Curricular Processes as Practice: The Emergence of Excellence in a Medical School

Submitted by

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Abstract

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This thesis deals with two related questions. The first relates to a critical inquiry into the processes of curriculum creation and formation within a medical school which has undergone a significant curriculum revision. I explore the notion that such processes can be understood as a form of *practice* in which the relationship between content and process is held together by what is explored in the thesis as an indivisible, paradoxical tension. Exploring curriculum as a kind of process is a novel approach in a school steeped in the traditions of the natural sciences. The common metaphors for curriculum in this setting refer to blueprints, models, behavioural competencies and objective standards. These are all founded on the belief in an objective observer who can maintain some form of distance between themselves and the subject in question. Issues of method are, therefore, central to my explorations of how we might, instead, locate curriculum in social processes and acts of evaluation involving power relations, conflict and the continuous negotiation of how it is we work together. The paradox of process and content in this way of understanding is that participants in curricular practice are simultaneously forming and being formed by their participation. In this way of thinking, it makes no sense to say one can either "step back" to "reflect" on their participation or that there is a way to approach participation "objectively."

The other question I address in this thesis has to do with the emergence of excellence. By emergence, I refer to thinking in the complexity sciences which attempts to explain phenomena which have a coherence which cannot be planned for or known in advance. "Excellence" is a kind of idealization which has no meaning until it is taken up and "functionalized" within specific settings and situations. In the setting of participating in curriculum formation, excellence may be understood as one possible outcome of persisting

engagement and continuous inquiry which itself influences the ongoing conversation of how excellence is recognized and understood. In other words, excellence emerges in social processes as a theme simultaneously shaping and being shaped by curricular practice.

This research was initiated as a result of a mandate to establish a program which could demonstrate excellence in the area of relationships in health care. The magnitude of this mandate felt overwhelming at the time and raised a lot of anxiety. I found that the traditional thinking regarding participation in organizational change processes (which, within my setting, could be understood as "set your goal and work backwards") did not satisfactorily account for the uncertainties and surprises of working with colleagues to create something new.

The method of inquiry can be read as another example of a process / content paradox through which my findings regarding curriculum and excellence emerged. This method involved taking narratives from my experience as an educator and clinician and a participant in varied forms of curricular processes and inquiring into them further by both locating them within relevant discourses from sociology, medical education and organizational studies and also sharing them with peers in my doctoral program as well as colleagues from my local setting. This method led to an inquiry and series of findings which was substantively different from my starting point. This movement in thinking offers another demonstration of an emergent methodology in which original findings are "discovered" through the course of inquiry. These findings continue to affect my practice and my approach to inquiry within the setting of medical education.

The original contributions to thinking in medical education occur in several ways. One is in the demonstration of a research method which takes my own original experience seriously and seeks to challenge taken for granted assumptions about a separation of process and content, instead exploring the implications of understanding these in a relation of paradox. By locating my work within social processes of engagement and recognition, I explore the

possibility that excellence can also be understood as an emergent property of interaction which is under continuous negotiation which itself forms the basis for further recognition and exploration of "excellence." The social processes which shape and are shaped by "excellence" are fundamental to the practice of curriculum itself. Both curricula and "excellence" emerge within the interactions of people with a stake in the desired outcomes as the product of continued involvement and consideration of ongoing experience. Finally, a process view of medical education is presented as a contribution to understanding the work of training physicians who are comfortable with the uncertainties and contingencies involved in the humane care of their patients.

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Introduction

To set the stage for this portfolio of work, and to bring my reader into the world which I explore throughout this dissertation, I offer the following letter to the Dean of my medical school, Alan. This letter can also be understood as a form of invitation – to my reader and my self – into what Taylor refers to as the "web of interlocution."

> I am a self only in reference to certain interlocutors: in one way in relation to those conversation partners who were essential to my achieving self-definition; in another in relation to those who are now crucial to my continuing grasp of languages of self understanding - and, of course, these classes may overlap. (Taylor, 1989: 36)

The traditions of medicine which David exemplifies have shaped my identity as a physician – and have also contributed to a challenge of taken-for-granted practices and assumptions which I hope to take up in this dissertation. In exploring new ways of understanding the work we do together, the creative tensions of being a part of something which I am also contesting have offered rich opportunities for inquiry which I now offer to discourses in education and organizational change.

Dear David,

We've worked together for almost ten years, now. Our paths really didn't cross until you became the Chair (and now Assistant Dean) of the MD Programme. I was a relatively recent grad of the MD Programme when we first met in your office. After you had worked with me for a year, I approached you about launching our elective in "Professionalization and Physician Self Awareness" for faculty and medical students. From then, I took on Unit Six – an opportunity to teach graduating medical students about professionalism and the transitions they are going through in their lives. That Unit has been tough slogging – hard taking on such an unpopular task at a time when students have so much on their minds. I think we both learned a lot watching that unit change and evolve.

The project we have worked on the most closely, of course, is the new Compass Curriculum. I often wonder what it was like for you 4 or 5 years ago when the Dean told you to do a complete makeover of the MD curriculum. Were you ever nervous? Did you doubt that it could be pulled off? Although I was not a

part of the early discussions of the direction and philosophy of the curriculum, I was glad to be asked to help plan the Professional Competency curriculum. There can be no doubt in your mind, having watched me take on a series of curriculum challenges, that I have a deep concern for what happens to medical students as they learn to become doctors – how they understand their role, the impact of "MD" on their evolving identities, the ways they will understand (and have concern for) all the predicaments and manners of suffering they will encounter in their patients and colleagues. Somehow, I want students to discover the joys and sorrows of struggling to embrace the vast unpredictability of humanity. It sounds grand, I know, but in my own practice of seeing patients, there is such satisfaction in being surprised by people – of responding to them in ways which can't be predicted in advance. Even the most mundane of visits can offer a chance to learn something new about both myself and the patient. Sure, it's great when I have something curative or definitive to offer their disease. But we both know how rare it happens that things are that simple. I worry that our students believe too much in the apparently cut and dried facts of science and technology. One student told me that dealing with people is pretty easy – and that anyone who cries can just be referred to the social worker. I know that isn't what we want for our students. In your own practice as an oncologist, there must be many times when the chemotherapy you had hoped would treat a cancer turns out to be ineffective. Then what? Even your best intentions and actions have not resulted in what you had hoped for….who then is that patient to you? What exactly happens for you at that point? I wish we could have those kinds of conversations more often.

As you know, I have been exploring my practice as an educator of medical students in the work I have been doing for my doctorate. In fact, my explorations began long before that – including all the courses and training I took over the years to improve and teach doctor-patient communication. I sense you have enjoyed some of our discussions relating to the thinking of the Centre for Management and Complexity. You found those Stacey papers a little rough going – but I could tell you took easily to some of the ideas. "Complexity" made sense to you – nothing ever does turn out the way we plan it. I wonder, though, how do you make sense of the way I am going about things, now? You thought that last paper I wrote about curriculum and distributed to our learning group was perhaps a bit overdrawn – you didn't think anyone adhered to the sanctity of the "blueprint" in the way I had described. You left our learning meeting before we could finish that discussion. I can understand your point – you are obviously making modifications and changes to what happens as we go along with this new curriculum. However, I take you back to the discussion we had this week about our retreat to take stock of progress. You and Henry agreed that the first thing we had to do was return to "first principles" – and strategize what needed to happen to get people more "in line." I found it surprising that you had not thought to invite any of the tutors who are actually interacting with students to "realize" the intentions of the Compass Curriculum. It strikes me that despite how much we have in common (including our very real, shared commitment to training the best medical students we can), there are some very real differences in how we understand the work we do. As I have written this dissertation, I think of you often. Perhaps some of my thoughts and observations may help you understand

your work differently - perhaps give you some other ideas about what you are doing or might think of trying. At the very least, I hope your curiosity will be stimulated – and that we might pursue some of those conversations we never seem to be able to find enough time for……

With respect – and warm regard, Cathy

As both a colleague and supervisor of my work as a medical educator, David represents a sense of both "sameness" and "other." Like the majority of my colleagues, he has a strong belief and respect for science and rationality and the use of "best evidence" to predict, in advance, what should work. This is very similar to how I was thinking at the start of this doctoral program. I presumed that a doctorate of management in organizational change will give me the chance to develop my own variation of "best evidence" for how to go about my work.

My early work in this programme was intended to seek answers for how to respond to a mandate I received as a result of becoming an endowed chair within my department of family medicine. The mandate was to create a Centre of Excellence in Health Care Relationships. Taking up my response to that mandate began in Project One and led to consideration of themes surrounding inclusion/exclusion and identity formation as having significance for how I was beginning to understand my practice. As I continued to engage and inquire into my work, I found myself continually drawn to narratives relating to my roles as an educator. Project Two led me to explore the social processes which shape educational identity for both students and their teachers and how learning can also be understood as participation in the patterning of themes which themselves shape participation. In Project Three, I took several "mundane" examples of a "week in the life" of my educational practice to consider more deeply how social processes are patterned into coherent forms. This project explored both social and scientific theories of emergence and was also the turning point which led to the emergence of my final question regarding curricular processes as practice. Project Four examines this question in greater detail by an inquiry into the meaning of "practice" and the relation of practice to the emergence of excellence. The synopsis of this portfolio continues a

consideration of practice and excellence by considering John Dewey's thinking on inquiry as another form of practice which seeks to maintain the interdependence of process and content.

The portfolio includes the projects which I have outlined above and the final synopsis. The projects have been edited for length but remain substantively unchanged from their original form. The progression of my thinking as demonstrated through the projects is culminated by the synopsis which represents another cycle of response to the ideas and findings of my projects.

My hope in taking up this portfolio, is that my reader – including my colleague David, will consider a different argument about the nature of practice than the ones I would understand to be commonly held about medicine and medical school curriculum. My inquiry takes me to a way of understanding practice which does not set it apart from theory – and which sets both practice and theory "in motion" – as a human (social) enterprise of collective, contentious, purposeful action, fuelled by diversity and conflict. From within this shared activity, excellence may emerge and be recognized as such. I would also propose that excellence also emerges as a quality of sustained engagement – we can recognize a form of "good" in our collective activity when we are able to continue on together and be enlivened, not diminished, by conflict and difference.

Curricular practice then becomes a form of engagement and intensification of experience occurring when people participate in conversations and actions regarding the work of training medical students. Syllabi and blueprints are abstractions of practice which must be functionalized into everyday experience. Those functionalizations can also be understood as a kind of improvisation which simultaneously draws upon past experience and responds to local, immediate circumstances and contingencies.

The work of this doctorate has been very much about taking my own practice and work seriously – and finding a way to account for my work in ways that can both challenge and be recognized by my colleagues and a community of

educators and/or physicians. In doing this work, I feel I am engaged in both a radical challenge of the "taken for granted" – and a profound recognition and respect for the importance of our work together.

Project One
Ways of Knowing, Watching, and Recognition: The Emergence of Identity and Vocation

In examining the experiences and theories influencing my practice to date, it is essential that I come to grips with my formation and practice as a physician. Crookshank (1926) marks the end of the 19th century as the time when medicine and philosophy became completely dissociated. Physicians then began to assume their practice consisted of a science solidly based on observable facts "without a need for inquiry into the mental processes by which the facts were obtained " (see Foss, 2002: ix).

It has been my experience within academic health sciences that questions regarding "the mental processes by which facts are obtained" are generally confined to argument regarding scientific methodologies, statistical methods and errors in study design. They all occur within an uncontested belief in inductive reasoning, objective truth and, in many cases, a split between mind and body.

My own experience of being a family physician, of working within an academic faculty of health sciences and of caring for patients seems infinitely complex and impossible to make any sense of without inquiry beyond "observable facts." It is a radical act for me to know deeply and to act based on "subjective evidence." In this project, I attempt to go beyond my own experience and invite conversations with thinkers and writers who have examined personally relevant issues such as power, identity formation, narrative, time, inclusion and exclusion, anxiety, shame and certainty. "Ways of knowing" and "identity" are themes which I will return to often as they emerge and shape the formation of my practice.

Objectivity as a way of knowing – A story of journalism

I began my university studies in Journalism which demanded, for the first time in my life, a systematic consideration of knowing as epistemology and "truth." Within Journalism's epistemology, truth is an empirically verifiable

phenomenon. Our senses connect us to the world and drawing upon data from our senses, we are capable of thinking about and acting upon our impressions of what is "real" (Cline, 2005). In a linear process, truth precedes language. Language is merely a system of symbols for transcribing truth as it is witnessed or experienced by the reporter and/or the source.

Although I was good at the writing and the process of discovery, I was troubled by the apparent naiveté of this belief in objectivity. It struck me that the world was more complex and nuanced than could be accounted for by "sticking to the facts." "Truth" and "facts" were two different things. Being a journalist required a detached objectivity – and standalone sense of reporting just the facts. In addition, to do this well, one also was supposed to maintain an incredible open-mindedness – to take a stand on anything could threaten objectivity. In learning the craft, I often felt like a voyeur, required to perform an impossible task: to remove "self" (and the bias of self) from work and also to blend into whatever situation one was required to report on in the service of getting the "full story." Trying on a career as a journalist brought into sharp relief the tension between objectifiable truth and the claiming of personal experience. At the time, I didn't feel ready to maintain the stance of objectivity journalism seemed to call for.

Subjective knowing: Accounting for the story

The account above is written in the voice I believe was called for in my subsequent experience of training as a doctor. It followed a coherent timeline, quoted expert sources in the explanation of ideas, was factually accurate and resulted in the identification of a problem (don't like the requirements of this profession) with a solution (leave journalism). It was also a story about me – the lone individual who made her way through several years of her life and arrived at a logical conclusion about how to act.

The account is also problematic. First of all, I am guilty of doing the very thing I claimed to find difficult about journalism – namely, constructing a coherent narrative out of a complex situation and offering it as the only possible one. In

this account, there are many things left out (my hatred of deadlines and the anxiety associated with having to write to deadline every day, the impact of a year spent volunteering in the third world). Any one of those elements could also be constructed as the axis upon which the narrative could tilt – and in doing so, I would invoke another set of assumptions. This account is also problematic in that it posits the story of my interaction with journalism as though it happened in the past. It is as though the accuracy and reliability of the story is dependent on the accuracy of my memory and my ability to "retrieve" the stories of my past. This is actually a story of the present moment.

At this point it is worth exploring more about the relationship between the past and present. Daniel N. Stern (2004) writes about "the present moment" as the meeting ground between the past and the present. Its duration is typically of 3-4 seconds duration (with a range of 1-10 seconds). "The present moment is subjectively experienced as a lived story. And it can be objectively described as an experience that has a narrative format, structurally and temporally" (Ibid.: 70-71).

He further goes on to outline the relationship between past and present:

> The past must somehow get folded into the present experience. Without that, the past cannot play any role in current life, and there can be no psychic determinism and no psychodynamics. On the other hand, present experience must be able to alter the past, by diminishing its influence, by reselecting which past elements will play the major influencing role, or simply by changing the past…because we only live in the present subjectively, the action of the past on the present and the action of the present on the past must be played out in the present moment. (Ibid.: 197)

What, then, is the role of memory in trying to make sense of the past? Stern cites the work of Damasio (1999) and Edelman (2000). Memory is not a repository of experience, kept, as an archive, for retrieval at will. Furthermore, "accessing" a memory does not result in a faithful re-living of a previous moment. Instead, memory is a collection of fragments of experience. Current events and experiences act as a context to select, assemble and organize the fragments into a memory. "We do not remember a fixed historical past, we can

only “remember” the present. In this view, memories are more present-centred than past-centred. Their function is to make life as we are currently meeting it more familiar and easier to adapt to” (Stern, 2004: 198-99).

Stern’s understanding of past and future as meaningful constructions of the present is reminiscent of Mead’s notion of a simultaneously revocable and irrevocable past.

> It is idle…to have recourse to a "real" past within which we are making constant discoveries; for that past must be set over against a present within which the emergent appears, and the past, which must then be looked at from the standpoint of the emergent, becomes a different past. (Mead, 1932: 2)

For Mead, an emergent event creates or necessitates time. Stern uses the phrase: “putting time back into experience” (Stern, 2004: 4) to describe the need to move beyond linear time or chronos into a consideration of kairos, a coming into being or a moment of opportunity where “events demand action or are propitious for action” (Ibid.: 5).

In my “present remembering” of my past as a failed journalism student, I introduce patterns of meaning which have repeated at different points of my life and continue to have relevance for my practice. In my journalism story, I spoke of feeling as though I were a voyeur- “always on the edge of something, never a part of it.” This theme of being on the edge, on the margin, watching, recapitulates across my understanding of self and in the continued formation of my identity.

The emergence of a doubling as a way of knowing: The watcher

At age 35 I experienced a particularly powerful moment during a therapy session which I will briefly recount as it contains significant themes which recur throughout this inquiry.

The setting was a hospital room – pale green walls, with a black tile floor. In the centre of the room was an incubator containing a tiny baby. The baby appeared to be all alone, still and quiet. She was tightly swaddled in white

hospital flannels. There were two swinging doors on one wall, each with a tiny round window. Through one of the windows I could see the face of my mother. The only other person in the room was a five to six year old girl who was suspended up near the ceiling in a corner of the room. Her attention was fiercely directed on the small infant. There was a sense that the role of this young girl was to "watch over" the infant and ensure that she was never alone and that she would be protected in some way.

My interpretation of that vignette was fairly straightforward. I knew that the circumstances of my conception and birth were fraught with some drama and conflict. Five months after a rather precipitous wedding I was born – six weeks premature and of a stature that was somewhat critical for the capacities of neonatology in 1964. I was hospitalized for a month – it was several weeks before I was allowed any contact with my young and frightened mother. Similarly, the five year old girl watching over the scene was also me. For the duration of my therapy, I became more familiar with this five year old figure whom I dubbed "The Watcher." The Watcher was a guardian figure who appeared frequently in different moments from my life. Her role was to gather information about the environment and the people within it that was required to keep me from harm.

Even now as I reflect on that incident, I am most struck by the persisting image of me as two simultaneous beings – one that was living in the moment – another that was on the edge, out of sight, watching. In the years since that experience of meeting and naming "the watcher", I have found it a useful metaphor. It accounted, somehow, for my persisting feelings of being "an outsider."

In this account, I again find the theme of my identity being created in lone, introspective rearrangements of selected historical fragments of my life. In so doing, I run the risk of perpetuating the pattern which I claim has caused me such suffering. In the Society of Individuals (2001) Elias argues against the current acceptance of the reification of the functions of the mind into structures.

> "Reason", "mind", "consciousness" or "ego"… no matter how differently they draw the dividing line within the human psyche, all give the impression of substances rather than functions, of something at rest rather than in motion. They seem to refer to something which exists in the same way as the stomach or the skull. In reality, they are quite specific functions of the human organism. They are functions which – unlike those of the stomach or the bones, for example – are directed constantly towards other people and things. They are particular forms of a person's self-regulation in relation to other people and things. (2001: 34)

By structuralizing the social functions of the psyche, Elias (1991) argues we also create a false notion of "inner self" and "outer self:"

> There is no structural feature of human beings that justifies our calling one thing the human core and another the shell… it is easier to understand while the image of outside and inside, of the shell of a receptacle containing something inside it is applicable to the physical aspects of a human being mentioned above, it cannot apply to the structure of the personality to the living human being as a whole… there nothing that resembles a container – nothing that could justify the metaphors like that of the 'inside" of the human being. (Ibid.:480)

Elias invites me to reconfigure "the watcher" from someone at rest to someone in motion. I will first attempt to do this by "remembering" another thread of experience which has held great significance for my personal development. After leaving journalism (as I continued my applications to medical school) I completed a degree in women's studies.

Identity and exile

Feminism in the early 1980s was radical and brash. The world was understood by my feminist peers as a patriarchal mess which privileged male experience and silenced women. Subjectivity was the highest form of knowing and not open to scrutiny. Our critique was of patriarchy, male-created hegemony and anything that didn't include a woman's "voice." Questioning ourselves was out of the question.

"The personal is political" is a phrase used by feminist scholars and activists. The phrase draws attention to the importance of women's private, ordinary and

often silenced experience in understanding how patriarchal structures and prevailing discourses have impacted and shaped what is regarded as "normal." For me at this time, it was also true that "the political was very personal." My own private, interior conversations and experiences had confirmed what I was now ready to share publicly, namely, identifying myself as a lesbian. "Identity" is an important concept to this discussion. Two things can be said about identity. "First, identity is a name, the name of a category. Second, identity is an internal sense of belonging to a name" (Dalal, 1998: 173). Even through the cloudy lens of hindsight, it is clear to me that finding other women who also named themselves as lesbian and being amidst a discourse that challenged traditional gender roles and scripts made it easier to find a name for myself. However, there is another way of thinking about identity and its relationship to the group.

> …we can say that identity is not a possession, but rather it is a phenomenon that is embedded in a network of social interactions and relations. This shows up the usual notion of identity for what it is – a reification, something that has been abstracted out of a living continuum of interchanges. This definition removes the notion of identity from inside the individual and makes it a property of the interactional network. (Ibid.: 190)

Near the end of my medical training I met and fell in love with a woman who I am still with, in a long term committed relationship. There is no sense of the category or identity "lesbian" that my partner feels describes her in any way. "I am not a lesbian" she states with absolute certainly, content to let the paradox of that statement within the current context of our relationship remain unresolved. This was NOT OK with many of my current friends. Almost overnight, I was "exiled." The group made it clear that we were not welcome – several said they didn't feel "safe" being around a woman (my partner) who was so obviously untrustworthy.

Dalal, in exploring Elias's work, sheds light on what happened. He describes a process in which marginalized groups "essentialize" an aspect of their being, in order to create a new centre within the margins. In this case, my lesbian friends

asserted something "essential" about being lesbian as a strategy for maintaining a coherence of identity within a marginalized group.

> The name, the identity is the ensign around which resistance is organized. The margins of this identity are patrolled as ferociously as any other. …they are formed as a reaction, they assert their difference to the dominant group – in order to cohere themselves and so challenge the dominant order, in order, eventually to participate at the centre. The paradox is that they form in order to eventually dissolve. (Ibid.: 206-7)

This last exploration has brought "the watcher" into the sharpest focus of all. My strongest emotional reaction during that sudden experience of exile was shame. In exploring other experiences of shame, they have had to do with two recurring patterns: One is not knowing what everyone else knows or what I was supposed to. This results in feeling foolish and exposed. Somehow I should have "known better." (As I write, I am aware that the notion of "knowing better" – a theme present since the "truth precedes language" assumptions of journalism - also accounted for my persisting engagement with psychotherapy – an attempt to "heal myself" by "knowing better").

Another familiar pathway to shame comes from feeling "needy" or dependent which I have equated with weakness and vulnerability. "Needy" can also be understood as the requirement for inclusion and connection to others. Fear of exclusion, or of not knowing possibly led to this construction of "the watcher." Aram (2001) states:

> Shame is an affect that is related to not knowing. It is an affect related to feelings of inferiority, of being less than…. It is the fear of being ridiculed for being less, for not knowing what is supposedly known to everybody else, or 'should' be known by one's role definition, that gives rise to shame and to the action of hiding (from) that shame. (2001: 11)

Aram cites a phrase by gestalt psychoanalyst G. Kaufman (1980): "Shame is a wound felt from the inside, dividing us both from ourselves and from one another" (quoted in Wheeler, 1997: 45). I am beginning to understand and would like to further explore "the watcher" as a construction (a doubling of

consciousness as a way of knowing) which allows me to make sense of the experience of my own shame. I am coming to understand it as a process of dividing me from myself which can provide an alternative perspective on the role of shame and inclusion/exclusion in the learning process. Shame is also a key concept in medical education.

Medical training

Although I attended what was once regarded as the world's most innovative medical school, what I learned there wasn't much different from anywhere else. Our processes of education (problem based, small group self directed learning without formal exams) were unusual, but the expectations of what we were to know and how we were to think upon graduation was the same as any other medical school. The "objective physician" (Foss, 2002) describes an ideal which is still held today, almost 200 years since Rene Laennec's invention of the stethoscope in 1816 allowed a doctor to "detect pathology" using a tool for diagnosis.

Biomedicine

"Biomedicine" is a term which describes the prevailing discourse in formalized medicine. By formalized, I mean the discourse found in medical textbooks, the language of grand rounds, the material tested in exams and the criteria used to elicit and evaluate biomedical research grants. The key to biomedicine's success is the experimental view it takes of the human body (Misselbrook, 2001). Nineteenth century improvements in microscopy, microbiology and pathology led to the possibility of accurate post-mortem diagnoses; patterns of disease began to form. For the first time, we could take a symptom (or illness) i.e. cough and through a process of deduction, assign a disease to go with that symptom (pneumonia vs. asthma vs. heart failure). Disease could be separated from illness; investigation and research into diseases could lead to cures and treatments that were impossible to imagine in previous times.

Ian McWhinney (1988) a major figure in the founding and evolution of family medicine in North America, summarizes the suppositions of biomedicine rather neatly:

> Patients suffer from diseases which can be categorized in the same way as other natural phenomena. A disease can be viewed independently from the person who is suffering from it, and from his or her social context. Each disease has a specific causal agent, and it is a major objective of medical research to find them…The physician's main aim is to diagnose the disease and to describe a specific remedy aimed at removing the cause or relieving the symptoms. He or she uses the clinical method known as differential diagnosis. Diseases follow a specific, defined clinical course, subject to medical interventions. The physician is usually a detached, neutral observer, whose effectiveness is independent of gender or beliefs. The patient is a passive and grateful recipient of care. (Ibid.: 46)

A key assumption of modern medical practice is the separation of mind and body. The diseased body is the subject of treatment and cure – there is no place for mind. However, the social changes which took place at the end of the 1960s held medicine accountable for this anonymous, depersonalized view of the "diseased body." In response, the last 30 years have seen the emergence of the "biopsychosocial" model of medicine (Engel, 1977).

Biopsychosocial medicine was a way of reintroducing the notion of "art" and "science" into medicine. The biopsychosocial model is a call for medicine to be as responsive to the person who is sick as to the body that is diseased. Engel believed that in order to adequately care for suffering, we must attend to the social and emotional aspects of their disease process in addition to the biological. He was concerned that biomedicine's focus was too narrow and that a person's subjective experience should also be open to scientific study. Following Engel's challenge, most medical schools now have curricula which focus on communications skills and the doctor/patient relationship. However, as Foss cautions, the biopsychosocial model has created the separation of mind and body with new dualisms: "person-body, care-cure, art-science, illness-disease, and psychology-biology. While having a certain face validity, these distinctions are often carriers of highly problematic assumptions" (Foss, 2002: 23).

The dualism now creates the expectation that physicians practice the science as they have always done, on a body, as a detached observer. The diseases we

treat and the evidence we draw upon to treat those diseases is drawn from research that abstracts the results from clinical trials involving hundreds and thousands of people. Yet, somehow, we need to be "subjectivist" when it comes to treating the people before us, drawing upon the "art" of seeing each person as an individual. As Wilson puts it:

> There seems to be one sort of science for the background knowledge medical practitioners require (universal, nomothetic, positivist) and a different sort of science for the application of that knowledge to individual patients (phenomenological, qualitative, narrative, interpretive). No wonder medical students are confused when they have contact with real patients…Doctors have inherited a myth of objectivity that is mistakenly applied to the existential dilemmas of a single patient. (Wilson, 2000: 207)

As I consider my own experience of medical training, two things stand out for me. One, it was clear that the process of becoming of physician had profound implications for one's identity. All of a sudden we were expected to cause people pain, intrude into the most intimate physical and emotional details of their lives, and be with them, as strangers, during times of intense grief and suffering. This was all taken completely for granted. I cannot recall a single public conversation during my medical training that indicated in any way that trainees would be emotionally impacted by the overnight shift in the experiences available to them in the role of "doctor-to-be."

Secondly, I was astounded by the pervasive belief that knowledge = certainty= security. My colleagues seemed to genuinely subscribe to a notion that if they studied enough and knew enough, nothing bad would happen. "Nothing bad" ranged from the humiliation of not knowing an answer during ward rounds (an immediate anxiety) to harming or killing someone (an ever-present anxiety). Certainty became the best defense against the shame of not knowing and the fear of being excluded from the attention and favor of our preceptors and the loss of social standing with our peers.

Endowed chair in Family Medicine

Five years into my academic career I was invited to be part of a committee in our department who would draw up a proposal for an endowed chair. At that time, endowed chairs were an emerging strategy in Canadian medical schools

intended to help sustain activities of education and research. Within our department we had heard a rumour that a wealthy local donor was interested in the kinds of family doctors that were being trained; in the words of our development officer he was "ripe for the picking." The funding was confirmed and the position was advertised nationally.

I was on vacation during the meeting when resumés were reviewed. Shortly after, the Dean (who I had never before met) called me into his office and asked me if I would consider applying. I was very surprised – I thought the position would be within reach after the first holder's ten year term was completed – I had never dreamed I could be a candidate. I went into the interview with relaxed naiveté that went along with feeling that I had nothing to lose. I had no established research background, very few publications and a junior, untenured relationship with the university. The terms of the endowment was a focus on doctor-patient and interdisciplinary relationships within family medicine. I prepared for the interview by reflecting upon my understanding of "relationship" and considering how that would be enacted within the terms of the endowed chair. The interview was fun – I enjoyed the conversation and the chance to discuss something that was so important to me.

I was flattered, thrilled, and terrified when I was offered the role. It was a remarkable recognition of my work so early in my career and initially seemed as though the resources of the Chair would "free" me to pursue work that I truly cared about. I had a single meeting with my donor – an engineer who had built a successful multinational car parts company. "Here is your chance," he said, "as long as you follow the business plan, you'll be successful." I tried to engage him in conversation about what had interested him in the topic of relationships, what he saw as possibilities for my work…"it's all in the business plan, he said."

