

## **The informal curriculum: a case study on tutor reflexivity, corporate agency and medical professionalism**

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### **Abstract**

Professionalism is a focus for student learning in many disciplines. It is known, furthermore, that interpersonal interactions between staff and students constitute an informal curriculum that has a significant influence on students. But the origins of this informal curriculum are not fully apparent. This article offers a multiple case study that explores the genesis of tutors' facilitation practices in small group medical teaching. Facilitation practices were seen to develop in response to a wide-ranging set of social, professional and critical concerns, affecting notions of professionalism promoted to students. Most tutors exhibited a mode of reflexivity that was extended in time and reach, with tutors also progressing mutual actions through communal deliberation. We thus identify ways in which the informal curriculum is grounded in both the primary agency and the corporate agency of tutors. In looking to promote professionalism, it is essential that curricula are staff as well as student centred.

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### **Introduction**

In recent years professionalism has become a specific focus for teaching in many disciplines, whether in medicine (Hilton and Southgate 2007), dentistry (Masella 2007), teacher education (Hargreaves 2000), legal education (Stuckey 2007) or elsewhere. This, indeed, mirrors the growing importance of professional work in the economy at large, with a recent report categorising one in three jobs in the UK as 'professional' (Milburn 2009). Adler, Kwon, and Heckscher (2008) argue that this reflects a long-term trend towards growth of knowledge workers and expert occupations within the global economy. One stance identifies professionalism as the individual attitudes, capacities and behaviours that are required to serve clients. Hoyle and John (1995), for instance, suggested that professionalism requires a knowledge base, the capacity to act independently of others and a readiness to take on responsibility. Another position, meanwhile, emphasises that professionalism depends on the social and organisational basis for practice (Martimianakis, Maniate, and Hodges 2009; Evetts 2003).

The dominant educational approach is to shape the formal curriculum in light of such notions of professionalism, with Cruess and Cruess (2008) arguing that the teaching of professionalism should cover both the organisational and individual bases for professional practice. Nonetheless, challenges remain in demonstrating a long-term impact on the attitudes of students towards professionalism (Jha et al. 2007). It is far from clear that shifting formal teaching requirements will necessarily address the influence on students' professionalism of the interpersonal interactions and cultural norms that have been identified as constituting an informal curriculum (McCaslin and Good 1996; Hafferty 1998). Cottingham et al. (2008, 715) argues that 'an organization's culture is actually manifested and sustained as everyday patterns of human interaction'. Cruess and Cruess (2006, 206) describe the influence of role modelling as 'a potent means' of transmitting those intangible aspects that pertain to professionalism. More

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specifically, small group teaching offers particular scope for a tutor to influence the attitudes of his or her students. The use of small groups now constitutes a major plank in professional education (Boud and Feletti 1998; McGill and Beaty 2001) with the practices employed by tutors playing a key role here (Savin-Baden 2003). It is thus important to understand how small group tutors take forward their facilitation practice.

Ashwin (2009), furthermore, identifies the need to focus on relationships between structure and agency in understanding influences on the mutually-constituted activity of tutors and students. He argues that we need more ways to conceptualise teaching-learning interactions in higher education (Ashwin 2009, 138). One such conceptualisation has recently emerged with the application to higher education of Margaret Archer's realist social theory. Her work addresses interplay between social structure and agency (Archer 2003; Archer 2007), highlighting the role that an individual's reflexivity plays in mediating the effects of social structure on his or her capacity to pursue purposive or intentional action. We have seen studies that apply such perspectives to a range of issues pertinent to teaching and learning, as with accounts of good teaching (Leibowitz et al. 2011), the development capacity to reflect on professional practice (Kahn, Qualter, and Young 2012), policy implementation around learning (Clegg 2005) and student action in constrained settings (Czerniewicz, Williams, and Brown 2009). But in developing this particular conceptualisation of the way that structure and agency interact in relation to learning and teaching, it is important to consider how the conceptualisation plays out in a variety of settings. Ashwin (2008), indeed, argues that this enables one to avoid treating the elements involved in any conceptualisation of the relationship between structure and agency as static or self-evident.

