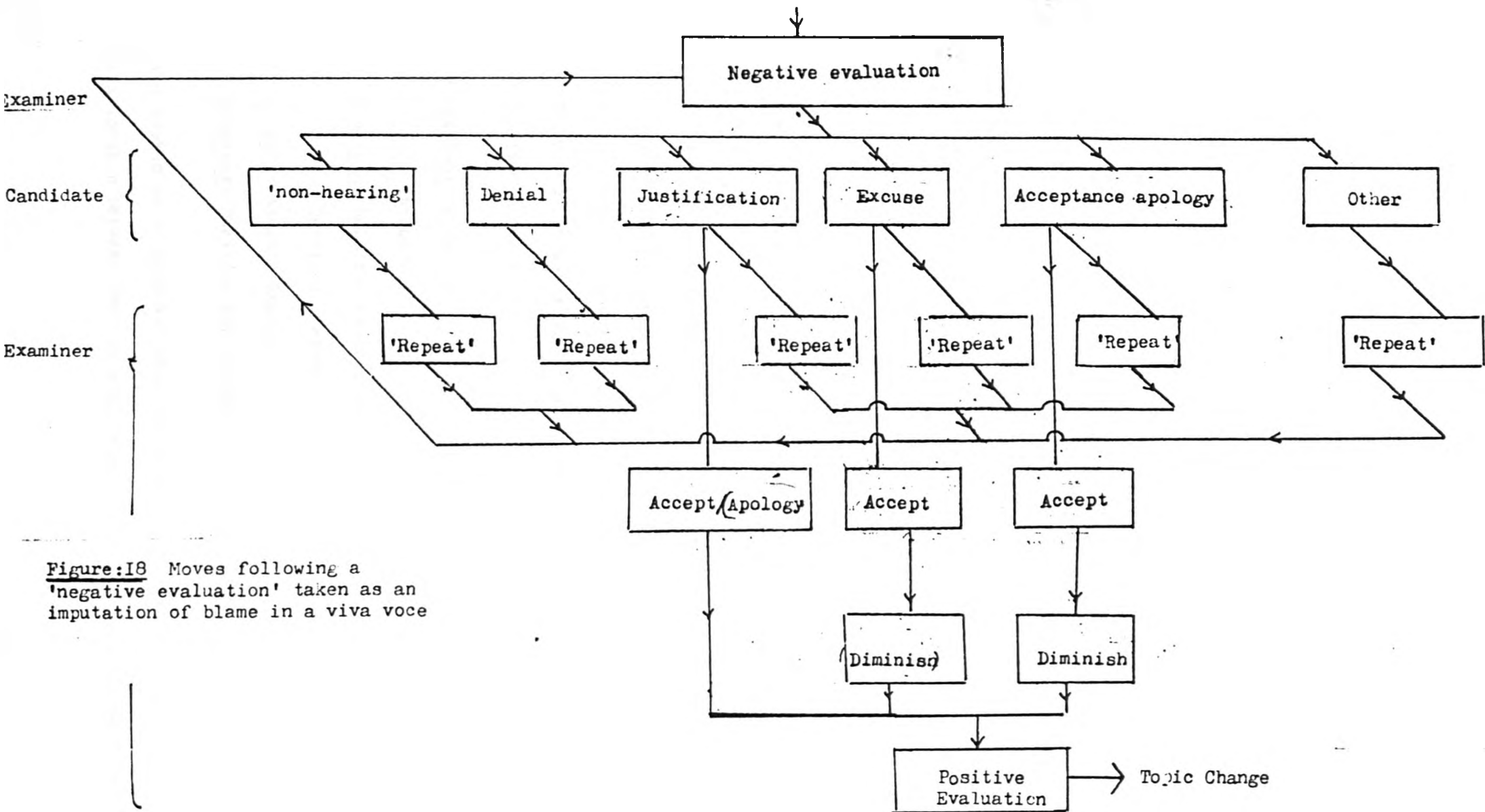


Figure:18 Moves following a 'negative evaluation' taken as an imputation of blame in a viva voce

Examiner: but it didn't, wasn't very successful. Was there a more persuasive strategy?

Candidate: not without upsetting the relationship I was developing with her.

<reconstructed from verbatim notes>

Using the algorithm in figure¹⁸ we might analyse this as follows. The examiner's first utterance imputes a deficiency to the student's action, and seems to ask for a correction—it is a repair initiator. The student instead offers a 'justification' by citing a 'principle' of health visiting, that of 'not forcing' clients. The examiner's next utterance is a negative evaluation, and might be taken as a repeat of the blame imputation. The candidate's response is a repeat of her justification. The examiner's next utterance is in fact:

Yea I see your point. Now turning to...

Is this a back-down? Whether or not we see it as a back down might depend upon how we describe the examiner's first utterance. Above I described it as a blame imputation. Suppose instead we described it as a 'genuine question'. Then the interpretation runs:

Examiner: Question

Student: Answer

Examiner: Negative Evaluation

Question (Repeat)

Student: Answer (Repeat)

Examiner: Positive Evaluation

Even looked at in this way then the apparently contradictory relationship between the two evaluations given by the examiner

continue to suggest some kind of back-off. Both ways of looking at the sequence then suggest that the student responses were dispreferred in terms of the distribution of interactional rights in the viva. Our evidence for this is in the 'repeat'. Evidence is less clear when instead of a repeat the examiner uses a silence:

Examiner: You decided not to examine the baby at that point.

Student: yes, I thought that was the right thing to do

Examiner: hemn

Student: yes it seemed the right thing to do under the circumstances.

Examiner: o.k. well (initiates new topic)

<reconstructed from verbatim notes>

I note that here the function of the silence ('hemn') whether taken as a non-utterance or as the absence of an evaluative statement might serve for the listener to keep the question unanswered/to negatively evaluate the student's answer so far, i.e., it functions in much the same way as a repeat, but that the student does not hear things this way.

However what is important is that in both cases the examiner does not clearly signal the inappropriateness of the student's responses. She doesn't 'make an issue of it'. There is no very 'memorable' confrontation between candidate and examiner. The waters close over the incident with a positive evaluation by the examiner. What this means is that it will be a rather chancy matter as to whether the examiners actually remember this sequence when they come to dispose of the candidate. (On 'defensive candidates' see chapter 18).

17:6 The absence of clearly marked negative evaluations, combined with the presence of strongly marked positive evaluations

In quizzes negative evaluations are as common as positive ones, and one or the other or both are convertible into scores. In cross examinations they are almost entirely absent except by implication. In viva voce examinations negative evaluations are usually only problematically hearable as such (see above) while positive evaluations are strongly marked.

Relying again on the linguist's notion of an intuitive sense of 'discourse completeness' I will say that in viva voce examinations positive evaluations by the examiner seem very frequently to mark the end of one discourse sequence, and the beginning of another, i.e., they precede topic switches.

Good, that's right, now turning to another thing that comes up in your study here.

Looking at this example the reader might say, "Yes, of course people say 'right' or 'good' or 'fine', without meaning it at all": that these are simply 'frames' in Sinclair and Coulthard's terms (Coulthard and Montgomery 1981 pages 17-18) which speakers use to mark the boundaries of topics without any evaluatory intention. This is true but it seems to me on hearing health visitor viva voce, one hears examiners working quite hard to make sure that before they switch the topic they can give a genuine positive evaluation: put more crudely, discourse units in viva voce usually end on the 'up-beat'.

I will be demonstrating this in greater detail a little later on, but here I want to add to the list something associated with this which should be abundantly clear by now and that is

that viva voce are handled as 'second-chance' systems:

17:7 Second-chancing in the viva voce

In quizzes, the number of 'goes' at a question a contestant gets is usually pre-specified. Quite frequently it is just one (though this may cause some local troubles in deciding what constitutes 'just one' attempt). It may be part of the quiz that a correct response awards the contestant another question. What is never true is that an incorrect response awards the contestant another chance, or an alternative question. In cross-examinations the provision by a witness of the answer counsel wants, satisfies the counsel. However frequently the answer counsel wants is an answer which is dispreferred by the witness. If we think of these features of quizzes and cross-examinations in another way we can ask: "what kind of response is it that the respondent has to give such that the questioner will do an ending on the topic and frame in another one?" In the quiz it is an 'incorrect answer' to a pseudo-question: in cross examination it may be an answer dispreferred by the witness. Ask our question the other way round and it becomes: " what kind of responses are likely to prolong the discourse (keep it on the same topic, keep the 'go' with the same respondent etc..)?" In the quiz it is right answers which keep the contestant 'going', in the cross-examination it is responses dispreferred by counsel which are likely to keep the witness 'on the hook' and cause counsel to repeat his question, rephrase it and so on until he gets the response required for his case (or an objection is raised)

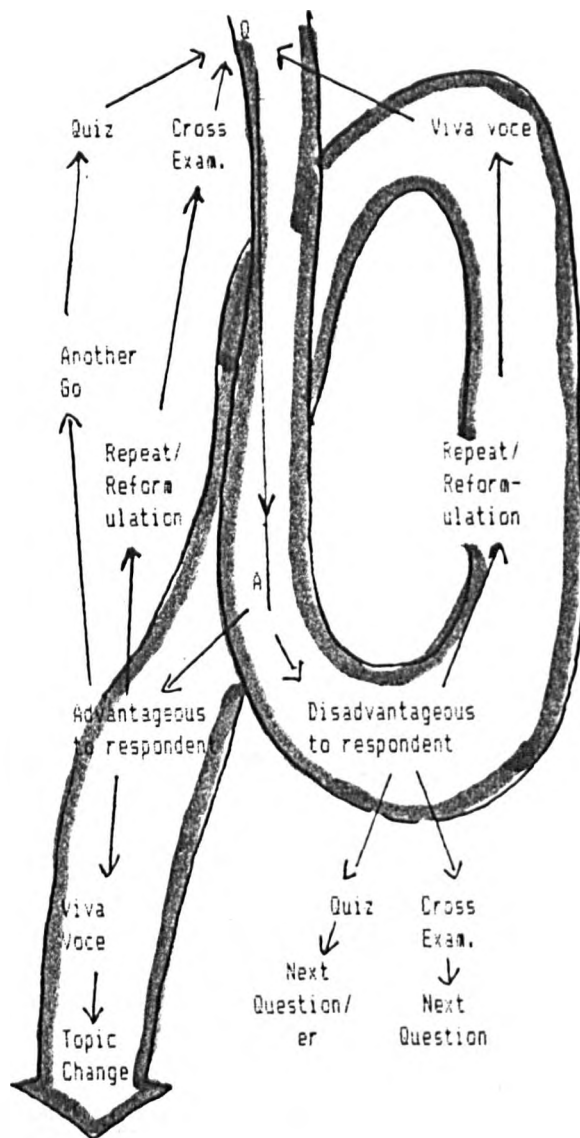


FIGURE 19

The second-chancing character of the viva voce. In a viva voce questioning is continued until the candidate gives an answer which is advantageous to her. In cross-examinations questioning is continued until the respondent gives an answer which is disadvantageous to her. In quizzes right answers keep the questioning with the respondent.

As shown in figure ¹⁹ by contrast with both these cases, in the viva voce it is when the candidate gives an answer which is disadvantageous to her that examiners prolong the questioning. They do not always succeed, but often they are able to allow the candidate to make an utterance which can warrantably be said to be 'right' under the circumstances.

In summary then we can say that in quizzes and cross examinations we tend to see the prolongation of a discourse sequence until the emergence of a response which is disadvantageous to the respondent. In viva voce we tend to see the prolongation of discourse sequences until something comes up which is advantageous to the respondent. As examiners sometimes say:

You sometimes have to work so hard to get the right answer out of them

(verbatim note from interval between viva voce)

I will provide more empirical material on this feature of viva voce in chapter 18

17:8 Avoiding Interview Troubles and the Conduct of the Viva Voce

As might be expected from material presented earlier in the thesis, examiners speak of viva voce as highly 'artificial' situations in which it is quite likely that what the candidate says or does will not be a good guide to her personality or to what she 'really knows'. Candidate anxiety is certainly the most frequently mentioned source of 'interview troubles'. Thus candidates are seen as at risk of 'drying up', 'going blank' and so on. As I have noted there are attempts to manage the timing of viva voce and the

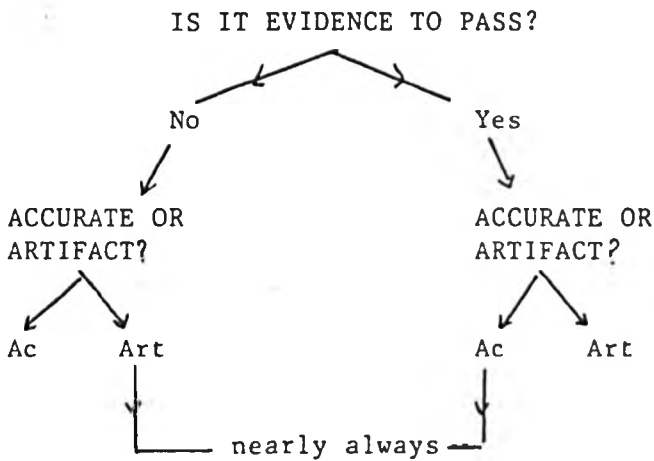
taking of turns to avoid such troubles (sections 16:1 & 2) and turn-taking routines between examiners are often violated to 'help the candidate out' (17:3). Silences and inchoate utterances may be made out as betokening situational stress rather than anything real about the student and if so nothing but a 'more accurate' assessment can arise from 'not brow-beating them', from 'helping them off the hook' and so on. It is then not at all surprising that viva voce are 'supportive' rather than 'confrontational'. Abundant references are made to 'putting them at their ease', 'not 'getting off on the wrong foot', not 'flooring them', as ways of ensuring that the distorting nature of the situation is minimised. Among such references must be included that the viva is not a quiz, and not a cross-examination.

Again if it is unclear as to whether what is observed and heard from the candidate is 'really' her, or the product of situational stress, then it can be made out as quite reasonable to 'dig for' the appropriate answers, hence the acceptability of prolonging questioning along certain lines until the appropriate answer emerges from the candidate's lips. When something which can be positively evaluated emerges it stands as some kind of proof that the candidate 'knew it all the time', but that in this odd circumstance was unable to 'get it out' without assistance. (All the phrases in quotes above are drawn from fieldnotes).

The parallel with Intermediate assessment with its rewrites, and resits, and compensations is obvious. As ^{there,} in the fine structure of the viva voce the investigation of students' competence tends to be prolonged until evidence for a pass

can be discovered. The fact that students cannot be failed 'outright' but are merely 'referred' adds another official circuit to the system. Notions of the difficulties of assessment, and the artificiality of assessment procedures, are always available to warrant second-lookng a student, until such time as this is organisationally proscribed by an official closing.

Thus we are back with an earlier algorithm I presented:



CHAPTER EIGHTEEN: Some topic changes and repairs in the viva voce and how to give a 'bad impression'

18:1 Introduction

As the reader will have gathered from the previous chapter, in order to be referred a candidate must not only 'give a bad impression' of herself, but give one which can be counted as an 'accurate' impression of her, and not the product of the immediate situation. I will be arguing that the question of 'accuracy' is one which is arbitrated in the discussion after the viva and in this chapter I will be dealing solely with the question of how 'bad impressions' of candidates may be produced. In order to understand this it is necessary to say some more about the linguistic structure of viva voce examinations, because persons do not meet each other 'face to face' so much as 'utterance to utterance'.

Paraphrasing some of what has gone before it seems reasonable to suppose that 'favourable' impressions will arise from the candidate being able to supply the right fillings for the slots she is proffered. The 'right fillings' will have something to do with realising in speech the corpus of ideas which constitutes health visitor education. So far as the 'slots' are concerned I have already indicated that candidates have some license as to deciding what these are.

18:2 Topic changes in the discourse of the viva voce

I will draw attention here to what I think is the most important feature of viva voce discourse. These are topic endings or closings, which, given the distribution of speaking

rights in the viva are generally done by examiners and not by candidates. Endings I recognise by new beginnings, and usually these new beginnings are quite clearly marked lexically with such phrases as:

Right, now turning to another matter

Fine, we'll leave that now

Technically phrases such as these are called 'frames' since they mark a coming change of topic (or a change of something else) and they are usually followed by 'focusses' which tell what that something else is (Coulthard 1981 page 16-18).

What I am particularly interested in is what comes just before such new beginnings. One possibility is that no piece of utterance by the examiner immediately precedes such frame markers: that the preceding talk was by the candidate, vis:

Candidate:..and that being the case with her leg, that's why I did it then

Examiner: fine, right, well lets look at another matter then, mm turning to..

<reconstructed from verbatim notes>

So far as I can tell, this kind of adjacency pair is actually rather rare in viva voce. What is much commoner as an ending to a topic is something like this:

Examiner: good, that's right, that's what one should do under those circumstances I would say, fine. Now I want to ask you a question about..

<reconstructed from verbatim notes>

There is no doubt that this utterance contains a very definite

positive evaluation of the student's previous utterance. And the ending of topics quite characteristically have this POSITIVE EVALUATION-FRAME-FOCUS form, and only rarely, merely FRAME-FOCUS. So much so that whether the candidate knows it or not, the absence of the positive evaluation is hearable as a negative evaluation.

Why then is it that topics are changed on a positive evaluation so frequently? Is it that examiners will accept any old answer as good enough? Is it that students are nearly always clever enough to come up with the appropriate response? Well not quite either of these things. The answer is actually to be found in the utterances preceding the ending.

Let us look first at a sequence with a 'frame-only' ending:

E1: and you decided not to give birth control advice at that stage

C1: yes

E2: and you thought, think that that was the best thing to do in this case

C2: yes

E3: so when she became pregnant again you didn't you mm

C3: I was sorry but I did what I thought was the best thing under the circumstances. I had discussed it with my fieldwork teacher.

E4: yea right, well in the same case study...

<reconstructed from verbatim notes>

In simplified format this looks like this:

E1: Elicit

C1: Response as to genuine question

E2: Elicit

C2: Response as to genuine question

E3: Elicit

C3: Response (justification)

E4: Frame and change of topic

Or rather better:

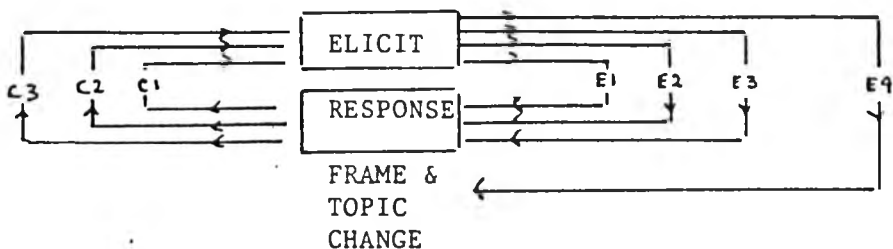
ELICIT (E1,2,3)

RESPONSE (C1,2,3)

NEGATIVE EVALUATIONS
OR NEXT-TURN REPAIR
INITIATORS (E2,3,4)

FRAME CHANGE TOPIC (E4)

And diagrammatically:



The second two elicits then serve as next-turn repair initiators (see below) which in this case the candidate does not respond to. Put in cruder terms the candidate has been given three chances to satisfy the examiner before the examiner closes down the topic and initiates another one. But note how the examiner's speech does not draw attention to the candidate's failing.

There is at least one other way in which a 'frame only' ending occurs:

E1: So I think you actually got it right, in what were very difficult circumstances.

C1: Yes they were difficult, I was really worried

E2: yea I'm sure you were

C2: especially as I said when

E3: yes well I'd like to take you onto another matter which is not too dissimilar...

<reconstructed from verbatim notes>

As the reader will see in this example the examiner has already shaped up the end of the sequence with a positive evaluation in E1, but the candidate insists on 'opening up the closing'.

This I think makes my point that examiners show a preference for changing topics on a positive evaluation, and are willing to give candidates several chances to utter something which would merit one. Another example will give the reader an idea of what this sounds like:

Examiner 1: so you noted the fact that the fire was unguarded on the first visit

Candidate 1: yes I did, I say so in the study

Examiner 2: and it was still unguarded on the next visit

Candidate 2: yes but the weather was warmer then

Examiner 3: yes

Candidate 3: Well I thought with this particular family it wouldn't be a good idea to rush in looking as if I was ordering them about

Examiner 4: you were going to lead up to it gradually

Candidate 4: yes but I was wrong in my priorities

Examiner 5: but you won't make the same mistake again

Candidate 5: O no I would<nt>

Examiner 6: I'm very glad to hear it, although I can see your problem in this case, and it is important not to be too bossy. So lets look at the health problems of Mrs Green.

<reconstructed from verbatim notes>

In this example the examiner in one way or another goes on

indicating that the student hasn't given an appropriate response, until she admits a fault (C4). Look what follows this admission. The examiner immediately offers an elicit (E5), which is so 'leading' that it is almost bound to lead to a response which allows for a positive evaluation (E6). E6 could be coded POSITIVE EVALUATION-DIMINISHER-FRAME-FOCUS where the diminisher or downgrade is:

although I can see your problem in this case, and it is important not to be bossy

One step further than this is the sequence where the examiner actually supplies the correct response, extracts some agreement, apology or abasement and then gives a positive evaluation:

Examiner 1: So, the important point to remember is that you must always be on the look out for drug interactions in old people, in old people in particular

Candidate 1: yes, yes I can see how important <>I just wish I had known that at the time

Examiner 2: Yes well you know it now, and I'm sure you won't forget it

Candidate 2: no most certainly not I

Examiner 3: Good I'm sure you won't (and onto next topic)

<reconstructed from verbatim notes>

Of course we have been here before. In this example, linguistically realised in speech rather than text, is the 'standard excuse' made by citing 'inexperienced student' (C1). And it seems in a few moves the student's inexperience is removed, and she is being congratulated for losing that inexperience, and incorporated among those who know. This kind of input is not at all uncommon in viva voce. Some examiners seem especially prone to use viva voce as 'teaching

events' rather than as assessment exercises. Again insofar as it allows the student to say she has 'learned her lesson' it allows for a positive evaluation ending.

18:3 Competent People Self-repair

At this point it is enlightening to look at the conversational analysis literature on 'repairs'. The term 'repair' in CA refers to all that sort of linguistic work where speakers make (or attempt to make) correction to what has been said previously. This is a common enough feature of all spoken language, but CA draws our attention to where, and how and by whom repairs are made. In an interchange between two parties there are a number of possibilities for inserting repairs. Thus 'first speaker' may correct herself, within what is recognisably 'her turn'.

HVT: Mrs Johnson , no, I think, its, yes its Miss Johnson , she was among the best that year

<verbatimnote from board meeting >

or she may (as it were) take a second turn before next speaker, to repair her previous utterance.

Chairman: So that would be how the regulation would be interpreted (c.2 secs)

Academic: Well sup/

Chairman: though of course I can think of slightly different circumstances which make it difficult to generalise. Now John (nominates interrupted academic)

<reconstructed from verbatim notes>

In both cases the effect is to provide for the speaker to be heard as having intended the corrected utterance and not the one thus rendered deficient. After Schegloff et alia 197)

we call these self-repairs.

Sometimes persons draw attention to the deficiency of their own speech, by doing what amounts to a request for a repair from another; a self-initiation for other-repair. This is one of two sorts of next-turn repair initiator (NTRI) : 'next-turn' because it sets the next speaker up to provide the remedy.

HVT: So that would be a 'critical appraisal of', a 'critical appraisal of', err, uh <laughs> Help, someone I'm sinking

<from moderating meeting: verbatim note >

For 'ordinary' conversations it is claimed by conversational analysts that self-repair and self-initiated repair, are 'preferred'. Operationally dispreference is recognised by various linguistic markers, such as silences and hesitations.

Levinson conveniently summarises the order of preference, for repairs, which I augment here from his text (Levinson 339 - 342).

Preference 1 is for self-initiated self-repair in opportunity 1 (own turn)

Preference 2 is for self-initiated self-repair in opportunity 2 at the transition space 'between turns'

Preference 3 is for self-initiated, other repair in next turn.

Preference 4 is for other-initiated self-repair in next turn (ie, correcting speaker's second next turn) e.g:

Jefferson (n.d)

(Hardware store: customer trying to match a pipe-fitting. C = customer. S = salesman)

C: Mm, the whales are wider apart than that.

S: Okay, let me see if I can find one with wider threads (looks through stock)

S: How's this

C: Nope, the threads are even wider than that.

Cited Levinson 1983 p 360

Preference 5 is for other-initiated, other-repair, in other's next turn, ie, generally this is the most dispreferred form of repair.