I gave the business plan little notice – mostly it terrified me. The overall objective: "to establish a world-class Centre of Excellence in Family Medicine." My official term started July 1. By July 15, I was starting to feel anxious – by August 15, I was in a kind of agony. I remember sitting in front of

my computer with a deep pit in my stomach and a kind of sweat forming behind my neck and on my chest (a feeling which returns to me as I write this). How did I end up here? Why on earth did they ever pick me? And whatever does it mean to "build" a "Centre of Excellence"? My business plan outlined such deliverables as "obtain two peer reviewed grants and publish five papers" as criteria for success, but no one could tell me what a "Centre of Excellence" actually looked like.

Admonishment against "failure"

Early in my term, as I struggled to understand what my work was to be about, I was again called into the Dean's office (by now, the Dean's role was filled with someone that had not been a part of the endowed Chair's beginnings).The meeting was short and to the point. The Dean was not sure what I did – or why I got the Chair in the first place, but the feeling was that the funder had a lot more money to give to the medical school and, since I was the first Chair he had endowed, I needed to make sure there were a lot of "deliverables" which would make the funder happy in order that he be willing to donate more money. Furthermore, under no circumstances was I to seek direct contact with the funder, except in the form of a written report which the Dean would personally deliver to the funder, each year.

My pathway out of that initial anxiety was to take action and begin to form new relationships with people outside the university setting. Significantly, an early mentor was Tony Suchman, a graduate of the MA program at the University of Hertfordshire's Centre for Management and Complexity. I experienced from him an unflappable certainty that the Centre of Excellence would "emerge" from the work I was doing in attending to relationships and relational processes. I trusted him enough to act "as if" that were true.

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That work is very much alive and present for me to this day. I struggle to find the words and the courage to stay with emergence given the anxieties and demands of the people I report to who ask for deliverables and caution me against taking emotions and subjectivity seriously. I am largely left alone to do that work with little direction, and am also told that it will be "my fault" if I fail

to please the Dean and/or Funder. I have been given responsibility for a significant proportion of the new curriculum being developed for our medical students, yet struggle in our curriculum meetings to stay engaged with the possibilities and not feel paralyzed by the old themes of being "just a family doctor" or "you should know better." Certainty and incontrovertible evidence are both swords and shield within the medical school yet I find myself increasingly impatient with both.

Concluding remarks

Throughout the writing of the versions of this paper there has consistently been a challenge to stay engaged with the process of emergence. My sense is that the challenge is heightened by my uncertainty or unfamiliarity with dialogic processes. Shame has been another constraint on my process; it has been difficult, at times, not to experience the returned drafts and versions of this paper as failures. The familiar beliefs regarding thought before action very much come into play – that if I could only express myself articulately enough or find the perfect words, I would silence my audience and they would recognize in my work, a state of rest or perfection. (Even the word audience implies a passive role for my reader. It recapitulates the themes of "watcher" and control in which I continue to find myself).

My mandate to "build a centre of excellence" creates in me the same anxiety. I construct an audience and then feel obliged to put on a "perfect performance." However, the focus on performance blinds me to the possibilities for change and transformation.

I sense that my only way out of thought before action, performance and the false notion of "audience" is a commitment to continuous engagement in dialogue and conversation. These commitments are not always easily sustained where I work. I struggle with a more habitual dismissal of engagement based on fear of getting it wrong or an assignment of worth based on abstracted judgment. What I am beginning to know, however, is that a habitual stance of criticism or defensiveness, silences the dialogue and engagement required to shape the possibilities of the Centre of Excellence.

Movement to Project Two

My next project will take up the themes of recognition, and engagement as I explore an educational experience characterized by conflict, frustration and unintended consequences. The course I describe was run for several years, with varying attempts to find a way to make the experience more engaging for both students and faculty. This project also examines the theme of "professionalism" which is central to my developing argument regarding "excellence."

Project Two
Professionalism in Medical Education: The Need for an Ethics of Recognition in Conflict and Uncertainty

INTRODUCTION: REVISITING THE THEME OF IDENTITY

In Project One of the portfolio, I explored key themes relating to my current work. In tracing an understanding of my work in academic medicine, I became aware of patterns of thinking in which I placed myself on the "margins" of wherever I found myself. As a family physician, I claim space on the "edge" of the more powerful discourses in academic medicine (i.e. surgery or internal medicine). As my career began, my identity was shaped by claiming "junior" status. As a woman and a lesbian, I have also spent significant time and energy trying to establish and maintain an identity honoring a history and context which powerfully shapes assumptions I make about my world, but which is seldom spoken of in the public spaces of my work. Thus, powerful themes have emerged in my life concerning identity and recognition.

An account of struggle and uncertainty

I will recount a narrative of teaching which, in my initial experience of it, was characterized by a great deal of struggle, self-doubt and anxiety. The setting is a course on medical professionalism which I was responsible for designing and teaching to graduating medical students. I have chosen to explore this experience in greater detail for several reasons. For one, it was a personally challenging, even painful experience at times. I have a personal stake in trying to sort out why that is so. For another, my commitment to this project predated the start of my endowed chair. In negotiating expectations related to the mandate of my Chair, I have also had to make sense of a potential conflict between the energies this project required and the demands of the new Chair. Ultimately, what I hoped was that I could shape this course into something which would also be recognized as a contributing to the mandate of my Chair – but ensuring that is so, is not an easy thing. Finally, the two roles which I hold to be the most important to my professional life are those of physician and teacher. A narrative about medical education seems the most appropriate starting place for an inquiry into my current practice and the overriding

question about what it means for me to build a Centre of Excellence. I will be taking up the subject of Centres of Excellence more directly in a later project.

With core issues of identity at stake, I will recount a story of uncertainty and struggle. How am I to account for this experience? I will first explore an understanding of teacher/leader which emphasizes notions of design and control, the failure of which leads to blame. Issues of failure raise questions about control and power. I will take up an understanding of power which sees it residing within an individual and contrast that with a notion of power which emphasizes social interaction. I contend that an understanding of the importance of social interaction and intersubjectivity is essential for an understanding of what it is we actually do when we teach, and even more so in the teaching of a subject which itself is located within the social activities of medicine and medical professionalism. In the movement from blameworthy, autonomous designer to a notion of teaching which is located in social processes, I will explore the concept of recognition; specifically, mutual processes of recognition. I would also like to explore an understanding of professionalism and the teaching of professionalism as processes of mutual recognition. This understanding significantly recasts conflict. Instead of understanding struggle and conflict as evidence only of breakdown, failure or missed judgment, I have come to the position that everyday conflict is a form of engagement which is both an ethical imperative and a desired source of creativity. This position has potential implications for how we understand our role as learners and educators.

The allure of a new opportunity

The story begins six years ago when this course was first conceived and a call for applications as the organizer of this new Unit was sent out to the medical education community. A trio of like-minded colleagues decided to apply as a triumvirate. Our informal association had formed over the years based on our holding similar places within the matrix of medical education. We were enticed by the blank screen and creative opportunities we sensed by having actual "real estate" within the 33 month-long MD Programme curriculum. Although we

were very excited by the opportunities of this unit, its appearance was more the result of circumstance than of a strong mandate. In response to student demands that they have an earlier opportunity to make career decisions before their final commitment to a specialty (also known as "The Match") a block of clinical experience was shifted to an earlier time. In the aftermath of this shift, four weeks of instructional time appeared. These four weeks were added to a previously existing six week block to create our 10 week Unit Six.

Unit Six takes form: Initial processes of recognition

The exact details of the schedule are not important, but two things are. One is to note that the need for Unit 6 did not come from the MD Programme identifying important material that wasn't being covered – it came from needing to "fill" a resultant block of time that had emerged because of the perceived need to respond to a different set of requirements. The other important detail is that students had the experience of moving from a six week block during which they were not accountable to the formal MD Programme to a 10 week block of time with a great deal more external accountability. Traditionally, those six weeks had been unplanned time which students used to organize themselves into an intense process of studying for the final licensing exam. (Students in the first two cohorts of the new course felt especially upset at having to give their time and attention back to the MD Programme). I have come to understand another crucial contextual piece about the state of mind of the Unit 6 students. At this point in their training, they have just completed a year of rotating through varieties of clinical settings, experiencing (often for the first time), the rigors of being twenty-four hours on call, pronouncing people dead, acute trauma and disfiguration, the grief and anxiety of patients' loved ones, the politics and conflicts of hospital life, and the sheer anxiety of feeling they need to know how to manage all of it. There is very good evidence to suggest that at this point in their training, they are more cynical, less idealistic, less concerned with others and more likely to lie or cheat on exams than at any other point in their undergraduate training (see Coulehan & Williams, 2001). Students come to us exhausted, demoralized, and full of anxiety about an upcoming exam.

Of course, in hindsight, the notion of a "blank screen" is unrealistic. As I have outlined, it is apparent that before the first class is launched, there are very significant, institution wide conversations and experiences on the part of both the students and the planners which put the legitimacy of this new curriculum into question. In fact, it is not surprising that before the first day of class, there was a very active and skeptical online conversation on the student message boards about the purpose of the new unit, why they were being made to do it, how was the format decided, etc. As planners, we were very much aware of this skepticism; it had significant influence on our decisions and our anticipations of how the unit would run.

Prior to the first course, we had intense student involvement from three students who had self-selected to give input. It was decided that we focus on "professional self-regulation" as a way of organizing activities for the 10 weeks and also teaching about the "real world" of practice. (In our setting, a College of Physicians maintains responsibility for licensing and maintaining the standards of practice). The course began with a two-day retreat which involved discussions of their clerkship experience, presentations on independent practice, and an exercise in which students were to decide how they would manage to track the behaviours required for successful completion of the course. What emerged was a system of credits in which a certain number of points would be accrued based on a minimal attendance at twice weekly large group sessions and a required number of individual assignments. A student needed to gather 24 credits to successfully pass the course and be sent on for graduation. Students themselves designed the credit weighting, the tracking sheet and the way they wanted their attendance to be monitored (a sign-in sheet). With that in place, we felt we had adequately addressed the university's requirement that the time be accredited in some way and had also drawn upon student input to negotiate a system of monitoring. In effect, we had designed a self regulating cybernetic system (like a heating system with a thermostat) (Jackson, 2000), and had claimed legitimacy for our decision by claiming it mirrored the "real world" of medical regulation. I will take up the

problem of understanding or designing the ways humans working together from a systems perspective later in this paper.

In thinking back, I am struck by how significant our fantasies and projections about the students we were going to encounter were. In the weeks leading up to and during the teaching of the unit, I would catch myself, walking alone down a corridor, or driving somewhere, having long (private, imagined) conversations with students about our rationale for the unit and why it was being taught the way it was. Often those conversations were defensive in tone, as though I was trying to protect myself. Further, I can see how our involvement of students served as a defense against criticism. Given the asymmetry of power relations in our planning group, it was unrealistic to think that they could truly voice the interests of students, but we were able to point to their involvement as evidence of a kind of democratic planning process. Themes of uncertainty and anxiety were as present for the faculty teaching the course as they were for the students required to be there.

Having set the context for this significant piece of academic work I will briefly describe two incidents from the first two years which were particularly problematic for me and which will serve as a starting point for a deeper inquiry into my practice.

Professional misconduct

As the weeks of the first unit drew to an end, I was feeling exhausted and demoralized in response to the reactions of the students. The students' weekly reflections and learning logs were full of comments ranging from diffident to hostile. They did not understand why there were required to do this work and felt it was irrelevant to their current stage of professional formation. They bitterly resented the requirement for tracking attendance via sign-in sheets. The final blow came in the week when it became public knowledge that several students had been "cheating" by signing one another in when they had not actually attended or by signing up and immediately leaving. Several of their colleagues who had been "playing by the rules" "blew the whistle" out of disgust in overhearing a public conversation about how easy it was to get away

with “blowing the whole thing off.” The disclosure forced us into a hasty meeting of a University Senate subcommittee who had to decide if the offending students would be allowed to graduate. (They were). Year Two’s curriculum followed a similar format, using tools which had some modifications to give students more flexible pathways to success. Even so, we had several crises at the end with students failing to demonstrate work for which they had given themselves credit. Again, the students’ evaluations at the end of unit evaluations were extremely critical and even cruel.

So much for my lofty ideals on how to teach professionalism to graduating medical students! In both years, my quality of life suffered dramatically during the 10 weeks of teaching the unit. I felt dread on the mornings I had to get up and face the students. It felt like it was them against us. I was deeply troubled. Somehow, I was making a terrible mess of trying to invite students into a learning process about their imminent practice as independent professionals. My attempts to open conversations about professional responsibility, self governance, truth-telling, fidelity and reflective practice were seemingly having the opposite effect. Even as I now recall the lived experience of standing before the sea of disengaged or hostile student faces, I can feel a tightening in my stomach. At times I took conscious risks to name for the class how I was experiencing our struggles and to invite their input. These moments inevitably led to further criticism of how things should be and left me feeling more responsible and powerless for the degree of class frustration and powerless to make significant changes.

Finding blame

Blame is closely tied to idealized notions of power and control. In my construction of my relationship with students as “us vs. them”, it is tempting to make sense of the experience of disappointment and conflict as one in which someone is at fault or to blame. As someone with good intentions who has put a lot of time and effort into preparing and running the unit, how can it be my fault if things do not go as expected? And if not me, who is left to blame but the self-centered, ungrateful students who are too immature to understand what is good for them? (Although this may seem a caricatured formulation of the

relationship between faculty and medical students, it reflects very accurately the kinds of conversations and observations about students that get made during faculty meetings).

Blame, in this sense is dependent on a pattern of thinking about time as exemplified by if-then causality. This type of causality is central to the natural sciences and also taken up to explain human behaviour in the cognitivist tradition. Cognitive science is described as "the study of intelligence and intelligent systems, with particular reference to intelligent behaviour as computation" (Simon and Kaplan, 1989: 2). Several assumptions underlie this tradition and are particularly relevant to an understanding of the learning and teaching process. The first is that humans are monads – individuals with an existence that is primary and prior to the group. Another is that human knowing is based on the logical, systematic identification of the "rules of nature" or any other phenomena to be explained. This is a realist view which holds that reality exists before people discover or perceive it. Finally, humans are held to be rational, logical beings who act on the basis of weighing options and choosing the "best" course of action (see Stacey, 2003: 48-50). A related way of thinking about the group could hold that the designers of the course failed to properly design an experience which would achieve the desired ends. This view would be consistent both with the cognitivist tradition outlined above and with systems thinking (e.g. Jackson, 2000). Any perceived failure resides with the Unit Planners. Feeling as though I had failed was a common experience during Unit 6 and the significance of that feeling was heightened when I considered the implications of failure for the success of my mandate as Chair. Failure and fear of failure is a powerful constraint on behaviour in our workplace and, as such, calls for further exploration.

Notions of "failure"

Although it is now impossible to accurately reconstruct the exact details of how I made sense of my unfolding experience two years ago, enough of it remains for me to now recognize in myself the lingering ideals of the humanistic psychology which has deeply informed my training and current work . From the Rogerian notion of "unconditional positive regard" (Rogers, 1961) to the

patient and relationship centered philosophies of family medicine, (Tresolini, 1997). I have come from a tradition of understanding people as essentially "good" and of believing that medical practice and training should be designed to maximize human potential. When applied to an individual, humanistic psychology is concerned with addressing and removing the barriers (for example, "negative" patterns of thinking or ineffective communication) which stand in the way of allowing naturally enfolded potential to be revealed or expressed. In organizational thinking, humanistic psychology is often the foundation for ways of understanding leadership. The theme of excellence brings to mind the influential book of Peters and Waterman (1982) *In Search of Excellence* which claimed to have discovered the elements of successful companies including leaders who could create vision, harmony and the strength of purpose to have people working together towards a common goal. By doing so, workers would find their "true potential" and the satisfaction of being part of a team where the whole was greater than the sum of its parts. A similarly utopian understanding of human systems can be found in the writing and thinking of Peter Senge. In the Fifth Discipline (1990), Senge argues for ways of organizational thinking and speaking that will lead to an ideal state he calls the "Learning Organization." The achievement of this type of organization is founded on a model of leadership in which the leader participates and responds in daily interaction, while, at the same time, standing apart from the organization as it changes over time and making modifications and changes to the system to ensure it stays "on course." His theory of leadership asserts that if leaders maintain a commitment to enacting the five principles of the learning organization (systems thinking, personal mastery, mental models, building a shared vision and team learning) they will also be able to design and sustain an organization in which "people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together" (Senge, 1990: 3).

I believe now, in retrospect, that my approach of the first several cohorts of the class was influenced by naïve optimism in the creative powers of groups and in my own power to create something that would be widely received as relevant

and helpful. I had internalized, in part, the message that my job as the leader of the unit was to find a way to "create" vision, harmony and strength of purpose by somehow "allowing" the "good" in the assemblage of medical students to surface. This can be explicitly understood as a variant of systems thinking in which the "well- intentioned designer" stands outside of either a social system (i.e. – a workplace) or an individual and figures out a way of intervening for the "good" of the system or person.

As I write this, I realize the entirety of my career – my practice, my supervision with residents, the initial approach to the mandate of my chair, my interest in medical professionalism – is all rooted in a humanistic psychology and a systems thinking approach to understanding individual and social systems. I am clearly in a state of some transition between ideals which have been cherished (and have gone largely unexamined) for the past 20 years and an alternative process-based understanding of practice. However I wish to make sense of the critique of humanistic systems thinking as I develop another way of understanding my experience using complex responsive processes of relating. My motivation for doing so is based somewhat in suffering. The prolonged discomfort of feeling incompetent and out of control in starting an endowed chair and a new curriculum has moved me to explore different ways of understanding my work. I believe feelings of failure are closely related to feelings of shame. As I explored in Project One, shame is an affect closely related to themes of not knowing – to fears of being exposed, or being "caught" doing something forbidden or wrong. Shame and the anticipation of shame is a powerful constraint on our behaviour. Because of the deep human desire for connectedness and recognition, the experience of shame threatens our identity in that it threatens a breach of recognition within relationships we care about. Although shame is easily located within the social, failure is often thought of as the act of an individual and connected back to ideals of control. Failure resides within the individual and is evidenced by lack of success or the inability to perform a desired or expected function. This way of thinking is commonly taken up, without criticism, in the places where I work and teach.

Shame, ideology and struggles for recognition

I believe my own struggles for recognition within my workplace and my mandate around the Centre of Excellence is closely tied to issues of shame and identity which arise for me in trying to articulate and hold onto ways of knowing that do not adhere to the prevailing discourses within medicine and within my institution. For instance, we are widely known for excellence in "Evidence-based Medicine." In conversations regarding practice or teaching, ideas about how we wish to proceed together are commonly challenged or evaluated on the basis of their "evidence." In clinical practice, this is taken to mean a randomized controlled trial. In educational practice, there is another hierarchy of study design (almost always empirical) which is used to promote or defend the legitimacy of ideas. Underlying the belief in the value of "evidence" is an assumption that conclusions which are the result of well-designed experiments offer a way of knowing or kind of truth which has generalizable implications for other settings. There are several problems with this way of thinking. The first is that in experiments designed to tell us something about people or organizations, the local conditions, contexts and the people involved provide a unique starting point and the resulting interactions constitute a non-linear process which cannot be considered deterministic. People are not predictable and conversations are not generalizable. And as Nicholas Sarra (2005) has also pointed out in his observations of the call for evidence within the UK's NHS, basing practice on evidence is also problematic in terms of creativity and novelty:

> …since inevitably one must work with formulae which exclude divergence or else one is not adhering to the evidence base...(which) renders problematic how, in using an evidence-based paradigm, one is able to adapt a fixed methodology to changing circumstance with their differing agents, times and spaces." (Sarra, 2005: 183)

My own experience of contingencies and the unpredictability of clinical practice and education rings true to the message of non-generalizability. However, in my experience of taken-for-granted conversations regarding clinical practice and educational planning, challenging the appropriateness of evidence-based data for given situations is not done. The challenge is undiscussable, which renders evidence-based discourse as a type of ideology, a

pattern of interaction which reinforces prevailing power relations. Stacey and Griffin (2005) describe ideology as the following:

> It is ideology which renders the dominant discourse unassailable and makes the current pattern of power relations feel natural. In our communicative interacting and power relating, we are always making choices between one action and another……human action is always evaluative, sometimes consciously and at other times unconsciously. The criteria for evaluating these choices are values and norms, together constituting ideology. (Stacey and Griffin, 2005: 9)

As I mentioned in Project One, I completed medical school in the same program in which I now teach. During my medical school experience, it made absolutely no sense that medical training was a place where you would never talk about the experience of being human. In all of my current recollections of my medical school past I recall an uncomfortable mixture of excitement and fear. I have visceral memories of incredulity and outrage about experiencing and witnessing both times of neglect or abuse and times of incredibly moving human emotion and virtue - and feeling there was nowhere within the formal spaces of medical training to acknowledge, let alone make sense of them. The themes of feeling constrained by undiscussables, (i.e. emotional reactions), not trusting my own experience, and powerlessness of course continue to shape the understanding and actions of my work to this day. As a member of the faculty, I have now assumed a different status within the hierarchy and, simultaneously, experience the paradox of being enabled by role and recognitions of competence and courage by my peers – and constrained by my desire to fit in, to belong and to receive recognition for my work.

Here I find myself caught. The processes of mutual recognition which are necessarily shaping my practice and the emergence of the Centre of Excellence are forming and being formed by the prevailing discourses toward evidence based medicine and away from emotion or experience. Of course, my own thinking is simultaneously being formed by and forming these themes and new ones relating to my current course of study. To remain silent in the more dominant discourse within my institution is to also forfeit possibilities for recognition which has implications for identity. In addition, a failure on my

part to recognize the people who adhere to the dominant discourse is also a failure of a type of recognition. There is no resting place in this paradox; my task as I see it is to remain active in both conversations, knowing there is no end point. As group analyst Farhad Dalal (2002) has stated in his explorations of difference that "because belongingness is always multiple, many of the varieties of belonging are conflictual, and this gives rise to an internal sense of feeling divided and at war with oneself" (p. 187). Within the multiplicity of types of belonging there are also an infinite number of potential conversations. The evaluative processes concerning which conversations happen – and where they occur- are closely related to issues of power.

Exploring power

It is interesting that I, as the person with full responsibility for teaching this course, can so easily describe myself as "powerless." I would like to explore in greater depth various ways of thinking about power and how different ideas about power can help me make sense of my experience of teaching this class – and of being a member of different academic groups within our university. With medicine providing the implicit and often explicit backdrop for my work, I will begin with a brief review of a traditional approach to power as found within mainstream medical sociology. I will contrast this to an understanding of power as an intrinsic element of all human relating.

Talcott Parsons was a central figure in sociology and medical sociology for many decades. His interest was on the individual and how social forces shaped the responses and roles individuals play in social interaction. His methods were founded on a strong belief in the scientific method to ground the observer in a rigor which allowed for strong assertions about the definitive nature of the reality being observed. In the tradition of functional sociology, he pioneered research into social systems - their pre-existing needs and the social systems which fulfill those needs. As members of larger systems, individuals are studied to understand the forces of the larger social structures which govern their behaviour and which are assumed to help make behaviour scientifically predictable (Cockerham, 2004). Parsons is most famous in medical sociology

for his elucidation of the sick role (Parsons, 1951). In his theory, physicians have the authority to formally sanction a form of deviance, known as sickness. In return for recognition of the inability to perform the roles and functions expected of them by society (working, being a spouse or a parent) a "sick" person is granted recognition by a physician. In exchange, patients are expected to comply with medical treatment and follow doctor's orders.

Parsons' understanding of the structures of society existing to sustain equilibrium within its functions is a theory of stability and social order. His theory of the sick role attempted to make sense of the relationship between illness and society. It has been criticized for the tendency to support the status quo (Ritzer, 2000), its "medico-centrism" (Gallagher, 1976) (i.e. – the tendency to place the doctor at the centre of all health care processes) and its failure to account for wide variations in health seeking behaviours and medical practices found across individuals and socio-economic groups of people(Cockerham, 2004).

Power as a resource embedded within roles

Parsons' social theory of functionalism is at the core of his systems theory. He is concerned with the relationships of the whole and its constituent parts. These parts (including institutions such as the family or education) were understood to fulfill requirements for the survival of the whole. Parsons was also interested in understanding the human motivation required to maintain the affective bonds that were so essential to support the degree of conformity and social order he perceived necessary for society's function. Here he was heavily influenced by Freud (and, in fact, took training in psychoanalysis in Boston during the 1950s).

Parsons imagined power as a resource which allowed a system, organization or person to move in a desired direction. Organizations were structures given authority to act based on the value system of its members. In medicine, power is understood to be a type of authority possessed by the doctor. It is embedded within the role of the physician which is assumed to be a structure necessary

for the equilibrium of the system. Although this theory may seem antiquated when compared to current thinking in sociology, it still reflects some taken for granted practices within my own experience of medicine. The sick role is still taught, laden with many of the assumptions proposed by Parsons. Parsons' thinking was also influential in that he first brought to attention the idea that illness may involve more than simple derangement of biological structures.

The normative discourse about power within the university would see it in terms not unlike Parsons. External accrediting bodies have granted the university the right to grant medical degrees – that power "flows" down to the Unit directors who are in charge of a certain amount of instructional time. As an agent of the medical school I had both the power and obligation to teach students and also to withhold approval if they failed to fulfill the requirements of the course. I suspect that among some of my colleagues there would be little patience with my experience of powerlessness – they might suggest that I had to be stricter, to enact tighter checks on behaviours, to "enforce consequences." This notion of power is problematic to me. As I outlined earlier, the conditions and circumstances surrounding this unit for my students and myself were very complex. In many ways, I needed them more than they needed me – at the very least; I had a degree of dependence on them. If the course was an utter failure, it would place the legitimacy of my endowed chair in question. They were also dependant on me – at the worst, I was an obstacle to their graduation.

Power as a pattern of relating

Hannah Arendt and Norbert Elias each write about power in ways that are entirely different to the structural understanding exemplified by Parsons. They share an understanding of power as something which occurs only in social relating and has no meaning outside of a human encounter. Arendt separates power from the threat of force and situates it directly in the relationship between people. "While strength is the natural quality of an individual seen in isolation, power springs up between men when they act together and vanishes the moment they disperse" (Arendt, 1998: 200). She goes on further: "if power…could be possessed like strength or applied like force instead of being dependent upon the unreliable and only temporary agreement of many wills

and intentions, omnipotence would be a concrete human possibility" (Ibid.: 201). Elias, too, rejects any notion of power being a possession or a force that can be accumulated or stored. He characterized power as a "structural characteristic…. of all human relationships…We depend upon others; others depend on us. Insofar as we are more dependent on others than they are upon us, more directed by others than they are upon us, they have power over us" (Elias, 1978b: 132). For Elias, the focus of attention was on the processes and functions of interdependencies, not the structures of relationships. He argues that we must understand groups of people formed by social ties and interdependencies as figurations which emerge and change in unpredictable ways.

If power is a characteristic of all human relationships, as Elias contends, all human relating can also be understood as patterns of power relating. In all of our relating, our interdependence allows for the possibility of some things occurring and other things not occurring. For example, in my relationships with students, my own need and formal mandate to attend to their professional formation was enabled by their attention and willingness to have those conversations and constrained by their anxiety to spend time studying for their exam. As I will later account, however, that anxiety was also an enablement – in thinking and having conversations about the nature of that anxiety, we were able to modify the course to make it a more bearable experience for everyone. (There were many other simultaneously operating enablements and constraints during those ten weeks. I am merely mentioning one of them). The patterning of "enabling constraints" is another way of understanding the ongoing figurations of power relating which characterize human relationships. Power is the enactment of demands and constraints and is at the essence of human relating. As humans, the symbols used in our relating are language. Language, therefore, is what we use to express the power interdependencies of our social figurations. In our public and private conversations, power simultaneously enables and constrains our actions and our sense-making.

This way of understanding power recasts my experience of Unit Six. My previous description of powerlessness is based on an understanding of power

which is also closely tied to control. Somehow, in advance, we were to have imagined and created an experience for students which was to be successful. (My own definition of success would involve students being as excited with the material as I was). Failing that, we were supposed to ensure they maintained an acceptable standard of behaviour congruent with normative notions of professionalism. In moving to an understanding of power which is far more relational and complex, I can more easily account for the diversity of responses and behaviours I encountered. Although my role gave me a greater degree of authority to direct conversation, shape expected behaviours, and possibly mete out sanctions for extreme deviations from the norm, I was never in control in terms of being able to ensure specific outcomes. (The phenomena of being simultaneously "in control" and "out of control" within organizations has been significantly explored by Streatfield. (2001)

In this next section, I will contrast these traditional ways of thinking about power, ethics, leadership, control and authority with a more radical view offered by Ralph Stacey and his colleagues at the Centre for Management and Complexity at the University of Hertfordshire. This way of thinking focuses away from structural and linear explanations of human behavior and towards a processual view emphasizing responsiveness and asymmetries of interdependence in which power is a potentially creative resource for all human relationships. This shift from structure to process takes a critical view of an understanding of "failure" as a failure of design and shifts the emphasis to a responsibility for ongoing participation and discovery of what does and does not work in our getting on together.

Complex responsive processes of relating

Systems thinking is characterized by key assumptions about space and time. One is an assumption of a system of interacting elements, with boundaries, which together comprise a "whole." Further, there is an understanding that an observer can stand apart from any given system to investigate it, understand it – or perhaps design it. Systems thinking is a very powerful and helpful way of understanding many things and has contributed to significant advances in science, medicine and manufacturing. In itself, there is nothing wrong with

taking a systems approach when appropriate. What is problematic, however, is the unquestioned assumption that human behaviour and organizations can be understood from this point of view. Applying systems thinking to human organizations would hold that despite the unpredictability of free will, human impulse, desire, creativity and spontaneity, there is a rational way to understand and design human systems.