In this article, we investigate how a set of medical educators develop their practice to promote professionalism through small group teaching. The central objective of our research is to explain the origin of practices employed by a set of medical educators in facilitating small groups, constituting as these practices do part of an informal curriculum. We further consider the impact of these practices on the way that professionalism, as broadly conceived, is promoted in the given setting. In this way we are able to explore one particular conceptualisation of the relationship between structure and agency, one in which both tutors and students are directly involved.

### **Methodology: a collective case study**

The use of an approach based around a multiple case study (Stake 1995) offers good scope to develop a detailed understanding of ways in which a given set of tutors exercise agency in relation to their small group teaching. The small group tutorial practice of a set of tutors may each be regarded as a bounded system, and thus as a case. This approach mirrors that taken Margaret Archer used to develop realist social theory, where she employed extended dialogic interviews to tease out characteristic aspects of the reflexivity exhibited by specific individuals (Archer 2000; Archer 2007). Reflexivity, or reflexive deliberation, here constitutes the ordinary use of one's mental powers to view oneself in relation to social contexts, as with mulling something over, imagining future scenarios and reliving past experiences (Archer 2003, 133). In this way we prioritise our concerns, commit ourselves to specific projects, and eventually settle on firm practices.

We considered the practices of five medical educators teaching on the undergraduate medical programme (MBChB) at the University of Liverpool, UK (see Table 1). Tutors who had either recently completed the university's Post-Graduate Certificate in

Teaching and Learning in Higher Education or were about to complete the programme were invited to participate in the study. Five tutors were selected from amongst those who volunteered to participate, to ensure a range of teaching roles, contexts and gender. This ensured a reasonably diverse collection of cases as the basis for the study. Given the entry requirements on this programme, each of these tutors possessed longstanding teaching experience. Each tutor provided written consent to participate in the study at the outset, following receipt of an information sheet about the research. The single researcher conducting the study was a tutor on this programme, with steps taken to avoid any conflicts of interest between the tutor and researcher roles

Individual tutors were responsible either for problem-based learning or for clinical teaching conducted in small groups. For problem-based learning, the classes observed were situated within the first two years of the programme, with the scenarios designed to highlight the themes: Structure and Function; Individuals, Groups and Societies; Population Perspective; and Professional and Personal Development. The clinical teaching sessions were from the final two years of the programme (years 4 and 5).

| <b>Tutor</b> | <b>Gender</b> | <b>Small group teaching covered by the study</b>       | <b>Other roles</b>   |
|--------------|---------------|--|--|
| A            | Male          | Problem-based learning (Year 1 undergraduate students) | Research (clinical, laboratory-based and other research)<br>Teaching (postgraduate teaching; other small group teaching) |
| B            | Female        | Clinical teaching, year 4.                             | Clinical practice (General Practitioner)   |
| C            | Male          | Problem-based learning (Year 1 students)               | Clinical practice (Consultant)<br>Research (clinical and laboratory-based)   |
| D            | Female        | Clinical teaching (Year 5 students)                    | Clinical practice (General Practitioner)   |
| E            | Female        | Problem-based learning (Year 2 students)               | Clinical practice (Consultant)<br>Research (clinical)<br>Teaching (other small group teaching)                           |

Table 1. Characteristics of the tutors participating in the study.

Each tutor was observed facilitating a single small-group session, with notes recorded on an observation sheet. Professionalism, as such, was not a specific focus of these sessions, which covered such areas as childhood infections, stress management for junior doctors, stroke management, and post natal care. These were each followed by a 30-40 minute semi-structured interview involving a standard set of questions adapted to reflect the specific facilitation practices identified during the observation. This approach was designed to assist with the validity of the interview, ensuring that the questions and responses were rooted in discussion of actual rather than hypothetical practices (Hsieh and Shannon 2005).