None of this is news to native speakers. We just know that people would rather correct their own mistakes, and would rather they themselves drew attention to them, and that people do not usually like to be corrected hearably by others, and that this is often marked by the corrector, prefacing the repair initiation, or the correction, with some meliorating phrase:

HVT: now perhaps its just me but, I don't find that wording very clear, I can't sort of get my mind round it

<moderating meeting: verbatim note >

There are considerable difficulties about the status of preference sequences such as the one outlined above. Is it for example meant to be a table of statistical probabilities? Is it really true that preference 1 is always less linguistically marked by hesitations and dry-ups, than the lowest preference 5? However if we use the list simply as an heuristic for thinking about linguistic interchanges, then it is easily apparent that in some kinds of speech context, some kinds of repair work (sub-classified thus), are going to be more common than others. Put another way, attending to the ways in which repairs are handled should tell us a great deal about the social relationships between participants. Repair work in its different modalities is one of the ways in which social status and personalities are linguistically produced.

Let us say then that different kinds of speech contexts include

different distributions of 'correction rights'.

Returning to the viva voce, then, one of its interesting features is the way in which the situation is managed to avoid the least preferred modes of repair. Students write repairs into their studies, and seem often to respond to a question with a self-repair. Examiners do not often offer 'corrections'; rather they offer Next-turn Repair Initiators to the student, and these are often unvoiced as such and constituted by a reformulation of the question. And when they do correct a student's answer they do so in such a way as either to diminish the shortcoming, or to produce the student as one who didn't know, but knows now. If it is the mark of the competent performer to repair her own utterances, then the viva voce gives candidates every opportunity to be produced as competent. I note in passing that much the same account would be given by using the terms used by Strong and Davis for what they call 'moral work'. Just as in most of the medical consultations they observed an air of 'gentility' reigned with parents and doctors doing 'face-work' to produce each other as properly motivated and competent for the roles they played, so in these viva voce. 'Reconstitutive' work is not apparent, where one party takes every opportunity to under-cut the performance of the other to produce them as disreputable and incapable. Reconstitutive work would include using the strategy of finding fault with the other's utterance, i.e., a high frequency of other-initiated, other-repairs. What we do find, again as Davis and Strong found, is some gentle 'amelioration', where the student is given prompts to repair her own utterances and then congratulated for so doing. (See Strong and Davis 1978, and Strong 1979 pages 40 - 43)

That is enough on this tack then. Let me do an ending on this treatment of the viva voce by saying that insofar as examiners show a preference for positive evaluation endings, that we might predict that the candidate who gives 'a bad impression' is the one who impedes the realisation of such discourse sequence endings. Expressed in a much more general way this has been a common observation of studies of the viva voce used elsewhere. As Holloway et, al., conclude from their study of viva voce in dental education:

- . it appears that attainment in the viva voce situation may be linked more with the lucidity with which ideas are presented rather than the detailed content of these ideas

Holloway, Collins and Start 1968 page 214

Others have made similar observations (see Holloway et. al., 1967, Brockbank 1968). However so far as I know such studies have concentrated on the ideational rather than the illocutionary content of the viva.

I now turn to look in more detail at those candidates about whose viva performance adverse comments are made in post-viva discussions.

18:4 How to fail a viva: the candidates contribution

Having represented vivas as examinations which are pre-eminently passable, I have made it puzzling as to how any student could ever manage to fail one. At least half of the answer to this puzzle lies in the fact that students do not so much fail viva voce examinations as fail post-viva discussions when examiners negotiate versions of the candidate's performance. However one imagines that candidates in the viva do make some contribution to their own disposal. If I were advising students on how to

fail I might suggest three kinds of strategy. Two of them can be understood without knowing a great deal about the sub-culture of health visitor education, the third requires a little more inside knowledge. They are: Failing to answer 'easy questions' (18:5). Failing to learn lessons (18:6) and showing 'adverse attitudes' (18:7)

18:5 Failing to answer 'easy questions'

As noted examiners sometimes speak of themselves giving students 'easy questions' as a device for 'settling them' in the known-to-be anxiety-provoking circumstances of the viva. These questions usually turn out to be elicits requiring a rehearsal by the student of well-known health visiting procedures: what to do for example on examining an infant for the first time, or what advice to give a mother on infant feeding practice. One of the easiest ways of failing a viva is failing to know the cook book: the 'bread and butter of health visiting'. There is a mild irony in this insofar as one of the matters upon which tutors stress the importance of a 'proper professional education' is the way in which it imparts general principles which will transcend the 'recipe knowledge' of the moment. Interestingly (unlike the viva voce of medical education (McGuire 1966), health visitor vivas are not about the systematic search for the student's knowledge of 'bread and butter' matters. Questions of this sort, and deficiencies in answering them, constitute a random hazzard in the viva. Nonetheless because they are considered 'easy questions' failure to answer them is considered a serious matter.

It is important for us to situate this failing to answer easy questions in the context of the viva voce. As noted above

examiners show a preference for positive evaluation endings, and given the amount of lingual work examiners seem to do to produce the wherewithal to deserve a positive evaluation I have suggested that candidates who are regarded as deficient in some way are those who impede the examiner in this task with some frequency. Thus if students are failing in this way because they offer 'wrong answers' to 'easy questions' we have to ask why it is that examiners find this kind of response impossible to repair.

One answer to this of course is that examiners are examining under the gaze of other examiners. Presumably there are some things so fundamental to health visiting (and 'so easy to answer'), that ignorance of it is so shocking that watched by others an examiner could not pass it off without risking some reputational damage. Nonetheless I can quote sequences like this:

E:1 no, really the mm recommendation is for a low salt diet up to four months. The Opie Report, Opie Report

C:1 yes,

E:2 the Opie Report says. Now I'm sure you really knew that, went blank on you

C:2 yes

E:3 fine, glad to hear it because it is so important
<next topic>

<reconstructed from verbatim notes >

We must allow however that even with such smoothing over, the student's 'blankness' about such an important health matter as infant diets might remain a memorable and discrediting matter and affect her disposal. In fact the record for referrals at the Final level is eight, and the magnitude of this number sent a ripple through the world of health visitor education. It did not

happen at one of my colleges, but the external concerned explained that she referred the students on the grounds that they could not answer 'easy questions' about the contents of the Opie Report. It happened in the year the Opie Report was published. Topicality, and importance to health visiting practice, thus provided for such questions to be both easy and important; and student's lack of knowledge to be - as the external said - 'somewhat shocking'. I suspect however that usually more than one important 'wrong answer' is required for failure, and that for failure it may have to be accompanied by some of the other torts mentioned below.

18:6 Failing to learn questions

One of the typical move sequence in the viva voce is as follows:

Examiner: blame imputation

Candidate: acceptance of blame/admission/excuse

Examiner: acceptance plus diminisher or 'lesson' plus positive evaluation

Now of course candidates do not always perform in this way. In this discussion I will draw on examples of just those candidates represented in post-viva discussions as 'defensive', 'argumentative' or 'glib' or 'flip' - all pejoratives.

Firstly candidates may not recognise a blame imputation when one is intended, or they may issue denials that any blame is warranted: To requote:

Examiner: ..and you decided not to give any birth control advice at that stage?

Candidate: yes

Examiner: and you thought, think that was the best thing to do, in this case

Candidate: yes

Examiner: so that when she became pregnant again you didn't you mm

Candidate: I was sorry but I did what I thought was the best thing under the circumstances. I had discussed it with my fieldwork teacher

<reconstructed from verbatim notes>

It does seem as if the examiner is angling for the candidate to admit that her action was faulty, and that the candidate is refusing to accept this.

Once candidates have been read a lesson, the preferred response from them for examiners is a brief agreement, a series of nods, a 'yes' or an 'I see', or something more extensive along the lines of an apology or a commitment to doing it right in future. This same candidate (elsewhere) however does something different:

External: So you see when you are setting up your health care plans it is important to include the whole family, and really to avoid focussing on just the one or two members with the most obvious needs.

Candidate: yes but in this case I couldn't even get to meet the father and the other children were at school all the time.

<reconstructed from verbatim notes>

The difficulties of 'getting to meet' husbands or school age children are indeed routine difficulties recognised as such in health visitor education. No one expects health visitors to do evening or weekend visits and no one can be faulted for not meeting these sorts of persons. In other illocutionary contexts the candidate's citation of this difficulty would have been unexceptionable. Here however her

utterance succeeds what I have called 'a lesson' by the examiner. It appears that these 'lessons' serve as both obiter dicta in the sense of the final authoritative statement on some matter, and serve as illocutions that do an authoritative closing on that particular topic. At one and the same time the candidate's utterance challenges the right of the examiner to say what's what, and challenges the examiner's right to finish topic-related sequences. Moreover the basis on which the candidate grounds her challenge is - in a viva voce context - faulty. Firstly it is an excuse but not an excuse which entails the permissible reference to the inexperienced student. It is an excuse which challenges the examiner's lesson by reference to a 'well known problem' of health visiting. Secondly it is an utterance which is grounded in the specificities of a particular case, while the examiner is articulating general principles. This is a candidate who was described in the post viva discussion as:

She was so defensive. Whatever you said to her you could see the hackles go up.

She did seem to bite your head off.

I'm really quite worried about her attitudes.

I did wonder whether she'd learned anything at all over the last six months

My argument is that it is not what the candidate said which is important, but when she said it in terms of the local illocutionary organisation of the viva. To give more plausibility to this, I quote here sequences where the candidates are not candidates accused of being 'defensive' or anything similar.

External: so you never did get to see the husband?

Candidate: no, which was a pity because I think I could have served the family better if I had met him

External: yes, I'm sure you could but you do have to realise that this is one of the problems of being a family visitor when your working hours are when half of the family are not there.

<reconstructed from verbatim notes >

I am not sure whether the candidate's utterance can be accepted as an 'acceptance of blame', but it is an acceptance of something adverse. The examiner ends on a combination of diminisher and lesson.

Examiner: and your evaluation of that case?

Student: well I think the worse thing was that I couldn't achieve my plan re the husband because he was never there and I was always sort of aware he wasn't there and there was something I couldn't be doing. That was inexperience I suppose/

Examiner: /yes, but as you get more experienced as I expect you are, you come to realise that that is a problem. <the examiner goes on to talk about having to adjust theories to reality, reiterates that she understands the students problem and moves to another topic>.

It seems then that examiners may diminish candidate excuses by reference to 'realities', but that it is impermissible for candidates to challenge examiner's lessons on the same basis.

If in terms of 'ordinary' conversations competent persons self-repair, in a hierarchical speech situation the competent down-status person does not react to next turn repair initiators with denials or justifications, but with apologies and self-repairs.

Sometimes candidates are remembered as 'glib' 'flip' or 'couldn't care less'. It is not too cavalier to say that

'defensive' candidates are candidates who show insufficient deference to examiners by refusing their imputations of blame or by challenging their lessons. The 'glib' candidate is one who shows insufficient deference by seeming to take such matters too lightly. One such candidate provided an utterance which became the standing joke for the whole viva series. Fronted with having given a 'wrong answer' she smiled and said 'Well, you can't win them all'. Here is a sequence more illustrative of the performance of the same 'glib' candidate:

Examiner: this family does seem to have been a chapter of accidents

Candidate: yes you had to laugh, one day it was the baby falling down stairs, next it was Mr Makin's back, it went on and on, so you kept thinking what next

Examiner: you didn't think, what could I do about it?

Candidate: of course, but they really were rather hopeless as a family.

<reconstructed from verbatim notes>

And after being asked to explain a Guthrie test:

Candidate: I've really never been very good at remembering that sort of thing

<reconstructed from verbatim notes>

Again looking at candidates who are not described as 'glib' or anything similar we can argue that similar sorts of utterance in different sequential positions may not have the same effects. For example on 'hopeless families':

Examiner:..turning to case study two/

Candidate: I really must, first apologise for this study. I've made several visits since I wrote the study, and having worked in Muswell Hill I now realise that my expectations for this family were too high, unfair. None

of them could really be met. Their socio-economic situation was poor. Their intellectual level was low. Latterly I realised in retrospect that everything I said to Mrs S had to be justified to Mr S over the lawn mower, never inside. If he thought it was o.k. it was relayed to Mrs S. You know Mrs S never paid a bill in her life. You couldn't expect a great deal from this family

Examiner: Yes I had to laugh about the lawn mower, anyway you certainly seemed to have learned a great deal from dealing with this family, thats the important thing.

<reconstructed from verbatim notes>

It seems that examiners arrogate to themselves the right to determine what is a fit subject for humour. Similarly failure to be able to explain in detail some routine procedure may not turn out to be such a serious matter if the candidate apologises for it.

<after failing adequately to explain a Heaf test>

Candidate: I'm terribly sorry I should know that really.

Examiner: well, not to worry too much, that is the sort of thing you can always go and look up. The important thing is not to imagine that you know when you really don't.

<reconstructed from verbatim notes>

By the time we reach this point we begin to wonder whether candidates do really attract adverse impressions by failing to answer 'easy questions' or whether it is not more a matter of their not apologising for their failure. Similarly the student's inability to answer 'easy questions' may itself be made out as an indicator of of stress:

Tutor: I don't think she showed herself up very well. She appeared very nervous. Questions that the external examiner asked her she didn't answer satisfactorily could have been answered by her but she couldn't pick up the cues. Given the opportunities later she still didn't seem able to follow up. Did you feel she was anxious?

<for the context of this quotation see chapter 10 and appendix 4>

18:7 Adverse attitudes, authoritarianism, judgementalism, ethnocentrism and other faults

It is easy enough to say that HVTs regard 'authoritarianism' 'ethnocentrism' or a tendency to make 'value judgements' about a client's way of life as illegitimate. However we need also to know how they and other examiners recognise the presence or absence of such attitudes. The reader will recall that the studies which form the basis of the viva voce have gone through an editing process that makes it highly unlikely that such matters will show in the text.

Moreover the idea of 'making value judgements' is itself an intensely contradictory one within health visiting (Dingwall 1982 pages 26-27). Health visiting operates on the principle that there are more and less healthy ways of life, more and less successful ways of raising children and so on, and at the same times makes it problematic for the health visitor to come right out and say so. Thus avoiding such sins involves the use of slogans and tokens of permissiveness and circumlocutions and euphemisms when referring to some aspect of a client family or group which is less than ideal in health visitorly terms. These matters show up in the case studies. I will illustrate briefly by pointing to the use of one circumlocution: the 'cultural pattern'. The examples are taken from student case studies.

Recognising the cultural patterns I decided not to bully Mrs V into playing with Ahmit, but to lead her to a realisation of how important play is for a young child's development

It became evident that it was part of the cultural pattern of this rural working class family to overeat and this made it difficult to encourage them to a more healthy eating pattern

In Asian households it is often the wife's mother-in-law who is the authority figure and in this case I found that it was totally ineffective to give Mrs M any advice which would not be contradicted by the mother-in-law. When I met her I found she was a formidable lady with very definite ideas on childrearing of her own !

In the case studies the citation of a 'cultural pattern' is nearly always a way of featuring a health visiting problem (in the above, reasons for the lack of success of some strategy) but in such a way as to avoid expressing dislike and to avoid blaming. This then is the core of 'non-judgementalism' as it might be recognised in talk or writing. Put another way, being 'non-judgemental' means objectifying something adverse about a client such that it is not their fault and they can't be blamed for it (Lyman and Scott 1976). Objectifying here means using some device current in health visitor knowledge which explains why people do whatever it is that health visitors wish they wouldn't: it is their 'culture', their 'socio-economic circumstances', their 'limited intelligence', their 'anxiety' or something similar. The trick of being non-judgemental is to avoid saying anything that sounds like blaming. In Austinian terms it is making excuses for clients when they behave in dispreferred ways.

Closely related is the idea of 'labelling' clients. 'Labelling' in local terms refers to a fairly simple idea of 'saying unpleasant things about people' which in turn distorts the judgement of the labeller, and may also affect the self-perception of the labelled person. However to meet the criteria of labelling as it is locally understood, the unpleasant things must also be untrue. Thus it is 'objective' to describe someone as 'unintelligent' if they 'really' are, and only labelling if they are not. There are some sorts of terms which

could never be objective and would always be 'judgemental'. To call someone 'thick' for example would be labelling and judgemental. To call them unintelligent would not necessarily be so.

This said, and convoluted as are these ideas about non-judgementalism, their recognition in local practice turns out to be much more simple. If candidates in the viva voce use unpleasant words about clients which are also 'unobjective', they are likely to be seen as 'judgemental', or 'authoritarian' or something similar.

The candidate who wished to give a bad impression in a viva might describe someone as 'thick' 'feckless' and 'lazy'. To pass, substituting the terms 'unintelligent', 'inexperienced' and 'poorly motivated' would suffice. Pejoratives as in the first set have generally been eliminated from the written studies, sometimes however candidates use them in the viva voce:

Candidate:.. well she was a very manipulative person/

Examiner: /what exactly do you mean, manipulative?

Candidate: well she was one of those ones who was out for all she could get out of the social services and us

Examiner: why do you think that was?

Candidate: I think some people are just like that.

< reconstructed from verbatim notes >

'Manipulative' is obviously not a preferred term, or at least it is not when unaccompanied by an 'excuse' on behalf of the manipulative person. This is how it should be done:

Candidate: and I think this basic unhappiness

and insecurity showed itself in the demands she was always making on the health visitor, and the doctor and everyone. She was very manipulative.

Again it is important to situate matters. How does the use of a dispreferred term prevent the examiner working things round to a positive evaluation closing? Simply because to do so might give the impression to other examiners that she treated such important matters as unimportant.

18:8 Summary

I have argued above that 'giving a bad impression' in a viva voce may have more to do with the candidate's inability to pick up illocutionary cues than to do with what she knows about health visiting. Picking up illocutionary cues trades on general competences, but to do it successfully in the viva voce requires some understanding of the proprieties of the immediate situation. I point here particularly to the importance of the candidate being sensitive to the prerogatives of examiners to initiate and end topics, to impute blame and demand excuses, to decide what is a fit subject for humour, and to arbitrate what counts as health visiting knowledge, and their ability to recognise repeats and reformulations of questions as 'repair initiators'. Even more locally specific is the requirement to know that adverse features of clients require excuses and not blames, and some knowledge of how to describe a health visiting problem without blaming the client for it.

I have also noted how examiners seem to work the viva voce to produce the student as competent, by, for example, 'being

helpful' when the candidate 'dries up', giving audible positive evaluations, and inaudible, or scarcely audible, negative ones, and by 'holding' the candidate on a topic until she provides what can be positively evaluated. As we will see even when this fails, a poor performance by a candidate can be made out as due to 'nerves'.

At several places in his work Dingwall draws attention to the absence of public criticism of students:

One of the features of the school was the relative invisibility of trouble, failure or incompetence

Dingwall 1977a page 34

It seems that in the viva voce the gentility with which students are generally treated is reproduced. It is as if every candidate were prospectively a competent practitioner and is treated as such in the viva.

Viva voce examinations are followed by discussions between the panel of examiners to decide whether to recommend a pass or a refer disposal. It is in these discussions, rather than in the viva that students 'pass' or 'fail'. In the next chapter I consider these post-viva discussions.

CHAPTER NINETEEN: Disposing of the candidates19:1 Safety to Practise

The alleged purpose of the viva voce is to establish that a candidate will be 'safe to practise' if she is passed: not just adequate as a practitioner in the circumstances she is going to be employed in immediately, but in any circumstances a health visitor might conceivably be employed in now and in the future. This is handled as a matter of considerable gravity, to the extent that people say such things as:

'if you have any doubt at all, even the smallest one you must refer her'

The well-known formulation from Hughes (see above page 56) implies that the licence of an occupational group derives from a claim that a social contract exists between that group and some public such that the occupational group deserves the privileges associated with its licence because of the goods it delivers to the public. Throughout the procedures of assessment, but especially in its later stages 'safety to practise' references express that what is going on is the protection of the public.

However while assessors will cite the 'any-doubt-refer' clause, they will also pass students on the grounds that:

we felt on the whole that there was insufficient evidence of unsafety to warrant a referral

We can hear assessors saying:

it is true that where she is going to practise she will be well supervised, but we have to remember that we are granting a license to practise not just in that practice

but anywhere and under any circumstances....and remember that this girl has a good 15 years of practice ahead of her.

But equally we can hear the same assessors saying:

I think we can be a bit relieved in this case knowing that <Nursing Officer> will keep a good eye on her, otherwise it might have been difficult to agree to a pass at this time

All of these quotations come from the same very experienced principal tutor. They indicate that it is not so much evidence of 'safety to practise' which leads assessors to pass students, so much as passing students leading to statements about a student's safety to practise (see also Chapter 10).

Assessors are unable to provide a description of what constitutes safety and in practical terms 'safety to practise' amounts to the non-articulation of any claim that a student is unsafe. I note however for future reference that any kind of claim that a student might be 'unsafe' is highly charged. Once 'out of the bag' utterances that might amount to such a claim do not simply erode away as do many other sorts of utterance, but provide a topic which seems to require working upon until satisfactorily dealt with. I take this point up in more detail later.

19:2 The fieldwork report

When the student enters the viva room she has completed some three months 'super_✓vised practice' in the field, working full-time, though with a case-load very much smaller than that of the licensed health visitor. Day to day supervision

of her work will probably have been carried out by a basic grade field health visitor, but nominally she is under the supervision of an 'Assessor of Supervised Practice' who is likely to be a nursing officer. The ASP provides a report on the student, although the report may well have been authored by a field health visitor. The report is completed on a proforma produced by the CETHV (see appendix 7). It itemises a large number of activities which represent an 'official view' of the important practices and skills of practical health visiting and asks for the assessor to grade the student on four point scales. Space is left for unforced comment, and at the end there is a requirement that the assessor signs either a recommendation that the student passes, or a recommendation that she does not.

So far as the tick-the-boxes aspect of these forms is concerned, a huge percentage of ticks appear in the 'tending to X' disposal. As the table below shows, of those which do not, most are either X (excellent) or NA - not applicable. The rarity of tending to Y disposals, and the virtual absence of Y ticks is quite impressive. The impression of so many good, and not a few excellent, students pales a little however when one reads the unforced comment which frequently 'seems' to contradict the ticks in the boxes. As Dingwall notes an adverse report is one

marked more by an absence of clear recommendations for a pass than of a wish to fail students

Dingwall 1977, page 204

Examiners find it very difficult to know what to do with such discrepancies. Often this problem does not arise since the

Specimen page of form HV/5 completed by assessor of supervised practice towards the end of the period of supervised practice. (see also Appendix ?)

It is expected that all students will have the following experience during supervised practice, but this should not be regarded as exclusive of other aspects of health visiting.

2. Assessment of the ability of the student

Tick in appropriate box

X = Extremely good ability
 Y = Poor ability

X	TENDING to X	TENDING to Y	Y
APPLIES			APPLIES

A. Organisation of Work

- 1. Planning of Work: a) Short term
- b) Long term
- c) Overall

- 2. Assessment of Priorities
- 3. Record Keeping
- 4. Report Writing
- 5. Ability to cope with crisis situations

Any additional comments

.....

.....

.....

B. Home Visiting Activities

- 1. Establishment of relationship with individuals
- 2. Ability to show an attitude of acceptance to clients of all types
- 3. Health Visiting assessment of family situations
- 4. Identification of needs
- Planning of Care: 5. Short term
- 6. Long term
- Implementation of Plan: 7. Short term
- 8. Long term

Any additional comments

.....

.....

.....

'scrutiny of the reports is cursory and takes in merely the pattern of ticks and the un-forced comment right at the end. However when it does arise the resolution of the problem will depend upon a wide range of factors including the student's studies, viva performance and the tutor's comments.

Figure: 20

	<u>No'</u>	<u>Total Possible(1)</u>
X	41	360
Tending to X	298	360
Tending to Y	10	360
Y	0	360
NA	11	
Total	360	

(1) Assuming no NA
(Table based on ASP Reports of 100 students in two years
48 + 52)

If the field were to recommend a referral on this form, the viva panel would have (almost) no option but to accept it and refer the student. The regulations read:

6.7 In order to pass..the student must:

6.7.2 achieve a pass both in the neighbourhood and health visiting studies and in the oral examination and receive a satisfactory report on the period of supervised practice.

(my emphases)

However in appendix 5 I present a case where this 'veto' from the field was over-ridden. It is very rare for the field to recommend a referral by signing in the appropriate space. In my data base there are only 5 occasions out of 480 when this has happened and of the 240 cases I know well, only three. Comments 'from the field' also appear in the post-viva discussion, articulated by the tutor. How the tutor occasions such comments we will see later.