From the point of view of the evolving theory of complex responsive processes of relating (Stacey et al., 2000) humanistic psychology and systems thinking are problematic in several ways. First, systems thinking builds on the assumption of a structure with an observer and the observed. This supposed structure is very familiar to me both in my training as a journalist (inquiring into "news") and as a physician. The science of medicine is taken up uncritically as the evolving total of experiments and investigations into the structure and functioning of the physical body and of the diagnostic and therapeutic interventions done to the body. In many ways, my commitment to the humanistic stance arose from my dissatisfaction of the medical tendency to see people as bounded structures of deviations from the normal. The movement from the purely biological tradition of medicine to the biopsychosocial one is still a movement of systems. In the latter, we assume the possibility of a systemic inquiry into the social and emotional spheres of the individual and not merely the biological. Even though I may have couched my language in apparent processes of being "patient-centered" or relational, I still assumed that if I worked hard enough I could either love myself or the other person enough to remove the barriers which would lead to a "healing" interaction. This way of thinking also includes the belief that the individual and the social comprise two separate categories of reality with the social arising from the aggregations of separate and autonomous individuals.

The theory of complex responsive processes as outlined by Stacey et al. (Stacey, Griffin, Shaw, 2000; Stacey, 2001), is based on the work of the social psychology of pragmatist George Herbert Mead (1934), the figurational psychology of Norbert Elias (1978a; Elias 1978b) and insights from the complexity sciences. I have already alluded to the Eliasian contribution of

understanding all human relating as figurations of power relating. Mead's understanding of mind, self and society along with Elias' concept of the "homo clausus" (1978b) offer a radical challenge to the notion of an individual as monad. The theory of complex responsive processes of relating is perhaps most radical in the assertion that the individual and the social are different aspects of the same process. To take this assertion seriously means a rethinking of leadership, ethics, identity and group processes – all themes which concern my experience in Unit Six. I will describe in greater detail Mead's understanding of self and self-consciousness and how it relates back to key notions of ethics, leadership and professionalism. Ultimately, all of these also involve relationships of power as ongoing, contested efforts to discover and assert what is happening and what should happen next?

Creation of meaning in the social act

Mead (1934) begins his understanding of the social act with the notion of a gesture. The gesture is a stimulus to others involved in the social act (and to one's self). In his famous example of a dog baring his teeth at another dog, he observes that the facial gesture of one dog calls out the response of the other dog. If the second dog responds to the baring of teeth with a wagging tail and a playful nip, the meaning of the gesture-response may progress in an act of play. A different response involving a louder growl may progress in the direction of further aggression or violence. The initial gesture of the first dog is not enough to establish conversation. In that way, a gesture is an act which calls out the response of the other. Conversation is created in the gesture and response as a form of communication which occurs without conscious intent – but is still rooted in the exchange of gestures. All social animals communicate and converse through social acts of communication involving gesture and response. Consciousness of thought, however, is a human trait which becomes possible through the use of significant symbols.

Language leading to thought

A significant symbol is a gesture which calls forth in the person making the gesture, the anticipated response of the other. Mead's formulation immediately characterizes all communication as social and interdependent. It is the human tendency to take up the response or attitude of others that allows us to know

what we are doing. For Mead, it is in the movement from gesture to significant symbol that mind and human intelligence become possible. Language is the medium which allows for this shift; language is therefore a prerequisite for human intelligence. Language allows for several things. First of all, it creates a medium for the explicit expression of the significant symbol to the other. Also, significantly, it allows us to call forth a response in our self. The vocal gesture is of special significance because unlike facial expression, when we speak we simultaneously call out to our self as well as the other. In speaking, we arouse in ourselves the same response we are calling out in others. Speaking takes a public form in vocalizations and a private form in the conversations held silently. These may be rehearsals of conversations with others – or simply with ourselves. However, our private thoughts (which Mead also names "mind") are all created by the meaning made within the social processes of taking up the attitudes of the other in our own conduct.

Interdependence of self and other

Social processes also account for the creation of the related concept of self. The act of the significant symbol (in which a gesture calls out the anticipated response of others to the person gesturing and that person also responds) is what distinguishes human consciousness, although humans do not become self-conscious (i.e. – develop a concept of self) until they are able to take on the attitude of what Mead calls the "generalized other." To be an object to one's self, a person must be able to take up the attitudes of other people in response to self. Self-consciousness is then a form of reflexivity in which one can take on the attitude of the other and act towards one's self as another would act toward one. We can see that for Mead there is no distinction between individual and social; they are all part of the same processes of relating.

The notion of the generalized other is also important for the understanding of identity within a group or community. As we acquire the self-consciousness required to be an object to our self (generally age 5 or 6) we also acquire a history of the patterning of responses shaped by a community which itself has a complex history of interactions. Although at any given time we may only be interacting with a single person, that interaction is also patterned by our

understanding of a generalized way of acting that is shaped by the patterns of interacting in the larger community around us. Mead points to a paradox in that while interacting, we are simultaneously communicating with a particular person while also taking up the pattern of the generalized other. Further, in that moment of interaction we are both forming and being formed. Because our identities are essentially patterned by ongoing social processes involving others, there is always the chance for the unexpected, for spontaneity to arise and for a potential shift in our identity to occur.

Our understanding of ethics and leadership changes when we move to the temporal dynamic and socially mediated way of understanding reality advocated by Mead and Elias. With meaning created from our direct experience of interacting with one another, it also stands to reason that ethics must also be a conversation in perpetual construction and negotiation. Furthermore, given that our moment-to-moment interactions are also simultaneously patterning the movement of global pattern, how we behave in each moment does make a difference, even though we might not understand how. A move to temporal process complicates intention – we can only know "good" in the doing of it – good itself becomes a kind of experiment with results that are under ongoing construction and evaluation.

THE SOCIAL IMPORTANCE OF RECOGNITION

The perpetual construction of and negotiation of ethics is contingent upon interaction. I wish now to take up several ways of understanding interaction as a process of recognition. Axel Honneth is a German social philosopher and director of the Institute of Social Research in Frankfurt who has taken up Hegel's early writing on recognition together with Mead's theory of the mind to develop a theory of recognition which also deepens the dialectic of response/responsiveness. Honneth's interest in exploring social processes of recognition is to find a way of grounding morality in day to day social interaction and social conflict and to account for the processes underlying social struggles.

According to Honneth's reading of Mead, we come to the point of knowing who we are only in our experience of seeing ourselves reflected in the expressions and gestures of other persons. Through the physical and emotional maturation of infancy and childhood we watch the reactions of others, use games and play to rehearse the roles of others and finally develop roles for ourselves which are shaped by the internalized norms which also teach us what we can expect from others. Honneth also claims that Mead insists that the realization of self depends on others recognizing one's unique abilities and knowing that they are of worth because of the corresponding recognition they elicit (Honneth, 1995). Honneth names three forms of recognition, each one contingent upon the previous. The foundation of recognition is rooted in family, secondly in equality. Once equality is firmly realized, the final step is the recognition of the importance of differences.

Honneth's forms of recognition: love, rights and solidarity

For his understanding of the first form of recognition, love, Honneth draws upon the object-relations writings of the pediatric psychoanalyst Donald Winnicott (Winnicott, 1965). Love is an emotional bond which occurs first between mother and child but also refers to the bond felt in friendship and romantic love. When love is provided, self confidence is the result. In the trust that forms when one's needs are met through affection and love, the confidence of one's unique value to the other is developed. In contrast, when conditions of love are not provided, or, worse, people experience physical and emotional denigration, self confidence and the realization of self may be shaken or entirely absent (Honneth, 1995: 95-97). Although love and resulting self-confidence is essential, love as a form of recognition is limited. As Honneth puts it: "every love relationship…. presupposed liking and attraction, which are out of individuals' control. Since positive feelings…are not a matter of choice, the love relationship cannot be extended at will, beyond the social circle of primary relationship to cover a larger number of partners to interaction" (Ibid.: 107). (This observation is in contrast to the tradition of humanism I outlined earlier in this paper and also in Project One. In that tradition, love is thought to be a feeling which can be intentionally called forth and offered to all humans.

A decision to "love one's neighbor as oneself" is thought to improve all forms of social relating).

For Honneth, the form of recognition required to include a broader range of interactions is rights. Rights are a cognitive stance of respect which one grants to a larger group, if not all of humanity. Rights are contingent upon social recognition as a member of the community; however they belong equally to all members of the community. When one experiences exclusion from community or the denial of rights, it places at threat one's social integrity and threatens one's sense of self respect. Conversely, when rights are upheld, the results are self-respect. We can respect ourselves because we know we deserve the respect of everyone else.

The final form of recognition suggested by Honneth is solidarity. Here, there is a move beyond the passive tolerance of rights to a social esteem for individual and/or group. In this type of recognition, group or individual abilities are given worth based on a socially shared idea of their value; worth is socially defined. Within this type of recognition we find honor and dignity; qualities whose definitions may change over time, depending on what a culture recognizes as valuable. When values shift from being objective, fixed reference points, the ways in which esteem is given also remain in flux. This form of recognition can also help us to understand the politics of difference. The struggle for rights as seen in, for example, the lesbian and gay communities' attempts to secure marriage rights, does not guarantee esteem, but the recognition of that struggle provides conditions under which esteem may be earned. Unlike legal rights which are universally granted to all humans, solidarity only applies to the traits and abilities in which members of society differ from one another. "Persons can feel themselves to be "valuable" only when they know themselves to be recognized for accomplishments that they precisely do not share in an undifferentiated manner with others" (Ibid.: 125). The recognition found in solidarity implies the willingness to be affected or changed by what another says. The three forms of recognition; love, rights and solidarity, have three specific implications for one's sense of self and identity. From love, a person

experiences self-confidence. Rights lead to a sense of self-respect. Solidarity is the root cause of self-esteem. (Ibid.: 127)

For Honneth, recognition is what we owe one another, a moral imperative, and also that to which our social interactions are oriented. Although Honneth draws from Mead to propose a theory of recognition based in intersubjectivity, there are assumptions in his theory which differ from the kind of recognition proposed by complex responsive processes of relating. At issue is the nature of recognition and individual autonomy. Is recognition a response to something that already exists or does recognition bring something new into being? Is it a theory of actuality, potentiality– or perhaps something else? Honneth links the two in a relationship of contingency: "Although we make manifest, in our acts of recognition, only those evaluative qualities that are already present in the relevant individual, it is only as a result of our reactions that he comes to be in a position to be truly autonomous, because he is then able to identify with his capabilities" (Honneth, 2002: 510).

A notion of individual autonomy and innate self appears to be at odds with Mead's social psychology which posits self as an emergent property of the social process. Further, Honneth's sequencing both of forms of recognition (first love, then rights and solidarity) and of the contingencies of recognition (innate qualities within an individual are recognized by other and then become known to the individual) collapses the paradox found in Mead's notion of the I-me dialectic (Mead, 1934: 196-7) and what Griffin calls "participative self-organization" (2002). In collapsing the paradox, I believe Honneth loses the central richness of the conflict or struggle. My evolving understanding of teaching, leadership, and professionalism places conflict in a different light. I will take that up shortly, before that I think it is important to explore professionalism more directly.

Professionalism as a group of themes patterning identity

As I have mentioned, the theme organizing the 10 weeks of Unit Six is professionalism. Here, I would like to build on the theme of identity by briefly exploring the significance of professionalism in medicine. It could be argued

that the discourse on professionalism is itself a conversation about medicine's identity. Although many definitions of medical professionalism exist, for the purposes of this discussion I will draw upon "Project Professionalism" developed by the American Board of Internal Medicine (American Board of Internal Medicine, 1995: 2):

> Medical professionalism consists of the attitudes and behaviors that serve to maintain patient interest above physician self-interest including the attributes of altruism, accountability, excellence, duty and service, honor and integrity, and respect for others.

Professionalism is a cluster of concepts which could all be thought of, in Mead's terms as "cult values" (Mead, 1923). Cult values arise when characteristics found within a person are attributed to a group and taken as a guide for behaviour. Cult values represent a vision of a group of people operating absolutely free of constraint; an ideal. Real meaning can only be assigned to the idealized abstraction in the day to day negotiations of what they mean in real life. In that struggle to functionalize ideals, humans assume our "true colors" of cooperation, conflict, greed, generosity, competition, doubt, aggression - the list goes on. Medicine's cult values such as altruism and beneficence are taken for granted. However, negotiating how these will actually be carried out in day to day interaction and practice is much more difficult. As well, abstract words such as "professionalism" and "identity" belie the incredible complexity to which those words point.

The notion of cult values points to deeply held ideals, at the same time acknowledging that the realization of the ideals is only achieved in the messy negotiation of day to day practice. However, the norm in medical education is to ignore that second step, to adopt the systems thinking approach of thought before action and to act as if the idealized notions were unquestionably possible. It could be said that for many students trying to learning about professionalism there was a strong message about how one is "supposed" to behave, but relatively little opportunity to make sense of that in ordinary day to day practice. (This would also be true of all medical education Common

devices of medical professionalism thinking and teaching are "Mission statements", "ground rules" and "honor codes" which are all variations of thought-before action ways of assigning value to behaviour as opposed to a theory of ethics which understands "the good" as an emergent process of communication, power relating and evaluation.

Although in the experiences of my first two years of Unit Six there was little chance to negotiate the ideals of professionalism in ordinary day to day practice, we did introduce an experience which gave students the chance to explore experiences of professionalism embodied within the real life experience of patients.

Narratives of outstanding professionalism

At the beginning of my term in the endowed chair, while reviewing literature on relationships in organizations, I came across the methodology of appreciative inquiry (AI). In the formal methodology of AI, as originally conceived by Cooperrider and Srivastva (1987), an AI intervention consists of the classic cycle of identifying an "affirmative topic" and then moving through the 4 stages of "Discovery, Dream, Design and Destiny." What has intrigued me in reading about the processes of AI and, subsequently, in my own experience of variations on appreciative methodology, is the invitation to tell a story which illustrates a desired ideal. From the start of designing the new unit, I had wanted to see what happened when we invited patients to tell stories of outstanding professionalism.

Narrative has important contributions to make to medical training – and processes of recognition. Jerome Bruner, a psychologist and educator has thought and written about processes of learning for over 50 years. He has observed that narrative deals "with the stuff of human interaction, and human intentionality" (Bruner, 1990: 52). It is one thing to speak of professionalism in the abstract or even to have students reflect upon their observations of professionalism during training. It is another to have a conversation with a person who comes with a rich experience of patienthood and who can animate

the abstract principles with the energy of lived experience. Narrative ways of knowing are offered in contrast to the more typical propositional forms of knowledge taken for granted in science and medicine (Tsoukas and Hatch, 2001).

At the end of the unit, I run an experience called "Patient Week." For this, we have recruited 80 or so community volunteers who have responded to the following question: "Tell me about a time in your life when a physician has made a significant positive difference." On the eve of their graduation, I have wanted medical students to hear first-hand narratives of a significant positive difference that physicians can make in people's lives. Although a few of the volunteer stories speak of moments of diagnostic or therapeutic triumph, the majority speak more prosaically to times of extraordinary human kindness. They are powerful moments of human recognition: of acknowledging fear or suffering, of including significant others, of reassurance and self-disclosure. It has been my experience that for most, if not all colleagues in medical practice and education, the practice of telling a story of an effective, inspiring or ideal experience is a welcome addition to our usual ways of speaking and asking questions about our experience. I have found that taking time to share stories when we have sought to give expression and life to what we value to be a habit of recognition that invites attention towards sustaining ideals. These usually relate in some way to experiences of competence, success, proficiency and congruence between what is desired and what is experienced.

The narrative experience which has been a sustaining feature of Unit Six since its inception has been one of its successes. However, as I have outlined, our first two years' experience pointed to serious challenges in our understanding and enactment of this piece of curriculum. Between the second and third years of delivery, we addressed several questions: how could we redesign our 10 weeks together to maximize diversity of conversation, consider student experience more explicitly and continue a prolonged discovery about the meaning of professionalism in medicine while, at the same time, honoring the university's requirement for an accreditable academic experience? Some answers followed immediately: stop mandatory attendance, increase the

diversity of conversation, and allow students greater choice in finding their own topics.

Another influence on our decisions to revise the course design was my enrollment in the Doctorate of Management in Organizational Change program. The start of my studies took place during the crucial conversations regarding course revision. Although still somewhat naïve as to the subtleties of the theory of complex responsive processes of relating, I was influenced by my readings on self organization about the importance of conversation, diversity, and the significance of themes patterning interaction. Our decisions to decrease central planning and control, increase student participation and choice and further increase opportunities for students to examine their own experiences of professionalism was impacted by my studies. The most significant impact, I believe, was that I, as the leader of the course, felt much more comfortable with the "not-knowing" implications of turning much more responsibility over to the students.

YEAR THREE: PROCESSES OF RECOGNITION, ENHANCING DIVERSITY

Briefly, the modified course design involved the following. We again began with a two day retreat. For four months prior to the retreat, I sent monthly reminders of a requirement that they review an extensive monograph on medical professionalism and how it is taught. On day one of the retreat, we spent some time on logistics and a review of the paper. I then invited them to reflect for 10 minutes on their clinical training experiences and to choose five separate incidents which stood out for them in some way. Moments of triumph, transcendence, shock, humiliation, grief, humor, horror – all was fair game. After exchanging these stories in dyads, I asked each table grouping to identify the themes of professionalism they had heard within their stories. These were posted on the wall of the room as a reminder. As far as one could surmise, some of the themes were drawn from the paper they had read – but largely from their experiences with patients and other medical colleagues. Many examples were chosen from moments of humiliation, despair and loneliness. From the start, our conversation about professionalism honored the diversity of experiences – including ones that served as very powerful negative examples.

As they began to explore their negative experiences of professionalism there was, understandably, a significant amount of anger and outrage. Many students were quick to jump to a reflexive stance advocating specific "fixes" for their problems. "If only the Dean would do this or the medical school would do that – then we wouldn't experience this suffering." I felt caught in my attempts to respond to these observations. On the one hand, I could understand their frustration. On another, it struck me that merely agreeing that the "system" needed fixing would perpetuate the same belief in flawed design that had led to their frustration. For the afternoon, I offered a brief presentation introducing the notion of social construction and pointed out to students that there are ways of thinking about what we know other than taken-for-granted realism. I offered that some writers and thinkers would go so far as to claim that our conversations and what we pay attention to creates our reality. (Although I did not explicitly cite Gergen, my brief points were consistent with his thinking on socio-rationalism. (1982) I used abbreviated examples of appreciative inquiry case studies as illustrations. My intention was to introduce an entirely different way of thinking about organizations. During the session, students were either highly skeptical or highly interested – few were neutral. I did feel our discussion offered a glimpse into the complexities of organizational change that dissuaded some from believing simple fixes were all that were called for. The task for the rest of the two day retreat was to organize into groups relating to topics about professionalism relating to the experience of being a medical student or within the context of medical education. Groups were invited to consider making a contribution back to the program by reflecting on their entire experience of medical education and producing a piece of work which would be presented to the first year medical student class at the end of the 10 weeks. Students very quickly chose topics and formed into groups to examine such questions as how can medical students be better prepared to deal with emotions in medical practice? How do medical students experience death and dying? What do medical students want from their clinical teaching faculty? What is appropriate dress for a medical student? What do medical students need to understand about homelessness? We also decided to offer "office hours" in which smaller groups of students could meet with us and discuss

their projects and their evolving thinking about different elements of professionalism.

My experience of the third year of the curriculum was dramatically different to the previous years. In general, the running of the unit was smooth and without an overt breakdown of the capacity for conflict. Sessions were well attended. (Better attended than in the previous year when we took attendance and made it mandatory). Class discussions highlighted many differing views and opinions without the sense of frustration that had accompanied previous sessions. Project work was taken up very quickly. The end unit symposium was a success and some student work was exceptional. The event was used as an opportunity to further the community-wide conversation about professionalism to include the other professional schools, (i.e. – nursing, rehab, midwifery). Both the graduating students who shared their work and the first year students who heard their stories and viewed their presentations were positive about the event.

Accounting for success

It would be dishonest of me to collapse the narrative into a simple success story. My own experience of the unit was also different, although I noticed a lot of leftover feelings of defensiveness and caution based on the experiences of the previous two years. It remained difficult not to take criticisms of the course too personally or to completely brush off others' positive experiences. However, in line with what we had hoped, we did manage to continue a deepening conversation about the work of medicine and how we want to treat one another.

It is easy, in telling a story of an event which evolved over many years and offers three distinct "episodes" to leap to a conclusion that if only we had "known better", we could have saved ourselves two years of heartbreak by leaping directly to the experience of the third year. In fact, a familiar device in medical education is the published article which provides "evidence" of success. The assumption is that if we can assemble the artifacts of our third year of Unit Six (the outlines, evaluation methods teaching tools and student

feedback) we can write a paper for other medical educators that will serve as a blueprint for the possibility of them avoiding the pitfalls we fell into – or of assuring a measure of success.

I would argue that this is not possible. In the end, I think it was a combination of perseverance and responsiveness which led to the perceived success in the past year. In a very real way, the people who represent the MD programme gave careful recognition to the experiences of graduating medical students. We set aside time for personal conversations which also offered an enhanced quality of responsiveness. The issues of recognition facing medical students are interesting ones. In a sense, as apprentices in the community of practicing physicians, they are denied the recognition of professional rights which leads to full self respect. However, in the working groups of Unit 6, there was an opportunity to achieve community recognition including a community of their peers (the students in the years before them) and the community of teachers who came to see their work. Furthermore, the recognition extended to a full appreciation of some of their experiences in training – including the moments of degradation and humiliation. The experience of that recognition may well have been the factor which, in turn, allowed for a fuller recognition of our role as teachers and unit planners – and for a general diminishment of the conflict and denial of experience which had marked the previous two years' courses.

The I-Me dialectic and professionalism

As I outlined earlier, Mead explained "the fullest development of the self requires a "generalization" of the "attitudes of other individuals toward himself and toward one another, [and the ability to] take their attitudes toward the various phases of …social activity" (1934: 154-55). "It is in the form of the generalized other that the social process influences the behaviour of the individuals involved in it and carrying it on" (Ibid.: 155). Paradoxically, then, one is continuously forming and formed by the social in a self organizing manner. Mead adds a final layer of paradox to his concept of self in his description of the relationship between "me" and "I." For Mead, the "me" is "that group of attitudes which stands for others in the community. (Ibid.: 194)...It is always there. It has to have those habits, those responses which

everybody has; otherwise the individual could not be a member of the community" (Ibid.: 197). Also present in the social act is the "I" – which is the response to the "me." The two are separate elements in the social process (or at least, are separate in our abstracted explanations of the social process) but they cannot be thought of as independent entities. Mead's notion of "I" carries with it movement and the possibility of novelty – for the "I" is emergent and not known to the "me" until after the act has passed. "We are aware of ourselves, and of what the situation is, but exactly how we will act never gets into the experience until after the action takes place" (Ibid.: 177-8). This is why Mead refers to the relation of the "I" to "me" as a dialectic.

This explanation of the social process calls for a stance of ongoing responsiveness on the part of teachers. In teaching the course on professionalism, I carry my own sense of "me"; shaped by the experiences and social norms of communities of practicing physicians of a particular age and stage. Of course, when I enter the room of students – or peers – I both know and do not know how I will respond until I find myself doing it. However, my response will necessarily be to my students' "I", the sense of "me" which has emerged – and this may be a surprise. Further, in their own experience and developmental stage, I may not see a commitment to the values and norms which are familiar to "me." Mead also spoke of this in his description of cult values. We can speak in idealized terms about the importance of "respect", but it is only in our attempts to get along together in our moment to moment interactions that we can come to know whether we are experiencing respect – or what that might mean to each of us. In the functionalizing of these cult values, there is bound to be varying degrees of conflict and disagreement. Finding a way to stay responsive despite the disagreement and to remain open to being changed by the other is what I would argue is the constituent hallmark of professionalism. A mutual commitment to professionalism would consist of a mutual commitment to remain responsive to one another and to ourselves.

Our continued engagement and struggle to model the kind of professionalism we were trying to teach was also ethically important. As my experience demonstrated, we could not know or plan in advance how to ensure success –

but we were continually able to respond to our own and our students' experience. This, in a sense, is at the essence of professionalism. Our teaching (to paraphrase a famous aphorism by Gandhi) was not so much about "being the change" we want to see in the world as about struggling to be the change. In other words, it is not that we already were professional (and therefore, beyond reproach or question) but rather, we attempted to remain engaged in the constant, challenging struggle of discovering and responding to an emerging understanding of professionalism in the messiness of ongoing experience.

However, despite the sense of having shifted the experience of Unit 6, there is no guarantee about future courses. Perhaps the most we can count on is our realization as teachers, that professionalism and the teaching of it requires continued engagement – and the willingness to be changed by our students. In the struggle to live out that realization, we may continue to find a sense of purpose and meaning in the work which also allows us to shoulder the conflict and uncertainty in ways which feel less personally threatening.

Moving to Project Three

The next project continues on the themes of emergence, excellence and recognition I began to consider in Project Two. The notion of a "Centre of Excellence" as a kind of metaphor which both enables and constrains actions and ideas is considered as I examine several vignettes from my day to day work within the university.

Project Three
Time and Power: The Significance of "The Everyday" in Building a Centre of Excellence

INTRODUCTION: A MANDATE TO "BUILD"

Within my academic setting, I am charged with a mandate to "establish a world-class Centre of Excellence in Family Medicine" with a central focus on relationships between doctors and patients and among members of the interdisciplinary care team. In Projects One and Two of my portfolio, I have critically explored how my practice as a family physician and a medical educator informs my understanding of relationships and the context within which my mandate is to be achieved. I am nearing the mid-point of my 10 year term and will soon be meeting with my Dean, the chair of my department and perhaps even my funder to account for my time so far and outline my anticipated accomplishments in the next five years. Inevitably, they will look at my business plan, drafted by others before I assumed the role, and point to the line which reads "Criteria for success: Year Five: Established Centre of Excellence in Family Medicine with critical mass of outstanding educators and researchers." Accounting for my work in relation to and despite those criteria is central to the research I am undertaking in the Doctorate of Management program.

In response to my initial panic about taking on such a significant mandate early in my career, I toyed with the idea of moving quickly to produce some letterhead, finagle a bigger office, put a plaque on the door and declare the Centre of Excellence "open." However tempting it was to proceed in that way, I also felt very strongly about my mandate and about wanting whatever happened with my work to have significance that went beyond "window dressing." A key question, of course, is how exactly is one supposed to achieve/ensure/establish a Centre of Excellence (CofE)? (There is another related question: what is a centre of excellence? Further work on the object, the CofE remains to be taken up in Project Four and my Synopsis).

For the remainder of this paper, I explore some ways of understanding the "how" question. Drawing upon the methodology of complex responsive processes of relating (Stacey, Griffin, Shaw, 2000; Stacey, 2001), I will argue for an understanding of my work as processes of interaction in which themes relating to a Centre of Excellence are under perpetual construction, modification, evaluation and even destruction. This perspective holds that the creation or patterning of something "new" emerges in ways which cannot be known or predicted in advance. Further, the energy and the substrate for the formation of the "new" is supplied by processes of relating and interaction which occur in the course of everyday activity. G.H. Mead's concept of the "social object" will provide a way of understanding the patterning of these themes in the service of social action. In my case, this means that my work in establishing a Centre of Excellence can be, at least partially, accounted for by considering the impact of my intentions, actions and interactions with the relatively small number of people I interact with in the course of my work at the university. None of these can be claimed by me, alone – my intentions, actions and interactions are also the result of social processes which are always underway. In this work, I hope to demonstrate that the emergence of a social object called the Centre of Excellence can be understood, in part, as the patterning of themes and actions which occur in each moment of what Mead calls "the living present." To explore a process-based understanding of fulfilling my mandate, I will examine critical notions of time and temporality, power and emergence.

The perspective I am arguing for is a radical challenge to mainstream ways of thinking about how to "build" a centre of excellence. In the systems based approach of mainstream thinking, spatial metaphors are dominant (Jackson, 2000). My action plan or business plan is broken down into parts, the assemblage of which will lead to the Centre of Excellence. Furthermore, as the chief designer of this activity, it is presumed that I can do two things simultaneously: stand "back" from my mandate and discern the best or most strategic path to the creation of the CofE and then follow my own design to achieve my goal. The assumptions also include a cognitivist psychology (Simon and Kaplan, 1989) and a linear notion of time, ("chronos") (Stern,

2004: 5), with the present serving as a dividing line between a fixed past and the future.

In the previous two projects, I have challenged the assumptions of cognitivism and the parts/whole thinking of the systems approach. However, one of the most appealing aspects of this way of understanding change or the creation of a centre of excellence is that it offers an intuitively sensible explanation for how to make change happen and why it occurs. The attraction lies in the unchallenged analogies from the natural sciences. To use a very simple example, Newton demonstrated that the application of a certain amount of force to a moving object changed its trajectory in ways that were mathematically predictable and certain. It only makes "sense" to think that we can extrapolate that experience to an organization. Granted, humans are more complicated than a cannonball. However, that just means we need to either use a more complex set of measurements or more sophisticated models. In both cases, the assumption is that there is a place for an "observer" to stand and model/predict/design/plan or understand how to make change happen. (Notice we are back to the spatial metaphor of the observer – which implies at least two levels or systems – that of the observer and the phenomena which she is modeling/observing/designing.) But the bottom line is: how can we account for coherent change unless a person or group has planned and executed the change in some way?