The conceptual framework provided by realist social theory offered an initial basis for coding the interview transcripts. In particular, Archer's three-stage process of mediation describes how cultural and structural properties impinge upon deliberate attempts by individuals to develop their practice (2003). More specifically, Archer refers to such deliberate action as the exercise of primary agency. According to this

model, facilitation practices would develop through a progressive specification of concrete courses of action on the part of the tutor, involving the trajectory *concerns* → *projects* → *practices*. Archer further identifies different modes of reflexive deliberation that affect the way this trajectory unfolds. Communicative reflexives characteristically share their deliberations with others before deciding on a project. Autonomous reflexives prioritise the improvement of practice without such reference to others, and meta-reflexives pay particular attention to social ideals in their deliberations. Finally, deliberation leads to distress for fractured reflexives, restricting their scope to pursue purposeful courses of action.

Data analysis was assisted with the use of the software Nvivo, and focused on building up a picture of the origins for a tutor's practice both for each tutor and across the group of tutors as a whole. Explanation building around the origin of a tutor's practices could then occur on this basis, working from the initial explanation provided by Archer and comparing insights across the different cases. Consideration was also given to identifying extracts from the interviews that were coded with more than one category. One key challenge here was to incorporate into our analysis consideration of the identified connections between categories. This would assist in identifying aspects of each case that fitted or did not fit with Archer's model of the progressive specification of action, and thus in generating potential alternative explanations across the set of cases as a whole (Robson 2011). We see here analytic benefits of drawing on a collective case rather than a single case, as Yin (2003, 53) highlights. We effectively offer in this study a variation on the theory developed by Archer through a set of counter examples. As Stake (1995, 8) indicates, this represents a valid way in which case study research can modify an existing generalization.

### **The origins of tutors' practices**

A varied set of facilitation practices were employed by the tutors in the observed small group sessions. Nine sub-categories were specifically employed to distinguish facilitation practices in coding the interview transcripts (with 88 instances of these sub-categories identified across the transcripts). Questioning of students by the tutor represented the most prevalent technique in operation within the observed small group sessions, whether as a means to move the group on or to ensure students gave further attention to an issue. The study by Little and Hefferan (2000) similarly identifies questioning of students by facilitators as a key tool in the small group setting. Further categories of practices that were discussed during the interviews included offering encouragement, giving information, making personal disclosures from the tutor's own professional experience, and directing the subsequent activity of students; as with one tutor who noted: "At one point today I sent them away to ask questions of their friends, relatives, or whatever." (Tutor A)

A further set of categories were employed in coding interview transcripts to highlight the focus of the tutors' interventions (three main categories and 18 sub-categories were developed, with 151 instances in the transcripts). Through their facilitation practices, tutors drew their students' attention to social and organisational considerations, and to the personal qualities and expert knowledge needed for medical practice. It was clear from both the observations and the interview transcripts that foci of attention and facilitation techniques were closely tied together, as when tutors asked questions if they thought issues warranted further consideration by the students. During the interviews, tutors pointed out specific connections between their practice and the

students' focus of attention on 17 occasions. For instance, in shaping one series of questions to her students, Tutor E indicated that she was "trying to teach them to think logically and to have systems". But what was it that led these tutors to select the given facilitation practices, and to draw their students' attention to specific aspects of professionalism?

The reasons given for the introduction of any given practice are categorised in Table 2, with 154 instances identified overall. It is this data this is of most interest in explaining the origin of practices employed. The holding of specific concerns was specifically linked on twelve occasions by the tutors to the origin of any given tutorial practice, with Tutor C the only tutor for whom this did not apply. Some 28 further concerns held by the tutors were also discussed across the interviews. It was also the case that the tutors specifically linked the concerns that they held to the focus of attention that the practice afforded on six occasions, with specific practices such as asking a question allowing them to draw further attention to a specific aspect of professionalism.

For instance, Tutor A indicated that he had introduced an additional exercise into his facilitation of problem-based learning (at an appropriate point in relation to the scenario):

I try to make them realise that not everyone will have the same view as them. ... One of the exercises I do with them in the first year is 'Stand-up and point to this, this and this'. And they're medical students, and they get it wrong. "Go away get your mums and dads to point to this and this, and come back and understand that 'I've got a pain in my stomach' doesn't necessarily mean 'I've got a pain in my stomach'. It means 'Point to it, describe it more'. You know, so that they get more out of trying to get the person to describe their problems."