Sometimes examiners read fieldwork reports before the viva voce,

and if so this adds to their resources for formulating questions, and to this extent the fieldwork report may serve to structure the viva voce to some degree. Very rarely tutors may, prior to the viva, draw the examiners' attention to some comment in the fieldwork report for some students and not for others. However it is equally likely that the fieldwork report gets a cursory glance at the end of the post-viva discussion. If a pass has already been provisionally decided, unless the report makes noticeably pejorative comments - rather than subtle hints at weaknesses - it will be used merely as a corroborative reference point. On the other hand when viva panels are near to recommending a referral, the fieldwork report is likely to be subjected to a close reading with a view to discovering if there are further grounds for referral, however ambiguously phrased. In such circumstances it is not uncommon for the external to make telephone contact with the ASP or the field supervisor for further information.

In short given the way fieldwork reports are usually formatted, what influence they have depends on the way they are occasioned and handled in the post-viva discussion.

19:3 Glossing what happened in the viva

The occasioned gloss of 'what happened in the viva' which is made in post-viva discussions is for the practical purposes of disposing of candidates 'what happened in the viva'. I have argued earlier that the way viva voce are organised linguistically is, by contrast with some other sorts of interview, not such as to give any commonly occurring feature of the viva any reliable chance of being cited thereafter, save perhaps that the way in

which viva voce are organised may make remarkable those students who cause certain interactional difficulties for the examiner. Otherwise there is no ticking of profiles, no scoring of scores, no checking of questions answered rightly or wrongly, no point by point comparison one candidate to another. Post viva discussions then, have a one-off sound, and sometimes 'what happened in the viva' is not even discussed at all as examiners move direct to a grading or disposal. As has been noted of viva voce series in other contexts there is a tendency for the discussion of candidates to become more perfunctory as the series wears on (Brockbank 1968).

Before looking in detail at the discourse structuring of post-viva discussions I would like briefly to draw attention to two features which are commonly present. Firstly, and interestingly, examiners frequently take the trouble to give an account to their co-examiners of why they did what they did in the viva voce and what it meant; though I should add quickly that this rarely extends beyond reference to more than a handful of their utterances in the viva. Secondly, if the viva is discussed at all, the discussion almost always contains reference to the possibly 'distorting' nature of the situation or events in regard to gaining a true picture of the student.

Since these are topics which are usually co-present we will deal with them together. For example

<Fieldnote> : External said she had been shocked by the candidate's lack of knowledge about weaning, but she hadn't wanted to make an issue of it, in case that upset the candidate who was obviously very nervous. Tutor said the candidate was very nervous. External said she'd like to think it was a 'brief aberration'.

What is being said about the candidate's emotional state and its relationship to doing an accurate assessment is obvious enough here. What is less obvious is that the external is giving a justification for not following up, or not making an issue of, something which someone else might have thought should have been followed up. In relation to candidate anxiety and other matters, examiners often use the post-viva discussion as an opportunity to repair any adverse impressions their performance as examiners might have given rise to:

<fieldnote >

External asked if her questions had been particularly unclear. Everyone 'no' - because the candidate hadn't seemed to get the drift of many of them although she had made some good answers to <internal's> questions. She said that's why she had left a lot of the questioning to the internal, in case she was reminding the student of some awful school mistress she had hated in her youth 'in case you thought I was slacking in handing over to you so quickly'. It was agreed that the candidate was more at home with the internal because she knew him.

Again interview troubles are cited concurrently to give an interpretation of the candidate's behaviour, and to make the examiner's performance rationally accountable. And again:

Internal: I could have bit my tongue off for mentioning leukemia then, because you may not know it but her mother, I think her mother died from it recently. That's why I beat a hasty retreat on that one.

External: that would explain some few things about her performance then
<reconstructed from verbatim notes >

The point I want to make here is that interview troubles are not just available as interpretive devices for understanding the candidate's performance but are also available as a medium through which examiners can make their own previous performances rationally accountable, and in making disposals, their own current performance similarly.

In a sense then there are times when unless candidates are shown to have some situational stress, the behaviour of the examiner may appear to have been bizarre or incompetent.

These observations indicate that I am making it an important matter that in the post-viva discussion examiners are on show to each other, and that the displays they put on triangulate on the candidate's case studies, her performance in the viva and what is contained in the fieldwork report.

19:4 The discourse structure of the post-viva discussion

The vast majority of talk in post-viva discussions sounds much like this:

External: what do you think about

Internal: O o.k. I think

External: quite good really

Internal: yes, on the whole

External: so that's o.k. so we'd better do the grades

And like this:

Internal: What are we giving her for the neighbourhood study

External: I was thinking about 14, but after today I don't know

Internal: you were more generous than me at 12, but I would come up.

External: shall we say 13 then.

Internal: that's fine by me

< both reconstructed from verbatim notes >

Once I forced myself to focus on what was common, rather than what was newsworthy, my field notes from viva voce became

dominated by interchanges like this. It does not need intensive analysis to say that here are people working towards consensual decisions. The sequences start with speakers distancing themselves from their utterances, and end on a position to which both are committed. The premium placed on consensus was brought home to me forcefully on one occasion as I watched throughout a viva sequence while the internal examiner covertly altered the grades he had given the students' studies in line with those on my mark sheet which lay on a table between us.

As with the Intermediate level examinations most students are dealt with 'in number time', so that all that has to be decided is a set of grades. Often examiners simply make tentative bids, as above, and clinch on an agreement. Only very infrequently do examiners interrogate each other as to why one of them thinks a particular grade is appropriate. Insofar as students or their performance in vivas are characterised, they are most usually characterised as 'quite good', 'what a nice girl', 'an impressive performance', a 'bit sticky', 'she seemed to need a lot of help', and, of course, in terms of anxiety.

For accuracy it should be noted that sometimes examiners do not actually bother to assign the grades they should be assigning to the student's performance - these are not recorded anywhere except for referred students - but simply agree on passes. For most candidates no doubts are uttered as to the student's potential for health visiting, but just occasionally some are.

It seems to me that the discussion of candidates as if a referral were a possibility arises in three ways. Firstly there is the quality of the student's written work. Here spelling and

punctuation, layout and typing errors seem to be as important as the content of the studies. My suspicion is that studies which are badly written in the general sense of the term, tend to be more closely scrutinised for their health visitorly content:

External: Its really, what it says about her as a person that she can't be bothered to proof-read it properly which makes you suspicious

Secondly, the communicational faults mentioned in the last chapter may set a candidate up for more detailed inspection than her peers. As I noted candidates are characterised as 'glib', 'flip', 'defensive', 'judgemental', 'rigid' and so on.

Thirdly there is the 'expression of concern' from the field. As I noted above, fieldwork reports nearly always recommend a pass, but often contain hints at less than satisfactory performance. Sometimes examiners pick these up unprompted, but most usually the 'concern' of the field enters the post-viva discussion through the tutor reporting it to the other two examiners.

Tutor: something you might like to take into account is that her assessor said she had some worries about confidentiality

or

Tutor: this was a girl they were worried about in the field earlier, she's made great progress, but there is a little bit of doubt about her communication, with clients, skills.

< reconstructed from verbatim notes >

In order to introduce the reader to the character of post-viva talk, when there is some possibility that a student is less than adequate, I provide an example which is highly characteristic. Here in fact there was no concern being expressed by the field:

E1: I wasn't too happy about her attitudes on Asians but it might just be her manner

E2: Yea she was kind of, what shall we say, rather sharp when she referred to anyone overall, but what does that say about her as a family visitor?

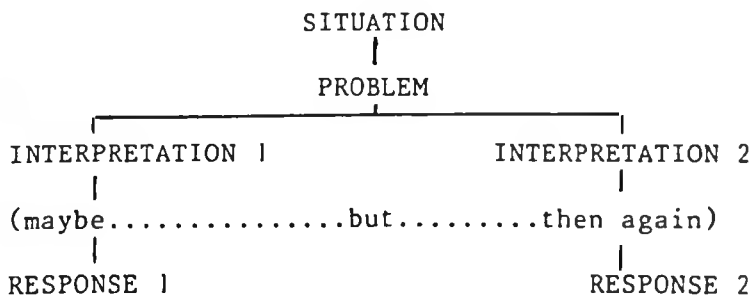
TUTOR: Sometimes she has a very unfortunate way of expressing herself

E1: we could put it down to that

E2: She answered the questions on the really health visiting stuff quite well.

<reconstructed from verbatim notes >

In this kind of post-viva talk we have a discourse structure not too dissimilar to the Winter-Hoey 'problem-solution discourse' described in the chapter on case studies. That machinery was designed to deal with texts, and we are dealing with multi-party speech systems. It will require some modification to accommodate speech. I render it here in terms of a typical pre-sequence set of moves:



'Responses' in this case speak about the relationship between an interpretation and a disposal. Thus if interpretation 1 were upheld, then it would have one sort of significance for a disposal (say ; stand as evidence for a pass,) and if interpretation 2 were upheld then this might have a different significance (say ; stand as evidence towards a referral).

No Response however can be reached until the 'maybe-but-then-again' has been arbitrated, since this formatting is a restatement, or

SITUATION

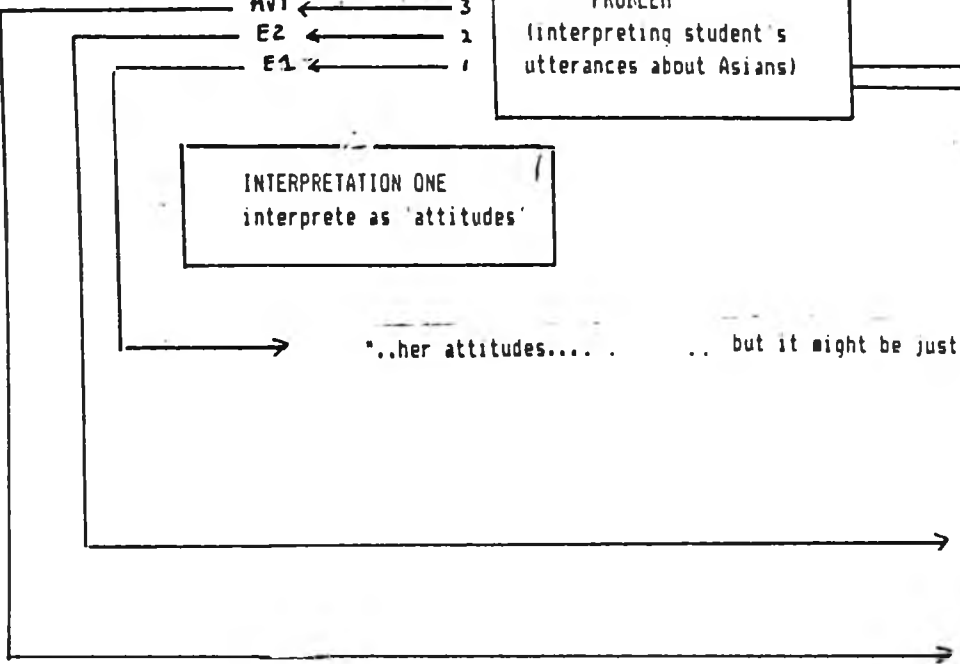


PROBLEM
(interpreting student's
utterances about Asians)

MVT ← 3
E2 ← 2
E1 ← 1

INTERPRETATION ONE
interprete as 'attitudes'

→ "...her attitudes.... .. but it might be just..



E1



RESPONSE 1:
Count against candidature

INTERPRETATION TWO
interpret as 'manner'

... her manner"

"Yea she was kind of, what shall we say ... but ... what does that say about her
sharp when she mentioned anyone overall as a family visitor?"

"Sometimes she has an unfortunate manner of
expressing herself"



"So we can put it down to that"



RESPONSE 2:
Don't count (or don't count
so seriously) against



RESPONSE 3:
Count against candidature.

rather an elaboration, of the 'Problem'. Breaking out of this circuit requires the collaborative building up of supports or rejections of one option or the other ('negative and positive evaluations' as Hoey has it (Hoey 1983 pages 41ff)). Of course support for one option usually stands as a rejection of the other. Note that the fact that two options are frequently voiced by the same person is witness to this being a process directed towards a consensual outcome, rather than being an adversarial situation with two or more parties taking opposing sides and battling it out, or negotiating towards each other.

The example given above is a little more complicated than many other examples (and simpler than others) because the second speaker (E2) extends the circuit to include a different kind of significance from that proposed by E1. This is much better seen by rendering the speech in diagram form (page 432)

In this example arbitration is being made on the matter of whether the candidate's utterances about Asians indicates her 'attitudes' or her 'manner'. For E1 'manner' is apparently a superficial matter, while 'attitude' is a more important one. If it were 'attitude' it might count against the candidate seriously. For E2 things seem rather different insofar as an 'unfortunate manner' might be counted against the student's candidature.

I would like the reader to note the following points about this sequence of moves, which allow the example to stand as characteristic of a great deal of post-viva talk where the student is 'worrying'.

1. It's ending is one with pass (or 'not-refer') implications

for the candidate's disposal. In so far as less than 5% of candidates are referred then the vast majority of such move sequences must end in this way (or otherwise be dealt with, or else the analysis is trivial).

2. Note the weak specification of the interpretive problem. E1 says:

E1: I wasn't too happy about her attitudes on Asians but it might just be her manner

She doesn't for example quote what the candidate said or wrote to warrant this remark, nor does she cite principles for 'good' attitudes towards Asians, nor what kind of distinction might be made between 'attitude' and 'manner'. Other participants are left to guess what she might mean. Moreover it is rare for examiners to interrogate each other. Co-examiners do not usually say such things as 'What do you mean, her attitudes to Asians?', or 'How were they worrying?', or 'What attitudes should she have towards Asians?', or 'What's the difference between an attitude and a manner?'. Sometimes they do, but not often. If anyone is interrogated it is most usually the tutor - on matters concerning otherwise undocumented information about the student's fieldwork performance. Other interrogations on questions of 'meaning' are characteristically prefaced with a reference to the questioner's legitimate incompetence. Thus for example an internal, as a Social Policy lecturer, says:

I, yuh, think you had better fill me in on that, 'cause I don't have that inside health visiting knowledge

And an external who is a health visitor tutor says:

Well, you lost me too there, because I don't know the ins and outs of housing policy that you do. I guess she had been taught something along those lines

3. If we call this a may-be-but-then-again circuit then breaking out of it requires the collaborative building up of supports and rejections, and in this case it is the tutor who supplies the uncaveated utterance which pins down one interpretation rather than the other:

Sometimes she has an unfortunate manner of expressing herself

It is highly characteristic of such sequences that the provisionalising is repaired by what one might call an 'uncaveated third'.

4. In this example note how the interpretive problem (her manner rather than her attitude) does not predicate the response that should be taken. While it is significant that examiners do not argue overmuch, we could argue either that if it is only her manner, not her attitudes, it is a trivial matter or that an unfortunate manner is an important and adverse characteristic for a health visitor. E1 puts a closing on the discourse ('so we can put it down to that') but only insofar as E2 allows her to do so, and in fact initiates a new topic in her next utterance. In terms of a logical appraisal of the student's qualities, 'so we can put it down to that' seem pretty flimsy obiter dicta.

19:5 What decision-making sounds like

By now I suspect that the reader may have become either irritated or confused by my treatment of post-viva discussions. If so such a state of mind will arise from preconceptions about what 'decision-making' sounds like: preconceptions that allow for

the expectation that lingual data can be given a commentary which tells, firstly how and on what basis 'minds were made up', and secondly whose, if anyone's, influence prevailed over the process. The data I have presented doesn't sound as if it will bear much of this sort of commentary.

However the sort of data which has been presented is speech data which occurred in situations each of which led to a 'decision', and for that reason alone must be regarded as data on decision-making.

The problem is sometimes conceptualised thus. Decision-making, it is argued, is a cognitive process. It goes on in people's minds and in this sense is not observable directly. Speech which accompanies decision-making is only 'indirect' data, which only sometimes tells us what people 'think'. Because people do not give faithful running commentaries on their thoughts, speech provides data which is often partial, and sometimes misleading. Two grounds for viewing the speech data as 'misleading' are that persons may not wish to be seen as 'judgemental dopes', and may wish to avoid being seen as 'biased', and speak to these avoidances rather than to disclose their 'real' opinions.

A cognitive model of decision-making promises that there are what might be called 'decision-rules', which people operate cognitively, mapping this aspect of the case against this criterial rule for recognising this sort of aspect; weighing this with that according to some procedure for weighing costs and benefits. If only we could extract these rules then we would have a working model of the actor from which we could

predict or retrodict decision-making in concrete circumstances.

Now this view which splits deciding from talking-about-deciding is a very common one in cognitive psychology. There are for such writers two kinds of remedy for the problem thus posed. Either some technique must be found to upgrade the commentaries deciders provide on their cognitive activities, or some means must be found to uncover some general principles of thinking which can be extrapolated from, and found at work in, the decisions persons make. Psychologists have expended a great deal of effort and not a little ingenuity in search of both types of remedy. Techniques may be as simple as interviewing deciders ex situ, or experimentally getting subjects to spell out their thinking, step by step, in some real or simulated decision-making process. Or cases for decision may be carefully constructed with key variables and constants, so that after a number of runs of decision-making the experimenter can say with confidence which decision-option seems most associated with the inclusion or exclusion of which variable. Sometimes faith is placed in a general model of how cognition works (Simon 1949, Bartlett 1958) so that what utterances are hearable can be operationalised as indicators of particular cognitive operations (or 'stages' of decision-making); and sometimes, as in the case of Kelly's 'repertory-grid' technique, the mind of the decision-maker is read so that concrete decisions can be seen as operations in terms of his or her own personal style of thinking (Bannister and Fransella 1971, Nash 1976).

Sometimes the results of these manoeuvres have been interesting, but in pursuit of solving one sort of problem they inevitably raise others. Interviewing people about how they

make decisions in one situation, sets them in another where they may well be making unseen decisions about how to display their rationality to the interviewer. Getting people to do a 'voice-over' on their deciding sets up a situation in which the need to format a rather special kind of commentary intrudes into 'deciding as normal'. I note for example that in instruction for advanced motoring qualifications, instructees have to give running commentaries on their driving not so much to provide evidence about their decision-procedures, as to improve them.

Some of the simulation experiments such as the LSE jury studies or ^wAtkinson et alia (1975), have been convincing even if flawed by the fact that subjects knew it was 'just an experiment' and/or took it as a greater than usual test of their rationality. All of these techniques then raise the problems noted by Lynch (see above section 13:3): those which arise when admittedly artificial techniques are used in an attempt to study 'naturally occurring' features.

Knorr-Cetina (1983) reviews sociological studies of science, where, if anywhere, we would surely expect to find the systematic application of criterial rules manifested. Her review points to the finding again and again in such studies that it is impossible to view scientific practice as the following of 'scientific rules' and to the 'messiness' of decision-making laboratory science:

A day in the laboratory will usually suffice to impress upon the observer a sense of the disorder within which scientists operate, and a month in the lab will confirm that most laboratory work is concerned with counteracting and remedying this disorder. As the authors of the Troy study describe their experience: 'Zenzin was surprised that the research was 'messy'; Restivo was surprised to

find things 'messier' than he had anticipated'....
 It is perhaps the single most consistent result of
 laboratory studies to point to the indeterminacy
 inherent in scientific operations, and to demonstrate the
 locally situated, occasioned character of the laboratory.

(Knorr-Cetina 1983 page 123) Knorr-Cetina argues the crucial
 importance of accomplishing factuality in communication
 sequences not unlike the ones I am quoting for health visitor
 student assessment. By way of example she quotes the following:

V: How de yew know they're microglia?

H: Uh: :h

V: I: mean

H: ()

V: whut i:s microglia, whut is'n microglia an' where does
 microglia come from en-

H: (aht;s fuckin doesn' make any difference t'me noe)

V: O:h its a big doh-big(hh) question an-

() Hah,hah,hah,hah

H: I don't worry bou-

Yeh know thet s:s()

an yeh know yew c'n use whatever wo:rd yew wanna use=

V: say hu Del Rio Hortega (pos'tive cells) fer all I
 care, right?

H: Y'see these liddle thing()

V: Del Rio Hortega positive cells

<Cited Knorr-Cetina 1983 page 128>

In this extract it is evident that what'sat issue is not only
 what can be seen down the microscope they are attending to,
 but what the microscope display can be made to mean. Critically
 it is the question of what H can get V to commit himself
 to agreeing to be 'there'. H may be said to be attempting to
 'talk-into-existence' a new empirical reality (microglia)
 by getting V to acknowledge this reality, and to acknowledge
 that something is there irrespective of what you call it.

If H is successful a 'fact' will have been accomplished interactively for the time being. Of course for a wider audience there will be well-chosen photographs and properly formatted scientific papers which show how the new fact is actually predicated by all the old facts re-arranged in a slightly different way: how the new fact was 'there all the time', both in 'nature' and 'in theory'.

In a similar way we might view post-viva discussions as 'talking-up' the facts about the student, and securing commitment to their factuality in agreements. However one feature which makes the above, and similar transcribed material from the laboratory, different from post-viva discussions is the combativeness of scientists: there is, it seems, something in the idea of 'critical debate' even if it sounds like the sequence above. By contrast participants to a post-viva discussion seem to be desirous of reaching a speedy conclusion on the facts about students.

Instead of viewing the speech accompanying decision-making as a distorted or imperfect commentary on cognitive processes I suggest that it is worth viewing this speech as decision-making itself. This is to view decision-making in these sorts of circumstances as a linguistic process, and the language as the machinery through which decisions are actually made. In short this is to view the kind of data presented here not only as the only kind of data available, but as the only adequate kind of data for the purpose.

Since we are so used to viewing decision-making as a process of 'thinking-up' decisions and 'making-up' minds an analogy

might help here.

At the end of a snakes and ladders board there is a square marked 'Win' or 'Home' or just '100'. Cross that out and write 'DECISION' on it. Label the counters 'OPTION 1' and 'OPTION 2' etc. Now shake the dice, go up the ladders and down the snakes and when a counter reaches 'DECISION', which ever option it is will be the decision. In terms of this analogy everything that needs to be known about 'the way the decision was reached' is quite observable: we don't have to have recourse to 'what the players were really thinking', in order to understand the process. Of course the analogy will only serve so far. Therein it was apparent what the players were playing for, and that their game-given interests were opposed, and we will have to make some assumptions about equivalent matters in the real process. Nonetheless it is worth seeing how far the analogy will serve before it becomes misleading.

Even to call this a 'decision-making process' implies that a decision is made. Empirically this turns out to be correct. Panels do decide on passes or referrals. I have only one record of a panel failing to reach a decision and that is described in Appendix 4 (see also chapter 10). Moreover what sort of decision they may reach is pre-decided in broad outline.

How then is the language organised to provide for decision to happen? A decision requires either an 'agreement' or a way of handling dissident utterances (typically by fiat or by vote). The latter are not observable in these discussions,

but rather than ignore them we should speculate about how it is provided for that the necessity for enforcing a decision is avoided. The question becomes that of 'how is consensus reached?' This pre-empts the question of what a 'consensus' is. For our purposes a consensus is that state of affairs when no one contradicts anyone else.

In order to understand the linguistic organisation as facilitating a consensual outcome, it is necessary to imagine what might impede such an outcome. Here we have to dig a little below the surface and speculate about the cognitive state of the participants. A first and most obvious notion is that participants will have certain notions about the merits of the candidate: that they will think she deserves a pass or a referral. We might imagine that these ideas will commit them to making certain utterances and proscribe them from making others. I think we must allow that this is so, but of course we will only know about it from what participants actually say. When we look at what they actually say it seems that it is not a commitment to an idea which is important, but how what someone says commits them to a position.

Spelling this out, (in relation to section 6:5) :if (without using some special device) someone makes a definitive-sounding statement, this may be taken by others as a kind of commitment. Interactionally what this means is the setting up of the situation so that the expression of an alternative opinion by another is a 'disagreement'. Once the situation is hearable as one of disagreement then an utterance through which the first speaker relinquishes commitment to the intention of her first statement is hearable as a 'defeat'. In this sense

(as noted previously), in making utterances persons invest themselves in them. Without taking special precautions a disagreement becomes a personal attack on the sense, perhaps on the correct motivation of someone else. Following attacks the next likely responses are either defences or counter-attacks both of which more firmly commit speakers to their utterances as indicative of personal rationality, or back-downs and apologies, which allocate a win to one or other participant: a win which that person may be quite embarrassed to receive. There are of course devices which may be used post-hoc to 'trim' or 'pour oil', in the sense that it is made to turn out that there was 'no real disagreement after all', or that 'whatever the truth it won't make any difference'. But these are awkward if over-used.

With these remarks in mind we can say that decision-making procedures which habitually lead to consensual decisions are likely to show the frequent use of utterances which either distance the speakers from some intention, or evade making very definitive statements at all. We can in fact see abundant use of such devices in post-viva discussions.