Coherence without blueprints

I will be arguing that it is possible to account for coherence (the ongoing creation of a Centre of Excellence) without resort to an "outside" designer or planner. In moving away from spatial processes of plans and executing blueprints or designs towards an imagined, desired future, I will instead focus on temporal processes of bodily interactions which form and are formed by the themes which pattern experience. We account for change by attending to processes of interaction. These processes form coherence based on self organization and emergence. I belong to an organization of more than 1000 people and have defined responsibilities for 150 medical students and 40 faculty teachers but on a day to day basis I interact with a much smaller

number. Similarly, with my mandate around a Centre of Excellence, the time spent in local interactions is the most significant method for initiating and sustaining the conversations and actions which will allow for the recognition and emergence of the social object known as the Centre of Excellence. The success of my mandate requires that other members of my community also take into their interactions and habits the themes and actions of collaboration, responsiveness and engagement which, together, we are finding essential for the emergence of a Centre of Excellence for Relationship in Health Care. They must also be persuaded to act, collectively, to support projects and activities which we can all point to as outcomes of joint action under the mandate of the Centre of Excellence.

The assurance of "emergence"

In the early days of considering my mandate, I sensed in a deep way that the Centre of Excellence which I had imagined would need to exist, at least in part, as the result of being recognized as such by my peers, colleagues and the students I served. Also key in the early years of my mandate was my discovery of concepts and theories related to complexity. A mentor and friend, Tony Suchman, a prior graduate of the University of Hertfordshire's organizational change program, assured me early on that if I kept on doing the work I cared about and responded to local opportunities, the Centre of Excellence would "emerge." I carried the concept of "emergence" very close to my heart in the early days - as much as a talisman against the overwhelming magnitude of my mandate and my sense of the possibilities of future success as impossibly large and overwhelming. In retrospect, the talisman did serve a purpose in giving me the (naïve) courage it took for me to continue acting into significant uncertainty. However, as I will demonstrate, emergence is more than simply passively waiting around to see what happens….

The significance of the everyday

The methodologies I am using to explore my practice and the work relating to my mandate derive "data" from narrative accounts, reflections and observations which, by and large, are derived from "everyday" interactions. The "everyday" has been the subject of research and consideration by a wide range of sociologists, philosophers and researchers. Notable figures include

Wittgenstein (1953), Erving Goffman (1959), Norbert Elias (1939/2000) and John Shotter (1993).

Wittgenstein was one of the first philosophers to turn away from modes of reasoning which sought to find fixed truths. Instead, he became interested in how philosophy was constrained by language - and how the construction (through language) of meaning itself was key to exploring "reality." Traditional theories of meaning in the history of philosophy aimed to match something exterior to a proposition which endowed it with "sense." This "something" could generally be located either in an objective space, or inside the mind as mental representation. As early as 1933 (The Blue Book) Wittgenstein took pains to challenge these dogmas, arriving at the insight that "if we had to name anything which is the life of the sign, we should have to say that it was its use" (1958/1933: 4). When investigating meaning, a philosopher must "look and see" the variety of uses to which the word is put. This is very different from the traditional perspective which seeks to understand particular cases by reference to a reasoned generalization. In other words, Wittgenstein sought to clarify a practice from within the practice itself. A similar turn from the empiric to the reflexive can be found within the contemporary sociology of Goffman and Garfinkel.

Erving Goffman was a sociologist of the latter half of the 20th century who was also a pioneer of qualitative sociological methodologies. In contrast to the theories of functionalist sociology (exemplified by his contemporary, Talcott Parsons) which believed human behaviour could be explained by its relationship to pre-existing social structures, Goffman was interested in understanding humans through the course of their everyday interactions. Goffman (1959) privileges everyday human experience as the source of broader sociological understanding, tilting the axis on fields of sociology which may have understood human experience as an "epiphenomena" of larger social structures. Garfinkel, a contemporary of Goffman, was also interested in the improvisational and sense-making qualities of human interaction. He developed the field of ethnomethodology (1967) and has studied how humans, in the course of our interactions, can develop shared "illusions" of shared

social order, even in the face of disagreement or when there is little shared experience or knowledge of one another. Techniques of ethnomethodology include participant observation and conversational analysis.

John Shotter (1993, 2000) has been influenced by both Wittgenstein (1958/33, 1981) and the work on dialogue by Russians Bakhtin (1986) and Vygotsky (1986) in his work to understand the significance of everyday conversation. He is especially interested in the spontaneous and continuously improvised nature of human interaction and how interaction itself can account for further interaction without resort to an external empirical truth.

> Something special happens when one living being acts in the presence of another – for, by its very nature as a living being, the second being cannot but help respond to the activities of the first. But the first did not just act out of nowhere either; the first acted in response to events in its surroundings too. Thus at work in the world of living beings, is a continuous flow of spontaneously responsive activity within which all such beings are embedded. We can call activity of this kind 'joint action.' (Shotter, 2007: 29)

Shotter's work on the significance of day to day interaction emphasizes the significance of responsiveness – and the unexpected things which happen as we respond to one another.

"Struck" in the course of my work

I will now turn to several narratives of my own experience in the organization where I work. For a two week period chosen at random, I set out to notice what was happening in the course of day to day experience. The narratives I will recount were all chosen because they "struck" me (Shotter and Katz, 1997) in some way. For the first and third, there was strong emotion and elements of surprise and the unexpected. The middle vignette is one in which I was more self-conscious as I found myself in a setting which was previously unknown to me.

In sharing this exploration with my reader, I hope to offer plausible glimpses of how, over time, the intentions, power relationships, conflicts and resonances of

daily interaction shapes and is shaped into a social object known as a Centre of Excellence. For some, my choice of vignettes may be surprising and, at first glance, not appear to bear significant relation to my mandate. However, as I began to explore the significance of these moments from my work, the themes which I earlier identified relating to temporality, power and social processes of self organization/emergence became apparent to me. My account of the experience of trying to "build" a centre of excellence will not provide a blueprint for other people in positions similar to mine, but I hope to provide an explanation that allows others to feel less overwhelmed by large horizons and perhaps be more attentive to the possibilities of everyday, local interaction. In fact, although a blueprint at one time seemed a desirable alternative to uncertainty and fear of failure, without the experience of having to find my way, my work would be far less creative, meaningful and of less interest to all of the colleagues I have engaged in the ongoing processes of finding meaning and action within my mandate,

NARRATIVE ONE – FORMING IDENTITIES IN TIME

The biggest academic project I have ever undertaken has been the co-creation of a new longitudinal curriculum which spans the entire three years of the MD Programme. With a central mandate to reclaim our medical schools reputation for educational innovation, I was asked to lead a process of developing a curriculum which was initially called the "other ologies." These were originally named as "all the things left over" after the basic science and biology was taught, including ethics, health economics, epidemiology, self-awareness and communication skills.

From the start of the project's 2.5 year development, I asked that my position be jointly shared between myself and another woman, Sue, a professor in the school of rehabilitation science and an occupational therapist. Sue and I had never really worked together – but she was a seasoned educator who shared a commitment to cross-disciplinary work and in my brief encounters with her, I liked her brashness, her sense of humor and her energy. Over the past two years, Sue and I have gathered 8 planners to establish task groups around the different content areas of the curriculum. We gained program support for a

standing 3 hour block of time every week and recruited 32 clinicians to facilitate the groups in which students would meet. Our clinicians are paired to groups of 10 students – each clinician pair includes 1 MD from a variety of specialties and one practitioner from another discipline (psychology, nursing, social work, rehabilitation sciences). Thus, our longitudinal facilitator (LF) pairs "mirror" the cross disciplinary partnership which has been so rich for Sue and me working together. On Tuesday mornings, all groups meet. Tuesdays at noon, we have invited all facilitators back for a review and discussion of how their group went, what difficulties they are having, questions about upcoming material, etc. The broader group discussion is also a time for peer supervision – facilitators help one another with suggestions about how to deal with challenging and tricky situations. I approach those Tuesday sessions with a strong mixture of anticipation, curiosity and dread. Hearing the reports of the facilitators is our most significant way of determining how our experiment is being received.

About 60% of the facilitators attend every week's noon debrief. The pattern of these meetings has evolved over the first months of the curriculum. After logistics ("Where do we get the readings for next week?"), there are some general comments about how the session went and then people start to share their concerns, doubts and fears. At this point, I start to feel on the hot seat. The themes under discussion in the first several months have been about helping students and facilitators know if they are doing enough/the right thing. These are difficult conversations for me and prompted the following email which was sent to our facilitators:

"Sue and I have had some email discussions with LFs – things are 'heating up' in some groups and we are encountering a widening diversity of experiences and conflicts among the students and groups. I enclose an excerpt from an email exchange that some of you may find interesting/helpful. I think staying in conversation with one another – the pairs, the group – is very important to weathering and thriving amidst the diversity of experiences. We are glad so many of you manage to drop in to the Tuesday debriefs…

This email excerpt is on offer as an exchange of ideas and responses between me and another LF pair. For those unable to come to Tuesdays, we thought this exchange might be helpful.

As always, we welcome your responses and sharing of your experiences.

Cathy

(Excerpt follows)

The theme of having too much to cover has been ringing through. Groups have responded in a wide variety of ways. What became clear today is that planners share a universal fear of 'not enough' – and that it is expected that each morning will have more possibility than one could ever cover – especially if you choose to respond to issues that students should be bringing to check in. Allyn I think said it well today when she pointed to her understanding of the facilitator role in helping students reflect on and manage their anxiety about being able to cover everything. The group learning experience as a place to slow down and notice what is happening in the group - as well as using the group to explore content – is an invaluable resource. I would encourage the group to get more involved in the exploration of the process vs. content struggles.

On that note, I find myself responding to a pattern of Tuesday debriefs – or emails – being about what students didn't like or want changed about a session. (i.e. – we need more time for closure, can we do this over two sessions, can we have the large group first, etc) with a couple of reactions. First of all, it's of course hard to interpret the meaning of these distilled comments in the context of a 3 hour learning experience. Are these minor annoyances – or was the entire session a pedagogical disaster? I also interpret some of the remarks in the category of (speaking as a student) – 'this experience was painful, hard, frustrating, etc – which therefore means it must be changed/improved.'

I think it's important for LFs to support students in expressing the former – i.e. *– their strong emotion. But I don't agree that the best way to displace or deal with strong emotion is by ensuring 'feedback' is given to the planners. I think a very important role of the PC curriculum is normalizing pain – medicine is a painful and hard profession. (As is life, by the way). The heaviness students felt after the suffering session is the same one they will feel when they break bad news to a patient – or they see something horrendous in the ER. We do them a great service to offer that experience within the pre-clerkship curriculum.*

I am not trying to be simplistic, here. But the work we do trying to deal with people and manage information and respond to ourselves and others is incredibly difficult and painful – we get it 'wrong' as often as we get it 'right'. Within the pro comp setting we are providing a place where they can explore and perhaps live for a few minutes with the pain of not knowing, of worrying about 'enough' of disagreeing, of feeling anxious. Ultimately, the hope is that they connect with a greater resilience than they thought they had – and that in the movement through those feelings of uncertainty, etc, something unexpected and worthwhile happens.

By the way, I am not underestimating how hard this work is for the LFs – and even for Sue and me. We are trying to arrange those focus groups to give us all the chance to understand in a more responsive and conversational way what the experience of teaching this material is. And, of course, 'this material' is

more about the evolving challenge of making sense of medical training and teaching than it is about the content of autonomy or interviewing. The subject of autonomy/privacy/ suffering (whatever) is the reason we get together to do both kinds of work. Process and content are absolutely false dichotomies.

After pressing "send" I feel some doubt and heightened anxiety. I am aware of the possibility of my email being interpreted as heavy handed and scolding. On the one hand, I think it is important the LF group have a chance to hear a response from Sue and me. On the other, this is not a medium which supports the kinds of exchange I think is critical for this work.

Temporality

At first glance, pressing send suggests an act of demarcation – a before and after. Email can easily persuade me of the illusion that time is a linear phenomena and I am choosing a (time and date stamped) method of communication falling into the classic sender-receiver model.

However, Mead offers us a view of time which accounts for my action in terms of a paradox. Similar to Mead's paradox of gesture/response (in which the two are each found in the other and cannot be separated), Mead argues that time is an activity which rests in the public domain and is experienced in the processes of people engaging in action. He states the core of his theory as "The actual passage of reality is in the passage of one present into another, where alone is reality, and a present which has merged in another is not a past. Its reality is always that of a present" (1929: 235). He understood that the present suggests a past and future, however, he held that the past only arose through memory and existed only as far as one's images of the past exist and form "the backward limit of the present" (Ibid.).

The future, of course, has a significant hypothetical existence as it exists in our anticipations. Humans certainly create boundaries which demarcate the past, present and future but Mead maintained that no matter how far we build out both ways from the present, the events that constitute our creation of the past and future always belong to the present. As he stated, "we speak of the past as final and irrevocable. There is nothing that is less so" (1932: 95). Rather, "the

long and short of it is that the past (or some meaningful structure of the past) is as hypothetical as the future" (Ibid.: 12). The only thing that does exist is the "specious present" in which "memory and anticipation build on at both ends" (Ibid.: 66). He further describes the specious present as consisting of continuity and discontinuity. Continuity involves the presence of a succession of events and actions of persons who recognize the quality of succession and render it intelligible as continuity. Mead did not believe that time itself existed (as continuity) outside of the actions of humans. His observations about the necessity of novelty give the quality of movement to this theory of time: "the discontinuous is the novel" (1929: 236).

> "Without this break within continuity, continuity would be inexperienceable. The content alone is blind, and the form alone is empty, and experience in either case is impossible... The continuity is always of some quality, but as present passes into present there is always some break in the continuity -- within the continuity, not of the continuity. The break reveals the continuity, while the continuity is the background for the novelty. (Ibid.: 239)

Mead in his theory of time also commented on the issue of causality. "Given an emergent event, its relation to antecedent processes becomes conditions or causes. Such a situation is a present. As soon as we view it, it becomes history and prophecy" (1932: 23). Both the past and future are thus "determined by the conditioning relationships of the event to its situation" (Ibid.: 24).

Mead's theory of time places my narrative in a different light. The act of sending that email was one kind of response which had meaning in the moments of composing and sending it – and continues to have new meaning as it gets taken up by whoever considers it or rereads it in the moments to follow. It has more meaning for me, perhaps, as I continue to revisit it in the moments of writing this paper and considering my practice. It was one kind of conversation which I can try and locate into the context surrounding it – but of course, there is no "fixed context"– the context is drawn anew each time it is considered. In Mead's thinking, time itself is a kind of action which is made visible to us by discontinuities of novelty or surprise. Such discontinuities, I believe, may be the result of public moments of interactions with others – or be

the product of reflection. This account of my email – the history surrounding it and the anticipated effects of it, continues to live in the present as I make sense again of my actions and responses in the ongoing creation of a new curriculum or a centre of excellence. An act as simple as sending an email – and then writing about its meaning and impact for me, is also shaped by the paradox of forming and being formed by the awareness of my mandate to build a CofE.

Mead's theory of time suggests a paradox to everyday interaction which the authors I cited above fail to embrace. For Wittgenstein, the everyday was the place to find a "whole hurly-burly of human actions, the background against which we see any action" (Wittgenstein, 1981, no.567). Goffman (1959) had a related idea of life's "backstage" in which the invisible micro worlds of emotions could bring us to a fuller understanding of human behaviour. Garfinkel was in search of an understanding of the "rules" of interaction. Shotter's thinking also displays a belief in parts and wholes, although his interest in social interaction points attention towards the everyday where, he argues, we "embed" our activities in a third, background realm of dialogically constituted, relational, joint activity which is separate from the two realms of human action and human behavior (Shotter, 2000).

These are all arguments which rely on a notion of "parts" and "wholes" and which collapse the paradox central to Mead's theory of time. Mead's theory of time explains a causality which is located within the contingencies of a "present" which is also under continuous formation (1932). The idea of a continuously forming "present" is analogous to Mead's understanding of the self as continuously forming and being formed within the "I-me" dialectic. The relation between individuals and the social structures in which they act results in the reconstruction of both. Time is both form and content and, as with identity, is characterized by paradoxes of simultaneous stability/instability, habit/transformation. These paradoxes are key to an understanding of emergence which I will attempt to explore in greater detail later in this paper. I shall now turn to a consideration of power within social processes.

Interdependence and power

Power is not a kind of object or "thing" held by those in authority, although we often take for granted that it is. "I don't have the power to do that" is something I hear from colleagues or students almost every day. As though it was possible to "grant" or "deem" someone powerful enough to do what needed to be done- or to get others to do so. Instead, as Elias argued and Arendt (1998: 200) observed in her famous statement, power is "what happens between people." It does not exist outside of relationships – it is intensely relational and reciprocal; dependent on processes of recognition between people in any given relationship. Elias understood the relational dimension of power to be about interdependencies. He wrote "We depend upon others; others depend on us. Insofar as we are more dependent on others than they are upon us, more directed by others than they are upon us, they have power over us" (1978b: 132).

The notion of interdependency again reinforces the concept of recognition. My responsibilities or even authority to ensure the successful running of the new curriculum are not assured by my place on an organizational chart or my title (commonly recognized reifications of power) but rest more on the qualities of recognition and reciprocity which emerge in my interactions with colleagues and students. My email to the longitudinal facilitators was a communication or "gesture" within an ongoing conversation or series of power relations. Its impact has to be understood as part of that ongoing conversation. I would argue that to judge its success, one has to ask – "did this communication help us to get along better in our work?" The answer to that question is under ongoing evaluation. Our work continues, and, in my experience, there continues to be a great deal of spontaneity, surprise, commitment, conflict and anxiety in how we make sense of our shared enterprise to offer something new and important to our students.

The relationship between temporality and power relating can be found by noticing where attention is focused in moment to moment interaction and how, significantly, that attention shapes a remembered past. Each present moment "selects" out a past which allows for an understanding of new situations. In

Mead's words, "the estimate and import of all histories lies in the interpretation and control of the present; that as ideational structures they always arise from change, which is as essential a part of reality as the permanent" (1932: 28). This process allows a person to experience a continuity which allows for goal-directed and purposive action. (The continuous connection to the anticipated future). A "collective continuity" which allows for the purposive action of more than one person was described by Mead (1925, 1932) as a "social object."

The social object

Unlike a physical object (something which can be found in nature), a social object only arises in our social interactions. A social object is found in the experience of groups of people tending to act in similar ways in similar situations. The social object can be understood in terms of social acts and can be found in a generalized pattern of behaviour in which, without explicit explanation or expression, everyone appears to know what to do or how to behave. A social object may be relatively simple (such as one found when two people play a duet) or may be as complex as the floor of a commodities trading house.

In keeping with the other process-oriented components of Mead's thinking, a social object is not a static, reified structure which can be understood outside of experience. It is intimately related to both Mead's theory of action and theory of the self. The genesis of the self in a social process is also a condition of social control. In taking up the attitude of the "generalized other", individual will is tested and shaped against and by social will and social values. "Social control is the expression of the "me" over against the expression of the "I" (Mead, 1934: 210). The emergence and continued existence of social objects also exert a powerful form of social control in that social acts towards a social object simultaneously constrain personal behaviour and also allow the possibilities for a person's participation toward a desired social end. "In so far as there are social acts, there are social objects and I take it that social control

is bringing the act of the individual into relationship with this social object" (Mead, 1932: 191).

In this paper, I am exploring the argument that a mandate to build a centre of excellence in relationships is being taken up in my day to day interactions with others who are also now forming and being formed by the same mandate. The mandate frames an anticipated future as well as an emergent social object (the CofE) which is under perpetual negotiation and construction. The idea of "perpetual negotiation and construction" points to the importance of power relations; my ability to focus attention and activity on the evolving understanding and actions of the CofE is crucial for its existence. Power relations play a key role in the following two vignettes.

NARRATIVE TWO: PATTERNS OF POWER RELATING

Working with Sue on the curriculum has given me a chance to get to know other faculty in the school of rehabilitation sciences much better than I would have otherwise. As a result of increased collaborations, I have been offered a joint appointment in the School of Rehabilitation Sciences. I am flattered – there are very few physicians who have been offered joint appointment there and the invitation seems an important recognition of my efforts at interdisciplinary work. As part of getting to know the work of the School, I was invited to a recent workshop they held on "community faculty." Over eight years, they have developed relationships with a community resource group for parents of disabled children. A group of these parents have become "community faculty" – involved in teaching aspects of the School's Master's degree, as co-investigators in research and as members of educational committees.

The idea of "community faculty" has enormous appeal for me and builds on some other experiments I had tried in bringing in patients to teach medical students and family medicine residents. Developing community faculty within undergraduate medicine and within the family medicine residency seems like a great idea which also fits within the mandate of my endowed chair. The gathering momentum for this idea between me and several other faculty from

Rehabilitation Sciences coincides with the annual strategic planning retreat for the Faculty of Health Sciences. For the first time, I am invited to this retreat which is normally reserved for departmental chairs and Deans from within the faculty. This invitation also strikes me as a significant moment of official recognition for the work I am doing to establish a Centre of Excellence. Mary, the Dean of Rehabilitation Science, and I decide in advance to look for the chance to promote the idea of community faculty during the retreat.

The retreat is opened by the Dean who speaks at length about the "41 planning units" within the faculty including all the departments and programs. The language of business was very much in evidence as he spoke of our corporate initiatives, performance reviews and (his favorite) "disruptive innovations." The disruptive innovation of particular note was the faculty's intention to expand teaching activities into several remote communities with the ultimate goal of building satellite campuses and significantly increasing medical school enrollment. In referring to these communities (cities of 500,000 and 250,000 people) he lauded the opportunities of a "clean slate" where we wouldn't have to contend with "built in belief systems."

After several reports outlining the year's successes, we had a brief discussion to decide the topics for small group brainstorming about moving forward with key priorities. During the public discussion I challenged the notion of a "clean slate" in developing relationships with new communities and spoke of a need to perhaps critically examine our understanding of partnerships and to consider the need for "cultural competence." No one in the large group responded to this. Our small group of 10 (which Mary and I intentionally joined together) took up a further discussion about the distributed learning project. The director of the project spoke of his frustration in getting university staff and faculty to "get onboard" with a new way of doing things. I again spoke of my concern about a way of speaking about these communities as though they were ours to colonize according to whatever we thought we wanted. The themes of colonization and partnership were taken up by other members of the small group. Into that, Mary and I introduced the possibility of promoting community faculty. The group responded very positively and we sent that proposal back to

the final reporting. In so doing, the possibility of developing community faculty is now part of the faculty's official strategic planning for the next year.

The morning's work felt like a significant contribution to the Centre of Excellence. Not only was I at the table for faculty-wide discussions (a first), I felt like there were moments of conversation which introduced critical themes of partnership. Even better, the notion of community faculty obtained a small degree of "official" recognition. It must be noted that the Dean was far more excited by an idea to develop a multi-campus centre for bioengineering than a cadre of community faculty, but nonetheless, our idea has gained a foothold in the formal "corporate initiatives" of the faculty.

Retreat as social object (and object of social control)

This vignette points to several social objects – a university or medical school are both social objects, but the one I wish to explore is the retreat. Common to many organizations, the retreat is a highly ritualized social object characterized by several common elements. In our setting, they are held in a building away from the place where normal, daily business is usually conducted. Symbolically, this is intended to "clear one's mind" of the demands of daily business and create an opportunity to focus attention on what is to be discussed. The patterning of conversation is highly controlled and structured – PowerPoint slides and reports are presented for a predetermined amount of time – groups then "break out" to consider their response to a predetermined question, and, typically, they are asked to "report back" in a certain number of minutes.

At the retreat I describe I was sitting at the same table as the two women assigned by the Dean to plan the retreat. Each section was carefully scripted – anxiety mounted palpably if any of the pre-chosen speakers exceeded their allotted time by more than 3 minutes. Staying on time was an unquestioned priority, above all others. Speaking out into the large group seemed an act of measured choice. Content consisted of clarifying questions or suggestions about actions required toward a desired future. There was no content involving

emotion or affect – nor did anyone speak about anything happening within the present circumstances or about our shared experience of being together in that moment.

Although the most powerful person at the retreat – the Dean – was able to structure our time, name our initial topics of conversation and use his attentions to powerfully influence what was considered valuable, he was not "in control" of the retreat. There was no way he could have control over people's responses to him – and to one another. My own small role in the outcome of the retreat illustrates this. Even though the formal spaces of the retreat were highly structured and planned, there was still the opportunity to introduce new themes into conversation – even to add something unexpected to the official strategic plan. The introduction of the theme of community faculty was influenced by varieties of other conversations which happened outside the retreat, fed by relationships and conversations that occurred in unplanned, spontaneous ways. During the retreat itself, the themes of "community expertise" were introduced in unplanned, novel ways and spontaneously taken up by other people who may have never considered the idea before.

The processes of power relating in this setting can also be understood as patterns of inclusion and exclusion. As Elias says, in our figurations of interdependence, we simultaneously enable and constrain one another. (1978a, 1978b) However, if I am more dependent on, for example, the Dean of Health Sciences, than he is on me (arguably the case), then he could be understood to have more power than me. The theme of recognition relates to inclusion/exclusion. For me to maintain membership in this group, I need to be recognized as contributing to the dominant discourse – or at least not to blatantly undermine or challenge it. The Dean's explicit recognition was actively sought by many during the retreat as a way of consolidating one's sense of identity and belonging. Similarly, the Dean did not have the choice to deviate too far from "accepted ways of doing things." To do otherwise would be to risk revolt or derision from his colleagues. All of us attending the retreat were negotiating many processes of recognition among ourselves – and, in a

sense, testing and reconstructing our local understandings of what Mead calls "the generalized other."

I wish to again return to Mead's thinking about social objects by paying closer attention to its implications for social control, which also fits with Elias' description of power. A social object is not merely, as described above, a tendency for people to act in similar situations in similar ways. That description suggests the social object to be something at rest – a product of social interaction. It is, in fact, also (as with all aspects of Mead's theories) active and "in motion."

> Social control depends, then, upon the degree to which the individuals in society are able to assume the attitudes of the others who are involved with them in common endeavor. For the social object will always answer to the act developing itself in self consciousness…all (of the) institutions are such objects and serve to control individuals who find in them the organization of their own social responses. (Mead, 1932: 193)

We again find ourselves in a paradoxical state of forming and being formed, not just in our moment to moment interaction with others, but also in those kinds of interactions which are shaped by joint activity on a larger scale; the social object. This is also true for the ongoing formation of the Centre of Excellence – in itself, a social object, forming and being formed in the everyday actions and conversations of my colleagues.

This paradox is critical. In the social processes which pattern the "new" (i.e. – the Centre of Excellence) there is the never ending dialectic of both forming and being formed by. Mead's social object both organizes social responses – and is the result of social acts. In this paradox we can find both the subjective (emergent) pole of experience, perception, thought, emotion and the objective pole of ideas, expectations and social forces which shape groups of people's actions and choices. Objectivity in this sense cannot be understood as it is in the natural sciences – there is no place for a "neutral" observer able to stand beyond the ongoing themes which form and are formed by the patterning of

experience. My particular focus in this paper is on the subjective pole of the forming/formed by paradox – how in the course of everyday interaction, conversations, power relating, thoughts, ideas and intentions emerge into a coherence which I am calling a "Centre of Excellence." However, I would not want my readers to lose sight of the objective pole (these processes of emergence themselves organizing my/our acting). In the daily moments of conflict, resonance, negotiation, spontaneity, doubt and habit where I sense a spark of recognition or support for the idea of a CofE, there are simultaneous moments in which action does or does not happen. Can I press my colleague for commitment? (To a task, a meeting, in the service of this CofE we are finding our way towards). I need manifest "results" – the public in which I practice needs to "see" something. As Mead puts it, "the social object will always answer to the act…all institutions are [social] objects and serve to control individuals who find in them the organization of their own social responses" (1932: 193).

NARRATIVE THREE: NOVEL CONVERSATIONS AND NEGOTIATION OF IDENTITY

Carla is a family doctor with whom I have had several relationships. My first was as her student – in my residency I did a one month elective with her. Several years later, I was on a hiring committee which selected her to a leadership role within our department. From that point on, we got on as peers.

Periodically, Carla and I would run into one another and there would be a sudden surge of energy – although we were never able to actually parlay that sense of professional attraction into an actual project. I have great admiration for Carla's energy, commitment, and her ability to articulate things that she values. I also feel somewhat cautious around her. There were several times in emailing her about something we had recently discussed or committed to when I would receive no response for weeks. On other occasions she would engage me in a conversation in which she would say "tell me what I am doing wrong – how can I get myself to the tables of power? How can I have more influence

here?" With Carla, I always had the sense that she was looking for the Rosetta stone of academic success – that if she could only figure out and "operationalize" the rules, she would feel included and get what she wanted. She saw me as a figure of success but I do not think saw how much time (and self doubt) it had taken me to get to a place of having relationships of influence or possibility with colleagues.

I was in several meetings with Carla this week – she also attended the faculty strategic planning retreat I alluded to earlier. At that retreat, she did a magnificent job of reporting on some activities which we shared – the Dean was obviously very impressed. Our next meeting happened to be our book club – a social event. During her check in to the group, she reported having a great week professionally and feeling really good about her current work. "At the same time" she said, "I am aware of how easily devastated I am…I can imagine a conversation with several of you – (looking directly at me) where you could say something that would just destroy me – it's like falling off a cliff." I did not know what to make of this.
The next day, we shared another meeting which was not particularly eventful. As we were packing up, she said to me "Can I walk you back to the elevator?" "Sure" I said lightly – although I immediately felt guarded. We walked back, making small talk. As we approached the elevator she said: "How ARE you?" "Fine" I said. "What do you mean"? "I just wondering how you were really doing?" she said. "What hypothesis are you testing" I said, trying to keep my tone neutral. By his time we were in a crowded elevator" "you just seem a little distant she said." "I feel badly for trying to have email conversation about things we might better talk about in person," I said, referring to some email exchanges about the new curriculum. "That's Ok," she responded, stepping off the elevator.