This tutor had introduced this specific practice in response to his own concerns over the narrowness of his students:

Yes, the narrowness; what's driven me is the narrowness of the views of the students that come here. They tend to be very middle-class views. They do not go outside their safety zones. They think the whole of the population has the same values and experience.

What we see specifically is that this practice informally promotes to students a willingness to take into account the perspectives of others, while also relying on an approach that involved further engagement.

In such cases we can see directly that facilitation practice develops through a progressive specification of concrete courses of action, whereby practices result from action initiated in response to personal concerns. The account of the origin of these tutors' practices that emerges here is consistent with the basic causal mechanism advocated by Archer (2003).

Our account, though, differs from Archer in the overall pattern of reflexive deliberation in evidence within the interviews. Archer suggests that individuals can be characterised by a single dominant mode of reflexivity. The concerns displayed by Tutors A and E, however, cover the entire spectrum of concerns characteristic of autonomous reflexives, meta-reflexives and communicative reflexives, with the three remaining tutors manifesting concerns from two of these three categories, whether both autonomous and communicative reflexivity (Tutors B and C) or meta-reflexivity and communicative reflexivity (Tutor D). There are similarities here with the study by

Porpora and Shumar (2010), which introduced the further categories *total reflexives* ('high on both autonomous and communicative reflexivity') and *non-reflexives* ('low on both autonomous and communicative reflexivity'). They also identified a category of individuals classed as 'communicative meta-reflexives'.

| <b>Category for reason given by tutors</b>                    | <b>Sub-categories (where present)</b>   |
|---|---|
| Expertise (45)  | Expert knowledge and professional experience related to pedagogy (24) and medical practice (21).  |
| Response to a concern (40)                                    | Concerns typical of meta-reflexives (14), autonomous reflexives (12) and communicative reflexives (12).   |
| Interaction between tutors (18)                               | Discussion linked to teaching (5), resources (4) and professional issues (4); other (5)   |
| Interaction with students during the small group session (14) | Feedback from students (7), exposure to students' concerns (4), other (3).  |
| Curricula (8)   | Relevant aspects of curricula were identified as problem-based learning scenarios (4) and formal guidance on the small group process to be followed (4).                              |
| Resources provided by other tutors (8)                        | Open usage (5), joint selection/development (3).  |
| Other (21)  | Including such subcategories as: Postgraduate programme in teaching and learning in higher education (7), required by the institution (4), and suited to the educational context (2). |

Table 2. Reasons given for the development of tutors' practices, (with frequency of instance for the given category/sub-category as identified within the transcript in brackets).

There was, furthermore, explicit overlap across the categories even in relation to single concerns. We see this overlap in concerns linked to the ethical context within which medical practice occurs (typical of meta-reflexives) that became a focus for attention after discussion with others (communicative reflexivity), as displayed by Tutor D:

I've got some fourth years at the moment in Paediatrics, and they came in to me and said last week that the only topic of conversation is (...) and that this chap's been re-arrested. They've come into the session with that. It's clearly relevant and useful, and you're immediately generating discussion.

Indeed, it was not only communication with students that ensured such a concern emerged as a focus for small group discussion. The tutor also indicated that prior discussion of similar issues with colleagues had occurred in response to a specific question on what had triggered such discussion:

The very fact that the issues are topical. ... Every Paediatrician that I'm coming across is saying, "What do you think about this?"

These above quotes highlight the cross-over between different sets of concerns in the context of medical education, in this case taking in concerns linked to communicative reflexivity and meta-reflexivity. Or again, the quote by Tutor A above in relation to the perceived narrowness of his students also spilled out into discussion with colleagues: “I have discussed certain aspects when it came to religion and Darwinism and that sort of thing. I have really discussed that with colleagues.”