If I were going to plough this girl, and note I did say if..

And people may-be-but-then-again as we have seen. In the course of doing this, persons do 'show grounds', though they quite commonly do it at arms length:

Tutor: now if one were to look at it this way, in regard of her communication skills, and that, it would appear that she is not too strong there. On the other hand if one were to focus on her actually knowledge, I mean what she knows well then you might get a different picture.

I think it will be clear that these are recitations of important mentionable matters in health visitor education, and that in mentioning them the speaker shows that she orients to warrantable ideas for judging students. What would not be sensible would be to regard such utterances as in any clear way indicative of what the speaker thinks is the disposal the student merits, or of the cognitive rules the speaker was following in her mind to reach a personal decision. Such speech would be consistent with a wide range of interpretations as to motivation here, and as we have seen again and again in the thesis the apparatus of ideas for judging students is one in which for every one reading of evidence with one predicate, there is another with an alternative predicate.

One feature of the post-viva discussion then, is the way in which speakers avoid the occasioning of disagreement by avoiding utterances which commit, and this brings the discussion here back to points made in chapter 13. On the other hand they sometimes speak quite a lot, because in another way the proper stance for a participant is as committed to making a good decision, and that means being involved in the process by uttering more than agreements.

We can now restore the exemplary data given towards the beginning of the chapter and re-read it:

E1: I wasn't too happy about her attitudes on Asians but it might be just her manner

E2: yea she was kind of, what shall we say, rather sharp when she referred to anyone overall, but what does that say about her as a family visitor?

Tutor: Sometimes has a very unfortunate way of expressing herself

E1: we could put it down to that

E2: she answered the questions on the really health visiting stuff quite well

In terms of the preference for consensus and for avoiding invalidating others we might re-render part of the example in a paraphrase thus:

E1: you may agree with me this way, or you may agree with me that

E2: I agree with you that way, but have you thought about it this way?

Tutor: I agree with you this way

<note that the way the tutor agrees is benign for the candidate in terms of what one examiner has said and adverse in terms of the drift of the other's speech)

If consensus is preferred it seems obvious why E2 'lets the matter drop'. To insist on an arbitration of whether or not an 'unfortunate manner' should be counted against the candidate would open up potential for disagreement, especially if E2 had taken cognisance of E1's formulation of attitude as fundamental, and manner as trivial. Again the noticeable absence of interrogation of one examiner by the other strengthens the impression of persons not wanting to fall out with each other.

However if consensus were all, why should E2 raise the possibility of 'manner' being important?

19:6 Demonstrating an investigative stance

The answer I think is this. All the participants have participated in and witnessed the viva voce, and all have read the reports (if reports have been read). Their performance as examiners will be judged as competent or not against each other's

understanding of 'what happened in the viva' and what reports 'really mean'. Thus the viva and the report will be viewed as containing all kinds of matters mentionable in terms of the task at hand, but it will be unclear to any participant as to what exactly the others will regard as significant. A display of competence requires a performance, rather than a silence, and something more than mere verbal acquiescence to the proposals of others. An important strategy which each participant uses is to make tentative references to matters which the others might regard as important, and then wait and see what happens. It is noticeable that a large proportion of those references are to matters which just might have referral significance. This coincides with members' descriptions of viva voce as searches for unsafety, but it also co-incides with my assertion that what examiners are doing is to show each other that they have not missed anything significant. In this way these kinds of utterances seem to be rather like the 'no-action reports' noted in the student case studies.

In the example we can represent E2's raising of the possibility of 'manner' being a referable matter, not in order to build a case for referring the student, but in order to demonstrate that he had in fact scanned the significance of 'manner' for disposing of her. Rather like the defensive accountancy of the student case study this might paraphrase:

I saw the significant thing you saw and I see among its significances that an unfortunate manner might be an adverse characteristic

or

I looked for the right things, I found one and it may require this response

However unlike the case study writer who writes a text, these utterances are inserted into a three-party speech system of almost co-equals where consensus is preferred, and hence the paraphrase might continue:

..I await your agreement as to whether this is an actionable matter

The agreement doesn't come, and without the agreement E2 doesn't pursue the matter. Indeed she participates in closing down the topic by initiating a new one. Or (and the data will bear this interpretation), she adds another confirmation to the interpretation supported by E1 and the tutor:

Tutor: Sometimes she has a very unfortunate way of expressing herself

E1: we could put it down to that

E2: <AND> she answered the questions on the really health visiting stuff quite well.

In most of these sequences doubts about the students competence are raised and repaired by reference to doubts about the evidence and thus the candidate is certainly found to be safe to practise. When the doubt about competence is raised by 'concern from the field' then the question of the reliability of the assessor of supervised practise inevitably arises:

External: and this supervisor, is she one of the better ones

Tutor: I would have said so yes, generally, though everyone has their blind spots of course.

19:7 Flipping the system: building a referral

As I have indicated referrals are 'built' by opting for agreements towards one disposal rather than another, and this building

really means the agreement to one disposal by agreeing not to keep in play matters which might indicate the opposite - as illustrated above. It is in fact difficult to say what contribution any one such sequence might make to the final disposal.

For example

E1: I can't make up my mind about whether she was nervous or just ignorant.

E2: I'm afraid she was just ignorant

TUTOR: I'm afraid she was nervous really because she didn't know the answers, right.

E1: O dear then that looks serious

<reconstructed from verbatim notes >

This sequence occurred in a viva in which the student was passed.

Later in the same discussion we hear:

E2: She didn't know much but again we didn't find any evidence of unsafety as such

E1: No

E2: Right then, lets have the next one in when we've had a look at the papers

<reconstructed from verbatim notes >

It seems simply that everyone forgot, or opted not to mention again, the earlier adverse matters.

Referrals don't just happen because some adverse things have been said about a candidate. At some time in a post-viva discussion that eventually leads to a referral, participants begin to pile adverse evidence on adverse evidence.

Throughout this thesis I have made reference to ad hoc-ing provided for as rational by the notion that appearances are deceptive, and that appearances produced through formal assessment procedures are especially so. Most of my discussion has focussed on how apparently adverse evidence is discovered by participants to be unsound evidence and how this allows for it to be written off, and the student passed. The same system is however amenable to being worked to the opposite effect, so that apparently benign appearances come to be regarded as misleading and the student referred.

Returning to the 'game board' heuristic the move sequences involved in a referral take this form, or something similar.

- | | | | |
|---------------|-----|------------|--------------|
| 1. maybe | but | then again | |
| 2. | | yes | but maybe |
| 3. | | | yes |
| 1. | | | yes |
| 2. | | <silence> | |
| R1 (not o.k.) | | R2(o.k.) | R3(not o.k.) |

The 'third' is quite likely to be an utterance which either depicts the student's performance in the viva/representation in the field report as, accurate and adverse or as misleadingly benign.

Tutor: I think with this one, it is quite easy for her to sit in the oral and answer questions. Its a different matter when it comes to practical health visiting in clients' homes, especially where there are cultural differences.

However one sequence of moves like this will not produce a referral. A referral is built from a large number of such sequences which between them progressively discredit such evidence as might save the student from referral.

Referring Diana

<This sequence concerns a student about whom the tutor has reported that the assessor of supervised practice had 'certain worries about whether she was reliable'

Internal: I think with this one, it is quite easy for her to sit in the oral and answer questions, it may be a different matter when it comes to practical health visiting in clients' homes, especially where there are cultural differences. Would you say that was so.

External: So, yes I did think she was a bit glib. Didn't you think she was a bit glib?

Tutor: Well her supervisor seems happy enough with her, on the whole, but it may be that she is able to charm her way out of trouble

Internal: She never gave a wrong answer in a technical sense, but I felt she was just serving up what she thought we wanted

Tutor: that's her

Internal: Her case studies were good. We'd find it difficult to fault her on those

External: but then we all know how case studies are produced (laughs)

Tutor <says she might have had considerable help in writing the studies. Her husband is a technical writer>

External: <says, that 'in itself' the fieldwork report doesn't give any indications of unsafety>

Tutor: <says that the fieldworker concerned is rather naive and easily taken in, but that she wonders if they had enough evidence to find her unsafe>

As it happened the panel decided to refer the student.

<reconstructed from verbatim notes>

In addition to such discrediting it seems usual in cases of referral for either or both of the examiners to formulate the principle:

'if you have any doubt at all, even the smallest one you must refer her'

As I noted earlier this may be taken as a mentioning of the 'professional code' of health visitor education relating to the idea of protecting the public from unsafe practitioners. It is quite frequently articulated in one form or another in general contexts where it has no particular consequences. However, when a mentioning is done in a post-viva discussion, it is a strong play for a referral. Logistically it calls for the writing off of any 'good' evidence about the candidate. Interactionally it challenges others to commit themselves to an opposing position, and back it with hard evidence in circumstances already defined as lacking any. By extension it might also be said to challenge the 'professionalism' of anyone who demurs.

It is not a challenge which is frequently accepted. To continue the example immediately above:

External: < said that if there was any doubt they couldn't really take the risk of 'letting her loose on the public' >

Internal: < said that it was a 'pity' because in some ways she was a reasonable candidate, 'but yes' >

Playing the 'any doubt-refer' card then, seems to take the post-viva discussion over a rubicon, beyond which arguments in favour of the candidate are risky for the advocate's presentation as a protector of public interests. To put it crudely, such a mentioning usually 'puts the boot in' on the candidate's chances of passing.

In referral cases then even the most 'rational' doubts are set aside in favour of a referral by an appeal to 'professionalism'. By contrast in 'passing' discussions rational doubts can be used as a resource for nihilating adverse evidence, and this particular appeal is unlikely to be made.

19:8 A deviant external

In the chapters on the conduct of the viva voce I have drawn attention to the way in which things seem to be arranged so as to present the student as competent, and or to find a benign interpretation for any utterance by her which might otherwise damage her chances of passing. As has happened before in this thesis it is possible to cross check this by reference to the performance of an assessor considered by co-participants to be less than competent.

In this case the assessor was an external examiner and her particular form of deviance might be gauged from the following remarks:

Chairman (in office before meeting) well at least we've got rid of that dreadful woman < > . She made me livid. You never knew where you were with her. She would say the most damning things about students and then pass them. I was always tempted to tell her to put her money where her mouth was.

.....

HVT: at least it wasn't like when < > was external. She used to upset the students so much. You know bark at them, so they didn't know whether they were coming or going.

.....

HVT: she was so aggressive to the students, and when she'd reduced them to tears almost she would just go on and pass them.

This is the external already mentioned in chapter ten and featured in appendix 3.

I doubt very much whether readers of the viva voce fabricated by Richard Gordon would have found this examiner's performance bizarre, but in local terms it was. Now that the reader has had the benefit of my descriptions of what usually happens in a viva voce, I can characterise the deviant nature of her examining quite easily.

Firstly there were occasions in which her 'go' at the candidate contained no references to the student case studies at all. Since it was questions-on-case studies students had prepared themselves for, this was considered by other assessors to be unfair.

Secondly she violated most of the usual gentilities adhered to by the other examiners. For example her style was often inquisitorial:

External: now you mentioned the lady's blood count, do you know exactly what a blood count is?

Candidate: Well, its the haemoglobin level.

External: you'll need to be more specific than that

Candidate: well, when they/

External: I suggest you go and look it up afterwards and learn it. Just imagine that I had been a mother wanting to know and you had ummed and arred like that. Now her blood count was what?

Candidate shuffles through case studies:

External: never mind I've got another question for you, about your neighbourhood study this time <to internal > y'need to keep them on their toes you know.

<reconstructed from verbatim notes>

Without further analysis I think it is fairly obvious that this kind of examining style is well designed to show the candidate up as deficient, and is in stark contrast with the

more usual style described earlier. There is no 'second-chancing' and student utterances are designated as errors openly and on the spot. Moreover this examiner was also in the habit of formulating the deficiencies of the candidate's performance in the viva room:

External: well, I suppose that will have to do for an answer. I'm not too sure you understand it.

<verbatim note >

In addition she would give evaluations of the student's answers to other examiners' questions:

Internal: so that would be because of the commuting fraction of the population, would it?

Candidate: yes. I'd think so

External: I suppose she never thought about it being a matter of the local, native population. They're so dumb I suppose.

<reconstructed from verbatim notes>

Note how the candidate is named as 'she' in her own presence. Sometimes this examiner would, in the hearing of the candidate, explicitly draw comparisons:

External: I hope you are going to be a bit more on the ball than your colleagues we've had so far.

<verbatim note >

Or turning to the internal, following an answer by a candidate:

Well that's the best answer we've had to that question this morning isn't it?

In the post-viva discussions this external was wont to begin with remarks about the dreadful quality of students:

My god, if that's the best we can expect, god help the public that's all I can say.

It makes you wonder what they spend their time doing. Not learning that's for sure.

Well, I wasn't too unhappy with that one, which is more than I can say for the last few, eh.

Apart from being somewhat insulting to the tutor and the internal who had had a hand in teaching the students, this sort of utterance also had a wrong-footing effect, for as the chairman quoted earlier said:

she would say the most damning things about students and then pass them

Complaining about the quality of students, and then recommending that they should be passed had the effect of producing the process of assessment as a mere empty ritual, and pretensions about protecting the public from unsafe practitioners as so much rhetoric.

The complaints this external's performance generated serve firstly to highlight how most assessors consider viva voce and post-viva discussions should be done. Secondly the fact that vivas conducted with this external still resulted in most candidates being recommended to pass, creates a need for me to modify some remarks above.

From the forgoing account it might have been imagined that viva voce were handled by examiners in such a way as to avoid candidate deficiencies being occasioned as such, and therefore to avoid having to fail them. It now seems that it doesn't matter as to how viva voce are conducted, candidates still get passed. It might seem more apposite to say that the way viva voce are usually organised avoids the embarrassment of passing

candidates who have given a performance which has to be counted as poor, and that the deviance of this particular external lay in forcing examiners to do just this.

We should be careful with the phrasing here however. The last sentence is phrased as if examiners were forever on the look out for ways of avoiding occasioning candidate deficiencies and that their behaviour is strategic to this end. By contrast I think that the way viva voce are handled is not consciously thought out: it is 'the way things are done'.

In this respect there seems to be a strong parallel here with the 'gentility' noted by Strong and Davis for most doctor-parent interactions. Strong writes that such interaction appears to be based on idealisations such that an idealisation for the child patients' mothers as:

naturally loving and able was counterposed by an equivalent idealization of their medical ignorance. However much medical knowledge mothers had, or thought they had, they were almost universally treated as technically incompetent. Correspondingly, whatever the actual knowledge or competence of the staff, in practice they were both assumed and were granted the mantle of the expert.

Strong 1979 page 70

In the 'normal' way of doing a viva voce, we might say in parallel, that students are treated as if competent to practise, and that usually so long as they do not challenge the rights of examiners to examine and to know best, then the viva voce will produce them as competent. By drawing a parallel with the writing of Strong and Davis here, I am suggesting, as they do, that participants do not planfully engage in such action in order to produce this outcome, but that they defer to a form of behaviour

which is in a sense given. The deviance of the external here arises from a failure to observe niceties which most examiners observe without much thought.

19:9 Conclusions

Now I think I can begin to specify something of the relationship between the viva and the post-viva discussion. The unhelpful way of viewing things is to assume that some things that happen in vivas inevitably provide the examiners with thoughts about the student's merits, which they then share with each other, and in that sharing produce a decision. The more helpful way of looking at matters is to treat the viva as a known-to-have-been-shared experience, to which examiners know they have to refer remarks about the student's merits, and in terms of which their remarks might be judged as rational and relevant, while not knowing what kinds of sense other examiners might have made of it, and while not wishing in what they say to commit themselves to a position-on-the-student-based-on-the-viva which will be different from that of other examiners.

In one of the television quiz games spouses are asked individually such matters as what words the husband used for proposing to the wife. Prizes go to the couples who remember the same. This game is itself a derivation from the premium placed in personal relationships on having the same memories, thinking the same and so on. In a consensual system of decision-making things have to be organised so that participants orient to some set of same things as the actual facts and as significant matters. Sometimes we do hear participants attempting to clinch on a noticeable feature of the viva.

External said had they noticed how she seemed to be trying to evade the questions. The Internal said he hadn't noticed that, but what he had noticed was that she was very slow in picking up clues.

Understandably then 'what happened in the viva' is the emergent product of these interaction sequences. In the speech of the participants 'what happened' at first appears tentative and fractured and later may (or may not) be elaborated as definitive when an agreement has been reached. To paraphrase Garfinkel (on jury decisions), the significant version of what happened in the viva is that which is made out to have happened in the viva which of itself provides for the rationality of the decision made on the basis of the student's viva performance (Garfinkel 1967 see also Silverman 1973). As part of this process of making out, we have to note the utilisation of mentionings of bits and pieces of the viva as a resource for making utterances, unexceptionably to insert into the kinds of sequences illustrated above.

What happened in the viva then is what is made out to have happened. What examiners nearly always make out of the viva are agreements: agreements which commit them as a team to defend the decision if it is subsequently queried in a ratification meeting. What happened in the viva is what is agreeable. Now insofar as 'what happened' seems nearly always to predicate a pass, it is tempting to suggest that passes are what are most agreeable. However passes are also 'usual'. Passing students is so 'normal' that it may be done with a brief interchange and announced with equal brevity at the final examination meeting. It is referring students which brings the competence of examiners to test and requires elaborate justifications.

CHAPTER TWENTY: Who influences the decision?

That then is how decisions are reached. We can still ask whether the sort of data which is available says anything about who influences the decision-making.

20:1 Externals don't pull rank

Earlier in the thesis when dealing with ratification meetings at the intermediate level I made much of the principle that externals have the last word, and since for the purposes of those meetings they had the last word first, this proved extremely important for understanding those meetings. In the post viva discussions by contrast externals (including myself) seem unwilling to 'give a lead', or to invoke any superior standing for themselves. This suggests that the principle that the external has the last word is tied to those more formal occasions orchestrated by chairpersons, where it is chairpersons who can make it known what the last word is by formulating it, and/or doing a closing on it. In the viva voce externals caveat and provisionalise as much as internal examiners and decisions 'emerge' in the untidy way described earlier. The 'untidiness' itself may, I think, be attributed partly to the absence of that asymmetrical distribution of eligibility which characterises the chaired meetings.

20:2 The role of the tutor

At first sight the linguistic organisation of the post-viva discussion looks pre-eminently manipulable by anyone who dares. It seems that anyone who gets in the first bid has a very good

chance of determining the bids made by others. Similarly when disposals are reached through discussion we might see the structure of these discussions as highly manipulable. The structure might be seen as a three-handed game, where many of the plays are maybe-but-then-agains. It might seem that after any two such plays, someone playing an 'uncaveated third' would win the hand: that those who caveat leave themselves 'wide open' to someone who doesn't. vis;

E1: I'm not too happy about her, but maybe that's just me on the question of giving concise advice in an appropriate way

E2: she wasn't exactly coherent, but she was very on edge

Tutor: I think you'll find she's always like that.

Thus far this is a reasonable picture of things, because as I have said, decisions entail the building up of supports for one option rather than another. Having 'cracked the code' of post-viva discussions where a referral is a possibility, I confidently expected that my next set of observations would show the tutor playing the uncaveated thirds and determining the outcome of post viva discussions.

This expectation was based on the following reasoning. Tutors are the participants who know the students best, and who know the inside story with regard to their career as students and places. They visit them in the field. They know and can speak to the quality of field supervisors. It is not so much whether tutors really know these things or not, but that they must be credited by the other two examiners with knowing them. Not to do so would be close to treating the tutor as an incompetent judge of such matters despite her position and experience, or to impute unreliability to her with the implication of bias. In

short it is difficult to see how either of the other two examiners could fail to treat the tutor's view as privileged without giving offence.

In fact my next set of observations (2 colleges, 22 vivas, 3 tutors), did not show tutors exploiting the provisionalising by other examiners to get 'their own view' across. Indeed it was frequently not apparent what their view might be. In addition I began to notice things about the tutors' behaviour which, while it was present in earlier data, I had not noticed before. I will give a brief summary of the findings:

Firstly tutors undertake tasks in viva voce examinations that other examiners do not. They usually shepherd candidates in and sit them down, and usually shepherd them out. This task often seems to involve them in allaying the fears of waiting candidates and swapping news with other tutors on the same errand. They are actually quite often missing from the beginning of the post-viva discussion. As a day of examining wears on, so post-viva discussions may become shorter and sometimes tutors miss the whole thing. In between each two or three vivas tea, coffee, or lunch are served, and tutors often pop out before the end of the discussion to arrange this. Not only does this mean that tutors are sometimes not around to influence the discussion, but often neither tutors nor other examiners seem to consider it a serious matter.

< Fieldnote > Tutor re-enters room

External: we decided to pass her, if that's alright.

Internal: open and shut

Tutor: that's fine, you want the next one.

There are times when it might be a serious matter, and I will return to this in a moment.

These observations tie in with others which show the tutor as somewhat different from the other examiners. For example in turn-taking in the viva itself, tutors usually go last, and if the viva runs out of time it is the tutor whose turn is truncated. Again though the official regulations for these vivas specify a minimum panel of an external and a tutor as examiners, in fact nearly everywhere it appears that the internal, external and tutor pattern is used. And in the colleges the usual terms designating these actors are 'the examiners and the tutor', as if indeed she was a different sort of examiner or not an 'examiner' at all. Sometimes in the final meeting which ratifies the recommendations of these panels the internal and the external, but not the tutor give reports.

Secondly tutors caveat and provisionalise as much as anyone else, perhaps more, and while they sometimes supply uncaveated thirds in the way predicted - and, in the way illustrated in 'Referring Diana', these seem as often to be supplied by another examiner.

Thirdly tutors have a device for distancing themselves from the decision-making which other examiners do not. This arises from the very matter which I had opined would give them the edge over other examiners in influencing outcomes. Just as tutors might be credited with knowing more about students, so they might be credited with having developed personal biases in favour or against particular candidates. Insofar as these students are the tutor's products they might be imagined to

have a general preference for them to pass.

Thus we can hear tutors refusing to give a lead by citing the possibility of their own bias.

Tutor: well you know perhaps I'm not the best person to ask, because we rather got across each other.

< verbatim note >

And we can hear tutors apparently telling the other two examiners that the deciding is 'up to them'.

External: well do you think we can pass this girl?

Tutor: well, I've give you my fors and against, and that's about the size of the evidence. Thats really what you've got to go on.

<verbatim note >

or

< Tutor returns to the room >

Internal: mm we've got a few doubts about this girl that you can perhaps allay. I mean what do you think of her in the relationship way?

Tutor: well, you've seen her and that was pretty characteristic I would think, so if that's o.k. by you. Well I mean that was just her, so that's what you got to go on, with the other <evidence >

<reconstructed from verbatim notes >

When it comes to deciding grades, the tutor frequently does nothing more than write down the marks of the other two examiners.

These do not seem to be the utterances or actions of persons telling the others what to decide.

Often tutors seem to behave as if they were not so much

examiners participating in the decision as witnesses giving evidence to judges. Sometimes they offer unsolicited information:

Tutor: there is one thing you ought to know about her, and that is that her father died just very recently

or

Tutor: its not apparent from the fieldwork report that, but there was some concern earlier about her ability to act on her own

and while internal and external rarely seem to interrogate each other as to the meaning of their utterances, tutors are so interrogated. The sequence started in the last quote continues:

External: and

Tutor: well, I visited her in the field, and we had a three way, and it does seem as if the trouble cleared up.
< External asks exactly what the trouble was. The tutor says it was an inability to make realistic health care plans without assistance. She says that the student had been given more help with this by the fieldworker and by herself. The internal who has been flipping through the student's studies, says the health care plans there look ok. The tutor says something about the difference between case studies and practice in the field. >

<reconstructed from verbatim notes >

Note also in this extract how the tutor raises a 'concern' about the student, but evidently does not do so in order to propose a referral. That is to say, it is difficult to see her doing anything but giving the examiners information she thinks they ought to have to make a good decision.

I was so convinced that tutors really did have the most important influence on the outcome of post-viva discussions that I continued to look for more and more subtle and devious devices through which this influence might be exerted.

Certainly I have two clear cases in which a tutor 'marked a candidates card' - once to be referred and once to be passed despite the views of the field (the latter is the Case of the Black Stockings in Appendix 5). Dingwall cites another case with regard to referral (1982 page23). However speaking as an external and as an internal examiner I can say that it is often the case that I frequently have had no idea what the tutor's preference for disposal would be, until a decision has been reached. I also note a paradox. Dingwall, it seems, had no difficulty in gaining sight of the reports tutors write on 'students' field and general competence. While these reports are available to internal and external examiners if they request them, (which they usually do not), they were only regularly offered to examiners in one of my colleges.