Several hours later, the following email arrived:

That was awkward of me, and unfair to try to start a personal conversation with you as you are getting on the elevator. Email isn't the answer either, but I at least wanted to explain myself better. I was really trying to ask you if our personal friendship (not our various work roles) was still intact. I realize we don't have an opportunity to spend really any time together even trying to

pursue a friendship, but I know we started a process a few years ago at least naming that we had interests in common, and some common ways of seeing the world. At that time there was certainly a mutual desire to try to get to know one another better etc.

From that of course, have come all the great opportunities that you have introduced me to, including org change, various projects and so on. I am very grateful for your "bringing me along" approach. It has opened doors and I am happy with some of the work I am able to do because of it.

On the personal side however, I just don't sense the same interest in this. Maybe I am reading too much into the nuances of the times that we do spend together, but I just have picked up a different vibe- less attuned to the personal and more to regular work stuff. I would have thought that you have perhaps fatigued of me in terms of personal interest. I was really just trying to check out if that was so.

This would not be an unfamiliar situation for me Cathy. It seems I often am found very interesting and stimulating to people- for awhile- and then, as they get to know me better, this interest in me extinguishes. I have never really understood what this is. When this has happened in the past, and I have asked about it, I find people very awkward and not really wanting to discuss it at all. Perhaps you will find this a strange and awkward query as well, but I feel you probably more than most people on the planet, might be able to discuss this with me, or willing to respond.

I know I should spend time talking to you about this in person, or not at all. Given that I blurped it out today, I felt without emailing you, I was doing more harm than good."

My immediate reaction was one of surprise. I felt that such a brave request deserved to be taken seriously – that this was a moment of importance in our working together. I also felt wary – reluctant to be cast in the role of interlocutor between Carla and her previous experiences of relationships. However, trying to engage in a respectful conversation with her about our shared experience of being together also feels consistent with my mandate – I felt ethically bound to take on this moment of "relationship" in the service of the work I understand myself doing in my role as endowed chair. I responded to her email later that day agreeing to her invitation and asking her for some times to meet.

Discontinuities and emergence

The moment of this vignette which struck me the most, of course, was in reading the email Carla sent. Both its content and the decision to share it are

unusual events in the workplace where we do not tend to speak directly of the private conversations we are having as we go along in our work. I was surprised by her courage to risk sharing it; in some ways less so by its content. Such a strong gesture deserved a strong response; I felt ethically bound to recognize her courage by responding to her and committing myself to a conversation which offered the possibility of a similar amount of risk or surprise as she had offered me.

To reinforce the centrality of processes of interaction, I would like to build on Mead's theory of time by introducing the concept of sociality. As previously discussed, Mead's understanding of time-as-action is based in a theory of emergence. Emergence creates a new present which we can now see as difference from the "old" present by the existence of something new or novel. The light of the new present also illuminates a new past and a new anticipated future. Emergence, dependent on novelty, or ruptures in continuity, creates the present. Sociality extends temporality into all interactions, including those with inanimate objects, or nature. It is based in the process of readjustment which occurs as something simultaneously exists in the old and the new. "So in the history of a community, the members carry over from an old order their characters as determined by social relations into the readjustments of social change. The old system is found in each member and in a revolution becomes the structure upon which the new order is established" (Mead, 1932: 52). Time is ultimately social, as the emergence of the present is contingent upon the novelty or discontinuities made possible through interaction.

Sociality as a transitioning state between the past and the current present allows humans the possibility to pause and reflect – to consider a novel response to a new situation before the movement of time has settled response into a taken-for granted way of being or a new (likely temporary) state of "stability." It is in this "in-between-ness" where we may be reflecting on choices to sustain our habitual ways of doing things or reinforce a transformation of habit. This notion of dialectical action-response is very similar to Mead's formulation of the self within the "I-me" dialectic, with the "me" being the response to the "generalized other" and the "I" which is the response to the "me" – and which

cannot be fully known in advance – but only once the response has occurred. In that way, there is always the possibility that we might surprise ourselves – and introduce novel themes into our ongoing patterns of relating.

Carla's message to me was a significant "discontinuity" and an invitation into interactions which would inevitably be marked by uncertainty, not-knowing and anxiety. By giving public voice to her own private conversations, she initiated a fundamental change in the norms of discourse which I had previously encountered both with her and within ordinary day to day working. There may have been a possibility of ignoring or dismissing her email, but, as I have said, its audacity compelled me to try and respond in kind. Her act was so unexpected that I believe its resulting discontinuity lasted for a longer duration of time than I would normally experience in response to anything a colleague says to me. Its impact lingered – causing me to think often about the quality of my participation in work relationships, the themes of inclusion/exclusion she had often spoken of, my own differing sets of (private) responses and conversations her message elicited.

Since this exchange, we have had the chance to speak directly of it – and to continue to work together in different ways. Our subsequent, direct conversation was perhaps not as risk-taking as the email which precipitated it, but it was characterized by some spontaneity and an experience of "flow." I feel less guarded in my interactions with her – and more trusting of the robustness of our relationship in the face of the unexpected or conflictual. As time passes, I have noticed an increased confidence to stay open to the possibility of these kinds of unexpected discontinuities with other colleagues.

Indeterminacy and freedom

One of the central points that this paper is trying to establish is that human interaction itself is self-organizing and continually results in themes and coherences which themselves are again patterned in interactions. This patterning simultaneously requires both novelty and constraint. We find novelty and constraint within our interactions and interdependencies. Carla's unexpected email introduced novelty into an ongoing collegial and social

conversation which until then had not paid as much attention to the assumptions of our relationship or private conversations which may have provided more constraint to spontaneity than we would have wanted. The intentions shaping my response in a sense could have been consciously dampening or amplifying. The temptation when unexpected personal disclosures occur is often to shut them down by failing to respond – or by locating the "problem" in the person initiating the (surprising, forbidden, unorthodox) observation. In my protracted response to her, I was aware of an intention to amplify the risk taking and spontaneity of her email gesture.

I offer another way of understanding the kind of suffering by emotional exclusion to be found in Carla's email. Alex Honneth, whose work I took up in Project Two, (2000) has taken another look at Hegel's Philosophy of the Right to name a kind of social malaise which is characteristic of current interactions. He has taken Hegel's argument that human freedom is found not in a life free of constraint – or even in an existence constrained by existing human laws and norms. The true experience of self is actually to be found in. "communicative structures" characterized by "being with oneself in another. In reality, we are only free when we know how to modify our desires and needs so as to orient them toward social interactions. In short, only self limitation on behalf of others allows full, free experience of self" (2000: 41). The justice, therefore, of modern societies, is "measured by the degree to which they are able to establish the conditions for this kind of communicative experience" (Ibid.: 42). A breakdown in the reciprocity of recognition of other and reflection upon self leads to a kind of suffering which Hegel described as "indeterminacy" which could also be thought of as a failure to fully find oneself in other. This could occur because of a false or inflated sense of self – in which other does not matter. It could also occur as a failure to return to self – an over-identification with other.

Perhaps it was the former experience Carla was pointing to in her hopes that I could offer significant insight in her own experience of previous relationships. Overwhelmed by her previous experiences, she failed to recognize our interactions as substantially different from as the ones she cited (different in the

sense that they were occurring with me, a person whose response to her would contain differences and similarities to responses she had experienced with previous colleagues and friends). In any case, I suspect patterns of indeterminacy are common in the workplace and heighten the ethical requirement for unceasing attempts at full recognition of other. That ongoing movement or struggle for recognition is another important source of tension, conflict, novelty and energy for the processes of daily interaction which are under continual construction as patterns of self-organizing action and identity. I am arguing here that the Centre of Excellence has also begun substantially to emerge as a result of these iterations of self and identity, formed in and by social processes and dependent on processes of recognition.

I think it is also useful to understand the relationship between temporality and power relating in this vignette. Carla and I share a myriad of interdependencies. I rely on her energy and insight and will often seek her support or contribution in activities relating to my Chair. Her email suggests that she also sees me as important for her sense of belonging and contributing to the faculty. She also brings to our working together an experience of past relationships which, as she points to in her message, influences how she experiences our working together.

EMERGENCE AND SELF-ORGANIZATION

To return to the concept of emergence, I would like to take up a brief overview of how we understand two related terms: emergence and self organization. I think it would be helpful to begin by understanding how these are understood in the natural sciences and then to consider their use in social sciences and in human relating.

A natural science view of self organization is closely tied to emergence – and also to descriptions of systems. Here, boundaries play a key role. According to natural scientist Scott Camazine, a member of Princeton's Centre for Complexity, self organization can be understood as: "a process in which patterns at the global level of a system emerge solely from numerous interactions among the lower-level components of the system. Moreover, the

rules specifying interactions among the system's components are executed using only local information, without reference to the global pattern" (Camazine et al, 2001: 8). Note this definition also makes reference to emergence – the patterns formed by self organization are considered to be emergent phenomena which cannot be deduced from even a full level of knowledge of the lower-level components and how they interacted. This is commonly described in the phrase "the whole is greater than the sum of its parts". In addition to macroscopic/phenomenological patterns which are understood to emerge from the interactions of microscopic elements, Prigogine and Stenger's work on living organisms and dissipative structures (1984) also demonstrated that coherent patterning and emergence is also possible in situations of energy instability. In other words, "something more than merely rules specifying interactions among the system's components using only local information, without reference to the global pattern, may thus be at work" (Skar, 2003: 1052).

My own simplified reading of the thinking in the natural sciences between self organization and emergence is as follows. A system, as defined by differing levels of function or processes interacting to produce a whole is taken as a starting point. Self organization is not a property of all systems, but in certain ones, refers to phenomena which can occur within a given level and relates to an inherent tendency to pattern coherence (spontaneous organization), without design or input from other levels or the surrounding environment. Emergence refers to irreducibility. The properties which define "wholes", or higher order systems cannot be reduced to the properties of the lower order parts or subsystems. These irreducible properties are emergent. An emergent system may or may not include self organizing components. Self organization itself, however, may be understood as a type of emergent behaviour. In the natural sciences, self organization and emergence can occur as two separate, unrelated things.

Organizational sciences have taken up principles of complexity, self organization and emergence. Kevin Dooley, professor of engineering and supply chain management at Arizona State University, points to the role of

complexity theory in business research in the abstract to a review paper outlining the importance of complex adaptive systems:

> Study of complex adaptive systems (CASs) has yielded insight into how complex, organic-like structures can evolve order and purpose. Business organizations, typified by semi-autonomous organizational members interacting at many levels of cognition and action, can be portrayed by the generic constructs and driving mechanisms of CASs theory. (Dooley, 1997: 69)

Again, the implicit assumptions of this application from natural sciences to organizational sciences includes an assumption of hierarchical "levels" interacting to produce a whole – an unquestioned foundation of systems-based thinking. Furthermore, there is an assumption that somewhere along the hierarchy, individuals can stand apart and design "simple rules" or other components of the system which will lead to desirable outcomes. It is as though, using complexity theory, a clever manager can "unleash" the inherent "powers" of complexity to design work environments, change mental models or create information structures which will allow maximal and efficient functioning of other members of the organization.

I think it is important, however, not to lose the central importance of the work done in the natural sciences to understand emergence/self organization in terms of its implications for design and control. In other words, our understanding of dissipative structures and simulations of heterogeneous agents makes a very persuasive argument that in the natural world, both novelty and order are possible, even probable, in the absence of external design or influence.

In the social sciences, both GH Mead and Norbert Elias have made that argument in terms of human behaviour. Mead refers to emergence in several ways. One is in his theory of time or temporality in which the emergent event interrupts the continuity of time and poses a problem which demands human attention in order to be solved. In this way, emergence is understood as a fundamental property of human experience. Emergence was also central to

Mead's formulation of the self in his understanding of the self as emerging in the dialectic of the "me" and the "I."

I think Elias speaks indirectly to both self organization and emergence in his description of the game, which he explores in depth as a metaphor for describing sociology and human behaviour.

> Instead of players believing that the game takes its shape from the individual moves of individual people, there is a slowly growing tendency for impersonal concepts to be developed to master their experience of the game… For a long time it is especially difficult for players to comprehend that their inability to control the game derives from their mutual dependence and positioning as players and from the tensions and conflicts inherent in this intertwining network. (1978b: 91)

He then goes on to argue that

> …unintentional human interdependencies lie at the root of every intentional action... a game process which comes about entirely as a result of the interweaving of the individual moves of many players, takes a course which none of the individual players has planned, determined or anticipated. On the contrary, the unplanned course of the game repeatedly influences the moves of each individual player." (Ibid.: 94-95)

Emergence and the centre of excellence

This quote does not directly speak to power, but of course, in any game or interaction, all things and people are not equal. I refer the reader back to previous descriptions of Elias' theory of power which I believe is implicit in his understanding of the game/sociology. In this description of temporal processes of interaction, mutual influence, and power relating, Elias has named with uncanny accuracy a way of understanding emergence and self organization in human relating. In this account, it makes no sense to separate emergence and self-organization; they are intertwined aspects of the same thing. Participants in the game (the organization, the Centre of Excellence) are simultaneously forming and being formed by the emerging patterns of self-organizing which constitute their participation. Intention plays a role in how players choose the nature of their participation – but it cannot alone account for any emerging pattern. No one player can determine the course of the game. Even if they are arguably the most "powerful" player (the strongest, fastest,

smartest, biggest), there is no game without the other participants and the course of the game will proceed in ways that no one can fully anticipate or predict.

Emergence is also tied to notions of novelty and diversity. My own personal tolerance for surprise and not/knowing is likely the result of the constraining/enabling influences of my physiology, personal history and identity. My career is characterized by attempts (frequently successful ones) to do things within the medical school and residency program that no one has ever tried before. In turn, I am emboldened to continue trying new things – my identity as someone who does not operate in "usual ways" is often reinforced by the responses of my colleagues. As I have said in previous projects, I am comfortable on the margins of prevailing ideologies where I find less constraint. However, in addition to a habit of nonconformity, my experience in the DMan programme has given me additional theoretical support and inspiration for seeking diversity in more intentional ways. As Peter Allen (1998) demonstrated, the spontaneous emergence of novelty requires diversity. For this reason, in my teaching and curriculum design, I have intentionally sought to involve people from other disciplines in ways that would not be considered "normal" for medical education. This includes inviting patients to tell students stories about experiences of medical professionalism, seeking an occupational therapist as a co-partner in a major curriculum design and pairing MDs with other non-MD clinicians to teach medical students about their formation as physicians.

I do not believe diversity is merely a key ingredient in a recipe – and that the incorporation of difference automatically leads to novelty. The norms of communication and power relating and the processes of recognition need to, as it were, also hold space for emergence. In the formal, highly scripted confines of our faculty retreat, there was little opportunity for spontaneity, difference or the emergence of something as recognizably new. (Arguably, the group included a very diverse range of experiences and opinions). However, in the formal spaces of the retreat's public discourses, continuity held sway over transformation. Conversely, I have had the experience in our faculty of having

a group of educational researchers, doctors, nurses, and rehabilitation clinicians come together and have a conversation characterized by very high levels of disagreement and a refusal to consider or respond to anyone's position but their own. Those meetings do not appear to lead to anything new, either.

The significance of the emerging social object

A hazy outline of the Centre of Excellence is beginning to take shape as more and more colleagues respond to and take up the themes of relationship, professionalism, and collaboration I have tried to champion and embody within my work. Many times, there is no response – or my overtures fall flat. At times I consciously take risks – and encourage my colleagues to do the same. I have come to trust the potentially creative outcome of a willingness to stay in a place of not knowing for a longer period of time. Perhaps another way of thinking about what I am attempting to do is to invite attention, conversations and shared activities with my colleagues in the general direction of what I understand my mandate to be: attending to the quality of participation among health care providers, patients and professional colleagues. In the course of my work, I can increasingly recognize Mead's description of a social object, a focus of energy, conversation, habit and activity which all point in some way to a substantial engagement with a commitment to considering how we get along together. I do my best to amplify those moments, knowing my interventions will inevitably have unexpected consequences. These moments also shape my identity, my sense of the future and my response to my recalled past. As these moments appear to increase in number and substance, I have more confidence in what I am doing – which, in turn, impacts my willingness to take risks.

I return to the offhand remarks of a mentor who assured me that "emergence" would happen. It always does, of course, but not in a way that can be taken casually or for granted. To succeed at my mandate is a very active process of risk taking, amplifying difference, persuasion, engaging with conflict, reflecting on my practice, struggling for recognition and persisting in places of not-knowing. Local, moment to moment interaction is all any of us have to "work with" – but there is no way of knowing in advance the results of our

interactions and intentions. Constrained and enabled by relations of power, histories, values and the discontinuities of time, our interactions can also be seen as self-organizing. In that self organizing process of daily, local interaction, there is also transformation of identity. These processes mean the continued transformation of my own identity – and of course, the identities of others who engage the Centre of Excellence in their own ways. In time (Mead's "living present"), fuelled by paradox, patterned by interactions, power relating, struggles for recognition, surprise, habit, conflict and stability, my/our Centre of Excellence takes form as a theme which increasingly patterns our ongoing actions and conversations.

When I have my review meeting, what I will point to in my meeting with my Chair, and Dean and funder, is the accrued result of those individual and group transformations of identity. Groups of us in the faculty now take for granted a shared commitment to kinds of teaching and working together – we take actions in the form of conversations with medical students and each other that have never happened before. Over the first five years of my mandate, I can point to many new things which have come into being: a curriculum on professionalism for graduating medical students which now involves the entire medical school in reflection on the qualities of our interactions in teaching and learning, a weekly curriculum for medical students to invite practice and reflection (alongside seasoned clinicians) on what it means to be a physician, a coalition of interdisciplinary teachers and leaders who wish to work together in new ways to create joint curriculum and research projects, a growing number of people who wish to reflect upon and possibly change their taken-for-granted practices in clinical settings. These conversations are now also leading to the kinds of "products" which are of value to the university – papers, presentations, etc.

In the patterning of our ongoing actions and conversations, the Centre of Excellence also assumes recognition as an object of (potentially) increasing impact. Here I return to my previous reference to the "objective pole" of the social object. As my colleagues make choices to spend time and energy on activities relating to the Centre of Excellence, there are acts of evaluation and,

inevitably, conflict. This project's focus on the emergence of a Centre of Excellence in everyday conversation and interaction runs the risk of possibly "masking" the conflicts and shifting power relations that will occur as people experience the Centre of Excellence assuming a greater role in claiming faculty resources or attention.

Moving to Project Four

Emergence and self organization are ways of understanding one way of thinking about the "hows" of building a centre of excellence. In Project Four, I continue to examine themes of excellence and emergence by returning once more to an experience of creating curriculum. To my surprise, the central thesis of my dissertation is transformed to a consideration of an understanding of curricular practices as a kind of process for discovering and contesting the themes which organize and are formed by our working together. "Excellence" is a theme which becomes central to conflicts and differences around what we all think we are doing as we teach and train medical students.

Project Four
An Emerging Medical School Curriculum: Exploring Improvisations of Curricular "Practice"

As a family physician and full time member of an academic department of family medicine, I was appointed to an endowed chair which was created to strengthen the study and teaching of the importance of relationships in health care. The specific mandate in the terms of reference of my business plan was to "build a centre of excellence" to support this work on relationships. This mandate has been a conundrum to me – and an excellent opportunity to use the methodology of this research degree to conduct a kind of inquiry into what it is I do every day in my job – and how it might or might not lead to the sort of outcomes my funder and Dean expect as they assess whether or not I have been successful in my challenge. The work I currently do is primarily aimed at students in the early years of their medical school training.

TRANSLATING CLINICAL PRACTICE INTO CURRICULUM

In this paper, I would like to explore what happens in the course of trying to find ways to translate my own experiences, ideals and beliefs about what is important within a clinical encounter into something the medical school recognizes as "curriculum." This act of translation is messy, imperfect and maddening. The way I imagine and perform "curriculum" is very much influenced by my understanding of medical practice. In addition to feeling a confidence that I am providing a high standard of care as demanded by practice guidelines and evidence, I feel my best work is done when the patient and I find a way of taking medicine's offerings and adapting them as precisely as possible to the personalities and contingencies of each unique situation. This is creative action – neither of us knows exactly what will happen or where we will go – but each of us recognizes, in some way, when our actions result in being able to continue to move along together in a way that satisfies each of us. I am speaking of what Pierre Bourdieu describes as "the necessary improvisation" (1977: 8) the discovery and experience of which, Bourdieu argues, is another way of understanding excellence.

Clinical narrative

I haven't known her for long – since I took over the previous physicians' practice, I have seen her 3 or 4 times, for minor things. I have also received a lot of paperwork from her insurance company – asking for biannual updates about her blood pressure, her cholesterol, her blood sugar. They are all creeping up – which isn't good. We have another visit; I decide to try something different. Instead of jumping straight to her lab values, I ask her more about herself. She is 70, still practicing as a therapist. She spends half her year seeing clients in Canada – and the other half looking after her practice in Ireland. An image of people waiting patiently to see her for half of the year flashes in my mind- I am aware of a surge of affection for her as she speaks with warmth and passion for her work. We return to her lab results…she is terrified of getting diabetes. We have talked before about the importance of exercise and diet – but nothing has happened. I follow a hunch: "you're a therapist – you know yourself well…what do you think I can do to help motivate you to start exercising?" She responds: "Pretend you're my mother and tell me what I am supposed to do." I am surprised – not the answer I expected. Leaning forward, I start wagging my finger – "Anna. I am going to only tell you this one time – you really must start walking and getting more active. I order you to go for a one hour walk every day." I lean back, gauging her response. She looks at me very seriously – "yes, doctor." That was 4 years ago. Almost every time we've seen each other we share a laugh about how well she knows herself and about how my 'orders' helped her start walking.

The choice of this story contains elements of the random and deliberate. In casting about for a brief story which illustrates a moment of clinical practice, I decided to review my previous day's list of patients – to choose an episode of care from one of them that provides a glimpse into how I understand my work. For the sake of brevity and interest, I admit to choosing a story of relative success – seeing Anna's name on the list immediately called to mind this story. Despite the relatively "happy ending" of this account, there was no guarantee that our actions together would take this turn. I am not in the habit of wagging my fingers or acting in an exaggeratedly parental manner with patients – even if that is their stated request. And I suspect Anna was not often in the position of asking her physician to behave as her mother would – nor could she know at the time of the request whether my attempts would evoke ridicule or possibly aversion. Finally, neither of us will ever know exactly why Anna finally decided to start walking. The point I am trying to make is that although hindsight provides us with this coherent story of a relatively successful encounter, during our experience of the visit, we never knew how our responses to one another would turn out. Furthermore, although we both enjoy

the "joke" when Anna brings up this visit during subsequent encounters, we may also find ourselves someday in a place of misunderstanding or difficulty. [1]

Linking clinical practice to education

A consideration of the significance of clinical practice for my corresponding practice as an educator, has led me to a conviction that the usual ways of thinking about curriculum and medical education are partial, simplistic and designed to potentially mask or hide the ambiguities and uncertainties of doing the work we do. In so doing, I believe we offer a disservice to students (and ultimately patients) who complete training with an overconfidence in scientific medicine and an underdeveloped sense of the degree of uncertainty and contingent action inherent in practicing as a physician. My brief narrative of an experience of care contains elements of a traditional medical story or case report – in a medical school setting, this same story is more likely told through the language of clinical practice guidelines for the management of hypertension, screening for diabetes or preventive care of the "elderly." Another familiar genre is the one about the "non-compliant" patient who, despite several years of urging, did not make important lifestyle changes. The encounter we both found ourselves participating in did contain the necessary "props" of lab values, shared concern for health and a willingness to work together in some way.

However, there was something more – an exchange of unrehearsed engagement in which both of us were surprised to discover something our previous visits had never accomplished. No guideline, algorithm or "patient-centered interviewing" workshop could have provided, in advance, a set of predictions which could have led us to where we found ourselves. Yet, the traditional understanding of medical training would hold to a belief that all that is required for successful medical practice is the competent grasp of medical science plus some skills in clinical decision making, communication and

[1] 1 A story such as this one is commonly used to illustrate assertions which predict success. Some advocates of "whole person care" would, in fact, use a story such as this to advance ideals of "authenticity" or "presence." I do not intend for this story to illustrate anything prescriptive nor to lay claim that the "best way" to be with patients can be known in advance.

ethical reasoning. Further held is the notion that all the requirements for successful practice can be predicted in advance, taught and evaluated. Finally, the sum compilation of predictions, outcome measures and desired skills and competencies, referred to as "The Curriculum" is thought to provide the necessary preconditions for the successful creation of a skilled physician.

Inquiring into the contingencies of a practice as an educator

By inquiring into my current experience as an educator, I would like to explore another way of understanding curriculum as an interactive practice which, in medical training, needs also to create the space for students to experience the kinds of improvisations necessary for successful patient care. The notion of "practice"[2] is important here – as is an understanding of improvisation in practice. If medical care is contingent, improvisational and full of uncertainty and ambiguity, then so is the creation and practice which constitutes "curriculum." My inquiry explores the experience of trying to imagine and bring to life a curriculum with a set of assumptions which differ from the objectivism which characterizes much writing about medicine and medical education. This way of thinking about curriculum challenges the instrumental rationalism which would see medical curriculum as a "blueprint" for training new doctors. The proclamations of medicine and medical education (which include the assertions I would claim for myself) are categorical and often unreflexive – they frame a normative discourse which obscures the uncertainties and messiness of everyday life with patients and colleagues. This inquiry attempts to break a certain silence and talk about the compromises, uncertainties, contingencies and ambiguities – the "undiscussables" of organizational and educational life. It is different than most literature I have read about medical education- some of my experiences relate uncertainty, doubt and anxiety. I am trying to illustrate one account of what actually happens when we embark on a commitment to create educational experiences for our students – to talk, in real terms, about what is actually happening.

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[2] Many theories of "practice" are proposed to understand the work of family medicine. Recently and widely cited ones include Wenger's (1998) "Communities of Practice", and Dreyfus'(Dreyfus and Dreyfus, 1986) and Benner's (Benner, 1984) theory of developing professional competence. I will review these in greater depth briefly in my synopsis.

Curricular background

To briefly set the stage, I share responsibility for a medical school curriculum (the Professional Competencies Program or "Pro Comp") which spans the entire 3 year course of a student's undergraduate experience. The curriculum is brand new and has yet to complete a cycle – as this year's students finish the inaugural year, we are planning the second and third year experience – and making revisions based on how we think we should improve things for the next incoming class. My co-planner, Sue, (who I introduced in Project Three) is a professor of occupational therapy, an unusual choice within a traditionally conservative and insular medical environment.

Sue and I share the task of recruiting and training faculty, creating the structures for teaching and evaluation, overseeing the development of all learning materials and representing the interests of our curriculum at school and faculty-wide planning tables. We have enlisted a smaller planning group of 8-10 people who share an interest in both contributing to the overall plans and also bring content expertise within the broad "domains" we have defined for the curriculum. (These domains include Professionalism, Communication Skills, Social and Community Contexts of Health, Life Long Learning, Ethics, Clinical Skills and Self Awareness). The following narrative offers an example of some of the ideologies, beliefs and assumptions which surface when we all begin to discuss our differing notions of "curriculum."

Getting it right before it starts

At a recent meeting of the content experts who help plan specific sessions within their "domains", Lee, the planner charged with responsibility for the "life-long learning and problem solving" thread of curriculum, interrupted discussion with the following question. "I need to ask a "micro" question here – I have asked a group of people to come in and teach my session next month…is there a guide I can give them which will tell them what they are supposed to do?" What followed was a surprisingly heated and engaged discussion which elicited frustration on all sides. The first to jump in was Henry, the epidemiology expert who saw Pro Comp as the opportunity to teach "mini-courses" of relatively traditional content. He was charged with creating four sessions consisting of an introduction to biostatistics and epidemiology.

The format he followed was identical to the problem-based course design used in the biomedical part of the overall curriculum – he used the same template to design his materials. “This is a problem-based medical school” Henry said, “use the template we have based the whole curriculum on.” The next to speak was Brent, the only person in the group who was currently involved as a facilitator. Brent’s position was unique – he was both a planner (and had struggled to design sessions which were met with varying degrees of enthusiasm by students) and a facilitator. He had 15 months of experiencing what seemed to work and what did not. He immediately began to describe examples of approaches which he had observed did and did not work with students. “Frame this in terms of a patient – don’t give the answers – and don’t give stupid questions like ‘what is primary care?’ – ask students to actually grapple with the problem ‘what would you do next here and why?” Lee jumped in again, looking directly at me. “Why isn’t this written down anywhere – what am I supposed to tell these people who are giving the session? There should be a guide.” Now I was irritated. “Lee – have you not actually planned your own session, yet?” (He had not). I went on: “there is not a written guide entitled ‘10 easy steps to ensure success for people who don’t know anything about what we are trying to do’. All of us here are learning what works based on trying things, getting input from people who are working with the students and making corrections as we go. If you ‘subcontract’ (referring to his recruitment of outsiders to give a session) there is even more work to ensure people know how to fit their expertise into our format? None of that is on paper – nor could it be.”

My anger rose as I spoke. Lee had been part of our meetings for two years – how dare he sit back and criticize us for not having a written guide when it was clear he was not even investing enough to put himself on the line by experiencing the responsibility and uncertainty of delivering a session?

What do we mean when we use the term *curriculum?*

I think that what the conversation around the table, in fact, illustrates is a conflict in how different people understand “curriculum.” For Brent, the person with the most experience of working with students in this setting, there is a

sense of "what works" – at this point, he knows it when he sees it. For Henry, curriculum is delivered using a template which corresponds to what he perceives as the ideological norms of a problem based medical school. For Lee, curriculum is a written guide outlining expectations and illustrating the requirements for a successful interaction with students and faculty. My own feel for the concept is a much richer - as is my weekly contact with a wide network of people involved in different aspects of the curriculum.