What, though, of the reasons given for the introduction of tutorial practices that were not directly linked by the tutors to their own concerns? One possibility that we address here is the scope for the development of tutorial practice on the basis of essentially non-reflexive decision making. In four instances, tutors identified that the reason for a practice they employed was because it was formally required of them by the university. In particular, one of these instances related to Tutor C who indicated that he essentially only gave time to considering his tutorial practice within the tutorial itself, given limitations of time imposed by his wider roles. His reflexive deliberation in this setting focused, for instance, on the accuracy of the student contributions or how best to encourage the students. Concerns about the operation of the small group, however, were not followed up with the introduction of new practices, as with his concerns over the sources to which students’ would most typically resort:

Am I supposed to say, “No, it isn’t Chapter Seven”, because it is! I don’t know how I can get them to be more analytical about the sources of knowledge when the knowledge is actually there in a very nice, concise form in books they’ve got and are recommended to take.

This tutor avoided the pursuit of any projects that might result in the development of his facilitation practice. Rather, he pursued what we can term a ‘restricted’ form of reflexivity, in that it did not extend beyond the conduct of the small group sessions themselves. We prefer the term ‘restricted’ to that of ‘non-reflexive’ in that the reflexivity has been avoided within a specific context. This represents a further variation on existing accounts of reflexivity. In such a case, the development of tutorial practice primarily occurs when mandated by those in positions of responsibility for the curricula and student experience as a whole. It is interesting that Flann (2010) identifies relations of domination as an important factor in silencing reflexivity more widely, as one means to the short-circuiting of agency on the part of an individual. This is not to suggest, though, that he was not directly promoting a particular notion of professionalism to his students. He acknowledged, for instance, that in providing some supplementary information directly to his students during the problem-based learning classes, he was emphasising the importance of a knowledge base to medical practice. This emphasis may be linked in part to his own wider roles as a consultant and a researcher.

But it was, furthermore, evident that many of the remaining reasons given by the tutors for the introduction of new tutorial practices by their very nature required the tutor to exercise reflexivity. When accounting for the origin of specific practices, the tutors most frequently pointed to one or other specific objective circumstances, whether their own expertise or experience (see Table 2). This relates to a fundamental aspect of Archer’s account (2003), as to how cultural and structural properties impinge upon agents. Expertise, resources developed by others, ideas offered on a programme of professional development, and so on; all these require the exercise of reflexivity on the part of the tutor if practice is to be affected. A tutor can draw on relevant prior professional experience in order to make personal disclosure during a small group session – but they still need to select from amongst their prior experience in given

professional roles and decide what sort of clinical incident is appropriate to disclose in any given context or which aspect of professionalism to emphasise to their students. Triggers in a problem-based learning scenario may encourage discussion of specific issues, but the extent to which any tutor actually picks up on the issues will be affected by whether he or she possesses actual concerns and prior professional experience linked to the trigger.

This still leaves us with one final set of reasons for the introduction of different facilitation practices, namely those that pertain to interaction with students or colleagues (see Table 2). There is overlap here with communicative reflexivity, as already noted, in that tutors may consult with others before making decisions about their practice, whether these are staff or students. It is, however, possible to distinguish between decisions made to progress a tutor's own personal concerns and those made with a clear sense of shared purpose. Archer (2000, 11) uses the term 'corporate agency' to refer to the way that a group articulates aims, and organises to realise those aims. We can see, for example, a mutual concern amongst tutor and students underlying the introduction of a practice by Tutor B that involved addressing issues pertinent to examinations:

One of the things that had come out of our previous learning objectives as a group is also to try and incorporate part of every session to look at using the information we learnt in an exam setting ... because I'm quite mindful that in less than six months these students will be sitting their finals.

Responsibility for developing a curriculum constitutes one immediate collective task that can be progressed together, although there will remain also ways in which the reflexive deliberation on the part of individual tutors is still engaged. Resources in particular were seen to be developed and used on a mutual basis. This was particularly in evidence for the two tutors in this study facilitating small groups as a part of clinical teaching in the final years of the programme, as opposed to the more closely defined PBL setting. The two tutors responsible for small group clinical teaching both pointed out how it is not always obvious how to use any resource might actually be used, or that one might need to adapt existing resources. Tutor D highlighted how a wider take up within the department of Medical Protection Society and Medical Defence Union casebook cases was stimulated by comments from a colleague who was engaged with the General Medical Council as to how the cases might be used. We can characterise the social interaction entailed in progressing a set of mutual concerns as communal deliberation.