What I am saying is that tutors seem no more influential than any of the other examiners. Some collateral evidence for this comes from later expressions of surprise by tutors about referrals and passes they indicate they did not expect:

< From various off-stage contexts after vivas or examination board meetings >

Its ridiculous, she had failure written all over her, and they passed her. She should never have been passed. (and she went on to say that there would be 'no end of complaints from the field' when 'that girl starts to practise unsupervised'. Note that 'they passed her' but this was a viva in which the tutor participated).

or

I was flabbergasted. If I had had to guess who would get referred it wouldn't have been her, never in a million. I just don't understand it

I cannot give any statistical frequency for tutor complaints about the outcome of Final assessment, but such examples do serve to suggest that tutors do not have it 'all their own

way'.

It is important here to remind the reader that in many of the *viâa voce* I have reported on (and elsewhere nationally) the tutor was the only 'member of the profession' present.

Nor is it possible to see the tutor-group as having a policy on passing or referring particular students. Dingwall's case of Jenny Fuller showed quite obvious dissensus, as did the Case of the Contested Decision (Appendix 4) cited above (Chapter 10) where the Principal Tutor was quite obviously for referral, and the student's personal tutor seemed in favour of a pass. Again there was no obviously co-ordinated policy in the 'Case of the Borderline Borderline' (Appendix 2)

20:3 Self and other-attributions of bias by tutors

In hearing tutors themselves informally discussing cases it does seem again as if the possibility of bias is utilised, so that 'who knows most' is also the tutor most likely to be an unreliable judge. This possibility may be cited personally:

HVT 28: <another HVT> says I probably don't see her objectively because she's so much like me, which I think is possibly so, so I don't want to say anything to definite about her.

< Taped interview data >

and in the staffroom

HVTs 1 & 2 were discussing a previous meeting which reviewed each of the students. HVT 1 said how amusing it was that a third tutor's students 'were all so wonderful', 'she can never see the shortcomings of her own group'.

In terms of the machinery in chapter six, the attribution of 'bias' has the effect of disentitling a judgement.

Tutors do, of course, influence the outcomes of post-viva discussions. Because they participate. And because they must be credited with information that others do not have, they may actually have marginally more influence than other examiners. However if we are looking for what accounts for the regular pattern of results then we would have to discover a consistent, and regularly applied, influence by tutors in order to cite their influence as a 'cause'. We do not find this, and to extend this point I will now note the kinds of adverse comments made by others about the performance of tutors in post viva discussions.

There are two main kinds of complaint by the other examiners which may be made out of the tutor's hearing: either it is a complainable matter that the tutor seems to be trying to force the others to a particular decision, or it may be a complainable matter that she will not disclose an opinion at all. These complaints seem to be made of particular tutors, rather than of particular performances by the same tutor, and indeed different tutors do have different styles. One, for example, when still rather inexperienced, was made fun of by an external in front of a large group of examiners and tutors on the grounds that every time anyone said anything mildly critical of a student she would:

jump up from her chair and say 'O but she's such a nice girl'

The following year this same external started the viva sequence by saying to this tutor:

I hope it's not going to be like last year with you telling us to pass them all

<verbatim note >

Similarly half-humorous comments may be made about tutors who are

unwilling to commit themselves. The data suggests that such complaints have an empirical basis.

20:4 The Influence of the service

Earlier I have argued in the necessarily speculative way characteristic of a structural approach that the high pass rate of health visitor courses is the historical product of the relations between educational providers and those who supply the most important facility for doing health visitor education: 'sponsored students. This kind of constraint is not of the type one would expect to find 'empirical' evidence for. Indeed there is relatively little in the way of interactional pressure placed by nursing officers on colleges to pass students, and very little speech among assessors which suggests that they are taking the investment interests of the health service into consideration. Here however I want to concentrate on the field's influence on referrals.

As noted tutors appear to have a resource for effecting a referral which other examiners do not have. It is they who transmit to the others stories about the student raising 'concern in the field'. Dingwall writes:

they certainly act as gatekeepers between fieldwork instructors' opinions and the examiners and could also be responsible for structuring the observations of the summer assessors.

Technically speaking when Dingwall did his research, in fact the field work instructors' reports were not assessable material. They were made so in 1983. Of course interchanges between tutors and assessors are likely to be important in forming the

opinions of both, but I rather doubt that the tutors dominate the relationship. In fact when tutors relay that the assessor of supervised practice has some concerns about the student's competence, and where this brings the examiners close to a decision to refer, it is common practice for the external to make telephone contact with the assessor. That is to say, the tutor's version of the field's concern is checked out. Rather than the tutor having a facility to have students referred by articulating a concern of the field, it seems that her mediative position gives her mainly an opportunity to contribute to a student passing, by not relaying concerns the field might have, and/or by undermining an adverse report from the field by characterising the reporter as unreliable. I want however to investigate this matter further by considering another way of 'failing' a health visitor course.

20:5 Withdrawals

Withdrawals are a way of failing a health visitor course without being processed through the formal assessment machinery as a failure. 4-5% of students withdraw; more than are explicitly failed. At any time during the twelve months of a course, but especially during the first nine months, or after a referral, other staff may come to hear that such and such a student has 'withdrawn from the course'.

The antecedents to withdrawals are handled with considerable circumspection by tutors, and few rumours of them reach their academic colleagues or the external examiners until the student's resignation is in hand.

I was initially very suspicious about withdrawals, suspecting them

to be a hole-in-the-corner way of getting rid of students certainly. This way of failing certainly does evade the appeals machinery which allegedly protects the student who is failed/referred through the formal process. However I do not now believe that the tutors' motivation in keeping withdrawals quiet is necessarily associated with doing what others might oppose.

Four of the withdrawals for which I have good records are certainly cases of pregnancy or serious illness. Two re-enrolled in subsequent years. In the other seven cases there was some serious interactional difficulty between the student and a fieldworker or nursing officer. I will leave the term 'serious interactional difficulty' unspecified for a moment, for in order to say something about it it is necessary to understand the career of this kind of withdrawn student.

It is not uncommon for 'concern' to be expressed from the field during the year about a student's competence, or manner or suitability for health visiting, and for this to be transmitted to tutors. Presenting stories include the student's inability to 'relate' to colleagues, or her inability to act without being told exactly what to do, or her tendency to act without asking, or her capacity to worry or upset clients:

They just kept ringing me up my dear, and saying please, please don't let her visit us again

<FWT citing a case of an unsuitable student >

Whatever veracity tutors grant to such complaints, such complaints constitute a real enough problem for them. If fieldworkers or nursing officers cannot be mollified, it is a matter of routine to transfer the student to another supervisor. 'Serious' in

'serious interational difficulties' must then refer to the tolerance levels of health service personnel, and presumably also to the kinds of pressures and strains they are locally experiencing in addition to having a student to supervise with no diminution of case load.

Sometimes a transfer of student from one supervisor to another is not possible. This happens for two reasons. Firstly placements are difficult to find (in some areas more difficult than others) and although I have no case material of this sort, I understand that elsewhere students have been withdrawn because of the unavailability of any alternative. Secondly it is possible that the health authority (Chief Nursing Officer) will act unilaterally and end the student's support. The legalities of this are tricky, and the kinds of contracts under which secondees are bound have varied from health authority to health authority and from time to time. Basically there are two kinds of support for student health visitors. Secondment may be offered to pre-existing staff, and usually, but not always, entails a guarantee of future employment at at least the current grading, irrespective of the outcome of the course. Sponsorship gives the student temporary employee status and does not guarantee any employment at all at the end of the course, though it contracts the student to work for the authority (in some capacity) for two years after completion. The shift has been away from secondments towards sponsorship, and now most students are supported after this fashion. Apart from the fact that there are no nationally standard contractual forms, matters are complicated further with regard to students who are long-standing employees of a health authority who nonetheless accept sponsorship status. It is by no means legally clear as to whether

in this action they cancel their protection against unfair dismissal under employment legislation, and whether non-completion of a course would be a fair or an unfair reason for a non-employment which might or might not constitute a dismissal. The only cases I know of directly are where the ending of secondment co-incided with a student's inability to complete the course within the 52 weeks (because of deferral (eg illness) or referral) i.e. sponsorship being ended at the termination of the contract rather than the contract being extended. This seems to have occurred in a case cited by Dingwall (1982 page 27).

Even where secondment is ended unilaterally the student has an option to continue as an 'independent student', paying her own way, so long as an alternative placement can be found for her. In one case a student in this position was left by the tutors to arrange her own placement. Since it is more usual for tutors to conduct the necessary negotiations I take this as a pretty clear indication that this is a student who the tutors would have preferred to have disappeared. In fact in this case before the student re-presented herself for Final assessment she had been given a sponsorship status by another authority. She subsequently passed.

In short, then and through various routes, the student who is 'trouble' in the field will usually find herself transferred to another placement and another supervisor. The rationale for tutors to arrange such transfers is that the problem might not lie with the student, but in the relationship between student and supervisor. Tutors know all about 'labelling theory' and are capable of describing such matters in terms of 'self-fulfilling prophecies' and of 'labelling and deviancy amplification'.

<Tutor lecturing to Assessors of Supervised Practice>
 ..and I'm sure that this won't happen with all the excellent staff you employ <laughs> but it can happen, I think you'll agree, that for whatever reason the fieldwork teacher and the student might get across each other, and the fieldwork teacher's adverse reactions get communicated to the student, so that she gets an impression of herself as a failing student, so she just feels she can't do a thing right, and of course the fieldwork teacher is inclined only to notice what she does wrong. It's what sociologists call a deviancy amplification spiral.

<tape recorded data >

This is also the rationale for handling transfers circumspectly:

<same lecture >

..and we try to do this as discreetly as possible. What we don't want is for the student to get a reputation for something which is a matter of a clash of personalities, rather than something which is essentially her, and we hope that in the next situation everything will turn out right. And for that same reason, sort of reason, we don't tell the new supervisor very much about the case...

Withdrawn students then arise in three main ways. Firstly pregnancies, serious illnesses and the career movements of husbands. These constitute a fairly unproblematic set of 'voluntary' withdrawals, and some at least re-enrol somewhere at a later date. Secondly there may be a unilateral decision by the health authority to end the sponsorship, but this seems usually to happen after an adverse college assessment. In fact I know of no case where such a termination was anything but a refusal to extend sponsorship. Thirdly (the majority category) students may withdraw after occasioning adverse reports from a second supervisor. Referring back to earlier comments this is yet another example of the 'second-chancing' characteristic of health visitor education. As with re-writes, re-sits, and referrals, so here. For the student who 'makes good' of the second chance, the offence tends to be written out of the record.

Only when such a student occasions adverse reports later is this likely to be made a topic of discussion in assessment fora.

All the troublesome withdrawn students in my sample had managed to upset two supervisors. Understandably the argument that it might be a 'clash of personalities' or 'poor supervision' had for them worn rather thin. Students may then be 'counselled off', as the phrase goes, and hand in a resignation. Similarly it is this kind of story which emerges as the 'concern of the field' in discussions about whether students who survive to Final assessment should be referred.

I do not want to comment here on what 'really happens' in the field to produce adverse comments. That a student has been transferred no doubt sometimes arouses suspicion with a new supervisor, or, if she thinks little of the previous one, the student may thereby find a friend. What is important to point out is that health authority participation in assessment is not merely a matter of assessing students, it is a matter of picking staff and picking colleagues. Most students will in fact be employed in the health authority which sponsored them, many will actually be employed in the practice where they were placed. From a health authority view point students are probationer staff.

Dingwall writes that:

Given their peculiarly privileged access to the public, the evaluators feel a particular responsibility to protect the public from people they regard as unlikely to be capable of practising in accord with the requirements of the occupation.

and in 1982 Dingwall writes about the gatekeeping role of tutors to exclude the kinds of 'trouble-makers' who might bring discredit on the occupation (1982 page 24). There is nothing incredible about this, but it ignores the real tangible 'troubles' that certain kinds of students cause for tutors, by being in some way 'unacceptable' as colleagues and employees in a health authority context. Tutors after all do not interface with the 'public'; they do rely heavily on the goodwill of health authority personnel.

Thus it seems that there is a case for saying that it is the bureaucratic convenience of the health service which has historically structured the routines of assessment such that staff competence has come to be elided with finding good evidence for passes for most students, and that it is the personnel of the health service who constitute the major impediment to producing students as prospectively competent practitioners.

20:6 But how it is that there is always still hope

< at Final Ratification meeting >

External: I think that after a further period of supervised practice, well there's still hope for her yet

First time around the assessment cycle students are not 'failed' but are referred. As the reader should have come to expect, the investigation of the student to find her competent is prolonged by her being given further supervised practice, and a new set of assessment assignments to do. Unfortunately during the period of research I have not been involved with any student who subsequently failed a second viva voce. Very few

do nationally, and the usual way of 'failure' at this stage, is (as previously) through a student's withdrawal, or through the health service withdrawing support.

Thus we have come to the last turn of the assessment machine (see diagram page 262). As with rewrites, resits, remarks, compensations, changing supervisors, and prolonging questioning in the viva until the student gets it right, so referring, rather than eliminating a student's candidature sends the evidence back for repair. And as at the earlier stages it is most likely to be a decision made in the health service which denies the student her licence.

CHAPTER TWENTY ONE: Health Visitor Student Assessment as
Ascertainment ritual and Competence Game

21:1 The social organisation of competence

As a starting point for this last substantive chapter I will agree with Dingwall that health visitor student assessment must be seen in terms of how things are organised to produce members as competent (Dingwall 1977, pages 14-15). Dingwall's work in the seventies focuses on how students are taught to be competent members of the occupation of health visiting. In 1982 he turns his attention more to the question of how tutors (in particular) competently bring off their professionalism by making out their assessing activities as in conformity with professional standards and the public interest. In Dingwall's work however the focus is on the occupation first, and the organisation second. Thus his picture of the educationally-based organisation in which assessment takes place is as one made up of competing occupational sub-groups (though only the tutors actually seem very competitive). 'Competent membership' in Dingwall's terms, then, must have this kind of occupational reference.

My account has produced a different picture of social organisation, though I suspect Dingwall would have produced a similar one if he had pursued the leads he started in the chapter which was edited out of the 1974 work for the 1977 publication and began to follow up in 1980. The picture of social organisation I have given is of educational assessment going on in an educational institution where tutors are not very unlike other sorts of teachers. As a gloss on the 'findings' I will say that within this form of organisation competent membership for

staff includes, among other things, 'knowing your place' and 'getting it right'. I will now expand on these points.

21:2 Assessment as ascertainment ritual

By referring to assessment as an ascertainment ritual I draw attention to similarities with, for example, judging athletics events, conveyancing real estate, using oracles, doing an experiment, or submitting a contract to a juridical reading. What is made 'certain' in all these examples is not so much 'the truth of the matter' but the correct position for persons to adopt, the sanctions they are likely to suffer if they do not, and the likely behaviour of other persons deemed similarly bound. Predictability is injected into social life not by actuarial techniques of finding out the truth, but by procedures which commit and contract. Thus I use the term 'ritual' after the fashion of Durkheimians with the double reference towards, on the one hand, producing a normative display of social structure, and on the other towards the capacity of ritual to bind and commit.

In the course of the thesis I have given examples of the contractual nature of ascertainment, particularly in relation to when it is permissible to utter doubts and when it is not, and in relation to how it may become a sanctionable matter to announce results before they have been ratified. Equally the thesis has provided examples of the fairly common phenomenon noted by Garfinkel (1967) of good grounds for decisions following from, rather than preceding decisions. It seems that 'once we all know where we all stand', we can bend to the task of justifying our stance. Note for example the 'non-committal'

nature of tutor reports, which may suddenly come to have a certain meaning after an organisational decision has been made.

Pointing to 'contract' as the basis for orderly organisational life, points us towards the way in which agreements made in one place may be bolstered or undermined by contracts, commitments and agreements made elsewhere. Thus in the thesis I have noted the importance of the employment contracts of assessors as staff, and the contract between the validating body and the college as the jural framework within which education and assessment are conducted, and in terms of which assessment has to be made out as duly conducted. I also noted that insofar as the validating body has no means to discipline assessors, that assessment is underpinned by the levering of obligations to the validator into the employment contracts of staff. The two kinds of contractual complex provide for the interactional status of the two key kinds of personnel in assessment: the chairpersons and the externals.

One of the examples of ascertainment rituals given above was that of consulting oracles. It is a felicitous example because it turns out to be a slightly shaky one. In an unpublished studies of poison oracles on the East African Coast (Gomm 1968) I noted that when the oracle found in favour of the most powerful litigant, its finding provided for a settlement of disputes, the payment of compensation and so on. And when the oracle found in favour of the least powerful litigant, its finding was likely to be ignored. This observation directs our attention towards the 'power structure' in ascertainment, and how it is that social dominance may limit the options for what may be found true.

In the case of health visitor student assessment, as in other kinds of ascertainment, legitimacy is granted by reference to actuariality, and by claims about moral correctness. The public interest, for example, is frequently topicalised. And as in other forms of ascertainment the possibilities for 'truth' and 'rightness' are severely circumscribed by established patterns of dominance which may not be referenced by participants at all. I have drawn attention to the historical emergence of high pass rates as 'the norm', its relationship to the dominant position of the health authorities, and its establishment as an actuarial benchmark. In local terms it simply cannot be true at one and the same time that more than a few students will merit referring, and that staff have assessed accurately, taught competently, or selected wisely.

Again, as with other ascertainment rituals, the security of their disposals will rely on their correct performance. Conditionalities are entailed such that disposals have a binding quality only if they can be demonstrated to have been arrived at by due process. In the case of health visitor assessment this means (among other things), everyone playing their part correctly and the arrival at results which are credible because they are similar to results achieved before and elsewhere. No one anyway seems likely to challenge passes, and to this degree referrals are much more problematic.

21:3 Organisational Incompetence

What then does this mean in terms of the organisation of competent membership? First let me remind the reader of the

overall structure of assessment which seems to 'go round and round'(see diagrams on pages 262 & 277). Extending the image it might be said to go round and round in the rather small space provided for it by the way the dominance of the health authority structures it. I use 'space' here as Foucault uses it (1972 page 228) and in his terms one might say the political-economic realities of student supply impose a 'regime of truth' upon the activities of assessors (Foucault 1977 page 13). One instance of this is the way in which health visitor tutors have generated very impressive batteries of assessment techniques designed to test students for an ever growing list of skills and knowledge, but find them usable only if they produce the same results as before. More obviously in the process of assessment, if decisions which fit the bureaucratic need are arrived at, all well and good; but if not, due procedures (and some undue ones) take assessors back to 'try again'.

Within this structure assessors' competence inheres in not impeding a speedy arrival at 'normal results', and in finding the wherewithal to pass students. 'Finding the wherewithal' is not just a question of coming up with the right marks, and although 'getting it right' is an important precondition for a display of member competence, so also is an unexceptionable participation in the displays of organisational competence which are worked for by all participants.

There are many ways in which performances by assessors might flaw the ritual: spelling mistakes and grammatical errors in draft questions at moderation meetings, the transposition of marks on a schedule, not having marked work in time for the external's scrutiny, not maintaining the genteel climate of

viva voce for example. All of these are tellable in terms of the machinery in chapter six: misspellings are improper utterances, late marks are out of order and a sequential irrelevance, transposed marks are a different kind of irrelevance and betoken the play of the unentitled influence of chance in the process. Rudeness to students is a more complex corpus of speaking errors, but each displays the communicant as incompetent or improperly motivated, and as less eligible than she should be to occupy the social status she is occupying. Each displays the social organisation as deficient in allowing membership to such incompetent and unreliable persons, and throws some doubt upon the entitlement of truth claims emanating from a palpably flawed machinery. Since the assessors who are there can rarely be disposed of, it is not surprising that their gaffs should so frequently not be heard-to-have-been-heard. Since they are there they just have to be produced as competent, almost irrespective of what they do. I will focus below on two closely related possibilities for incompetence which seem to be at the heart of this mode of organisation.

Atkinson and Drew's writing on courts (1979) draws attention to the importance of 'orderliness' in providing for the security of legal disposals. Their writing focusses particularly on sequential orderliness and in my account I have drawn attention to this also. Put crudely, there is a right time for certain kinds of speech and action. As I have indicated 'right timing' in health visitor student assessment has to do with the temporal ordering of procedures which 'fix down' the truth about students. Providing utterances at the wrong time in

the wrong slot, out of sequence then, is a particularly important form of organisational incompetence. There is however also a 'social' orderliness, such that speaking rights are distributed assymmetrically, and this sets up the possibility for the linguistic deviance of speaking out of turn. What is particularly interesting about the Wilkins case and about the case of Dr White is that they manage to speak out of turn and out of order at the same time. They ignore the protocol of 'external's last words', and they perpetuate the doubt about a mark beyond the time at which it should have been fixed down. The case of the Borderline Borderline (Appendix 2) shows us how things may go awry if the sequential order is subverted, and how those who are held responsible may be produced as incompetent. The case of the Contested Decision (Appendix 4) displays an organisation, which, in its own terms, is in deep trouble. The lack of agreement, (where agreement is usually broken between internal and external examiner), perpetuates organisational uncertainty about a student's status beyond the time when it should have been repaired. The protocol of 'external's last words' won't work, and the chairman's resource of formulating for decision the last-words-of-the-external is inoperative. Participants engage in adversarial speech and use combatively what otherwise would be facilities for reaching a decision: protocols such as 'any doubt refer' or 'insufficient evidence, pass'. Under discussion the regulations are occasioned as unclear, participants are produced as persons with corrigible opinions, unentitled subjectivities are obviously at play and the whole matter has to be decided on vote. The main casualty is 'objectivity' which is organisationally produced through consensus. It towards avoiding this kind of 'disaster' that assessors address so much effort.

Speaking 'in order' and 'in turn' involves 'knowing your place' in the order of things, and in terms of both status and sequence. One of the more interesting findings of the research was that claiming professional expertise was also an 'organised' matter. Demands by tutors to 'have the last word' on some matter on the grounds of their occupation membership are simply not permitted, unless in support of what is organisationally secured. 'Profession' is thus an occasioned matter in an organisation in which the permissibility and limits of professing rights are largely pre-allocated, and situationally co-ordinated by chairpersons whose ultimate sanction is their status as a bureaucratic manager. Though I have laid considerable emphasis upon the power of chairmen and externals, it should be said that they also are constrained to speak 'at the right time' and in the 'right place'. The Case of the Chairman's Complaint (Appendix 3) illustrates this to some degree. By and large though, there is so little awkwardness between chairpersons and externals that it is difficult to find deviant cases to illustrate the matter.

21:4 Normal Results

As indicated, the truth about students is what is duly produced as the truth about students, and this means arriving at a decision in such a way that the proper social structure for the occasion is displayed and participants are displayed as competent performers. Note here how my remarks fold back on themselves. It is only if assessors perform competently that an easeful accomplishment of ascertainment will be possible, and it is only if an easeful accomplishment of assessment is accomplished that assessors will be produced as competent. If

there are 'obvious' disagreements about 'matters of fact' then it is palpably obvious that someone is right and someone is wrong. And if that someone is wrong then that someone is incompetent, and the claim that the assessment apparatus is adequately populated with competent assessors is palpably flawed.

How can it be organised then, that everyone (nearly) always comes to the same conclusion. Partly this is a matter of allocating speaking rights so that speakers can 'follow the leader'. Interaction is noticeably more tricky where the right to issue obiter dicta is not clear, as in negotiations between externals and internals about marks, in borderline orals, and in the post-viva discussions. In such speech events speakers are noticeably reticent about making any commitment which might set the other's utterance up as a 'disagreement'. In a sense these occasions are all 'off-staged' to the extent that their results are brought on-stage as firm agreements between participants.

Again agreements are easier to broke when the decision-making is simplified as when students are handled in number-time, and all that are discussed are averages, and ranges and relative ordinal positions. Things become much more problematic when assessors topicalise students as personalities, or engage in any detailed inspection of the work to which a mark is appended.

In addition, however, a common notion of 'normal results' narrows down the potentialities for trouble considerably. If 'everyone knows' how the results should come out, then everyone knows how to present marks unexceptionably; which odd marks to find

implicative of assessment artifacts, and which to find as sound evidence. Similarly in the viva voce, if everybody knows that most student's pass, then everybody knows that there will be relatively little chance of support for a proposal to refer.

The paradox of health visitor student assessment is that health visitor tutors do in fact do a detailed moral appraisal of their students, and are assiduous in spotting their 'strengths and weaknesses' and in arranging for their remediation. What has been described is no expedient or fatalistic process of 'nodding' the students through. Rather 'normal results' feature as 'background expectancies' which curtail the room for manoeuvre which the competent assessor has, and except as a nightmare it simply is unimaginable that large numbers of students would merit referral.