It would seem self evident that there should be conflict and competing ideas of what constitutes "curriculum." However, this conflict is covered over in official representations and ways of thinking about curriculum.[3] I shall briefly

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[3] Beyond the relatively narrow field of medical education there is a vigorous and broad debate on the meaning and significance of 'curriculum'. This discourse encompasses theories of education and learning in primary, secondary, post-secondary, professional training and workplace settings. Within this debate, distinctions between learning, education and curriculum are not always clear or agreed upon, however, Kerr (Kerr, 1968: 16) provides a good starting point: "All the learning which is planned and guided by the school, whether it is carried on in groups or individually, inside or outside the school." This definition points to the importance of an activity which is planned in advance and occurs under the formal supervision of a learning institution. Smith (1996/2000) argues that the full debate on curriculum can be categorized according to whether curriculum is thought of as body of knowledge to be transmitted, an attempt to achieve certain ends, (a "product"), a kind of process or a type of praxis. He then goes on to argue that these four approaches overlap in a potentially helpful way with four major strands of thinking within North American educational traditions which he names as the "liberal educators", the "scientific curriculum makers", the "develop-mentalists" and the "social meliorists." For the first, education was thought of as a way to transmit the "canon" of Western thought and the enlightenment ideals of reason and rationality. The next group are concerned with the outcomes of education and drawn upon cognitive sciences and precise behavioral descriptors to design and measure the "outputs" of curriculum. This stream draws upon the traditions of scientific management and places great emphasis upon course design and the identification of behavioral objectives. In looking at education as process, develop-mentalists were most interested in the "natural order" of a person's development' attempting to design a curriculum which matched the needs and interests of particular stages of life. (For example, Malcolm Knowles (1980) is well known for his theories on adult education and the need to plan curriculum differently in adult learning settings.) Writers in the final tradition, exemplified by, among others, Freire (1970) see curriculum as a way of addressing social inequities and achieving justice for students and communities. Finally, there is significance in terms of the context of curriculum; the unstated norms and culture of particular learning settings (also called the hidden curriculum) as well as the actual places where learning takes place. There is also much interest in "informal education " (Jeffs and Smith, 1996) which may occur outside of formal "schooling." The idea of the importance of learning outside of "school" takes us back to theories of practice, notably the "situated learning" work done by Lave and Wenger (1991). As we can see, theories of curriculum are also closely tied to theories of learning; in order of our theories of curriculum, one can also draw links to behaviorist, cognitive, humanistic and social/situational theories of learning. This very brief overview of ways to consider curriculum obscures as much as it illuminates – the discourses within these points of view are rich and nuanced. As I have previously argued, the

consider the formal representations of curriculum in medical education before returning to a more temporally and process-oriented understanding as illuminated by G.H. Mead and N. Elias whose thinking I have already introduced in previous projects.

The blueprint metaphor

On the faculty of health sciences website, planners of the new curriculum are referred to as "architects" which reflects the most traditional way of thinking about curriculum: as a blueprint or design for learning. This is where templates or guides assume prominence and an unquestioning belief on the part of most that blueprint/binder is equivalent to curriculum. Beauchamp (1975: 265) describes curriculum as "A written plan depicting the scope and arrangement of the projected educational program for a school." Wiggins and McTighe, affiliated with a US educational non-profit, Association for Supervision and Curriculum Development (ASCD) describe curriculum as "the explicit and comprehensive plan developed to honor a framework based on content and performance standards" (Wiggins and McTighe, 2005: 5-6). In this definition, "performance standards" alludes to the ideals of assessment. I think in this definition we begin to see the idealizations inherent in curriculum which purports to lead students and teachers towards an idealized future state.

An understanding of a curriculum as a design blueprint is very much reflective of an if-then way of understanding causality, time and human behavior that I have explored in previous projects. In brief, the blueprint is thought to indicate an instrumental pathway which will take students from point A to point B – along the way, they will have "learned" the objectives and knowledge set out for them in advance. This kind of thinking holds firmly to a rationalist and cognitivist view of human behavior. Its belief in a neutral, objective stance also

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discourse within medical education takes up a relatively unreflexive acceptance of a scientific/cognitivist/ point of view.

is unquestioning in the assertion that a course designer will stand "outside" of experience to create a logical framework of knowledge and activity which (if properly followed) will lead to desired outcomes or competencies.

Another consequence of the emphasis on design is that it holds unquestioningly to a model of thought before action – and implicitly suggests that with enough upfront investment in design, an educator is able to control and predict the actions of the students taking up the curriculum. In this "thought before action" approach, the attention is focused on the planning stages – on getting it right the first time. It holds both to the assumption that getting it as right as possible in advance will increase the likelihood of desired outcomes – and that the outcomes themselves will be linked back to the original design. Far less attention is paid to the actual experience of participating and functionalizing the curriculum except for perhaps program evaluations which attempt to seek and correct errors (redesign) for the next course iteration. (This "cybernetic" understanding of reshaping human behaviour was taken up in Project Two).

Although I do not deny the necessity of written materials, outlines and explicit sets of expectations or intentions as part of teaching, I do not see them as ends unto themselves. Rather, they are the products of one series of negotiations, actions and compromises which will be taken up into another series of responses when the materials are used by students. My thinking in this way has been influenced by Mead's writing on social objects which I shall briefly take up here.

Social objects and cult values: Ideals and particulars

In Project Three, I examined how Mead's "social object" could be taken up in the understanding of both a Centre of Excellence and also a faculty retreat. Mead's thinking about social objects and cult values can also offer insight into how we can understand both the conflict about how curriculum is understood – and also how the conflict itself allows us to move ahead with enough shared intention and collective action for the notion of "curriculum" to continuously shape embodied actions and conversations. Mead's understandings of a social

object is an extension of his social theory of mind in which a person's actions are based on their ability to take up the responses and expectations of others in becoming an object to one's self (Mead, 1934). This dialectical process of taking up the other as a way of knowing self is characterized by the possibility of either habituation of ongoing behaviours or the recognition of novelty which potentially leads to change. The behavior of embodied individuals cannot be taken without reference to the social processes of continued responsiveness to self as understood in other, leading back to self, and so on. A social object is the iteration of this type of pattern on a scale involving more than one person; it organizes and calls forth collective action without external designs or explicit instruction. As Mead puts it, "The objective of the act is then found in the life-process of the group, not in those of the separate individuals alone" (Mead, 1925: 264). Mead's description of a social object helps us understand how, as curriculum planners, we find ourselves working together, despite differences, to engage in shared action called "curriculum." Within the "life-processes of the group" (Ibid.) is to be found a common commitment to some notion of "curriculum" – which, as I point out, is already more conflictual than idealized accounts of blueprints can account for. I think Mead's description of a social object contains a significant paradox which further disputes the notion that curriculum can be designed in advance and implemented. In further exploring a social object he states:

> The human individual is a self only in so far as he takes the attitude of another towards himself. In so far as this attitude is a number of others, and in so far as he can assume the organized attitudes to a number that are cooperating in a common activity, he takes the attitude of the group towards himself, and in taking this or these attitudes he is defining the object of the group, that which defines and controls the response. Social control, then, will depend upon the degree to which the individual does assume the attitudes of those in the group who are involved with him in his social activities. (Ibid.: 274)

This description highlights the paradox of forming and being formed by the activities and interactions which shape and engage us– in this case, I would argue, engagement in the ongoing creation and performance of curriculum. The paradox of both forming and being formed by engagement with curriculum also points to the concept of emergence which I took up in detail in a previous

project. Briefly, in the natural sciences, theories of emergence and self organization can account for coherence of pattern and action without reference to outside or external design (Prigogine and Stengers, 1984). In situations involving humans, emergence is can be thought of as the patterns of interaction which are made possible by responsiveness, difference and acts of evaluation. Human interaction forms ongoing iterations of meaning involving simultaneity of action/response which cannot be broken down into cause and effect.[4] Paradox and emergence are not commensurate with a "blueprint/design" understanding of what constitutes curriculum. I suspect most people would agree with me that, in fact, when we examine the lived experience of curriculum it is more complex and contingent than the syllabus would suggest. Yet, the normative conversation about finding success by being able to publish the guidelines or complete the required templates persists.

Another way of understanding the relationships between the imagined whole of "curriculum" (the syllabus or binder) and the daily conversations constituting curricular improvisations is one between the general and the particular. Mead described one way of understanding this interaction when he wrote about "cult values." For Mead, cult values represented an idealization which resides at the heart of a culture or group; a future that could be imagined as existing without impediment or obstacle. At a national level, such idealizations might include "democracy" or, in Canada, "health care for all." Within our medical school, there is a notion of an "ideal" physician (a compassionate, competent scientist would come close to describing the ideal) – this ideal is taken up without question. Cult values may be uplifting or motivating, but in themselves they do not provide a way of achieving the desired end. As Mead says "in so far as it approaches realization, its functional value must supersede its ideal value in our conduct" (1923: 243). The functionalizing process is part of the ongoing negotiation of both social objects and cult values which is taken up in the daily responses, conflicts, differences and compromises which, in this example,

[44] Here I am drawing Elias's observations of the relationship between interdependence and intentional action (1978b) and GH Mead's theory of self (Mead, 1934) which I revisit in the last section of this paper.

constitute the collected activities and actions known as curriculum. In answer to the question posed in the above paragraph, I would argue that the normative discourse on curriculum is only about the idealizations and generalizations – which appear to forget the harder work of functionalization. Returning to my initial observations about the relationship between clinical practice and curriculum, I would argue that the medical school's idealization of the "competent, compassionate scientist" also overlooks the difficult work of functionalizing (and improvising) in the care of individual patients.

To briefly review, Mead's exploration of the social object (and related notion of cult values) as processes which involve the everyday "functionalization" of ideals provides a significant contrast to a way of thinking which understands curriculum as a blueprint or syllabus. This functionalization process is characterized by conflict and competition to define the "taken for granted" ideologies shaping action. My next narrative will continue to explore an understanding of curriculum as improvisation by reexamining both traditional and alternative ways of understanding "educational practice."

A BRIEF REVIEW OF 20TH CENTURY MEDICINE

The functionalizing of the social object known as curriculum inevitably involves conflict. "Curriculum" refers in another sense to a discourse about what "should be" which then involves struggles for power and recognition. Creating a curriculum within a medical school is very much an exercise in power relating – and a struggle for competing versions of what is "thinkable" and "unthinkable." A brief review of the foundations of educational practice in medicine is required for a critical re-examination of how I understand my work. I shall briefly review the "field" of medicine and medical education, for it is only in examining the underlying epistemologies and limits of the "thinkable and unthinkable" that my task to redefine curriculum becomes fully apparent. I do so cautiously – the historical narrative which accounts for the movement in medical methodologies over the past century is also, of course, an "officialized" one which, in the brevity with which I will address it, is far too clean and tidy. Nevertheless, it outlines in broad strokes some of the central areas of contention within the current field of medical education.

The idea that science is essential to the practice of medicine was formally institutionalized with the publication of the Flexner report in 1910. That report, commissioned by the Carnegie Foundation for Advancement in Teaching, was intended to set direction on the institutional structure of American medical education, including standards of curriculum, research conduct and admission requirements. It occurred during a time when there was great conflict between smaller, privately run "proprietary" medical schools and schools which were beginning to be associated with public universities. The report staked a firm claim among competing ideas and interests to state unequivocally that only one type of medical school was acceptable: "university schools, with large full-time faculties and a vigorous commitment to research" (Ludmerer, 1985: 415). The starting point of his report was the observation that medicine had entered the scientific era. "Medicine is part and parcel of modern science," (1910: 53) Flexner wrote. Furthermore, the teaching of medicine, medical education, was required to "base the practice of medicine on observed facts of the same order of cogency as pass muster in other fields of pure and applied science" (Ibid.: 20).

The biomedical model

Flexner's report canonized the biomedical model as the dominant paradigm for medical education and practice. Among its principal tenets was the adherence to rationalism, the search for and emphasis on the basic mechanisms of disease. Almost 100 years later, the modern academic medical centre still serves as a testament to that rationalism: the "high priests" of medical science are the specialists who are experts in particular diseases and theories, adding incrementally to horizons of knowledge which continue to expand beyond grasps of certainty. The biological mechanisms of disease dominate much of medical curriculum and clinical training.

The rise of clinical epidemiology

A competing claim for the basis of medical practice began with the development of the randomized control trial in the 1950s. The RCT was seen as a methodology which reduced the bias of observation derived from single case studies or individual patients. The creation and running of clinical trials,

however, were firmly in the grasp of the specialists whose centre of power was the teaching hospital and university. Reports of large trials began to dominate the key medical journals, further marginalizing community and general practitioners whose contributions were generally individual case reports and studies.

Twenty-five years later, physicians from the UK and Canada began calling for the principles of clinical epidemiology to be applied to patient care. (Cochrane, 1972) (Haynes et al, 1983) The term "evidence based medicine" (EBM) was first recorded in 1991. Initially holding itself as the new "paradigm" for sound medical practice, EBM gave much more credence to empirical ways of knowing and claimed that sound medical practice derived from observational evidence or the conclusions of sound arguments inferred from observational premises. (Sackett et al, 1985) Its emphasis and adherence to empiricism results in a belief that "evidence" (most often derived from the results of population-based experiments of competing treatments and diagnostic tests) is deemed more reliable and important to clinical decision making than other kinds of knowledge. This relates to lesser status the importance of theory and the understanding of physiology and disease processes (Cohen et al, 2004).

Objectivism and the scientific method

Both of these competing descriptions of what is most essential for competent medical practice hold to a belief in the scientific method. There would also be general agreement that medical curriculum should consist of a precise enunciation of the knowledge underlying biomedical structures, functions and processes as well as some competence in appraising the quality of therapeutic evidence. There is also an essential (tacit, silent) belief in objectivism. As educational researcher, Jonassen (1991) describes:

> …objectivists believe in the existence of reliable knowledge about the world. As learners, the goal is to gain this knowledge; as educators, to transmit it. Objectivism further assumes that learners gain the same understanding from what is transmitted. … Learning therefore consists of assimilating that objective reality. The role of education is to help students learn about the real world. The goal of designers or teachers is to interpret events for them. Learners are told about the world and are

> expected to replicate its content and structure in their thinking. (1991: 28)

The idea that effective education will consist of an accurate transmission of conditions of the "outside" world is prevalent in medical training. This is not a belief that I personally hold, yet, in the course of preparing faculty to teach the course I am responsible for, I have had to act within the constraints of that belief. The difference and competing views about the meaning of curriculum lead to conflicts which offer an opportunity to both explore and shut down conversations about our shared activities and understandings of educational practice.

Contesting reductionism

The scientific rationality of both biomedicine and evidence based medicine still form the dominant discourse within medical education. A minority of voices over the past 35 years have, in response to the reductionism of bioscience, called for a move towards "whole person" or "patient-centred" care.[5] Today, most medical schools include a curriculum designed to foster "humanism" including courses in medical humanities, "the healing arts" or the art of medicine. These courses offer a different idealization than the one offered by the notion of the "physician-scientist." One could not disagree with the desire to be cared for by a "healer." However, the problems of functionalizing ideals such as "healer" remain. In fact, exhorting students and faculty to be "healers" has the effect of denigrating behaviours which, in the eye of the beholder, do not appear to be up to the standard. (If someone had seen me wagging my finger at the patient in my first narrative, they could have easily accused me of being paternalistic and doctor-centred). Physician as "healer" is a cult value which at times becomes an exercise in "political correctness", denying the complexity of factors which comprise moment to moment practice. There are,

[5]Three significant points in the this movement are worth highlighting: Balint et al's paper (1969) was the first to raise the notion of patient-centred care. Levenstein et al (1986) developed a model of patient centred interviewing to "mesh the agendas" of patient and physician. The 1994 Pew-Fetzer Task Force, chaired by Tresolini, (1997) coined the term "relationship-centred" care intended to highlight relational aspects of care with patients, colleagues and communities.

of course, undeniably undesirable and unethical behaviours among physicians and students. These call for engagement and inclusion in conversations about how we want to do our work together – not an automatic revocation of one's membership in the "good physician" club.

There is one other aspect of the humanism movement in medicine. Although it was initially posited as a challenge to scientific rationality, its identity is still dependant on values of objectivity and the scientific method. To gain recognition within a medical school curriculum, one is required to demonstrate "outcomes." Rationalists are by and large the gatekeepers to medical education – their support of any humanistic or patient centred curriculum will ultimately depend on proof that such curricula can be shown to impact health care costs or physiological patient outcomes.

The argument I am exploring in this paper does not intend to dismiss rationalism or humanism out of hand. What I am arguing against, however, are two things. One is the belief that either offers certainty or a "recipe" for success. The other is the assertion that creating curriculum is really about finding, distilling and designing what we know in advance "works." Rather, the process of "performing curriculum" is one of continued engagement and improvisations (functionalizations) involving moment to moment consideration of what works and what does not. This process is both contested and mundane – both involving relations of power and eliciting strong emotions.

CONTINUING IMPROVISATION IN THE ENGAGEMENT WITH RATIONALISM

The warrant for the curriculum revision which gave Sue and me the opportunity to launch Professional Competencies was given by the Dean (a platelet specialist). Although this document set the stage for the broader curriculum revision of which the Professional Competency is a part, its focus on biology echoes the scientism I described earlier in this paper.

> What skills do medical graduates need to know in order to deal with today's information explosion? Certainly, they should be familiar with epidemiology and good research design, however, this is not enough…on reflection, and the most critical element….may be a solid grasp of pathophysiologic mechanisms. This is because the skills a

> clinician needs to predict how a particular patient will respond to a therapy…are rooted in a solid grasp of mechanisms of action and complex inter-relationships among biological variables. (Norman and Neville, 2002: 6)

No such documents describing the mandate of the Professional Competencies existed. Although this was a blessing in that we were freed of the potentially constraining effects of significant expectations, it also meant that we needed to sustain enough conversations with enough people to attract the energy and commitment required to pull the whole thing off. Trying to communicate the goals and intentions of the new curriculum was a significant task – nothing like it, on a scale as grand, had ever existed in the MD programme. Although we never formalized a "marketing strategy", Sue and I made several crucial decisions. One was to convene a weekly, informal meeting with the Dean of the MD programme, David. The agendas were not set it advance – we just met to discuss whatever was important at the time. It soon became apparent that those meetings were a crucial source of support for all of us. Sue and I were taking a risk with the new curriculum – a risk which was magnified for David, who was overseeing the entire curriculum revision. The other move was to enlist Henry, a person with tremendous informal authority throughout the faculty.

Henry (the same planner alluded to previously on page four) is a very tall, articulate and opinionated iconoclast with tremendous power to both quash and support conversations and ideas. He is in charge of the faculty educational research unit and a world-renowned educational researcher with specific interest in cognitive sciences, how people learn new things and how we measure and evaluate learning. To describe him as a positivist would be an understatement. In early meetings where Sue and I were trying to describe our understanding of the Professional Competency curriculum Henry would do one of two things. When not speaking, his body language said it all: arms crossed, eyes rolling, audible sighing, head shaking. In speaking, he was only interested in one thing – content. "What are we teaching? What will the exam questions be? How can we standardize the materials? According to education research, this (whatever his opinion at the time) is what must happen." The part of

medical practice which most engaged him was diagnosis – the rest he felt was just "filler." His favorite observation: "we don't have as much evidence as we would like in education – but when we have the evidence, if we don't act that way, we are not just foolish – we're unethical." Henry's edicts have a way of shutting down a conversation.

I was frankly intimidated by him – although I wanted to like him. He was obviously bright and passionate about education – but the two of us could not be more different. In my experience, diagnosis was a skill which was at times necessary – but much more of my practice as a clinician and educator was attuned to issues of communication, shared meaning-making, the illness experience, helping people get on with their lives. My sense was that Henry was at best impatient, at worst contemptuous of my interest and investment in "process." The three of us (Henry and Sue and I) met for a beer – tried to find some less contentious common ground. I practiced making eye contact with Henry and learned to feel somewhat more comfortable. We asked him to assume responsibility for one of the domains - the social determinants of health also included epidemiology and biostatistics – a realm in which he has significant expertise. He agreed – thereby becoming a regular member of our planning meetings. He remains impatient and challenging.

Power relating and improvisation

My experience with Henry illustrates the kind of power relating which characterizes the creation, or practice, of curriculum. Despite our difference, we also have an interdependence which demands enough mutual recognition to continue playing the game together. (The "game" metaphor is used by Elias, (1978b) to illustrate an understanding of power as an inherent dimension of all human relating). I will return to Elias below, but first wish to review some mainstream ways of understanding power in medicine. Since I am trying to establish an argument which ties an understanding of clinical practice to the practice of performing curriculum, I think an exploration of the institutional power relationships within our faculty need to be explored in view of how power is understood in the doctor- patient relationship. I have explored these notions in depth in Project Two and will take them up again here.

Talcott Parsons was a founding leader in the sociology of medicine. He understood the power relationships between doctor and patient not as one of domination or coercion, but as a capacity and means to contributing to binding social obligations which allow both an orderly society and medical efficiency (Parsons, 1951). Critiques of medical power surfaced in the 1970s with notable works by Ivan Illich (1976) and Eliot Friedson (1970). Through its power to define certain social realities, medicine was criticized for "unbridled power" with the capacity for domination and the exercise of social control. All of these views of medical power saw it as a quality residing in physicians and in social expectations of physicians, as a quality which could be held or "wielded" in the direction of a certain interests. The rise of the concept of patient autonomy, now foundational to clinical bioethics, was central to this concern (Beauchamp and Childress, 2001). For Parsons, power for was for "the good" – for critics of medicine, power was seen as a potentially destructive force which needed limits. Foucault (1980) was also interested in medical power, which he saw not as a quality for good or bad but as a means of production of knowledge, embodied in all social relating. Foucault saw power as related to the production of knowledge and social control and would therefore argue for power as a constituent of social institutions. (Gillett (2004) takes up this argument in detail in his exploration of the epistemic implications of clinical medicine's quest for certainty). Elias would agree with Foucault's characterization of the omnipresence of power, but would insist that power not be understood to reside in something as abstract as "an institution" rather, as something which must always exist between people (Elias, 1978a, 1978b).

Elias' notion of power as a form of interdependence introduces multidimensionality to our understanding of power; we can no longer reduce it to merely dominance or oppression. Elias also relates sources of power to prevailing social forces which can serve to tilt power relations in one direction or another. (The rise of the consumerist movement in the 1970s and 80s profoundly shifted the nature of power relationships between doctors and patients). With power understood as a dynamic, two-sided interdependence, other things become apparent. Again, as with my earlier argument, an

understanding of "external design" becomes problematic as both/all parties within an interdependence have something to say about what happens and the actions of one person may have unintended consequence for another. Working together will inevitably involve an ongoing process of shifting and changing power relations – with attendant possibilities for change and inevitable anxieties. Henry Larsen (2006) writes about the relationship between power and spontaneity in his exploration of the use of improvisational theatre in organizational development:

> Moving together is thus a process of spontaneity in which we are recognizing or not recognizing one another. This is the creation of dependency which is a power relation. So, paradoxically, spontaneity and invitations to spontaneity are creating and challenging power relations at the same time that power relations are making it risky to act spontaneously. (Larsen, 2006: 63)

Improvisation in organizational life: Karl Weick and "sensemaking"

Organizational researcher Karl Weick has conducted extensive inquiry into processes of creativity, spontaneity and managing the unknowable/unexpected in organizations. He invokes the metaphors of improvisational jazz to explain how managers and organizations can both increase their creativity and also respond to novel or unexpected situations. Drawing upon the writings of ethnomusicologist, Paul Berliner, Weick describes four points along a continuum which account for the "adequacy" of improvisation, beginning with the "minor liberties" of "interpretation", the more imaginative paraphrases of "embellishments", the novel, but recognizable properties of "variations" through to the entirely novel and previously unrecognizable invention of "improvisation" (Weick, 1995). The touchstone for Weick's identification of improvisation is its relationship to a pre-existing melody. This metaphor extends to Weick's notion of sensemaking which he states is a retrospective conversation of experience into intelligibility (p. 9) or "committed interpretation" (p. 14). As Weick puts it, "people act in order to think" – what has happened before allows us to make sense in order to act now (in ways which we will only be able to evaluate in hindsight).

Weick's thinking emphasizes the importance of social relating as part of sensemaking, but very much preserves the notion of an individual self. His notion of retrospection also depends on an understanding of time which would understand the past as a "fixed" event from which meaning can then be made. This understanding of time (in which an excellent memory is a prequisite for effective improvisation) eliminates the paradox of Mead's sense of the present in which our ongoing experience of forming and being formed by results in constant iterations of our remembered past and anticipated future. As I have argued previously in Project Three, it is within these iterations that the possibility for novelty and spontaneity are found,

In his thinking, Weick also pays very little attention to power, although he briefly explores the authority gained by "excellent" aircrew captains who have the ability to model "complete democracy" and "complete autocracy" in briefing situations, thus "establishing competence" and the ability to demonstrate a "range of styles" (1995: 120). He does not explore, in any detail, the asymmetries of interdependence which one presumes would also play a significant role in decisions regarding which experiences are chosen for "sensemaking" and which interpretations are taken up in organizational conversation.

In returning to my interactions with Henry, the decision to engage with him "head on" and to invite frequent contact was not made particularly deliberately. It was not the result of the kind of sense-making Weick would claim as an act of improvisation. It was the result of both recognizing his power and importance, of fearing the consequences of excluding him – and also being intrigued by our differences. It was a spontaneous act which has resulted in many moments of challenge, frustration and miscommunication.

Experience and practice

In Project Three of this portfolio, I examined the significance of "everyday" interaction to explore how meaning is patterned in the course of day to day work. (This patterning of experience can be understood as a form of emergence, which I also already briefly touched upon in this project).

Consideration of my day to day work as a family physician has led me to a reconsideration of how it is we understand issues of curriculum in preparing medical students for practice. In continuing to explore an argument which places an understanding of curriculum as temporally dynamic acts of ongoing improvisation, I am radically challenging a set of assumptions which can also be read into my account of the objectivism of medicine – the assumed separation of the observers from the observed; subject from object; theory from practice. Inevitably, then, my argument is one exploring an understanding of practice which does not presume to separate understanding from action. I am trying to maintain the paradox which I set out earlier: the paradox of simultaneously forming and being formed by our experience. This paper allows an inquiry into my own experience which touches briefly upon one theory of practice – my synopsis will continue the exploration of theories of practice and how they account for the relationship between experience and theory. In my next narrative, I will consider an experience of facilitating an educator's retreat to challenge the prevailing objectivist assumptions which would hold that structure and agency are separable entities.

"PRACTICING CURRICULUM": THE HEALTH SCIENCES EDUCATION RETREAT

I have previously written of the challenges of fulfilling the mandate of my endowed chair and of maintaining enough (but not too much) credibility within the academic world to be able to continue trying new things as an educator. One important strategy for trying to maintain enough standing is to meet regularly with the Vice Dean of education, Barbara. Although interested in my work, Barbara cautions me regularly against showing too much emotion, being too subjective or failing to maintain a stance of formality in public. She is also concerned that I could easily be perceived as "self indulgent" by doing a doctorate that was only about "personal development" and not about outcomes that were, from her point of view, "of use" to the faculty. I was somewhat surprised when she asked my colleague Sue and me to facilitate the annual Health Sciences Education Council (HSEC) retreat on the theme of "managing change." The last several retreats had been convened to work on specific tasks: teaching professionalism, revamping the admissions process. She wanted this one to be more about "process" and thought it would be a good way to

introduce some thinking around complexity science and other ideas from my doctoral work. Sue and I were assured that we could run the retreat as we wanted to. There was to be about 30 people – the current managers of all the educational programs, plus 10 invited guests chosen by Barbara because of their status as "up and comers" or "wise elders."

It was reasonably easy for Sue and me to decide on a format. The only thing I was clear about was that I wanted the group to find a way to talk about what was actually happening in their work. We also decided to do two brief presentations (power point) giving an overview of a process-oriented way of understanding organization life and a different way of understanding power. I wrote a sample narrative about a specific incident from my pro comp planning committee (involving conflict with Henry) and sent it around as an example, inviting other people to also submit a narrative from their own work and practice as educational administrators and leaders.

In the days leading up to the retreat, Barbara's anxiety became somewhat palpable. She starting sending drafts of an agenda for the day – tightly scripted with beginning and end times. We assured her that once we got people talking about their work, things would go on – there would be no long silences. "I want this to be a good experience for people…" she would say "I want them to take something away with them." Sue and I stuck to our original thinking to plan the first hour, have an idea about what might happen next, but leave everything open for planning on the fly. Barbara's anxiety was contagious but not unlike how we usually experience her.

We received narratives from about half the people (most of them submitted on the day of the retreat). After introductions, we had a good discussion about people's response to the request for the narrative – why they chose what they did, their experience of constraints such as social standing and time and desire to reflect upon work. This led nicely into my 20 minute presentation about understanding shared activity and organizational life from a processual perspective. My presentation evoked strong responses – especially from four of the group's eight men. Henry was the most critical – "this is all post-modern

bullshit – I lived through this in the eighties when it was all about process-based education…I can't believe you're dredging that up again." A few people tried to challenge Henry (and perhaps support Sue and me), but the conversation sort of died and attempts to resurrect it in the large group failed. Time for a break and then smaller group discussions.

At the break, Barbara came to us – she was visibly upset. "You're losing them – you have to do something. You didn't go over their learning objectives – how are you going to know you've done anything if you don't know what they expect? You have to do something, fast, or everyone is going to leave at lunch." Sue and I were feeling confident about our plan for small group discussion – but Barbara's fears were a challenge to our confidence. We agreed to give small groups the chance to talk about their intentions for the day as part of the small group discussion. After break, the big group convened and we asked for four volunteers who had a case from their own work which they wanted to use in a small group discussion. There were four volunteers who came forward immediately – we then quickly assigned the groups as a way of breaking up the four men who had dominated the morning's discussion.