There is scope for the impact of social structure on agency to be mediated by the communal deliberations of all those involved, as well as by tutor reflexivity. Stones (2001) further points to the relevance of both social norms and social interaction, alongside reflexivity, in influencing the way that intentional action on the part of an agent unfolds. He suggests that Giddens' structuration theory complements Archer's account (2003) of the relationship between structure and agency. Our multiple case study supports this analysis in pointing to ways in which agency is shaped by social norms (as with the relevance of authority in establishing the practices to be followed) and social interaction (whether amongst the small group itself or within a wider group of tutors).

## **Conclusions**



We have argued that interaction within a small group constitutes an important element of the curriculum, affecting student learning pertaining to professionalism. We further saw that the informal curriculum in turn depends upon the reflexive deliberations of tutors, with the selection or use of specific facilitation practices linked to emphasis on given aspects of professionalism. The distinctive context of medical education incorporates social, professional and personal dimensions, with extended forms of reflexivity required to progress multi-faceted concerns. Previous studies that have considered change initiatives in the teaching of professionalism have recognised only an implicit role for the reflexive deliberations of tutors, focusing rather on interpersonal interactions (Cottingham et al. 2008; Steinert et al. 2005).

Parallels exist in relation to student learning. Mann argues that it is helpful to view student approaches to study in terms of engagement and alienation, given that way that this emphasises the response of the students (2001, 7). Fuller and Unwin, meanwhile, argue that restricted and expansive forms of participation affect the quality of workplace learning (2003). Our account suggests that engagement and alienation may themselves be manifested in entire patterns of reflexivity on the part of the student. It may, for instance, be the case that alienation is associated with a restricted form of reflexivity, or that engagement on the part of a student is linked to their developing and progressing action in relation to a range of concerns.

Our analysis also suggests that a certain level of diversity in understanding professionalism is inevitable within a programme of professional education. The range of professional roles and contexts evident within the medical profession means that the tutors involved will naturally emphasise within their small group teaching practice different aspects of what it means to be a professional. Students do need to be able to appreciate the diversity that will be present within a profession, whereby a surgeon may emphasise a different notion of professionalism to a General Practitioner. This takes us away from an approach to teaching professionalism exclusively focused on checklists and normative definitions (Martimianakis, Maniate, and Hodges; Coulehan 2005).

At the same time, though, we have seen how a shared professional and educational context can support a group of tutors (together with their students) in progressing mutual concerns through communal deliberation. Primary agency and corporate agency were intertwined with each other in some of the cases considered in this study. Facilitators need not be viewed as isolated individuals conducting a fixed method. It is important also to consider fora in which tutors are able to discuss underlying intentions and concerns, or share their small group teaching practices with each other. There is scope to make use of virtual learning environments to capture resources and discussion linked to the practices. One could look to incorporate social and professional elements into the reporting or systems in place within the small group processes, as with peer review processes designed to share good practice (Gosling 2002). Reward could measure excellence in teaching in part on whether one's own facilitation practices are adopted by colleagues. Such approaches can support communal deliberation amongst the body of tutors and students, while still allowing for tutor reflexivity that addresses the social, practical and ethical basis for professionalism. There are links also with the literature on the regulation of learning, with Volet (2009) arguing for the role of both personal and social elements in the way that learning unfolds. We can see why Mutch (2010) suggests that there is a need for research into reflexivity that focuses on the boundary between psychology and sociology.

We have proposed a dual form of agency in understanding the origins of small group teaching practice and the implications for student learning of professionalism. Student-centred curricula on their own are insufficient – we need rather curricula that

take into account the interactions between all the parties involved, as well as the specific commitments and experience of tutors themselves. In this way we see a means to shaping informal curricula that serve education in the professions.

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