Normal results then are like turn-taking devices in conversations, or like clock-time or calendar time, latitude and longitude, or an ordinal series of numbers. They are essentially senseless. They are made sense of time and again, and their wherewithal is produced through sentient action over and over. But they cannot be accounted for in terms of actor reasons or in-order-to motives. What is important about normal results is what they co-ordinate.

In her paper The Social Construction of Documentary Reality Dorothy Smith draws an analogy between wolves hunting caribou and people ascertaining facts:

Notice next time you see that movie of wolves hunting caribou how they attend to each other through the medium of their object. Each is oriented to that caribou and

through that to each other. Thus they co-ordinate the hunt.

Smith 1974 page 1

She continues (ibid):

Fact is a practice of knowing which constructs such an object as an artifact. It is the caribou of situations in which what is first co-ordinated is communication. A known is constructed as external to the particular subjectivities of the knowers. It provides a co-ordinate therefore - whether what is aimed at, or merely background - which is fixed for everyone, and a context therefore in which everyone is co-ordinated.

In terms of the organisation of competent membership, normal results represent a terrain, a target and a playback for the competent performance of assessors, while impediments to their production will throw doubt on someone's competence. As a co-ordinating device, they co-ordinate assessing in such a way that the whole organisation has the appearance of one calibrated to produce normal results. The way things are organised, if assessors aim at 'accuracy', or 'equity', or 'constitutionality' or 'relevance to health visiting' as these terms have local meanings, or just behave expediently to avoid a fuss, then like as not they will hit the norm.

In the case of health visitor student assessment, achieving normal results means passing most of the students, and a reason for this may be found in the political economy of student supply. However much the same norming tendencies seem present in all assessing organisations. In GCE A level examining, for example, it is the norm to fail approximately 49% of the candidature. This is what we might expect of an assessment system designed to differentiate the candidates in terms of their life chances. In GCE examining the competence of assessors is

discovered in finding 49% of the candidates incompetent. In health visitor assessment, by contrast, the competence of assessors (who are also teachers and selectors) is discovered in finding sufficient competence in most candidates. This is perhaps what we should expect where students have already been selected as health visitors by being sponsored, and assessment follows that decision. In this sense then 'last words' rest with the health authorities and they had the last word, first.

CHAPTER TWENTY TWO: Methodological and autobiographical
appendix

It is difficult to say why I embarked on research for a higher degree, when I did. Partly it was a matter of 'unfinished business'. Educated as a social anthropologist I had done field research in Kenya, and had duly produced some publications, about it. However I quite simply did not believe the claims I made in them. There seemed a chasm of doubt separating the data and the anthropological theory which was meant to explain it. My disbelief is set down in a publication in 1976. Basically it was about the constructive nature of social scientific research. I wanted an opportunity to do some research which would be both 'ecologically valid' and reflexive, so that I could comment on my own doings as a researcher. The first objective I think I have achieved to some degree in this thesis. This chapter is a very poor apology for the second.

The timing of registration was fixed by my being 'withdrawn' (as tutors might say) from an in-service education course. I registered for a PhD on the rebound. The choice of health visitor education as a research topic was an easy one. Without

finance to support research, the research had to be such that it could be incorporated into a normal working life and cost-free. A colleague was already writing a thesis on social work education within my college. That left me with health visitor education.

I began the research before the publication of Dingwall's Social Organisation of Health Visitor Training, but by chance I was asked to referee the manuscript by a publisher shortly after I registered. I was impressed by it, recommended publication, and received my fifteen pounds, though that publisher decided not to publish. From that point the research project gained another objective. It was to triangulate on Dingwall's study, focussing on staff, being written from the viewpoint of a staff participant observer.

I also at that juncture imposed upon myself the proscription that I would not call up Dingwall's thesis, or look at the book until my own research was substantially complete. The rationale of this decision was that I did not want my research to be pre-structured by my knowledge of his. In retrospect this seems a very curious decision. It also had some curious effects on my relationships with tutors, who, once they knew I was doing research, wanted to discuss the book with me. I learnt a great deal about Dingwall's work from them, and had I had the percipience, this thesis might have become a contribution to the study of rumour generation.

The research on which this thesis is based has lasted eight years; by which I mean that I have been registered for a higher degree for that period, and sometimes I have done research. Over this long period of time my sociological interests and predilections

and the methods of collecting data have shifted considerably. The original title was to have been something including the phrase 'the life world of the health visitor tutor', which indicates that my original interest was phenomenological, and the research was oriented to elucidating the conceptual structures associated with an occupational subculture. Somewhere along the line I lost my faith in that kind of phenomenology and came to believe that the thoughts of persons are epiphenomenal to the situations in which they find themselves and that they are altogether too fleeting a matter for them^{to} provide the basis for orderly social life. Later on, discovering the work of Strong and Davis, which rendered Goffman understandable to me, I came to see how such a position might be sustained without opting for an arid macro-structuralism. It took much longer for me to realise that a Goffmanesque analysis of social forms was not inconsistent with the findings of discourse and conversational analysts and the tinier social forms they elucidate.

Nonetheless, for a long period, when I laboured, I laboured to produce catalogues of sayings from which the health visitor tutor's 'world-view' (or some such) might be disclosed. Data collection then was largely through the technique of interview - (I have 10 hours of interviews), through recording health visitor tutors lecturing to students and fieldworkers, through recording their meetings - (there are 7 hours of meetings on tape), and through collecting and analysing course documentation such as handouts produced for students. There are four thick files of these. I also kept a diary - when I remembered - though luckily, because it was necessary for me to participate in the formal procedures of assessment, I made quite adequate field notes on these from the outset.

The appropriate epithet for all this data is 'overwhelming'. Though I only occasionally collected data, I collected it much faster than I could handle it, especially since I did not really know what I was looking for. The latter perhaps turned out to be advantageous in the long run.

In the main what I did with the data was three things, firstly I tried various means of ordering it: various lay-outs of data on pages to allow for annotation, punch cards, and different techniques of indexing and latterly storage on microdisk were all tried in the hope that there would be some way of shuffling the data which would suddenly tell me a story. It didn't, and since I never found the time to transpose all the data into one medium, the result was a midden of data, in different formats, different boxes, different files, and different media.

The second thing I did with the data was to gut it for instances of this or that 'theme' in health visitor education: matters such as 'profession', or 'health' or 'students'. The third thing I did was intensively to analyse small pieces of data. Thus although the analytical lexicon used in the chapter on the textual organisation of case studies is different, the analysis there is in essence the same as it was in 1979. None of this intensive analysis seemed to produce anything which 'hung together', but what it did was to give me a taste for collecting and analysing 'natural language'. At first I do not think that I saw this as part of this research at all, and since I got particularly interested in 'meetings' I collected talk from other sorts of examination meetings, from academic board meetings, from job selection interviews and so on, as well.

By 1982 I had announced that I had given up the research, and then I took it up again vowing to take an expedient line, and just write up 'something'. The basis for writing up 'something' which I chose at first was my work on the themes of health visitor education. I duly set to work to construct from them 'the tutors' view' of health visitor education, and to provide for that a sociological explanation for why they should have that view.

As chapters emerged I began to feel less and less satisfied with the results. I began to be suspicious that really, after all, this was just a construction by me. It was at that point I relaxed my proscriptio and began to look at Dingwall's work. What I found was that mine was shaping up in much the same way: it seemed to be telling the same tale. My situated problem was that, not only did I not like what I was producing, but it was turning out to be unoriginal as well. In a sense it's unoriginality satisfied one objective of the research. If the object of the exercise was to 'triangulate' on Dingwall's earlier work, then it really is quite impressive how in different colleges 9 or 10 years later people are still saying much the same things. And yet a re-write of The Social Organisation of Health Visitor Training hardly seemed worth while. There are after all, only just over 1000 health visitor students per year, and two substantial studies of such a minority seemed unwarranted.

It is a curious thing, that while one cannot easily put the finger on faults in one's own work, they appear glaring in the work of someone else. There is a sense of malicious glee associated with disembowling another's work, where only despair arises from performing the same operation on one's own. For this current thesis then I owe Dingwall a great debt, for in his work I discovered exactly what it

was that I found unsatisfactory about my own. Much of the critique directed at Dingwall's work is actually a misplaced critique of my own, and it should be said that, unusually for an ethnographic work produced in 1974, Dingwall's data is often presented well enough to allow for re-analysis. As the reader now knows the dissatisfaction I felt was with the products of 'utterance to mind' mapping. It was a very easy sideways step from there to bring the thesis within the orbit of other sorts of work that I had been doing on the detailed analysis of language in context.

The origin and adequacy of the data

The reader needs to know that the data is drawn from five colleges where I have been an internal examiner, an external examiner, or a chairman of examiners over the past nine years. In type they include a college of further education, a polytechnic, two colleges of higher education and a university. In addition the transcript of the viva voce (appendix 8), and that of 'Telling Deidre' (appendix 1) are drawn from another college with which I have no connection, and were generously given me by a tutor there. Through the period of research I have also been a frequent participant in various national events associated either with Standing Conference or with the validating body, and have served as a member of some of their working parties. I was also involved in the Fader research, as one of the 'cross - markers' who produced such different marks on student work. Though this does not appear very frequently in the thesis, it has been important that during the same period I been an assistant chief examiner with one GCE Board, and a member of the awarding panel of another, have been involved in examining district nurse students, conducting oral examinations for A level Communications Studies students, and moderating and awarding for City and Guilds and BTEC.

The importance of this experience, much of it stored in notebooks, is to give me a general perspective within which to view health visitor examining.

It might be said that the data base for this thesis is inadequate. For a work that pretends to be sensitive to language in context tape-recorded data of examination board meetings or viva voce would seem ideal, if not absolutely necessary. In some respects I would agree with such a claim. Taking verbatim notes is a not particularly reliable method of recording, partly because of the problem of 'getting it down accurately', and partly because contingencies and the recorder pick and choose what is written down (Stubbs 1977: 233). I find the latter consideration the most worrying and it is easy to imagine that I collected data in a verificationist way.

However there are some points to be made which strengthen my confidence that this was not so. Firstly much of the data I have used was collected long before I knew what I wanted to do with it. That is true of all the substantial case study material presented in the thesis. What the early data does show however was that at an early stage I was collecting what was 'newsworthy' and hence unusual, rather than the more mundane and typical. However, as I have noted throughout the thesis, I have been able to put the deviant to work in order to illuminate what more usually happens.

Secondly the data which proved important for the thesis is data drawn from the same kind of event observed over and over again. If you sit through 360 viva voce, you do gain some workable notions about what usually happens which warrant the making of quasi-statistical statements such as 'usually', or 'rarely'. I note that Strong's research, which I have quoted frequently above, also involved the

repetitive observation of 'the same kind' of event, that verbatim notes seem not only to have served him well enough, but to have provided a picture of medical consultations subsequently to be verified by Silverman (1984).

Thirdly much of the data which is used in the thesis is drawn from contexts where I had a strategy for collecting, but one which might be claimed to be 'neutral' as to its relationship to the themes of the thesis. That is to say I was looking for 'closings' and 'repairs', and other matters classified in general linguistic terms, rather than looking for (say) the 'power of the chairman'.

Nonetheless the data base could have been better, and of course there is also the matter of how I selected data for insertion in the thesis. Some ethnomethodological writers claim that it is bad practice to use data 'illustratively' (Anderson 1981). I will make no bones about it, illustratively is exactly how data has been mobilised for this thesis. It is there to help to give a description, and there to persuade the reader that I haven't made the whole thing up.

The possible alternative of not using data illustratively returns me to the question of not having extensive tape-recorded data of the speech events which have turned out to be most interesting. I feel that had I had such data, then my analysis would never have proceeded beyond a very detailed explication of the 'first five minutes' or so. (I did spend a year in the 'exhaustive analysis' of one student case study). I believe that this kind of detailed analysis of short stretches of transcribed material is very valuable in elucidating the general principles of speech organisation. However, work which shows a 'strong attachment to data' in this way it is not the kind of

work which is able to display a social organisation as complex as health visitor student assessment. In short then, had the data base been better I do not think this thesis would have been produced.

Collecting data by taking verbatim notes was relatively unproblematic. Participation in most of the events 'naturally' involved sitting at a table with sheets of paper and writing implements in front of one. In such circumstances it was quite usual for people to doodle, and not unusual for them to write notes. Verbatim recording being what it is, most of the data is in three or four utterance sequences, interrupted by the requirement for me to take an active part in the proceedings, or by the pain in my wrist. Some of the data turned out to be illegible, but I always made the point of 'writing it up' as soon after the end of the meeting as possible. Where such data appears I have docketed it as 'reconstructed from verbatim notes' and that is exactly what I mean.

Insider Research

A more difficult issue arises from the fact that I was generally an active participant in the events described. How far, it might be asked, is this an account of the action made by the very person who claims to be describing assessment in its natural habitat?

By and large I have tried to avoid including data where one of the speakers was myself, though there are times when I cannot distinguish whether the 'academic', or the 'external' in my verbatim notes was me. In the post-viva discussion sequences this becomes an acute problem. The reader must have realised that where the speech of both an internal and an external examiner is reported, one of them must be myself.

This raises a question of typicality, and the possibility that my research interest may have somehow determined what occurred. How typical are these speech events when a key performer was always the same researcher? Part of this is easily dealt with. My co-participants in these events number 9 externals (equivalent to more than 10% of externals operative at one time) and 17 internals. It is difficult to believe that I should have a consistent influence on all these people.

Moreover combining the roles of 'key informant', 'influential participant' and researcher brought me to two important realisations. Firstly had I been able to cut myself in two, and the researcher in me to ask the key informant 'why did you say that then?' a likely response would have to be 'Don't ask me'. I found that when reading transcript material containing my own speech, I was quite incapable sometimes of knowing 'what I had been getting at' or 'why I said that'. This discovery was one of the things which strengthened my suspicions about 'actor reasons' as causes for action, or about discovering the causes of action in the cognitive organisation of minds: if I couldn't tell myself the reasons why I did things, how could I expect to get reasonable information of that sort from others. When either one of me made sense of my own past speech it was through using some such machinery as outlined in chapter six to reconstruct the context of utterance.

Secondly it seems unlikely that my researcher role greatly affected my role as a participant. I did from time to time try to make it do so by working out speaking strategies to insert into the flux of things as an experimental ploy. Apart from the external's jokes (chapter five) which worked rather well, I simply found I couldn't bring it off. Inserting a first is easy enough, but by the time

someone has uttered a second, one's speech becomes subjected to the discourse structure in play. Being a somewhat diffident person I never dared to violate such protocols.

Ethical issues:

Participant observation research always raises ethical issues, and especially where the researcher is a 'real' rather than a quasi member of the organisations he is studying. One half of this problem is the question of how research activities breach trust and other membership obligations. This however is an issue which should be discussed between members: it's between me and them, and not really a suitable topic for most readers of this thesis.

The other half of the problem has to do with the proper relations between sociologists and the persons they study. I have never made any secret of the fact that I have been conducting research into health visitor education, nor latterly that I have been particularly interested in the language people use when they assess. On the other hand I have not publically announced at examination board meetings that I am going to write down some of the things people say, and some of the more peripheral participants probably never heard about my research interests (Atkinson notes something similar (in Hammerley 1978)). I feel no ethical qualms about this at all. Firstly assessment, though many of its episodes take place in camera, is or should be, a publically accountable affair. What secrecy it deserves derives solely from the necessity of not making the results of deliberations available before due time.

Secondly while it would be perfectly possible for a reader to work

out from my curriculum vitae which particular colleges are featured in this thesis, speech data collected over ~~eight~~ years, in six colleges will be difficult to attribute to anyone in particular. If anyone should prove recognisable, they will do so only to persons who were involved in the original events. To them it will be no news anyway and after all nothing very disreputable is disclosed. I have in addition changed the sex of speakers from time to time where this does not distort the effect of the data.

The ethical issue which does remain, and which worries me, is one more general than that associated with participant observation research. It is the one that arises from the demystifying potential of sociology. I have described health visitor student assessment in such a way that if my account has any veracity, the pretensions of assessment to being a whole person assessment protecting the public from unsafe practitioners, just cannot hold. The account I have written appears to render the activities of assessors, including myself, absurd in Scott and Lyman's sense of the term. To some extent I can redress the balance, and in two ways. Firstly I will say that it is the process of certification which has this absurd quality and pay tribute to health visitor tutors as teachers. They, and indeed many of their academic colleagues, are truly among the best, most dedicated and successful teachers I have had the privilege to work with. Health visitor students, who are in their turn diligent, do learn an enormous amount during the very short period of their training, and their tutors do learn an enormous amount about them. The use they put this knowledge to however, is in the nature of remedying their faults, and the faults in their work. To large degree the huge amount which tutors know about students

is disarticulated from the certification process.

Secondly my account renders student health visitor assessment no more absurd a process than most in which the human race engages: the thesis is a commentary on the human condition rather than about health visitor education per se. And for myself I will go on assessing health visitor students in much the same way as before. Under the political - economic circumstances in which it is practised I can't think of a better way.

APPENDIX ONE

Telling Deidre What she's done

This is a short section taken from a tape of a seminar conducted by a health visitor tutor in a college other than the ones studied by myself .It was kindly supplied to me by a tutor there.My own tapes of health visitor teaching turned out either to be re-iterations of hand-out material which I already had,or very difficult to transcribe.The transcription difficulties arose from the tendency for seminars conducted by HVTs to fall into several only sporadically co-ordinated conversations,such that it was very difficult to hear which utterance belonged to which conversation.Something of these difficulties were present on the tape from which the transcription below was made,and I have in fact edited out some utterances which seemed (I say 'seemed') to belong to one or more parallel conversations going on at the same time.I was also unable to distinguish one student from another,except for 'Deidre' who had a very distinctive accent.

The occasion of the sequence below is that it follows Deidre's presentation of a case study.Its interest lies firstly in the way Deidre is not allowed to present herself as having been incompetent in fieldwork,and secondly the way in which her performance is 'talked up' to show how it really been a competent one.In this respect the competence

of her performance was displayed as how she had really been applying all those skills and all that knowledge which a college education had supplied.

DEIDRE 1: I mean, I'm just really sorry, but I did feel that I did, well virtually nothing for this family. I might just as well have not been there at all

TUTOR 1: well, yes, well <laughs> lots of students feel like that at this stage. You know I suspect some of the others of you, mm yes, right. Shall we look at it.

TUTOR 2: Now you had a high risk mother here, didn't you well ?

DEIDRE 2: There was a spontaneous abortion at three months, previously/

STUDENT: /and bleeding at three months this time/

DEIDRE 3: /this time, but nothing came of it

TUTOR 3: but even so ?

DEIDRE 4: she might have had complications /

STUDENT: / she might have aborted again

TUTOR 4:so ?So you were planning ahead weren't you.You worked out some of the things that might have happened and you,well I know you didn' do it this time,because she was one of your cases,but if you had been a practising health visitor,you would have made visiting her a priority.Quite high priority.Wouldn't you.Yes you would.Now that's surveillance and anticipatory guidance.It's not doing anything but it's being ready to do something if the need arises.And it's also having a good idea of what is likely to happen.And it's setting priorities isn't it.You chose to visit her rather more often than you would visit some other mothers.Now that's -or it can be a very skilled performance and in order to do it you drew on your knowledge of?

STUDENT:obstetrics/

TUTOR 5:/obstetrics didn't you.Now you had a high risk mother here.Let's suppose she wasn't,was there anything for us to do ?

STUDENT:routine antenatal care/

STUDENT:/but wasn't she going to the midwives' classes

DEIDRE 5:regularly/

TUTOR 6:/and she was having her regular check-ups with the obstetricians.So there was nothing for the health visitor to

do ? Leave it alone ?

STUDENT:continuity of care

TUTOR 7:continuity of care.What do we mean by that ?

STUDENT:that the health visitor should be in contact with the case,no the client,situation <laughs> throughout.So she should see the mother throughout the antenatal period if she is going to deal with the mother and child afterwards.

TUTOR 8

STUDENT: pre-conceptual counselling

STUDENT:and you can't leave the antenatal care to the midwife.Sometimes those antenatal classes can be very alienating,and you see the mother in her own home.

TUTOR 9:you can reinforce the antenatal classes.There's your psychological principles of learning isn't it ? Anything else ?

STUDENT:If you visit her in her own home you can see her relationships with other people/

TUTOR 10:/family dynamics/

STUDENT:/and you can see what the home is like

TUTOR 11:And Deidre did do that didn't you dear.You noted about the enclosed garden and the guarded fires.That's your stuff on home-safety,surveillance again

STUDEN1:If you visit in her own home you can get an idea of how she's really sort of feeling.If she's anxious or if she wanted the baby <untranscribable>

TUTOR 12:So that's where listening and relationship forming skills come in don't they ? Yes,good.You were able to set up a situation where the mother felt safe and confident and to express her fears to you so that she could get to terms with th<untranscribable> alleviating stress.

DEIDRE 6: Did I ? <laughs>

TUTOR 13:well you told us the husband was in class five and what does that mean ?

DEIDRE 7:Higher risks of infant mortality

TUTOR 14: so ?

DEIDRE 8:higher priority for visiting I suppose

TUTOR 15:and/

STUDENT: cultural differences, especially the husband and wife relationship/

STUDENT: segregated conjoint roles/

TUTOR 16: good though, good but that's not a very good guide these days, but it is important to be sensitive to the cultural differences between different sorts of the families, hmmm, so that you can, err, see things from/ their point of view/

STUDENT: / their point of view/ <untranscribable>

TUTOR 17: and what else does that mean in practice ?

STUDENT: language differences. It may be more difficult for them to understand antenatal care or deal with doctors

TUTOR 18: so it's back to your communication skills there and the idea of re-inforcing in health education isn't it. Right now when the baby was born she had a long painful delivery didn't she ?

DEIDRE 9: <untranscribable>

TUTOR 19: well you told us she did dear, didn't you. Yes so ?

STUDENT: the baby was incubated so that might a bonding

problem <untranscribable as other students cut in> and there might be more prone to post-natal depression

TUTOR 20:so that's where you knowledge of child development came in didn't it,coming in there now.

STUDENT:So you'd want to assess the relationship between mother and baby,so to see whether bonding had occurred

<silence 3 seconds>

TUTOR 21:and that's exactly what Deidre did,didn't' you ? And what did you look for ?

DEIDRE 10:how she held it,what she said and/

TUTOR 22:/and all those things that the good health visitor should look for.I'm sure you did dear,and we must push on,but you see you did do a lot for that mother,and you did use all that psychology,and all that other,yes,mmhr.Now time is pressing,and there is some little administrative announcement,yes.But you also used your health visiting knowledge as well,quite well.

APPENDIX TWO

The Case of the Borderline Borderline

Strong writes:

Identity is the central topic on which any ceremonial order legislates and moral status is a fundamental part of that identity...but the moral order which it creates is regularly threatened by the actual facts of the case and by incidents and upsets that occur in any form of human encounter. In consequence, the parties to an encounter are presented with a series of constant challenges, both actual and potential, which threaten their moral worth or that of their fellow participants. The way in which such challenges are handled may be called 'moral work' (Strong and Davis 1978)

Strong 1979 page 42

In the body of the thesis I argue that the way examination board meetings are usually handled is to display an efficient organisation, peopled with reliable and competent practitioners who do not have to be ordered to do what they should. Thus the status of the external, and especially that of the chairman as boss is rarely prominent.

The interest of this case study is the way in which health visitor tutors, having mishandled the preparations for a meeting are displayed as delinquent staff. The 'mishandling' subverted the proper sequential ordering of assessment. The 'trouble' this caused created what one might call a 'state of emergency'. The power of the chairman and the boss emerged

from the background to take the meeting by the scruff of the neck, and salvaged the situation.

Section 5

Each Section is marked out of 25

Pass Mark is 10

Health Education	Case Study	In-tray	Video Interview	Total
11.5	10.5	8.5	16	46.5

These are the marks out of 25 for one student on the four components of Section V (Health Visiting) and the percentage score 46.5. It will be seen that on the 'In-tray' exercise, the student scored less than 10 i.e less than 40%.

Prior to the scrutiny meeting the external examiners' attention was drawn to this mark, together with an account of the student as someone who was 'worrying' because she sometimes became confused. It was also noted that she was an ethnic minority student' and the only one in the year, and that she was socially isolated in that she had moved to the area solely to do the health visitor course. One of the externals pointed out that since the regulations did not require that students should matriculate the sub-sections of Section V, technically she had passed and could not be referred on this basis:

External 1: Because you see if she were to resit, we couldn't do anything about it if she failed again.