Groups got off quickly – and spent an hour in very lively discussion. The rest of the day followed without effort – discussion about the themes of the case examples (understanding failure, the nature of loyalty, relationships building, the dangers of being too rigid with strategic planning, responding to "naysayers") was very rich and remained open and explorative rather than prescriptive and diagnostic. My presentation about power also evoked some strong response – but there was more shared experience from the day to illustrate some of the concepts I was trying to raise, so the conversation stayed engaged for a longer time. In sharing the experience from the day, there were genuine expressions of satisfaction with the work that had been accomplished. Several people also remarked on Sue and my attempts to maintain an unscripted and transparent conversation about our experience as the day went on; commenting on how it was both unusual and also helpful to illustrate what we were trying to talk about. Barbara's parting comments were "earlier in the day I was so anxious I couldn't stand it – but then I decided if things didn't

work out, it was really Sue and Cathy's fault, and that all of you could look after yourselves."

I was exhausted by the end of this day. I have often had the experience of both facilitating and attending retreats or workshops which end with a shimmering fantasy of the group being joined in harmony and mutual affection. When facilitating, I would take that as a sign of success – that I had done a good job bringing people together in some way. I would bask in the thanks and compliments. This day felt much more difficult. There were thanks – and statements of real appreciation from colleagues who could see we had taken risks which had been helpful to their own learning. However, there was no basking on this occasion. What I did feel was satisfaction for some degree of courage and also for acting in ways that felt congruent with what I am asking for from my colleagues and longitudinal facilitators involved in trying to make this new curriculum work. We have deliberately left portions of each curricular session "unscripted" in order to encourage students and faculty to talk about what is happening and find a way of getting on together that is not set in advance. The retreat reminded me again that intentionally trying to "hold space" for the unplanned and unexpected (at the same time knowing it will happen anyway) is both stressful and enlivening.

EXPLORING AN ALTERNATIVE THEORY OF PRACTICE

My description of this day, given a kind of temporal coherence by my narrative, is nevertheless intended to convey another example of the kinds of compromises, conflicts, contingencies and actions constituting the kinds of improvisations required for practice – in this case, a kind of educational practice for my colleagues involved in health sciences education. As was seen in the section exploring spontaneity and power relating, the experiences of uncertainty, doubt, creativity, risk, surprise and anxiety are especially prevalent in situations where one is attempting change or trying something new. Improvisation is also a state of liveliness and engagement; the possibility of excitement and disappointment exist simultaneously in the anticipation of each moment. My description is also intended to convey an experience in which all of us we were caught up in processes of response, competition, challenge,

confusion, frustration and excitement. We weren't simply "following an agenda" or "resisting an agenda" – we were all simultaneously involved in interplays of intention and communication which might be understood more as ongoing acts of agenda creation and destruction.

In previous projects I have written extensively about complex responsive processes of relating, an account of organizational life articulated by members of the University of Hertfordshire's Centre for Management and Complexity. (Griffin and Stacey, 2005; Stacey et al, 2000) According to Stacey, Griffin and Shaw, the patterning of human interaction is characterized by both stability and transformation, habit and diversity. I would like to contrast complex responsive processes with another theory of practice as proposed by Pierre Bourdieu. I do this in the service of providing another way of understanding both the experience of the retreat as related above – and also my emerging argument that curriculum itself is not merely a set of intentions and tasks constituting a syllabus or blueprint, but instead, an improvisational practice involving the daily process of trying to both contest and functionalize the ideals of medical education. Holding this experience up to the light of another theory may offer additional understanding of my work.

Bourdieu on practice

Sociologist Pierre Bourdieu offers an understanding of practice or a method of approaching practice which attempts to integrate subjectivity and objectivity, structuralism and agency. His unit of investigation was practice, itself, which he argued was a starting point necessary to overcome the fallacy of believing it was possible to separate science and/or the observer from the object of study. He was critical of subjectivism, which he argued risks taking experience "for granted" and excludes a questioning of the conditions which make such experience possible (Bourdieu, 1990). He was equally critical of objectivism, which set out to establish "objective regularities" (structures, laws, systems) "independent of individual consciousness and wills…introduce(ing) a radical discontinuity between theoretical knowledge and practical knowledge" (1990: 26). He felt the prevailing notion of a separation between practical and scientific knowledge to be a false one and sought to bring together subjective

dispositions and the objective structures which contextualized such dispositions. Instead of the duality mentioned above, Bourdieu argued for a theory of practice which maintained a tension between the duality without collapsing either of the poles into the other.

In addition to providing contrast to ideas put forth by Stacey et al. (2000 - following Mead, Elias and Dewey) Bourdieu's work involves an examination of the patterning of human action which takes very seriously the historical and contextual details of the area under study. Moreover, he argues for a method that would allow for a kind of reflexive rigor without collapsing truth into either pole of subjectivity or objectivity. I find Bourdieu's method a helpful contribution to an understanding of my own practice, laden as it is with my history as a medical student, resident, junior faculty and now relatively senior member of the educational establishment which I am now exploring. An understanding of Bourdieu's whole theory of practice requires an introduction of key concepts which he uses as devices to aid in the movement from specific experiences (what people do, the significance of those actions and the surroundings in which they occur) to a theory of practice with relevance to the experience in question. In the following section, I shall briefly explain the key concepts of habitus, field and capital.

Bourdieu's habitus and field

In a phrase, Bourdieu understands the "logic of practice" to be the embodied actions of social agents – operating with a "feel" for "the game." Broadly speaking "feel" refers to Bourdieu's concept of "habitus" which plays out in relationship to a social "field." Bourdieu (1990) describes "habitus" in the following:

> The conditionings associated with a particular class of conditions of existence produces habitus, systems of durable, transposable dispositions… principles which generate and organize practices and representations that can be objectively adapted to their outcomes without presupposing a conscious aiming at ends or an express mastery of the operations necessary in order to attain them. Objectively "regulated" and "regular" without being in any way the product of obedience to rules, they can be collectively orchestrated without being the product of the organizing action of a conductor. (1990: 53)

Habitus is a theory of action found between extremes of free will and choice and absolute determinism. For Bourdieu, human agency consists of actions which cannot be understood merely as following rules or obeying norms but as strategic improvisations which are constrained by inherited dispositions and the contextual details framing any given situation. An individual develops dispositions in response to the objective conditions they encounter, but they remain subjective things. Habitus refers to a kind of "socialized subjectivity" (1992: 126) which provides individuals with "predisposed ways of categorizing and relating to familiar and novel situations."(1990: 53)

Field

People's habitus, or patterns of action, are played out within a larger social context which Bourdieu names as the "field." His development of "field" was, in part, a caution against positivism which he believed was blind to the underlying and invisible relations which shape action. Fields point to general areas defined by struggle for control of desirable resources. Bourdieu developed his understanding of field following sociological investigations of science, literature, television, the French education system and French universities in which he observed common dynamics and social processes. His comprehensive description of field points to key elements of struggle (and power) in the course of the field's interdependencies. The field is:

> …a network or configuration of objective relations between positions. The positions are objectively defined…by their present and potential situation (situs) in the structure of the distribution of the species of power (or capital) whose possession commands access to the specific profits that are at stake in the field…(Bourdieu and Waquant, 1992: 97)

Capital

Like Elias, Bourdieu would understand power as something which only occurs in the context of relationships and understands capital as anything which becomes an object of struggle as a valued resource. Capital is another way of describing power relating and may refer to economic, cultural or symbolic power. Capital is in play within fields in which there may be a struggle for legitimacy, definitions of excellence, prestige and social recognition. Having

briefly introduced Bourdieu's theory of practice, where does that leave our understanding of improvisation and curriculum within the story of the retreat?

Retreat as "struggle"

In previous projects, I explored the notion of faculty planning retreat as "social object." Mead's formulation of the social object (also explored above) is similar in many ways to Bourdieu's understanding of "field." There are many fields at play within this story. The setting is a university faculty of health sciences – so university/higher education is one field. Other significant fields include clinicians and non-clinicians; especially doctors and non-doctors. Physicians are the dominant profession with the faculty on most measures of capital – they receive the most funding for research and education, charge the highest tuitions for their students, are paid the most, and are represented in senior positions in disproportionate numbers. In terms of the objectivism I have been arguing against, physicians are the discipline within our faculty with the strongest claim to being "scientific" and are also perhaps the ones most likely to feel uncomfortable when asked publicly to also take subjective experience into account.

Interestingly, the two people whose reactions were the strongest during the day are both from disciplines outside of medicine. Barbara, the Vice-Dean, is a research psychologist. And Henry, despite his PhD training as a physicist, is now recognized as a world expert on cognitive and learning psychology. Henry and Barbara articulately and skillfully speak in the language of the objectivist, scientific paradigm. Barbara's anxiety that we set "learning goals" in advance – and Henry's scoffing at anything hinting at constructivism are both examples of a commitment to ways of planning, knowing and discerning in advance of action that is so characteristic of evidence-based medicine and other applications of the if-then and systemic causality in the natural sciences. . The field of higher education within the faculty of health sciences is characterized by a polarized struggle which Bourdieu would recognize well – the struggle for recognition and legitimacy between the educational theorists and the action-oriented clinicians (esp. physicians).

These poles of tension can also be found in the current discourse regarding the forms and roles that should be taken by medical education research (Albert, 2004). Within this debate, editors of medical education journals and prominent authors have advocated one of two basic positions. First: that medical education research should involve greater collaboration with nonscientists and should be addressing practical needs. The opposing view holds that medical education research needs to maintain an independence from external constraints and proceed to develop its own science with a rigorous theoretical base, tested by the discernments of the peer review process. Henry and Barbara would place themselves squarely on the latter side of that debate.

Struggle and interdependence

My previous projects have used arguments by Arendt (1998), Elias (1994), and Mead (1923) to explore power relating and a notion of struggle which is embedded in an understanding of the interdependence of humans. Bourdieu's theory of struggle is also based in social relationships and, through his use of "field" gives special significance to the historical and contextual circumstances of "struggle." The struggle for authority and dominance in this instance is one which occurs in a field (medical education research) which is still dominated by a relatively unquestioning adherence to ideals of objectivity. At the objective pole, we find an attempt to extract decontextualized, a historical and timeless "rules" which govern and predict human behaviours and practice. This is done in the name of science, to reduce human "bias". However, Bourdieu contends that the scholarly gaze commits an essential epistemological fallacy in that it fails to account for its own interests in maintaining its position and interests within the field in question. In arguing against a position of "disinterest"(or objectivity), Bourdieu returns to the observation that even those who wish to overthrow or revolutionize a particular field are tacitly acknowledging that the game is sufficiently important for one to want to attempt to revolutionize or change it.

> Social agents who have a feel for the game, who have embodied a host of practical schemes of perception and appreciation functioning as instruments of reality construction...do not need to pose the objectives of their practice as ends. They are not like subjects faced with a …problem...that will be constituted as such by an intellectual act of

> cognition; they are, as it is said, absorbed in their doing, they are present at the coming moment, the doing, the deed, which is not posed as an object of thought, but which is inscribed in the present of the game. (Bourdieu, 1998: 80)

Here the paradox of "forming and being formed by" again appears. Although it is somewhat paradoxical to write about paradox - the act of writing inevitably conveys a false coherence to a story or event. My experience of the retreat is intended more as an example of trying to "stay in the game" than as one of either failed design or artful transcendence. (It was neither). Instead it was a vivid example of moment to moment responses, anxieties, proclamations, silences, challenges to authority, struggles for power, competing claims on what was discussable and what not and how everyone present made sense of the competing demands for action, social recognition and collective interplay between habitus and the fields in play. However, it must also be recognized that Sue and I had deliberately planned a provocative event – one which we knew could generate more anxiety and proclamations of disagreement than would be evoked by a traditional retreat. I was also trying to challenge some of the norms of what it is we do when we get together – for a retreat (or to plan a curriculum).

Broadening an understanding of curricular "practice"

A traditional understanding curriculum (i.e. – the syllabus) would hold that there was nothing "curricular" about facilitating that workshop. However, in proposing an alternative view of curriculum as improvisational practice, I am arguing the opposite. "Curriculum" points to a discourse of central importance to all members of the faculty. It is why we are there; to debate, research, lay claim to and teach the elements of practice which we identify as important for our learners. While I would recognize myself as someone attempting to radically change certain aspects of the "field" of medical education, I must also be recognized as adhering to the field enough to maintain standing and recognition. An invitation to facilitate such an event is of vital importance to that work and a signal of some kind of recognition and interest. Although some of the orthodox "guardians" of the field expressed discomfort and challenge

with what they experienced Sue and me doing, they went along enough for us all to continue without major disruption.

I have briefly outlined the key elements of Bourdieu's theory of practice (habitus, field, capital), in order to offer another way of understanding educational practice which does not collapse the poles of subjectivity and objective – nor lay claim to any prescriptive certainty for understanding experience. Although I am "of" the game, as Bourdieu explains, (and I cannot stand apart from it), I am also deliberately trying to change its rules. How is that possible? The question is also important to consider in terms of trying to change the developing norms and dispositions of medical students, which my curricular practices are also attempting. I now wish to return to a deeper exploration of the notion of "habitus." I do so for several reasons. First of all, much of this paper has been concerned with how I understand my practice as an educator of medical students in a sense, offering a negative argument against prevailing understandings of curriculum. However, it is also important to offer an understanding of what it is I think I am doing – by engaging in continuous acts of curricular improvisation. What is the desired outcome for medical students, and why? Exploring the notion of "habitus" as it is understood by several thinkers may offer some insights which help illuminate a connection between my curricular practices and a way of thinking about habitus as "social and professional emergence" which has important implications for how we understand the professional training and education of medical students.

Habitus and spontaneity: Bourdieu, Mead and Elias

My brief exposition of Bourdieu's theory of field was contrasted with Mead's social object. Similarly, there are important comparisons to be made between Bourdieu's habitus and Mead's theory of mind. Mead understood "self" to be the product of dialectic between the socially shaped and acculturated "me" and the functional source of innovation and novelty, the "I" (Mead, 1934). Reflexivity is at the heart of this dialectic which draws upon the significance of linguistic capacity to allow one to turn social communication back on oneself in a simultaneous act of self knowing that is linked to the anticipation of how

the other will respond. In this dialectic between "I" and "me", every response is unique and one cannot, therefore, self-consciously appropriate an act until it has taken place. Reflection upon that act will involve the movement of the "I" of said act into the historically accumulating sense of "me." Thus, we both change and are changed by our experiences – of both self and other. However, not all of the ways we respond in the work are explicitly reflexive (one can imagine the experience of driving a car for 30 minutes without any consciousness awareness of any of the myriad decisions and actions that enabled that experience). For Mead, it is natural that we move between reflective and pre-reflective acts in the course of day; reflection only occurs in response to an interruption to the pre-reflective (a "problem to be solved"). To summarize, Mead's equivalent to habitus is characterized by an ever-present source of novelty in the discovery of the "I" response to me, an ease of movement between reflective and pre-reflective and a sense of interdependence that implies the possibility of increasing mutuality. By linking action to the acquisition of meaning based on an accumulating history of socially interpreted gestures, Mead's theory of mind links mind and self and accounts for emergence in a way that is sympathetic to Bourdieu's urge to overcome dualisms of subjectivity and objectivity.

However, Bourdieu has been accused of attempting to ascribe social determination to personal actions, i.e. favoring an objective determinism at the expense of agency, leaving less room for novelty and spontaneity than Mead. Bourdieu acknowledged an interplay and interdependence between habitus and field. However, he would characterize field as a precondition for habitus and argue habitus is formed by the strategies required by the objective conditions of the field. It is not clear how or if habitus can alter the conditions of the field. This "field determinism" raises some questions about how much Bourdieu's theory of practice can account for change and novelty.

Elias' theory of habitus was less elaborate than Bourdieu's. For Elias, habitus can be understood as:

> The web of social relations in which the individual lives during his more impressionable phase, during childhood and youth, which imprints itself upon his unfolding personality where it has its counterpart in the relationship between his controlling agencies, super-ego and ego, and his libidinal impulses. The resulting balance between controlling agencies and drives on a variety of levels determines how an individual person steers himself in his relations with others; it determines that which we call, according to taste, habits, complexes or personality structure. (Elias, 1994: 454-5)

Ultimately, according to Mead and Elias, human interaction, in and of itself, is adequate to account for habituation and transformation, (relative) predictability and novelty. Humans exist in webs of social relations. In the course of these interactions, humans mutually develop shared understandings by which they co-ordinate their activities and mutually enjoin each other to co-operate in collective ventures. Without recourse to external structure, we can understand that Mead, as outlined above, was able to account for spontaneity and habit through his characterization of the I-me dialectic and the generalized other. Elias contributes an understanding of emergence through interdependencies, an essential element of which are unstable balances of power.

Bourdieu's theory of practice is helpful in providing me with another way of understanding the objective conditions influencing my practice, but his combined use of habitus and field ultimately bring me back and fail to help me with the dilemmas of curriculum I have already considered. In comparing Bourdieu with Mead and Elias, I do find an element of determinism which does not account for the possibility of the kinds of changes I am arguing for within my medical school. However, Bourdieu's insistence on the importance of a critical reflexivity makes an important contribution to challenging the pervasive "taken for granted" nature of objectivism in the settings in which I work. The intention of this kind of reflexivity echoes Gadamer's observations in Truth and Method:

> A person who believes he is free of prejudices, relying on the objectivity of his procedures and denying that he is himself conditioned by historical circumstances, experiences the power of the prejudices that unconsciously dominate him… A person who does not admit that he is dominated by prejudices will fail to see what manifests itself by their light. (2004: 360)

Summary: Excellence in curricular practice, re-examining reflexivity

The notion of interest which I am challenging in my writing and actions is the one which idealizes medical practice (and therefore medical curriculum) as an objective, scientific enterprise which is based in generalizable truths. This idealization masks the uncertainties and anxieties of practice, which consists of contingent, constructed and emergent acts of improvisation. This mainstream understanding of practice also relies on decontextualized and abstracted theories which separate an understanding of practice from experience itself. The orthodox view would contend that paying attention to or amplifying the experiences of uncertainties, anxieties, power relationships or compromises as part of medical school curricula represents a failure of design, an unacceptable foray into the subjective or a careless neglect of important "content." My "deliberate" (and provisional) reductionism is to explore and name the contingent and uncertain processes of creating and performing curriculum as a way of also, ultimately, exposing students and faculty to the necessity of understanding their own emergent educational and clinical practices as comprising the same uncertainties, contingent and improvisational acts as the care of patients. In so doing, I am also arguing for a different way of understanding experience as both a mode of inquiry and a way of understanding practice which cannot be contained, predicted or necessarily improved in advance by theory.

In this project, I have tried to explore some of the historical influences which shape the normative conversations about medicine and curriculum as a way of exploring my own experience of trying to act differently and promote a different understanding of the task of medical educators. I have tried, especially, to highlight elements of uncertainty and anxiety which is an inevitable dimension of all practice but which, in medicine, is still all too often understood as failure or bad planning. By not attending to the painful and potentially creative aspects of anxiety and uncertainty, our curriculum and practice of curriculum runs the risk of diminishing the quality of collective,

purposeful action which is necessary to continue on together despite conflict or distress.

Curriculum, therefore, is a form of practice which should be understood not as the binders or stacks of paper outlining objectives, references and statements of competence. For a group of people whose purpose for working together is the training of medical students, "curriculum" can also be thought of as the complex web of interdependencies and embodied acts of communication, power relating and evaluation which form our daily practice of working together. Themes of "curriculum" emerge from our interactions which are characterized by patterns of both habituation and novelty. There is a dominant, habituated discourse about curriculum which is undergoing change as a result of the actions being taken up in the service of something we refer to as "the Professional Competency" curriculum. The choices which get made about what gets talked about (in our experience of being clinicians, teachers or students) are intentionally different during the conversations which comprise the formal sessions of Pro Comp - and can be seen as influencing other experiences within the faculty. These changes inevitably provoke threats to identity which in turn are taken up in further conversation about what it is we think we are doing together. As a person with great investment in maintaining the conversation – and perhaps challenging prevailing assumptions about how we understand medical education, my own anxieties and responses emerge as themes which are also contributing to the ongoing conversation about curriculum and the experience of forming and being formed by the work we do together.

Having established the basis for a claim about a different understanding of practice and curriculum, my synopsis will call for a deeper examination of the method by which one could consider a curricular (or clinical) practice to be "excellent." Themes of recognition and engagement with "other" as a form of critical reflexivity will be taken up in support of a claim for curricular practice which attempts to simultaneously teach and discover the discerning, ethical and necessary acts of improvisation which characterize excellence.

Synopsis

Curricular Processes as Practice: The emergence of excellence in a medical school

INTRODUCTION

By way of introducing the findings of my portfolio in the Doctorate of Management program, I will open with this excerpt from Leo Tolstoy's War and Peace. In describing an experience of leadership on the battlefield, Tolstoy related the following:

> The general never experiences anything like the beginning of an event…. The general always finds himself in the midst of events as they unfold, which means he is never at any moment in a position to contemplate the full significance of what is taking place. Each event carves out its own significance imperceptibly moment by moment, and at any point in this gradual and uninterrupted carving-out of events, the commander-in-chief finds himself in the very midst of a most complex interplay of intrigue and worry, dependence and authority, planning, advice, threat and trickery; he finds himself constantly called upon to respond to any endless flow of suggestions, all contradictory. (Tolstoy, 2005: 916)

This account represents one way of thinking about the relationship between involvement and detachment; one which stresses the importance of responsiveness, an all-encompassing form of involvement in which one gets by on their "wits", without the chance to plan or consider things from a different angle. However, another way to understand the general's experience is to see the battlefield as only one kind of "beginning" – one which is historically situated in relation to many other exchanges and interplays between the general and his soldiers. Although the "endless flow of suggestions" may, at first glance, appear as chaotic or random, each is also experienced within a broader context which could potentially offer elements of both the routine (who is talking here? what is our history together? how am I to make sense of this suggestion?) and the novel or unexpected.

Sociologist Norbert Elias, in writing about involvement and detachment, brings to light a paradox to remind us that all human interplay involves simultaneous emotion and cognition which cannot be simply reduced to one or the other:

> The very existence of ordered group life depends on the interplay in man's thoughts and actions of impulses in both directions, those that involve and those that detach keeping each other in check. They may clash and form alloys of many shades and kinds – however varied, it is the relation between the two that sets people's course. (Elias, 1956: 226)

The method of the work in this portfolio involves a careful exposition of inquiry in which paradoxical issues of simultaneously occurring subjectivity and objectivity, emotion and cognition, are explicitly shared with the reader. My inquiry does not consist, solely, of the review of an "uninterrupted carving out of events." This inquiry into my practice has shaped and changed me – and therefore my practice –which in turn has affected my inquiry. In this synopsis, I will share another reflexive consideration of my inquiry with my reader. My findings have come to be about the relationship between practice and excellence in the performance of curriculum – however, my starting place was quite different.

Determinism and interpretation

Tolstoy's description raises questions of the relationship between identity, temporality and practice. He alludes to the folly of determinism, of the notion that anything could be known in advance by a suggestion that events, themselves, create meaning and expectations which affects subsequent events. Sociologist George Herbert Mead credits the human capacity for interpretation to create meaning by weaving seemingly separate events into a whole (Mead, 1936). Mead further suggests that interpretations could also be thought of as working hypotheses whose accuracy is determined through further social interaction. This process doesn't stop, nor is it set aside from the experience of being human. Mead saw no distinction between, for example, scientific method and "the elaboration of the simple processes of everyday inference" (Mead, 1938: 83). A theory of practice, although Mead does not name it as such, can be found in the following description: "Knowledge, I conceive, is the discovery through the implication of things and events of some thing or things which

enable us to carry on where a problem had held us up. It is the fact that we can carry on that guarantees our knowledge" (1938: 95). Mead's method is to take experience on its own terms.

This synopsis is intended to invite the reader into a process of interpretation much as Mead suggested, by leading my reader through the progression in my thinking through the projects which I have submitted along the course of my studies in the Doctorate of Management program. My offering is not intended as a "tidy" whole – but success at this endeavor would require that my reader recognize some semblance of coherence. This is somewhat of a challenge, as the work I thought I was setting out to write took several unexpected turns along the way. What I propose to do is to first set out a description of my work and the question which I have come to take up in this portfolio, namely the relationship between my practice as an educator, and the pursuit of excellence in creating curriculum for future medical students. I shall then revisit each of my projects with an eye to exploring how an understanding of practice and excellence shifted and took shape in my final project. I shall conclude with a final discussion of my method, how my work offers a contribution to broader thinking about educational practices and how I would consider my own practice to have changed as a result of this inquiry.

THE CONTEXT OF EXCELLENCE

Mead's notion of practice as inextricably linked to experience is not one I would have considered prior to my enrollment in the DMan program. I took my background as a physician, trained primarily in the natural sciences, for granted. Moreover, I began the DMan program with a hope that with the support of my professors and the course material, I could learn some strategies to help me deal with challenges at work. The experiences which I took up in the early projects of this dissertation related to a mandate I received early in my career. Specifically, I was appointed to Canada's first endowed chair in family medicine and asked to establish a "Centre of Excellence" (CofE) in health care relationships. The impact of these opportunities/apprehensions was of such a magnitude as to literally compel me into a DMan in organizational change. My initial inquiries were focused on trying to understand how, exactly, one could

understand the processes of taking on such a mandate and what could be understood by the notion of a "Centre of Excellence."

The experience of trying to make sense of what felt like a very large and overwhelming project (the CofE) is perhaps what attracted me to Tolstoy's observations. Who among us hasn't had the experience of finding oneself amidst a series of indecipherable circumstances, trying to figure out what to do next, having to act, but not knowing the direction any given action will take? The narratives which I now find in Projects One and Two of my portfolio were taken up with themes of uncertainty, anxiety and fears of appearing incompetent. At that time, I believe I hoped that a serious inquiry into times of perceived failure could help me learn the lessons I would need to take in order to avoid further the pain of incompetence, or "not knowing." I was aware of having to take action – and believed that if I developed, in advance, the proper plan for action, when I actually did my work, it would somehow go "better."

I take note now of the assumptions which framed my understanding of improvement. First of all, I presumed some difference between my everyday work and the work of establishing a centre of excellence. "Practice" was a series of intentional or carefully planned actions which were designed to get me toward my goal. Moreover, it was something I alone was responsible for making happen – my practice was the specific set of actions which I was responsible for initiating and planning – essentially starting from my business plan and working backwards.

This way of thinking about my work would be described by organizational researcher H. Tsoukas as "social engineering" (Tsoukas, 1994). In terms of my project to establish a centre of excellence, Tsoukas would argue that a social engineer would be centred on two questions: What do I need to know about this system – and how can I increase my knowledge of it to become more effective? My practice in relationship to my mandate is one of perfecting control: using explicit objectives and outcomes which are measurable in relation to my objectives, I would also pursue an explanatory or predictive

model of my project which would allow me to take corrective action in the case of deviations from the predicted path .

Excellence and social engineering

I think this way of understanding practice is also tied to traditional notions of excellence. In fact, the one of the Random House dictionary's definition of excellence: "the state, quality or condition of excelling" in a kind of tautology which links back to objectives and outcome statements. To the extent that one achieves what has been set out to do (fulfill a business plan, for example), a condition of excellence may be achieved. However, "excellence" cannot be identified in isolation from the specific set of conditions and expectations which frame the activity. The most widely read book on organizational excellence was Peters' and Waterman's bestselling *In Search of Excellence*. (1982) In it, they argued that a systematic review of America's "best" companies revealed that they had all a set of organizational values which were widely promoted and understood within the organization and which provided a governing framework by which to ensure employees would know how to act autonomously. Furthermore, these values were understood to also act as a set of governing principles which would maximize corporate performance and profits. Leaders within these companies could create vision, harmony and the strength of purpose to have people working together towards a common goal. By doing so, workers would find their "true potential" and the satisfaction of being part of a team where the whole was greater than the sum of its parts. A similarly utopian understanding of human systems can be found in the writing and thinking of Peter Senge. In *The Fifth Discipline* (1990) he argues for ways of organizational thinking and speaking that will lead to an ideal state he calls the "Learning Organization." The achievement of this type of organization is founded on a model of leadership in which the leader participates and responds in daily interaction, while, at the same time, standing apart from the organization as it changes over time and making modifications and changes to the system to ensure it stays on course'." His theory of leadership asserts that if leaders maintain a commitment to enacting the five principles of the learning organization (systems thinking, personal mastery, mental models, building a shared vision and team learning) they will also be able to design and sustain an

organization in which "people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together" (Senge, 1990: 3).

All of these ways of thinking about excellence presume that it can be known, or planned for in advance – by setting out clear objectives and endpoints by which to measure performance – and, then, to use "governing principles" of some kind to direct activity towards the desired endpoints. Peters, Waterman and Senge all point to the role of leaders in an organization as being responsible for naming both the objectives and the governing principles – in fact, "excellence" in leadership would be closely related to how closely leaders were able to "inspire" their employees to achieve the desired targets. (Senge would argue that truly effective leadership results in those targets being achieved through processes of collective agreement which do not include conflict (Senge, 1996). In my movement from Project Three to Four, I take up some other points of view regarding practice and excellence as forms of improvisation (Bourdieu, 1977, Weick, 1995).