Nonetheless it was agreed that the student would sit an newly devised in-tray exercise, but that this would be a matter between herself and the tutors. It was assumed that anyway she would pass. A new in-tray exercise had already been drafted, and the externals 'moderated' it, i.e., looked at it and said that it was suitable. They believed it to be somewhat easier than the one the student had failed, but said 'that's all to the good in this case'. The rationale for the resit at this stage seemed as much to allow the student to redeem herself and regain her confidence, than to retest her for the skills she had not demonstrated on the first attempt. As for what seemed to be the rule that she could not be referred if she failed a second time, the externals agreed:

External 2: we can always pick that up at Part Two and have a special look at her in that light.

Drawing attention to this particular student served to turn the scrutiny exercise into a task of finding within the patterns of marks and within the content of student work and of the assessors' reports, a context for the work of this particular student. On the 'Health Education' section for example the examiners noted that adverse comments had been made on this student's work which had not been made on the work of students who had scored very good marks, but whose work in the opinion of the externals, showed the same noted shortcomings. On the same section the externals noted that

the problematic student's work was poorly presented (no display covers or visuals, not typed, untidily written, scratched out spelling mistakes). They had an indeterminate discussion about the importance of presentation: important because this was an exercise in communication, but poor presentation perhaps leading examiners to mark down work which, if typed, would score higher.

External 2: There are times, quite often when you have to sort of read it as if it were well presented, and then read it again as it is and make a sort of balance.

One external viewed the student's video-taped interview and agreed with the assessment (by here, a Social Work Tutor) that the student showed considerable social and relationship skills. In fact her assessment on this exercise placed her fourth equal in the group as a whole. While viewing other videos the externals discussed the non-standardised nature of the interview situation (different role-playing drama students and the role playing of different cases) offering more or less opportunity for the display of HV skills, and the role of the camera man in framing the action). On the other hand they agreed that this exercise showed something very close to the skills required in health visiting.

However:

External 2: the point is that the different exercises test different skills so that one can't be impressed by the video to the extent of overlooking the in-tray

At the subsequent examination board meeting the externals were asked by the chairman if they 'agreed the marks', and since they did, and no one else queried them, it was agreed that the marks should 'stand'.

As usual the externals gave reports on the standard of work and the standard of marking. During her report External 2 commented that while she thought the video-taped interview was an excellent 'learning exercise' she was worried about it as an assessment exercise. She instanced the student mentioned above as one whose good mark on the video-taped interview had served to raise her other low marks to a pass level.

At this point the student's personal tutor said that this was not correct, because the student hadn't passed, because she had scored only 8.5 on one sub-section. The senior tutor said that she had. External 1 said she must have passed because there was no requirement to matriculate within the Section. The personal tutor then cited the submission document:

It is to be noted that a minimum of 10 marks in each assignment is necessary for a pass grade

This wording did not appear in the External's copy of the submission and it was explained that the words had been inserted on the insistence of the validating body.

The chairman said that until this point the meeting had been proceeding on the basis that everyone had passed, now there seemed to be a referral. He asked that the external examiners' reports be suspended and that the meeting moved on to a later agenda item dealing with arrangements for referred candidates.

External 1 said that the submission did not give any clear guidelines as to how to proceed. Had the student gained two less marks than 40% overall, she would have been a borderlined candidate and within the discretionary power of the board to 'compensate' and raise to a pass level. However had an overall pass mark of above 40%, but was one and a half marks short of 10 which was 40% of a section. It seemed unclear as to whether the board had discretion to raise her marks on the sub-section by up to two, as if she had a less than 40% mark overall, or whether their area of discretion was just one quarter of two, because there were four sections: i.e. just one half of one percent. He said that it was his view that they should proceed on the basis of having two marks to play with.

The chairman agreed, and formulated the position as the board having to decide whether or not to use its discretion to alter the student's marks to make a pass. He noted embarrassment that this was happening after the board had agreed that the marks should stand. He then asked if anyone had anything to say in favour of the student.

The senior tutor announced that the student had been ill, and had suffered a bereavement of her father in Mauritius, and had been upset at being unable to attend the funeral. The chairman asked whether the illness was authenticated by a medical certificate. The senior tutor said yes, and the chairman interrogated her, protesting the while that it was absolutely essential to get the facts straight. He established, *inter alia* that a) the date of the certificate was one month later than the date on which the failed exercise was done

b) that the diagnosis was that she was 'suffering from a possible pulmonary embolism'

c) that instead of declaring the student 'fit for work', or 'unfit for work' the G.P. had crossed both options through. The tutor said that she had contacted the G.P. who had said that it was only a possible pulmonary embolism and that he couldn't comment further on the student's fitness for work because she was undergoing tests.

The chairman insisted that the board should see the certificate took 'Any Other Business' and then adjourned the meeting while the certificate and the tutor's report on the student were fetched.

During the adjournment, discussion between the chairman and the externals continued. External one opined that there were only three options.

i. to decide to compensate the student at the meeting.
ii. to set up an interviewing panel and give the student an oral; the panel to make a recommendation to a recovered board.

iii. to refer the student for a resit.

The medical certificate and student report arrived. The certificate turned out to be as described by the senior tutor. Some puzzlement was expressed about the doctor's reluctance to commit himself as to fitness to work.

The chairman said that it was important that the board be clear as to whether they were dealing with a student as a sick student with health as mitigating circumstance, or with the student as just a student who had come down in a paper, whatever the reason. I took him to be meaning that the board should take care that if it accepted the diagnosis of pulmonary embolism as a reason for compensating the student, it might be declaring the student as unfit to practise as a health visitor. Other members of the board did not take this implication and several academic staff stressed the medical seriousness of that diagnosis ('it could be terminal'). The chairman said that he knew it was a serious diagnosis but they had to decide whether it would explain the student's marks ('just that'). There were in fact no medical doctor examiners present, but an academic member

made the point that the student would have been in pain, and probably worried about the diagnosis, to say nothing of her bereavement. The senior tutor supported this.

The chairman asked whether there were any other students who had presented medical certificates. There were two. Their marks were scrutinised. The chairman said that it did not appear that either were borderline passes or on the borderline for merit awards. I took this to make the case that were the problematic student's medical certificate to be counted as evidence in her favour, there would be no other student who would have grounds for complaint for not being treated likewise. This was not spelled out however. The chairman commented that the board should have been told about these other medical certificates.

The chairman said that the board could also pursue another avenue. He asked whether the student had been told the marks. One of the tutors said she had. The chairman said that students should not be told marks before they were ratified by the board. He asked the externals whether they thought a remarking would alter matters. External 2 said 'no' she had agreed with the marks, they had been lenient if anything. The chairman then said that during the interlude the externals had mapped out the possibilities for the board. External 1 said:

As I see it there are three options. We probably do have the discretion to compensate the student here and now by

up to two marks, on grounds we agree to, whatever. Secondly, though this would be to reverse the normal order of things, we could set up an interview panel to give the student an aural. That would mean the aural panel giving a recommendation to this board, which the board could take or not take as it saw fit, but it would entail reconvening the board at a later date. I am rather giving this in a prejudicial way so I had better declare my preferences. I am not really in favour of an aural, because what she failed on was a written exercise, and as her performance on video tape suggest and the report before you, she seems to have very well developed social skills, and I think we, an aural would not be appropriate if it allowed her to sweet talk her way out of a failure in written work. So what I would recommend myself, if I had some more details is that we refer her for a resit. And I would say that, but I want some more details. Now as you probably know the regulations have been changed and I haven't quite taken the new situation on board, but it is necessary for a student to pass part one, as it was, now intermediate, before she can enter supervised practice. So the question is, is there time for her to resit, and be marked, and possibly passed in order to do enough months supervised practice to be available for assessment in September with the other students. So if someone can tell us that:

The personal tutor mapped out a time-table which would satisfy the problem noted above. The chairman then asked if everyone would support that option. Two academic's agreed that they would support the option but, the first objected to the term 'sweet-talk' used by the external, on the grounds that it trivialised the importance of social skills for health visiting, and the second read a lesson on social and interpersonal skills being perhaps more important for health visiting as a job, than anything tested in writing.

The external said that 'sweet-talking' had been an unfortunate phrase and what he had meant to convey was the inappropriateness of retesting the student's failure in a written capacity, with an oral. ('We are already more than convinced that she has a high level of interpersonal skill,

which of course I think everybody would agree is vital for health visiting) External 2 made the point that the in-tray exercise tested something equally important, in a realistic way; the ability to work under pressure, logically and consistently. This was what the student had failed to do.

The chairman then asked again if anyone had any objection to the student being referred on this basis. No one objected. The chairman reminded the meeting that they were on the agenda item referring to arrangements for moderating materials for resits for referred students, and asked what arrangements could be made. The personal tutor of the student said that a new in-tray exercise had been prepared and that multiple copies were available for moderation now. External 2 said that the externals had read this new exercise, and that if the board was prepared to accept their recommendation it could be said that it had been moderated. Dates for the resit, and arrangements for the marking and scrutiny by externals were arranged. The chairman asked the board to agree that this be a matter dealt with by Chairman's action to avoid reconvening the board. Agreed. The chairman then asked what would happen if the student failed again.

External 1 (said that it appeared that if this were the case, the student would have to resit the whole of Section V, and that she could not start supervised practice until she had done so, and that therefore she probably could not be examined for the Final examinations until January at the earliest)

Chairman: so there would be nothing further for the board, or the examiners to do during the holidays.

External 1: no. she would be in suspended animation until she was in a position to resit each part of Section V. (There is of course a possibility that her authority would not continue to sponsor her, so that we may here be deciding upon a technical failure).

Chairman: is that the case. I can't see how it can alter the case.

Senior Tutor: it could be the case.

Chairman: well we must see what happens.

The meeting then returned to the uncompleted external examiners' reports.

APPENDIX THREE

The case of the chairman's complaint

(in the final examination board meeting)

External:..with considerable reluctance did I pass her today.I must say I would be very reluctant to employ her.

Chairman:I must say it causes me great concern when (external) says she wouldn't employ her but she has passed.I think perhaps we had better discuss this further.I mean should we be recommending a pass when the examiner says she wouldn't employ her ?

External:Well her studies were poor,we found nothing in them,nothing which could be regarded as unsafe.On her fieldwork report she passed (..) we had no choice but to

Chairman:I think if you are prepared to pass someone,you should be prepared to employ them

External:I think there is a very big difference between passing and employing.If you are examining you have to have good reasons for failing her.If you are employing you have to have good reasons for employing her.

Chairman:I would be very reluctant to pass someone who the external would not wish to/

HVT:If we could have said she wasn't safe to practise we could fail her,but with all honesty we couldn't/

HVT:Its a personality matter really/

HVT:It would be wrong to say we could fail her,because there wasn't anything that was factually wrong or unsafe in her studies (or in what she said)

External:she was verbose,didactic and unreflective.She wouldn't listen.I couldn't believe that she would learn by her mistakes.It might have been a personality clash between,with me,but I wouldn't like to be visited by her (...)but on the other hand we couldn't find a good reason to fail her

<reconstructed from verbatim notes>

This case in its deviant nature demonstrates quite clearly the importance of *contractuality*,in the sense in which a kind of contract is broked by persons allowing themselves to

be heard as having taken a particular position. Here in the ratification meetings the purpose seems to be to commit everybody present to the good title of a recommendation and the chairman's problem is that it is the external who has very audibly disclaimed any personal commitment. With this in 'earshot' it is very difficult for the chairman to bring off an organisational decision as 'certain', and 'unambiguous'.

The case demonstrates very well how it is the usually the work of the chairman in these meetings which serves as the primary means through which organisational decisions are produced as 'duly made'. When faced with impediments presented by an internal assessor, the chairman can usually utilise assents by externals as authoritative means for dealing with the problem; and failing this he has the *ex situ* status as boss which is given by the contractual relationships between employees and an employing agency. Faced with a deviant external however, over whom he has no institutional power, the chairman has nothing but rhetorical resources available. In the case cited above the external did not shift her position and it was the chairman who backed down.

APPENDIX 4

'The case of the contested decision'

Final Assessment: This is an unusual case insofar as the it arises because a viva voce panel of an external, an internal and an HVI failed to come to a unanimous decision on the disposal of a candidate. The case was thus brought to a specially convened full board meeting for decision. The candidate in question had been 'deferred' for health reasons, and therefore was being examined out of time. This accounts for why only one external is present at the meeting. The occasion was variously described as 'very embarrassing', 'a disaster' and 'hairy'.

My notes start somewhere near the beginning of the meeting. Text in italics indicates non-verbal action, or places where I know I have 'filled in' the text. Empty brackets indicate unnoted speech. As elsewhere this sequence must be regarded as a 'reconstruction' from the verbatim notes taken on the spot: here written up immediately after the meeting

EXTERNAL 1 : To my view the studies were not of a standard similar to others I have seen, but she did show evidence that she was making progress. Its very difficult. I don't think she showed up as perhaps she might. On the health visiting though she'd made up a great deal of ground.

INTERNAL 1: I thought they were very weak studies, although one must remember they were written a long time ago. She showed a lack of elementary grasp of the facts. I couldn't recommend a pass on the strength of the studies or the

oral. But only there seems to be evidence from the report of the extended placement that <>

I'm not sure what we are to recommend a pass on. But on the studies no.

CHAIRMAN 1: well a pass has to be recommended on all three

INTERNAL 2: I suppose the crucial thing is whether she is considered fit to practise. I suppose on those grounds<>

PRINCIPAL TUTOR 1: my feeling is if there is any doubt we should be very careful

PERSONAL TUTOR 1: well I wasn't very happy but I felt the student didn't perform as well as her current practice would suggest

CHAIRMAN 2: It seems to me there is a little bit of doubt
<to external>: do you have a little bit of doubt ?

EXTERNAL 2: well I don't think she performed too badly on the specifically health visiting aspects

PRINCIPAL TUTOR 2: The regulations are quite clear. She has to pass on the case studies <the oral and the supervised practice report> overall.

INTERNAL 3: I don't think I would welcome her as a health visitor. I think she <answered in> a very abstract way, or mechanical way. I don't think I saw any sign of either factual knowledge or insight. Now whether it is fair to judge her at this stage of an extended placement

PERSONAL TUTOR 2: I don't think she showed herself up very well. She appeared very nervous. Questions that the external asked her <she didn't answer satisfactorily> could have been answered by her, but she couldn't pick up the cues. Given the opportunity later she still didn't seem able to follow up. Did you feel she was anxious. She appeared to me to be rather defensive. Instead of answering questions she tried to give repeated examples of how she had improved in practice without answering the questions.

CHAIRMAN 3 : <Reviews situation> <External> just about satisfactory, <Internal> just about not satisfactory. Am I right ?

PERSONAL TUTOR 3: forgetting this morning, which I'm still confused about. I have visited here on practice three times and she has certainly improved in health visiting knowledge

<.....>
She has never been academically <able> I mean able to correlate sociology, psychology and policy to health

visiting or very articulate in that way. But she seems to me safe. I saw nothing of that improvement this morning. She was very defensive and anxious

PRINCIPAL TUTOR 3: The regulations are fairly clear that the student must, has to satisfy the examiners in the case studies as well

EXTERNAL 3: yes well the case studies I wouldn't have passed her on the case studies

PRINCIPAL TUTOR 4: <gives a review of why the student was deferred- health reasons >

ACADEMIC(1) 1: I'd like to ask a question. I think I'm right in saying that all the students have an opportunity to re-look at their case studies before the viva so that they might criticise them themselves, right. And suggest how they might do them now. I mean <improve on them. This student is in no different position from the> others, even though she was deferred. Rather better placed in fact <....> time lag. Now we have to ask ourselves did she give evidence of being able to remedy her case studies ?

EXTERNAL 4: well not really. No I wouldn't have said so. I would have said not. No I wouldn't. Not really, no

INTERNAL 4: It's not really a matter of integrating theory with practice. There are a great many students who we have passed who have not been able to integrate theory with practice. I'm not at all sure I can

<laughter>

PERSONAL TUTOR 4: To quote a case in point where her performance was poor. I know she knows about the primary health care team and she wasn't able to answer this question until it was all specified. Then it came out. She didn't expand on the functions of the members. She seemed to have a mental block.

<.....>

The questions put by the external examiners (sic) were supportive and easy. That's why I think this morning's performance wasn't a reflection on her true self.

CHAIRMAN 5 : There seems //

PERSONAL TUTOR 5: She knew the information once she was told it

CHAIRMAN 6: //that seems to be two who would give her the benefit of the doubt and one not

ACADEMIC(2) 1: Perhaps you could outline what would be the consequences of referring her after a period of deferral

PRINCIPAL TUTOR 5: they wouldn't be very different from any other student <details the regulations> and her sponsoring authority might not be too pleased to have it extended anymore

ACADEMIC(1) 2: would they be likely to withdraw sponsorship

PERSONAL TUTOR 6: not in this case I don't think so, given the satisfactory report from the field. I mean as far as they are concerned she is more than satisfactory <retails some opinions of the nursing officer on the satisfactory nature of the student>

CHAIRMAN 7: Two are saying just a pass, one is saying not a pass

INTERNAL 5: Does it require a unanimous <decision>?

PRINCIPAL TUTOR 6: I think regulations provide for this <searches>

< some 'side discussions ' break out which I did not get down >

PRINCIPAL TUTOR 7: 'The board of examiners must reach a final decision'

CHAIRMAN 8: well a majority of the board would seem to serve <reads> 'The inclusion of a non-professional member should include a balance'

<Laughter (the laughter presumably relates to the fact that it is the Internal who is a 'non-professional' and it is he who is standing out against a pass)>

CHAIRMAN 9: my own view is that we have an external examiner here and one of the purposes of an external examiner is to see that standards are maintained so//

EXTERNAL 5: //I wouldn't mind employing her as a health visitor, given that I could put her under a good nursing officer

ACADEMIC(1) 3: well as I understand it we can't pass someone on the grounds that they will be well supervised. We have to pass them on the possibility that they might be poorly supervised. License to practise as an independent practitioner in her own right and that sort of thing

PRINCIPAL TUTOR 7: yes, yes and//

ACADEMIC(2) 2: //all very well all very well but if we do

know she is going to be well supervised

PRINCIPAL TUTOR 8: no she should be passed as someone safe to practise independly, or not at all and if we have any uncertainty at all//

TUTOR 1: well this does make the case for the probationary year. This problem wouldn't arise if they had a probationary year

INTERNAL 6: I'm quite certain in not recommending her

<Silence>

INTERNAL 7: I think we need a lead

CHAIRMAN 10: well my own view is that we have a majority view in favour. I am going to propose we take a vote that a pass is recommended. Will anyone second that proposal.

EXTERNAL 6 : <indicates >

CHAIRMAN 11: all in favour

<five raise hands: external, academics 2 and 3, personal tutor and another tutor>

CHAIRMAN 12: against:

<no one raises their hand. Effectively abstentions include the internal examiner, academics 1, 4, 5 & 6, principal tutor and another 2 tutors>

APPENDIX 5

The case of the black stockings

<Field note>

Ms X had completed all her college assessments satisfactorily and had passed her written examinations. Before the viva voce the senior tutor asked the external to take a 'specially close look' at the student because there was some concern about her in the field. From the viva her health visiting studies and her viva performance were judged as good. After the viva the senior tutor disclosed that the fieldwork report did not recommend that the student should be granted a licence. The proforma itself was completed in such a way as to indicate a satisfactory performance on all matters except those concerning relationships with colleagues. The Senior Tutor told the external examiner that the student has experienced a 'severe clash of personalities' with the health visitor who supervised her in the field. Unfortunately it had been impossible to change her placement. Much of the interpersonal difficulty revolved around the health visitor's opinion that the student wore unsatisfactory dress when on placement, particularly black stockings, and that she had refused to alter her dress when asked to do so. The external examiner in consultation with the other external asked for the assessor of supervised practice to be called to the final examination board meeting.

At the meeting this nursing officer was asked to give an explanation for why she had not recommended the student to pass. She gave an account stressing the student's inability to defer to authority, and her inability to make good relationships with colleagues. The 'black stockings' she said were only a small incident in a wider pattern of awkwardness.

The nursing officer withdrew, and in the discussion which followed the examination board constructed a picture of the case with the following elements. The nursing officer actually did not know a great deal about the student, but was relating the views of a front-line health visitor. In this respect she was derelict in her duties as an ASF. The wearing or not wearing of black stockings was considered to be a matter of little relevance to health visiting practice and should not have been made an issue in supervision. It was noted that twelve months previously when the student had been a hospital nurse she would have been sanctioned for not wearing black stockings.

The nursing officer was called back to the meeting and

questioned about her knowledge of the student. She admitted, at least to the satisfaction of the board, that most of her knowledge was second-hand. She admitted in addition that she had been provided by the fieldworker with two reports (which she should have written herself), one recommending a pass and the other not. The final decision had been made after a telephone call to the field supervisor.

By this time the ASF was highly embarrassed and was easily persuaded to agree that the problem had been one of a clash of personalities, and departed to supply a report recommending a pass.

In the discussion which followed this, much was made of the 'general' unprofessionality of the field, and the unreliable nature of reports emanating from there and the expectations of fieldworkers for deference from students, rather than excellence in practice. It was also noted that although the student would be granted a licence to practise, that her life would be a misery now she has upset them in charge.

This case is interesting insofar as it shows the college over-riding what is technically a veto held by the health service over licensure. The major reason why a change of mind by the field was possible is that the ASF was caught out in some procedural torts. This is the only case where the ASF has been persuaded to alter a recommendation that I have come across.

APPENDIX SIX

Howard Blows the Scene

<From an Intermediate Level Ratification Meeting>

Principal Tutor: Mrs Baxter, 59, 57, 53, 52, 56

Chairman: a consistent overall standard, and if the external examiners agree it seems we should recommend a pass

Howard: well you know I don't want to be awkward, but isn't this all rather a waste of time. I mean no one on the list is going to fail <..> and there is no way in which this meeting is going to consider, hmm how it is that a mark of 56 is arrived at. So why don't we just say they've all passed and save ourselves a lot of

<laughter>

Chairman: I think the important thing is to look at each student in turn, and to give everyone concerned the opportunity to comment, including of course the external examiner

Howard: All right then I want to comment. I think the marks on, on, .. section 4 B don't correlate with the marks on the other sections. Section 4 B was a test of rote learning, whereas all the other sections tested more sophisticated skills. That's my comment

Chairman: I will have to rule that out of order. That is a matter, was a matter for the moderating meeting in March. <We will of course bear the comments in mind for the next moderating meeting. For next year's students>

Howard: yea, but the moderating meeting only told us what the questions were, not how they would be marked

Chairman: I think we should proceed. Unless of course the externals wish to take the matter up

External: No, no I agree with your ruling. <I think it is a matter for the moderating meeting>

Principal Tutor: well then with your permission; Ms Channing. Ms Channing has marks of....

<reconstructed from verbatim notes>

'Howard' here was an academic lecturer who had all the qualities of the 'History Man' and was not averse to breaching the niceties of examination board meetings. In this case he raises a matter 'out of time', but in addition he brings to doubt something which is generally taboo: the relative ease and difficulty of assessment on different sections of the syllabus. Note how as usual the chairman copes with the situation by drawing the external's authority behind his ruling.

Council for the Education and Training of Health Visitors

CONFIDENTIAL

Form of Assessment for the Period of Supervised Practice

Part II Examination

Name of Student

Training Institution

Dates of Practice From To

Name of Area Health Authority or Board

Name of Health District

1. Description of the setting where the student was working

(Refer to explanation of terms used at page 6.)

a) Geographical Area or Practice Link

If Practice Link:

Maison

Alignment

Attachment

b) Based in:

Surgery

Health Centre

Clinic

Any other (Please indicate)

c) Caseload allocated to student during supervised practice

d) Caseloads carried by Health Visitors in the group within which the student is working (See a) above)

It is expected that all students will have the following experience during supervised practice, but this should not be regarded as exclusive of other aspects of health visiting.

2. Assessment of the ability of the student

Tick in appropriate box

X	APPLIES	to	X	APPLIES	Y
	MEETS				

X = Extracdy good ability

Y = Poor ability

A. Organization of Work

- Planning of Work:
 - Short term
 - Long term
 - Overall
- Assessment of Priorities
- Record Keeping
- Report Writing
- Ability to cope with crisis situations

Any additional comments

.....

.....

.....

B. Home Visiting Activities

- Establishment of relationship with individuals
- Ability to show an attitude of acceptance to clients of all types
- Health Visiting Assessment of family situations
- Identification of needs
- Flawless of Care:
 - Short term
 - Long term
- Implementation of Plan:
 - Short term
 - Long term

Any additional comments

.....

.....

.....

C. Clinic Management

1. Organization and management of a clinic
2. Relationship with colleagues in the clinic team
3. Establishment of relationships with the clinic personnel
4. Ability to give relevant advice in terms understandable by the client
5. Organization of subsequent action

Any additional comments

.....

.....

.....

D. Group Teaching

1. Awareness of Health Education needs in the area
2. Ability to draw on available resources
3. Ability to plan group teaching
4. Ability to implement group teaching plans
5. Self evaluation in group teaching

Any additional comments

.....

.....

.....

E. Contact with other agencies

1. Knowledge of statutory and voluntary agencies in the area
2. Selection of the appropriate agency
3. Understanding of the need for discretion in the use of confidential material
4. Establishment of relationship with workers of different agencies
5. Awareness of case conference/case discussion techniques
6. Demonstrate the ability to successfully introduce family and agency

Any additional comments

.....

.....

.....

1.2. This form should not be completed until at least seven weeks of supervised practice have been undertaken.

4. RECOMMENDATION

In your opinion, has this student satisfactorily completed the period of supervised practice?

YES	NO
-----	----

(Please TICK the appropriate box)

NOTE: If "NO", please be certain that the reasons for this decision are made quite clear in your report. Space has been left at Question 5 for such comments.

Signature of Assessor

Name in BLOCK CAPITALS

Designation

Date of Completion of Form

5. TO BE COMPLETED BY THE STUDENT

I have seen this completed form and discussed its contents and recommendations with my assessor.

Signature of Health Visitor Student

Date

Explanation of terms used in the Form of Assessment for the Period of Supervised Practice

Description of the settings where the student was working:

(i) Geographical Area or Practice Link

For the purpose of completing this form:-

Maison means:

Health visiting staff who work in a geographical area, from premises other than the practice premises, who have regular contact with specified general practitioners as appropriate in their area regarding the families visited.

Alignment means:

Health visiting staff who work from premises other than the practice premises but visit families on the list or lists of a particular G.P. or group of G.P.'s, who are not deemed to be formally attached.

Attachment means:

Health visiting staff who closely associate with a group of general practitioners visiting the families on the practice list and designated as formally attached. They may or may not have their accommodation with the practice premises.

(ii) Caseload allocated to the student:

See Guidelines for the Period of Supervised Practice, Page 3, The Placement.

(iii) Caseloads of Health Visitors in the Group:

It will be of help to the Examination Board to know the size of caseload carried by health visiting staff in the group within which the student is placed.

APPENDIX EIGHT

Transcript of first thirteen minutes of a viva voce examination. The names of persons and places have been changed in the transcript. The tape from which this transcription was made was supplied by a tutor in a college which does not otherwise feature in this thesis. I understand that permission for the tape to be made was granted by those featured in it.

TUTOR: This is Miss Adams

INTERNAL EXAMINER: Hi

STUDENT: hullo

TUTOR: and here your external examiner Mrs Jones/

EXTERNAL EXAMINER: /hallo/

STUDENT: /goodmorn/

TUTOR: /and John you already, hh, he's hh, the, hh/

INTERNAL EXAMINER :hi, again, how are you enjoying/

TUTOR: /internal examiner/

INTERNAL EXAMINER: /supervised practice ?/

STUDENT: its been, fine, very/

EXTERNAL EXAMINER: well, make yourself comfortable-are you sitting comfortably-(laughs) then I'll begin, no I won't really. We've read your studies, and John's going to start with a few questions on your neighbourhood one

INTERNAL EXAMINER: yea, right, good. Well this was about Newton

wasn't it/

STUDENT: /ves/

INTERNAL EXAMINER: /which is quite an interesting area to health visit in I should think, or at least you've made it quite interesting

STUDENT: thank you

INTERNAL EXAMINER: yeah, and especially the, what shall we call it the downtown area, where you have a lot of ethnic diversity

STUDENT: yes I found that most fascinating

INTERNAL EXAMINER: well perhaps you'd like to start off by telling us what kinds of problems it presents to the health visitor

STUDENT: hmmm, well I think a lot of the problems are the same as. I mean I don't think race has much to do with most of the problems. There's unemployment, and low incomes and some of the housing is very bad, and its the kind of area where the uptake of service is very poor even if, hmm whoever sort of person it is.

INTERNAL EXAMINER: perhaps you could focus on that for a moment, the uptake of services. Which services in particular, and how might it be improved.

STUDENT: hmm well to my mind its the antenatal services which are most important/

INTERNAL EXAMINER: /are they, do they work

STUDENT: /the studies in, from Nottingham show that they actually do save lives

INTERNAL EXAMINER: good, that's what I wanted to hear <

silence> well you were/

STUDENT: o yes, uptake, mm. I think its partly where they are located which isn't in the area, but two bus rides away, away for some people. The services ought to come to the people

INTERNAL EXAMINER: but I thought health visitors did antenatal care/

STUDENT: yes, but in that area they're supposed to go to the classes run by the midwives which is in the hospital, and then there are all the tests and the obstetric appointments.

INTERNAL EXAMINER: I see

STUDENT: so there isn't really a health centre, because the Doctors won't have one, and well as I said the people have to go to the services, and often they don't

INTERNAL EXAMINER: so.

STUDENT: well, in addition there is the problem of convincing the mothers that they will benefit from getting on two busses often with other children. It isn't easy I might say.

INTERNAL EXAMINER: you've got an ethnically diverse population

STUDENT: that's another problem there. A lot of my fieldwork teacher's mothers were young West Indian single parents, who are very alienated from any kind of hhmm. But I will say if you could convince them that something is for the baby's own good, then they will make a great effort to do it. But that doesn't extend to things like smoking or keeping appointments before the baby is born. I don't think they can imagine it, before its born.

INTERNAL EXAMINER: Why do you think so many West Indian

girls get themselves pregnant so young

STUDENT:well it is a cultural pattern

INTERNAL EXAMINER:yeah I suppose so

STUDENT:in the West Indies women do bring up the children often unsupported.

INTERNAL EXAMINER:uhmm

STUDENT:and they do get priority for housing

INTERNAL EXAMINER:do you think they do it for the housing

STUDENT:maybe hmmm .I hmm I don't quite think that

INTERNAL EXAMINER:you mentioned high unemployment in the area

STUDENT:o yes well,yes,I mean they really don't have much to look forward to.Having a baby of course gives them an independent income,and a flat of their own.

INTERNAL EXAMINER:its the quickest way into adulthood isn't it

STUDENT:yes,that's right,it is a/

INTERNAL EXAMINER:/good I'm glad you understand that.Now another thing you mentioned was unemployment.Tell us a bit about the causes of unemployment in the area.

STUDENT:well I suppose the basic thing is the sort of area it is.Its the same as everywhere in inner-city type areas.The older industries have closed down and they simply haven't been replaced.It used to be quite a prosperous area because of Kemsings the big toolmakers,and then there was a lot of engineering industry as well.

INTERNAL EXAMINER:Kemsings closed

STUDENT:about four years ago,though it was in a bad state

before

INTERNAL EXAMINER: why do you think it closed

STUDENT: it was some sort of take over and the new company
just closed it down.

INTERNAL EXAMINER: how does that fit in with a broader
pattern

STUDENT: mm, hhhmmm well, I'm not quite sure I get your drift

INTERNAL EXAMINER: the restructuring of industry

STUDENT: with the Third world countries?

INTERNAL EXAMINER: not directly no

STUDENT: mm, well its probably about British industry being
uncompetitive, because of the, hh, low levels of investment

INTERNAL EXAMINER: that's not quite what I was, no, I was
referring the way in which the ownership and control of
industry is becoming very concentrated into a few hands.

STUDENT: well yes

INTERNAL EXAMINER: and

STUDENT: sorry

INTERNAL EXAMINER: where are the decisions taken

STUDENT: yes Kemsings was very much a local family firm. Some
of them were mayors, and they did a lot for the local
community, but now the industry is owned by big
companies, they don't take local needs into account

INTERNAL EXAMINER: exactly, that's exactly it. Now something
closely related. Tell us what you know about the links
between unemployment and health

STUDENT: ah, yes, we did this with Margaret Brenner, isn't it

INTERNAL EXAMINER: Harvey Brenner is a big name in the field.

STUDENT:Harvey Brenner says there is a strong link between cycles of unemployment and the death rate isn't it.

INTERNAL EXAMINER:more or less,but what about.But Brenner's work just correlates trends.He doesn't tell us anything about mechanisms.Why should unemployment affect mortality if it does.

STUDENT:its the stress mainly I should think

INTERNAL EXAMINER:how would that work

STUDENT:coronary attacks,raised blood pressure,suicide

INTERNAL EXAMINER:is there any evidence for that

STUDENT:I think there is

INTERNAL EXAMINER:yes

STUDENT:<silence 3 secs>

INTERNAL EXAMINER:well it does show up in the British Heart Survey,anyway.I think you've got the link between socio-economic conditions and mortality all right...ah but perhaps not quite.Presumably this area has high mortality rates like others of the same sort

STUDENT:yes I show that in the study

INTERNAL EXAMINER:as indeed you do.Right now we've been talking about way unemployment and perhaps poverty causes illhealth,can you think of another way in which this area.Another reason why this area might have high rates of sickness

STUDENT:environmental pollution

INTERNAL EXAMINER:maybe,what would you be thinking of

STUDENT:lead especially.I don't know of any studies in that area but elsewhere they do show high lead levels in inner

urban children

INTERNAL EXAMINER: and what effects would that have

STUDENT: well mainly on school performance. It's supposed to lower the IQ of children

INTERNAL EXAMINER: and where does it come from. this lead

STUDENT: exhaust emissions mainly, but in an area like this there may be old lead piping

INTERNAL EXAMINER: good you know something about lead but actually that wasn't what I was thinking of: what other reasons might give the area a high mortality rate.

STUDENT: well as I said there are probably cultural factors. It's a predominantly class V area, and smoking and drinking and possibly diet, as well as what I said about the uptake

INTERNAL EXAMINER: yea they'd be important. You talked about Kemsing's closing. What sort of people did Kemsings employ.

STUDENT: well, I suppose, well engineering workers mainly

INTERNAL EXAMINER: they're not class five are they. Skilled men aren't they. So what happens when a factory closes

STUDENT: they get de-skilled

INTERNAL EXAMINER: yes and

STUDENT: and some of them move away

INTERNAL EXAMINER: what sort of people move away

STUDENT: O I see yes, it's the more skilled people who move away and leave the less skilled people behind

INTERNAL EXAMINER: yes they take their death rates with them, and they leave behind poorer and often sicker people. That's very good. Just one more thing which takes us

right back to the beginning. You were mentioning the up take of services, and you've got a multi-racial area. Any special sorts of services there ought to be ?

STUDENT: there ought to be far more interpreters for the Asians

INTERNAL EXAMINER: yes there ought. That's quite right. I was actually thinking of something else. What do you know about sickle-cell anaemia

STUDENT: its a genetic condition which is thought to give some protection against malaria. I think its a recessive condition and its found in people of African origin. It presents with muscle cramps and a lack of concentration in children.

INTERNAL EXAMINER: is there a screening service locally

STUDENT: no there isn't which is something of a scandle, because I understand its very easy to screen /for/

INTERNAL EXAMINER: /so/ perhaps health visitors ought to be screaming for it. That's very good I hope you'll make it a priority to pressurise for a sickle-cell anaemia service when you, if you work in an area like that

STUDENT: yes, I think its very important

INTERNAL EXAMINER: good, smashing, well I'll hand you over now, o.k.

EXTERNAL EXAMINER: yes, mm I hh want to ask you just a few on your neighbourhood, which was very well presented I should say

The Primary Health Care Team. Now you, mm, reading between the

lines a bit you weren't very impressed with the doctors in the area

STUDENT: no well they weren't very impressive in the primary prevention field. Hmm, I should have said, but I didn't that they were all rather getting on except for the Asian Doctors, and they were a bit set in their ways. They wouldn't have anything to do with a health centre/

EXTERNAL EXAMINER: /you were attached

STUDENT: my fieldwork teacher was attached to 3 practices. which made for complications. Two of them were just lock-up surgeries

EXTERNAL EXAMINER: what were the attitudes of the doctors towards health visiting ?

STUDENT: to put it bluntly, they didn't want to know. One of them as I said wouldn't even let us look at the patients' records.

EXTERNAL EXAMINER: that must have been very difficult.

STUDENT: It meant she had to make up her own records from what she could sort of glean from her families

EXTERNAL EXAMINER: what, should a health visitor do in those circumstances, do you think

STUDENT: well its all very well to say that she should try to educate the doctors, but if they won't even talk to you that's very difficult isn't it

EXTERNAL EXAMINER: perhaps things arn't always that bad

STUDENT: well, then you can show the doctor how what you are doing is preventing illness before it arises, and I suppose you could move slowly towards some kind of understanding, but

with most of these doctors, they'll be retired before that would happen

EXTERNAL EXAMINER: yes I suppose, you're right, well the other thing I wanted to comment on was your graph on infant morality rates. They are on page 17 if you want to. Now you've got graph there of the infant morality rates of the local area/

STUDENT: ah yes I should explain about that. It's rather misleading because I couldn't get the figures for the exact area

EXTERNAL EXAMINER: no I understand that, that's fine. I mean its not fine, but if the figures aren't produced you can't be expected to find them can you, no what I want. Look you've got the local figures leaping up and down all over the place, and a nice smooth line for these national ones. Now why?

STUDENT: I don't think I copied them wrong

EXTERNAL EXAMINER: I'm sure you didn't. What do those ups and downs mean?

STUDENT: when they go up the infant mortality rate goes up

EXTERNAL EXAMINER: yes but why do they. Let me put it this way. Between 1975 and 1976 they go wizzing up. How many extra deaths is that percentage rise? In raw numbers

STUDENT: I don't really know but it can't be very many, five?

EXTERNAL EXAMINER: that's right and you see an extra three deaths here can be a 20% rise in the rates. Its what happens with small numbers, you see when you put them in percentage terms, and it can cause health visitors to go rushing round wringing their hands when its just a kind of trick of the

numbers. Good I'm glad you understand that. So I want to pass on to your first case study

STUDENT: the Green family

EXTERNAL EXAMINER: I think so..errrrr yes, the Green <silence> family. Now in this case you were dealing with a family where the husband was unemployed. How do you think that effected the case

STUDENT: yes well. I must say I'm not very pleased myself with that case-study, especially on the unemployment angle. I don't think at that stage I could handle husbands if you see what I mean.

EXTERNAL EXAMINER: he was a rather dominant personality.

STUDENT: yes and I think being inexperienced then I saw him as really getting in the way of me, which sounds absolutely awful doesn't it, but when he was there, which was usual I couldn't really get to Mrs and instead of taking advantage of the situation to look after his health needs, I just kept wishing he would go away

EXTERNAL EXAMINER: hmm we talk a lot about visiting the whole family don't we

STUDENT: I think when, then I hadn't quite grasped that

EXTERNAL EXAMINER: but there is a problem there isn't there

STUDENT: mm, well as I said I was very inexperienced

EXTERNAL EXAMINER: no, no I think you had real problem that the experienced practitioner would find difficulty with. You said it yourself

STUDENT: well yes it was very difficult to get to know Mrs Green. It wasn't 'til the end that I began to feel I was

making any relationship with her at all. Her husband did inhibit her

EXTERNAL EXAMINER: that's right I don't think you handled it too badly, but how would you do it better

STUDENT: now I've got more confidence I'd simply ask to see her alone

EXTERNAL EXAMINER: easy isn't it <laughs> yes, well that wasn't actually what I was going to ask you. What I was going to ask you was how well you thought you dealt with the unemployment implications of the case.

STUDENT: well, they taught me more than I taught them about benefits I think, also I didn't think he really had much faith in getting another job. I really got very personally involved in that, because as unemployment went up I was saying things like something will turn up, and I didn't believe it, and he didn't believe it and I felt dreadful about it.

EXTERNAL EXAMINER: yea, but you did try and interest him in some hobbies and things didn't you, you say

STUDENT: o, mm, yes I did, and mm the glass engraving was a great success, so much so that I've got a goblet to prove it on my sideboard.

EXTERNAL EXAMINER: there are some perks in health visiting then

STUDENT: I was more gratified that he took my advice really

EXTERNAL EXAMINER: yea I'm sure, anyway that was a success story, but, mm the question of little lobby, was it

STUDENT: yes

<silence 4 seconds>

EXTERNAL EXAMINER: yes<silence 3 seconds>

EXTERNAL EXAMINER: his speech delay, now what sort of things cause speech delay

STUDENT: well, it could be low intelligence, or a hearing defect, or a lack of stimulation, which it was the latter which I thought it might be

EXTERNAL EXAMINER: yea

STUDENT: though I think now I was being a bit judgemental. I simply assumed that this was a working class family and they sort of wouldn't stimulate their children. It was actually John put me right

INTERNAL EXAMINER: <laughs>

STUDENT: because it was a noisy friendly sort of family with lots going on, and it would be difficult not to be stimulated in such an environment

EXTERNAL EXAMINER: yes I think its very easy to jump to conclusions about class patterns and assume because they are different they are bad. So you mm, hmm, you mm, you adjusted your view

STUDENT: yes it was because he had a cold at his developmental assessment, that he hadn't had the hear<silence 2 seconds> well he had had it but everyone put it down as a cold

EXTERNAL EXAMINER: I see, so, what are the implications of hearing loss at that age

STUDENT: well speech delay, of course, but a general hmm, well a lack of concentration and easy frustration, especially when

there are a lot of people/

EXTERNAL EXAMINER:/remind me what did you advise the mother on the management here ?

STUDENT:well basically what she could expect,and that she should make a point of taking loby aside and paying special attention to him.And the lip reading later

EXTERNAL EXAMINER:good,that's very good.John do you want to come in on this before I move on ?

INTERNAL EXAMINER:yea,umm,yea,er just one sort of question on it,mm,that is.Well in this case the family were very clued up on their benefits as you said.Suppose they hadn't been.What would you have done.

STUDENT: <untranscribable>social worker

INTERNAL EXAMINER:why do you say that

STUDENT:well ,hhh,they deal with the financial aspect of things

INTERNAL:I don't know why health visitors always say that.Social workers are actually very bad at benefits,

STUDENT:no I'm,I'm very sorry,I meant the social security

INTERNAL EXAMINER:lets get this straight.Who do social workers work for ?

STUDENT:the local social,local authority social services department

INTERNAL EXAMINER:good,and what about social security?

STUDENT:that's national,with sort of local offices,and if you apply the,the,visiting officer I think he's called,calls

INTERNAL EXAMINER:what about the role of the health visitor there.Is that it? Just a referral

STUDENT: no, its up to her to check they are getting what they are entitled to

INTERNAL EXAMINER: yes, that's right, that's good, because they regretablely often get it wrong and therefore/

STUDENT: /but sometimes the families don't want you delving into their financial affairs

INTERNAL EXAMINER: no but/

EXTERNAL EXAMINER/ that's right, you would have to respect their privacy, mm, hh, mm, n, I'd like to move onto case study two, if that's/

INTERNAL EXAMINER: /yea/

EXTERNAL EXAMINER/ alri/

INTERNAL EXAMINER: /yea

EXTERNAL EXAMINER: now in case study two, its your old lady, which is a marvellous old lady wasn't she

STUDENT: yes

EXTERNAL EXAMINER: just tell me what you thought you did for her

STUDENT: well we would have to call it routine surveilliance
<laughs>

EXTERNAL EXAMINER: hmm

STUDENT: well, basically she was well cared for with the daughter. She had all her benefits as I checked, and her diet was good

EXTERNAL EXAMINER: how did you know that ?

STUDENT: I looked in her larder. I felt a bit sneaky doing that <laughs>

EXTERNAL EXAMINER: no

STUDENT: no I know. but. and I hh I made sure I called at
around mealtimes so I could actually see that she was eating
to her diet/

EXTERNAL EXAMINER: she was. mm. a mm diabetic, wasn't she

STUDENT: yes of late onset. she wasn't <untranscribable>
insulin. I got her daughter some diet sheets from the
dietician. but hmm she didn't really need them.

EXTERNAL EXAMINER: so your contribution to her welfare ?

STUDENT: iust being there, re...ally, in case I was
needed, which fortunately I wasn't

EXTERNAL EXAMINER: yes that's absolutely right. It's often
difficult to convince people that health visitors do
anything useful by just being around, but that's it, hhm
exactly <silence 5 secs>. Now I'd like to move to study
three, unless John

INTERNAL EXAMINER: iust one or two, with this
one, hmmm, uhh, when I sort me notes out. here.

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Figure 1: pattern of assessment for first 9 months of HV course:
 'Intermediate level': September to June. (The last 3 months are spent in full-time 'supervised practice'. 'Final assessment' - in September - involves a viva voce exam. based on studies written during the first 9 months and reports on practice

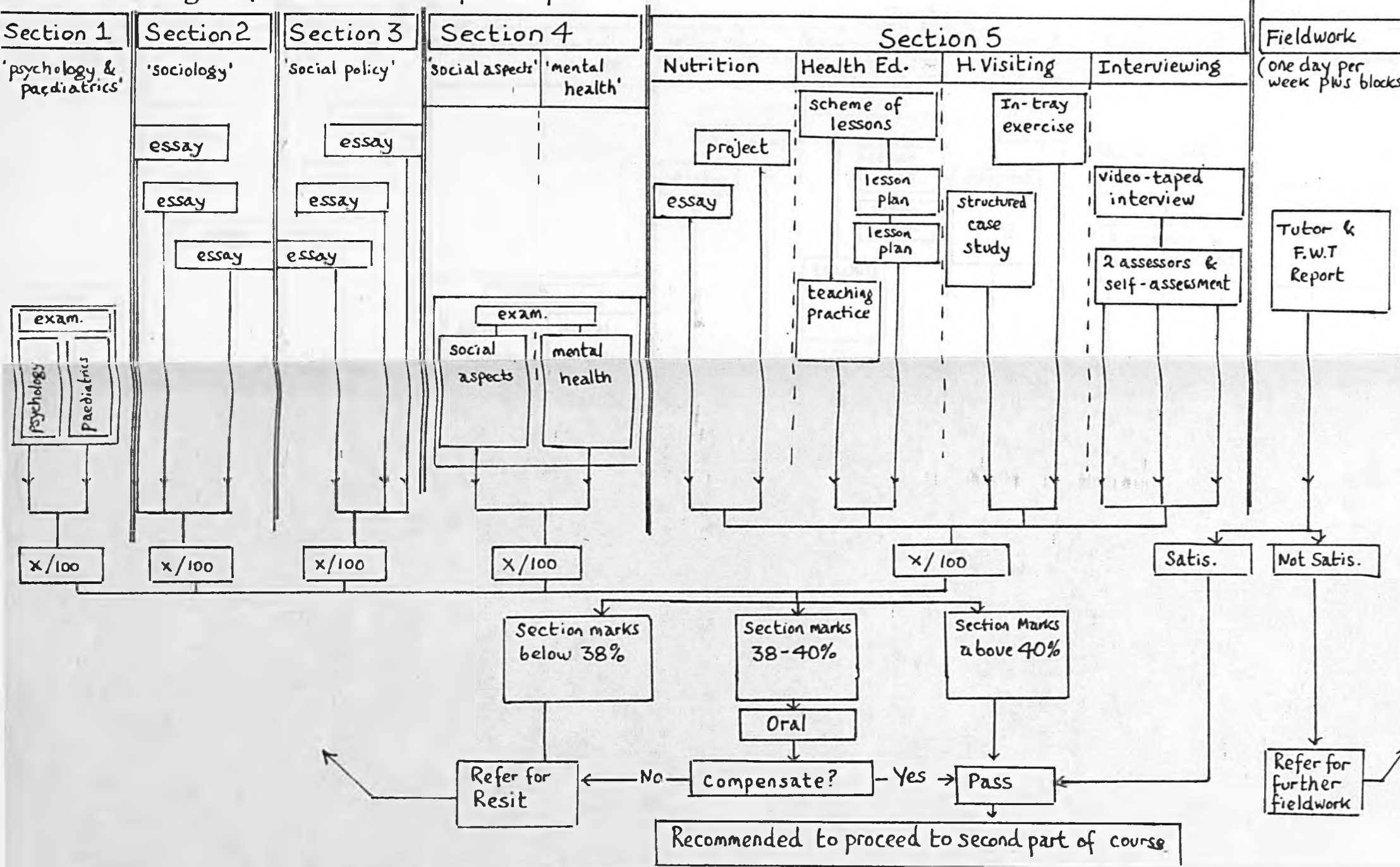


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