A move to continued inquiry

In the course of responding to and working with narratives of my practice, the focus of inquiry gradually became less about trying to "resolve" doubt and anxiety and, perhaps more about a move to deepen an inquiry into experience itself. As I became more familiar with the method of the DMan, I became more comfortable with using doubt, anxiety, conflict and uncertainty as material for further inquiry – knowing that there was no resting place or resolution, but that in grappling directly with the difficult experiences of my work, there was a possibility to deepen understanding and open new possibilities for responding to myself and my colleagues. My continuing inquiry, through my projects, resulted in a shift from a consideration of the Centre of Excellence towards a deepening of my understanding of my practices as an educator, shaping and being shaped by processes of curriculum. This movement illustrates a form of inquiry which rests on a different set of assumptions than the natural sciences traditions of my workplace. "Truth" or "evidence" in medicine is generally

understood as a persisting set of agreements about the observable world which are determined using a method that intentionally separates the observer from the phenomena under investigation. The findings of this portfolio attempt to account for our work as educators in a way that does not separate method from practice. Further, in exploring this understanding of practice, I will also argue for an understanding of curriculum which does not see the "content" and the "delivery" as separable.

Subject and object dichotomy

This impulse to separate subject and object, content and process, has been explored by many authors, but is particularly well described by Richard Bernstein in his coining of the term "Cartesian anxiety" (Bernstein, 1983:16-25). Bernstein suggests that ever since Descartes' influential description of a mind-body dualism, the Western world has longed for an ontological certainty which would presumably come from the use of scientific methods and especially the study of the world as a thing separate from ourselves, to lead us to a firm and unchanging understanding of ourselves and the world around us. Bernstein does not come down on the side of objectivism or relativism, but rather invites a consideration of how we might understand the world if we went beyond dualisms. One way of approaching inquiry which seeks to move beyond the standard dualisms of subject and object is to take practice as the unit of inquiry.

In her article exploring traditions of practice-based theorizing about organizations; Silvia Gherardi examines theories of practice based on how they account for knowledge. She writes:

> …the term 'practice' is a topos which articulates two common themes: spatiality and facticity. Altogether, practice articulates knowledge in and about organizing as practical accomplishment, rather than as a transcendental account of decontextualized reality, whether one assumes realist ontology or a social constructionist one. (2000: 217)

Her point about "practical accomplishment" echoes Dewey's theory of method

His argument that experience forms the basis for inquiry sought to ground discovery within the specific context of a "problem to be solved." Intelligence, he argued, was a practice which required that two conditions be met:

> First, that refined methods and products be traced back to their origins in primary experience, in all its heterogeneity and fullness, so that the needs and problems out of which they arise and which they have to satisfy, be acknowledged. Secondly, that the secondary methods and conclusions be brought back to the things of ordinary experience, in all their coarseness and crudity, for verification. (Dewey, 1958: 36)

The inquiry Dewey calls for is a refinement of nature, and, therefore of experience. Inquiry into experience begets or intensifies experience – which has the effect of changing the original object of inquiry.

In sum then, although I may have started the work on this portfolio with a belief that there was a specific problem to be solved, the act of inquiring into that problem – and bringing the results of that inquiry back into my practice, transformed my understanding of both the "problem" and how I understand and speak about my practice. One of the goals of this synopsis is to take up that movement in my thinking – and, applying Dewey's method, bring back my observations, "in all their coarseness and crudity" for verification.

Current context of my work: Creating curriculum

My current academic responsibilities, in addition to the mandate I have just described, involve creating and sustaining a substantial new curriculum within our medical school. The intent of this new curriculum is to prepare students for the world of professional practice by deliberately attending to and exploring the complex interplay of relationships, emotions, communication skills, values, cognitive knowledge, physical maneuvers and power relating which constitute one way of understanding what happens between physicians and patients in the course of care. In other words, in my work of planning curriculum as described in Project Four, I have succeeded in "holding space" for students to inquire into their work as developing physicians without knowing in advance – or specifying – what exactly they should be talking about. The simple act of setting aside time for this kind of work constitutes one kind of challenge to a

traditional notion of medical education which would hold to the significance of content over process and would mistrust that anything educational could come from students convening in an education setting without being given an explicit set of instructions about what it is they were to think or talk about.

Starting with experience as the basis for education challenges the authority of experts who might instead argue that they know best (and in advance) what it is that students should be learning at any given moment? Issues of power and authority and "who knows best" are central to my projects, for what I am exploring in my argument is that "knowing what is right in advance" is actually impossible and that we might instead understand "knowing" as social processes of engagement, power relating, negotiation and struggles for recognition. In this understanding, knowing is linked to experience in paradoxical processes of both taking action and being formed by action. My portfolio also seeks to explore the relationship between "knowing" and "practice", examining both the traditions of medicine and education which seek to split theory and practice and also considering ways of approaching curriculum which also uses paradox to link practice and theory as relational, social processes which simultaneously organize and are influenced by joint action. How one speaks of, understands, recruits for, negotiates, evaluates and participates in "curriculum" has now become my central inquiry – and an argument, in itself, for an understanding of what curriculum is.

Method and movement

Early in the start of my work on the doctorate, I remember being very taken with the idea that "thought moves." In the course of discussions regarding methodology and the investigations into my own work, I can recall being very taken and excited by the impact of staying in conversations with ideas that were very different from the ones I had normally encountered – and seeing how a commitment to remaining in those conversations resulted in changes to both how I understood things – and perhaps how my conversational partners did, too. Furthermore, just when I thought I perhaps understood something – or "got it" – someone would say something in a different way, I would read or hear something else – and suddenly, my thinking would shift again. This was an entirely new way of working for me and was both exciting and frightening.

A much more familiar way of participating in academic work would have been to refrain from talking or participating until I "knew something" – and then to offer a contribution as a way of demonstrating what I knew. In this program, "coming to know" was a process without a clear beginning or end in which one spoke of and explored experience as a way of coming to one kind of understanding which itself, may be only a provisional resting point on the way to another understanding. It was a form of academic inquiry which demanded the continuous opening of thought and understanding. Again, this was very different from a form of "truth-seeking" I was more familiar with, namely, the traditional scientific method involving distillation and reduction.

The themes which I have introduced thus far in my synopsis are worth noting. I have set out an introduction to the method of my inquiry: an inquiry into experience which does not presume a separation between the subjective and objective, form and content or experience and practice. I have also described the context of my work: initially framed by an invitation to create a centre of excellence, and I have turned now to an inquiry which seeks to understand excellence and the practice of curriculum. I have struggled to stick to a method which involves continuous opening, the ongoing movement of thought, and a commitment to exploring an argument without landing with force on a particular side of it. This synopsis is another expression of that challenge; another form of that struggle. Three years ago, I began this program with no real idea of what I was getting into. My commitment and engagement has resulted in four projects – each of which involved a kind of choosing and refinement of inquiry which has led to my findings regarding "curricular processes." I experience this synopsis as another "round" – another conversation which critically examines how my thinking moved through the projects, where I find myself now, and what next steps of thinking would be about as I continue an inquiry into my practice beyond the work of this portfolio.

PROJECT ONE: NEGOTIATING IDENTITY AND BELONGING

I will start with my first project, elicited with the invitation to write a "reflective narrative weaving together the influences and experiences that

inform the participants' current practice in organizations." Project One was thus designed to get me thinking about my practice and to begin to get familiar with the program's method of iteratively responding to narratives. I completed four drafts of this project – it was only in the final draft of this project that I find a full narrative regarding my endowed chair and mandate regarding the Centre of Excellence. Although I now see the complete movement of thinking through my portfolio as being significantly influenced by the dilemmas and anxieties of this mandate, it is interesting to me that I only came to recognize this influence towards the end of the first project.

One was also intensely personal and subjective. I am not sure why this is so – perhaps it expresses, unintentionally, some relief at being able to name and give voice to subjective experience. It is not the case now that I would understand my "current practice in organizations" to be about personal insights from psychotherapy, struggles encountered in the course of claiming a lesbian identity or a sense of inner conflict about feeling worthy to take on a surprisingly large role within my workplace. However, at the time, it was clear to see that considerations of my practice required the expression and, at least partial exploration of issues which are about both identity and belonging and the relationship between subject and object.

In Project One I considered belonging to be about a form of basic agreement with the tenets of a group to whom I belonged. I initially believed that my choice to leave journalism was about a fundamental disagreement with journalism's values and my own. It was my choice to leave – and my choice was rational in light of the reasons I outlined for my decision. Looking at that more closely, I realized that a "rational account" may, in fact be more of a convenience, than a truth, in that all instances explained by rational choice may also be explained using alternative, even contradictory observations. The objectivity which framed my training in both journalism and medicine came into doubt as I also began to question my own accounting of events. I understand this as a move in the direction of further investigations into causality as subsequent projects were undertaken.

In a sense, I was on the flip side of belonging in relation to my endowed chair – worried that I wasn't "good enough" to hold membership in the club of faculty members granted the privileges and responsibilities of an endowment. The task then became to discern and satisfy the expectations my Dean and donor had of me so that I could maintain my membership and status. I felt extremely anxious about my ability to both discern and fulfill the expectations. In these accounts of my developing practice, I felt very much as a lone individual. Taking up some other writers about identity and the social allowed me to begin to consider a way of thinking which I have taken up in subsequent projects, namely, a recasting of "individual" and "social" as indivisible elements of the same phenomenon.

In revisiting Project One; I can see both opportunity and danger in my choice to speak so openly about personal issues of marginalization, uncertainty and vulnerability. These are all highly subjective accounts – there is little another can do to refute them. There is a risk in balancing any account too far in the direction of the subjective. Such an account may take the form of what narrative researcher Alan Bleakley (2000) described as the "personal-confessional", referring to a kind of reflexive, subjective account which uses an "introspective gaze" along with "anecdotal, value laden accounts." He also notes that practice narratives which over-objectify and use a "quasi-scientific" style privilege a realist view of the world which may fail to take into account important details of context and history. Bleakley is equally critical of other authors who take a humanistic view that confession is somehow healing "good for the soul", or a vehicle for deeper self knowing. He claims that "such writing is characteristically, first, monological rather than dialogical, caught up in a wash and spin cycle of interminable introspection based (unreflexively) upon self examination as an idealistic cleansing and purging" (Ibid.: 20). The danger of the "over objectified" account is that, stripped of values, subjective experience and explicit descriptions of experience, it becomes a lifeless generalization which isn't specific enough to evoke interest or recognition on the part of a reader.

Dealing with anxiety

The other emotion which occurs at first in Project One and again in subsequent projects is anxiety. Stacey (2007), also holding to a social understanding of individual identity, writes about anxiety being tied to a person's identity and suggests that any shift in themes of relating which pattern identity (including learning) will inevitably cause anxiety. "Change…is deeply personal…new ways of talking publicly are reflected in new ways of individuals making sense of themselves…. It is because of these deeply personal reasons that shifting patterns of conversation give rise to anxiety, but without this there can be no emergence of creative new themes" (Stacey, 2007: 445-46).

I have alluded to the anxiety which seemed of a magnitude to consider enrollment in a doctoral degree. I have literally dozens of colleagues within the faculty of health sciences who have done graduate work to improve their career opportunities and broaden their interests. Ninety-nine percent of them choose degrees in education or research methodology. The fact that I chose something as obscure as organizational change and complexity theory speaks to my predilection to see and do things differently than the norm. I expressed this in Project One as a habit of being on the margin – of maintaining an identity as someone who takes for granted the possibility of challenging prevailing norms or assumptions.

In looking at Project One; I can also see a kind of starting point at a time in my life when I was undergoing significant transitions and changes. Insofar as those changes also represented shifts in how I understood myself – and where I found myself belonging, (to this new job? to this new group of people beginning a doctoral program?), there would also be inevitable shifts in the patterning of themes which compose my identity.

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PROJECT TWO: RULES AND SURPRISES

Themes of "anxiety" were again at the fore as I began Project Two describing an experience of creating and implementing a new curriculum which took a totally different direction than intended. I can see my distress and unease located in two sets of assumptions which Project Two allowed me to explore

more critically. One was the idea that, as a curriculum planner, I was both in charge of and responsible for the behaviours and experiences of 150 different people – and that I would exert my control through careful planning and design of their experience. The other was the notion that I could more effectively exert that control by appealing to humanistic sensibilities which could have the effect of "unleashing the good" in a group of people on the verge of graduating from medicine.

In Project Two, my narratives were devoted to what I initially described as a "failure." The failure was a course I had designed to teach "professionalism" to graduating medical school. I was drawn to explore this experience out of a sense of incommensurability between my mandate to create "excellence" and the fact that I been responsible for a curriculum experience which had appeared to go so badly. At this point, I understood my practice to consist of discrete "parts" – one part which was to establish a Centre of Excellence, another part which was to create educational experiences for medical students. The assumption was that the two were easily separable. In fact, I went into Project Two with some sense that my experience of "failure" in creating curriculum posed a potential threat to my mandate – or at least that the two could not be understood as having any relationship to one another. This implied that if the activity most valued (and under the most scrutiny) by my superiors was creating the Centre of Excellence, significant commitments which distracted me from that task were suspect. What linked the two, in my experience, was the fact that both (the three years of teaching students and the newer mandate regarding the CofE) caused me a lot of anxiety and fears about getting things "right."

"Control" and "design" also appear as themes in projects two, three and four. The metaphors of both curricula and a Centre of Excellence are laden with references to linear processes of construction. "Curriculum planning", "building a Centre of Excellence", the "architects of the new curriculum" – this kind of language is taken up without question. Spatial metaphors alert us to a presumption of a kind of "system" in which parts come together to form wholes (see also Jackson, 2000). Different elements can therefore be

understood as “inside” or “outside” other parts of the system. In this case, our “Unit Six” consisted of recognizable parts (150 students, three planners, six hours per week of instructional time) and was also a “part” of the medical school, faculty of health sciences, university, etc. As a planner, therefore, of the new unit for graduating medical students, our job was to design the very best set of objectives, learning activities and methods of evaluation we could. In this way of thinking, it is taken for granted that we could both be a part of the system and stand apart from it to design a new educational experience.

That work took several years before the launch of the new unit and involved widespread consultation with both students and other educators. It was understood that there were things we could not know in advance – so our other responsibility was setting in place a robust system of “feedback” which could obtain input from students as we went along and allow us to make “course corrections” to maximize enjoyment and effectiveness of the curriculum. Our curriculum also included incentives and penalties which were intended to ensure students “self regulated” their behaviour. Both of these strategies can be located within the theory of “cybernetics” in which Wiener (1948) proposed that corrective feedback could be used to keep a system “on target.” As I recounted in my project, nothing turned out as planned – students revolted and, in a unit intended to teach about professionalism, several cheating scandals erupted. In the aftermath, we sought to assign “blame” in either the shortsighted planners or the unprofessional students.

Blame, conflict and linear causality

Blame, in this sense is dependent on certain ways of thinking about time and “if…then” linear causality. This type of causality is central to the natural sciences and also taken up to explain human behaviour in the cognitivist tradition. Cognitive science is described as “the study of intelligence and intelligent systems, with particular reference to intelligent behaviour as computation" (Simon and Kaplan, 1989: 1). Several assumptions underlie this tradition and are particularly relevant to an understanding of the learning and teaching process. The first is that humans are monads – individuals with an existence that is primary and prior to the group. Another is that human

knowing is based on the logical, systematic identification of the "rules of nature" or any other phenomena to be explained. This is a realist view which holds that reality exists before people discover or perceive it. Finally, humans are held to be rational, logical beings who act on the basis of weighing options and choosing the "best" course of action (see Stacey, 2003: 48-50).

In sum then, the prevailing view of the narrative I accounted in Project Two would be one of several kinds of failure: a failure of curricular design in which planners failed to engage the rational interests of the students and in which the structure of the curriculum itself failed to enforce the kinds of behaviours expected of developing professionals. Underpinning the whole enterprise would be a belief in both the possibility and desirability of avoiding "failure." There is another interesting assumption within this understanding of design, namely, that once the curriculum has been set in motion, apart from the odd attempts at "course correction" there was little discussion of what was actually happening with the students as we were going along. "Unit 6" was regarded as an "it" – a property of the system called "the medical school" which we all took for a test drive and then, to varying degrees, abandoned because it was found wanting. Apart from the egregious acts of fraud, students were off the hook for their behaviour because the unit was "bad" – and, by and large, as planners we accepted this understanding of events and took responsibility to improve things for the next year.

How might we take a look at this differently? As I began to explore in project one, one alternative is to take a different view of identity and replace the "detached observer" with an understanding of identity as emerging in processes of negotiation. Project Two takes up this thinking in greater detail in its exploration of Mead's theory of mind. In a vein similar to Elias' understanding of identity as a social process, Mead argued that humans can only become self conscious through processes of socialization which involves the ability to simultaneously consider both how others might see us and how we have come to experience ourselves. He names this as the "I-me" dialectic in which the spontaneously forming "I" responds to a symbolic "me" which has been formed through the accumulation of experiences of participating with and

being responded to by others. Mind and self are thus located in social processes which both influence one's behaviour and impact on the social processes. I have referred to this in my projects as the paradox of "forming and being formed by at the same time." In this understanding, there is no place for an "outside observer" and it also makes less sense to think of the spatial metaphors of inside/outside and parts and wholes. In terms of understanding "Unit 6" a movement of this kind has the effect of perhaps beginning to shift the kinds of alienation which come when people think they are more accountable to a system than to one another. A process theory of mind does not require a "system" as interlocutor between a person and their experience. Mind itself is an interdependent process – and to think of teaching as a separate activity of mind, is to "double process" in a way that is redundant to this way of thinking. Perhaps more accurate to understand teaching as processes of recognition in which the themes of identity which pattern "teacher" and "student" undergo continuous negotiation among participants.

This move to a process understanding also removes the metaphorical "shield" which so often masks conflict. Disagreement, misunderstanding or conflict can no longer be blamed on something else (student apathy, designer stupidity, university unresponsiveness) – it is property of human interdependence ("mind") and is therefore open to direct inquiry as it comes to be understood between people. (This is not an argument against intention or preparation – both of which play a role in influencing the emerging themes of competence or excellence which are also under perpetual creation and negotiation).

I sense in my re-reading of Project Two that my workings of theories of blame and recasting of conflict is still offered with a tone of apology. Perhaps, as with project one, I am still being influenced by my own questions regarding competence and shifts in identity. In re-reading this project, I sense the need to claim more strongly the importance of conflict as something to be embraced as a critical dimension of ethical practice. In attempting to make a connection between identity and ethics, I observe the following: "With meaning created from our direct experience of interacting with one another, it also stands to reason that ethics must also be a conversation in perpetual construction and

negotiation. A move to temporal process complicates intention – we can only know "good" in the doing of it – good itself becomes a kind of experiment with results that are under ongoing construction and evaluation" (see page 44). However, a re-reading of Griffin's work regarding leadership and ethics (Griffin, 2002) reminds me of the importance of conflict to both the work of teaching and to this reflexive inquiry into practice:

> Why is it that we sense the need to fool even ourselves in illusions of being only good, righteous and exemplary? The fact is that we paradoxically recognize our own selves in recognizing the other and recognize the other in the manner that we recognize ourselves. If we are continuously recreating identity without the struggle of entering into conflict, we end up only recognizing the shell of identity we were before. We fool ourselves in fooling others. We fool others in fooling ourselves. *The cycle of recognition is the very meaning of identity*. (Emphasis mine) (Griffin, 2002: 197)

Perhaps what I am moving to here is an understanding of conflict without blame. The ethical imperative I am proposing is one which requires both a willingness to engage – and to maintain engagement even in the face of conflict. I am speaking of the kind of engagement that involves a full "cycle of recognition" – one which actively seeks difference and may involve both re-creation and transformation of our identity.

I will round out this revisiting of project 2 with a brief discussion of power. I made references to the inevitable asymmetries of relationships which become apparent as we consider identity as a form of interdependence. Elias referred to these asymmetries as relationships of power or power relating (Elias, 1978a, 1978b). His observation that power was an aspect of all human relating – and could only be understood as existing among relationships – also held that power in and of itself was neither good nor bad. The acts arising from human relating are, of course, subject to evaluation. However, it is simplistic to declare, in advance of processes of relating and recognition, what is "good" or "bad." Such declarations may represent opinion, fantasy, attempts to influence and a host of other things. However, "the good" and "the bad" are emergent properties of relating and may only be understood in our responses to our

actions. (Actions, which Mead reminds us, are the result of the historically influenced "me" and the spontaneously forming "I" (1934: 196-7).

Movement in thinking about practice

The methods of inquiry used during this course often led to unexpected outcomes. I have already alluded to the fact that the importance of my?? Centre of Excellence did not become apparent until my final draft of my first project. In Project Two, I found movement from initial feelings of failure to a sense of the need for continuing engagement and inquiry into my experience. In a sense, this was due to a reframing of "conflict" away from an experience which signaled failure and toward an understanding of conflict as a form of engagement which is both an ethical imperative and a desired source of creativity. Along with this, my inquiry began to be much more centered on "the social" in that I began to consider "my experience", not as locatable within a monadic individual, but, rather, found within social processes of formation and recognition. The writings of Honneth (1995), taking up the early work of the German philosopher G.W.F Hegel, heightened my interest in engagement in that the knowing and recognition of "self" was only possible by knowing and recognizing "other." In so doing, my ideas of "practice" were taking form: away from structures and ideals which are known in advance and signal a desirable (predictable) end-point and toward an understanding of practice to be found within mutual commitments and experience of struggle or difference. This consideration of practice as socially located processes of engagement exists in stark contrast to a "thought before action" view of causality as commonly taken in the natural sciences.

The narratives and reflections of Project Two are narratives exploring an emerging identity as faculty member/teacher as well an exploration of what it might mean to understand teaching/curriculum as processes of paradox rather than ones of right and wrong/ good and bad. In this movement, there is also the beginning of another way of understanding excellence – again, as a process rather than a predefined outcome. The medical discourse which takes up professionalism is a specialized form of conversation regarding a specific kind of excellence in conduct and relationships. Conceiving this kind of excellence

as a quality of participation, rather than an adherence to a code of conduct was a significant point in the movement of my thinking about both excellence and practice.

The question of the Centre of Excellence remains on the table, however. Project Three is a form of response to that question which addresses the question of "coherence without blueprints" and continues the conversation regarding method and how it is I can account for my practice.

PROJECT THREE: METHOD, SPONTANEITY AND COHERENCE

Project Three marks a turning point in the movement of my projects which also demonstrates how the method of inquiry in this course will often lead to unexpected findings. As I considered which narratives to choose for the start of my inquiry, I was influenced by several factors. One was a concern expressed by my second supervisor regarding my choice of Project Two narratives which she found too "distilled" and abstracted, lacking an immediate degree of detail which could allow the reader to judge a situation for themselves. I decided it would be important to explore experiences which were more immediate – I arbitrarily chose a specific week of my work from which I would select moments which somehow stood out for me as potential occasions of further inquiry. It was also becoming clear to me that it was difficult to draw a distinction between my work as an educator and my mandate to create a Centre of Excellence. However, the urgency to "prove myself" in relation to that mandate was becoming more intense.

Drawing a link between my daily work and the building of a centre of excellence led me into a consideration of "emergence." In this project, I explored Mead's notion of a social object (1932, 1934) as a way of trying to demonstrate a relationship between participation in day to day activity and the creation of something new. During this project, I struggled a great deal with the relationship between "subjective" and "objective" poles. My learning set discussions were invaluable in this regard. Through this entire course, my comfort with a critical examination of my subjective experience became more and more apparent – the greater struggle was to locate my experience within

other discourses and recognize the significance of the emerging objective pole of the Centre of Excellence and curricular practices. I was fortunate to have a learning colleague, Chris Mowles, with the opposite preference. In our ongoing work together, I think we offered one another ways of thinking about our own potentials for being caught in what Honneth (1995) described as "indeterminacy" – a state of being "lost" in one's self or in the other – stuck somewhere in the cycle of coming to know one's self through other. To fully bring one's self to this work, completion of that cycle is required – Chris's contributions to helping me recognize "other" were invaluable to my movement through these projects, especially so in Project Three.

What is first apparent in reviewing this project in light of work I have done since are the similarities between "building a Centre of Excellence" and "building a curriculum." Both projects can be seen as part of a dominant paradigm which draws upon linear causality, "parts and wholes" thinking and the "both/and" stance of a designer who is able to both be a member of a system and also design or plan elements of what that system will also contain. Implicit are themes of cognitivism, rationality and individual monadism which I have already explored in both this synopsis and in previous projects. If creating a Centre of Excellence isn't simply a matter of enacting the blueprint of my business plan, however, how is it that we could understand such a thing to happen?

In Project Two I made reference to Mead's and Elias' social theory of mind as a way of understanding the emergence, recreation and transformation of identity. Without a "system" to account for the patterning of experience into coherence, it then follows that experience patterns itself through processes of relating involving communication and power relationships. This is the position taken by Stacey, Griffin and Shaw (2000) and Stacey (2000) in their theory of complex responsive processes of relating. This theory focuses attention on relational processes as key for the understanding work in organizations and also offers a reflexive method for inquiry into practice. Issues of method are central to this inquiry – it is to here I turn my attention.

As I have previously said, the mandate of a "Centre of Excellence" felt overwhelming at the start. It was impossible not to think in spatial terms – of some large office or building in which many busy people would actively be involved doing "excellent" work on behalf of my mandate. If this description sounds vague, it is because my image was relatively fuzzy and indecipherable – far more real was my sense of panic at not knowing how to get from "here" to "there." By the time I had begun work on Project Three, my work on previous projects and within the doctoral program had convinced me that doing the work of a Centre of Excellence was not going to be the result of something extraordinary or dazzling but could only occur in the course of my more regular day to day work, responding to and being changed by all the interactions I have with colleagues and students. It was only to the extent that more and more people could be influenced to take up themes of my mandate (collaborations in health care) in their own work and in their work with me that a Centre of Excellence could be understood to exist. The task of inquiry, therefore, was to explore my day to day work and see how, in my "ordinary" practice I might understand myself and others participating in the creation, sustaining and destruction of the themes comprising a Centre of Excellence. This, of course, is not a straightforward process – my own observations are simply provisional hypotheses, available for testing within ongoing experience. There are several turns of reflexivity, here. Locating a CofE within my daily practice essentially cast me in the role of both participant and observer as I worked to see and understand its creation. Reflecting and speaking of that processes in the projects for my DMan added additional reflexivity as I attempted to offer an accounting of that experience to my reader, involving both my own responses to my experiences and a critical locating of that experience within theories of other thinkers. The relation of "method" to Project Three is important on two counts. For one, it serves to illustrate the method of the DMan program. For another, I would suggest that my work inquiring into issues of method in Project Three was a significant influence on my decision to follow a major shift in my inquiry. For both of these reasons, I am going to take a brief detour into methodological issues at this point, returning later to several other key ideas which I explored in Project Three.

Narratives of practice

Dewey's call to inquire into "primary experience" (1958) can be found in several well established theories of sociological enquiry. In Project Three, I reviewed techniques of Goffman's interactional analysis (1967) which placed the routines of daily human interaction at the fore of inquiry. This marked a significant change from sociological theory-making which presumed that everyday interaction was merely a kind of "noise" which distracted from the macro sociological theories and structures suggested by, for example, Talcott Parsons (1951). Ethnomethodology (Garfinkel, 1967) is another method which inquires into routine human behaviours to look for moments of shared social order, even in the face of disagreement or when there is little shared experience or knowledge of one another.

To investigate "ordinary practice" I decided to choose a random two week period at work and to create narratives out of moments which "struck" me (Shotter and Katz, 1997) in some way. John Shotter is another researcher interested in accounting for practice. He has been influenced by both Wittgenstein and the work on dialogue by Russians Bakhtin and Vygotsky in his work to understand the significance of everyday conversation. He is especially interested in the spontaneous and continuously improvised nature of human interaction and how interaction itself can account for further interaction without resort to an external empirical truth.

> Something special happens when one living being acts in the presence of another – for, by its very nature as a living being, the second being cannot but help respond to the activities of the first. But the first did not just act out of nowhere either; the first acted in response to events in its surroundings too. Thus at work in the world of living beings, is a continuous flow of spontaneously responsive activity within which all such beings are embedded. We can call activity of this kind "joint action." (Shotter, 2007: 29)

Although Shotter does not claim the possibility of an external truth, he does have an idea of a "third dimension" of experience which forms the "backdrop" for the kinds of discovery and shared purpose which occurs in spontaneous interaction. Research and reflexivity becomes the task of making visible the

"invisible currents, the dynamic structures in the streaming of our lives" (Shotter, 2000: 358) and, in so doing, learn something new about ourselves.

Shotter's work taking up routine interaction emphasizes the significance of responsiveness – and the unexpected things which happen as we respond to one another. His emphasis on "novel" or spontaneous activity is also found in Karl Weick's thinking about "sense-making" in organizations (Weick, 1995). Both would argue that a need for sense-making occurs when there is a discrepancy between what people expect and what they encounter. These assumptions are consistent with social constructivism (Gergen, 1999) and action research (Reason and Bradbury, 2001). All of these theories of practice also posit a kind of system in which the "social" can be understood at one level which then interacts with "the individual." The levels of the system interact in different ways to account for an understanding of practice.

LOCATING PRACTICE WITHIN EXPERIENCE

The learning theory of Hubert and Stuart Dreyfus

A commonly cited theory of learning (and, subsequently, practice) in health sciences education was developed by the Dreyfus brothers – Hubert, a philosopher, and Stuart, an industrial engineer, developed a model of skills acquisition which traces a learner's movement from "novice, advanced beginner, competent, proficient and expert" (Dreyfus and Dreyfus, 1986). Their theory, initially developed as a critique of artificial intelligence theory claimed that "human understanding was a skill akin to knowing how to find one's way about in the world, rather than knowing a lot a facts and rules for relating them….understanding was thus a knowing how rather than a knowing what" (Ibid.: 10). The application of this theory to "real world" professional practice has been most extensively researched by nursing professor Patricia Benner (1984). Both the Dreyfuses and Benner emphasize a kind of excellence which develops from experience – and are critical of descriptions of excellence or competence which rest in notions of "calculative rationality" (Dreyfus and Dreyfus: 163). Their theories rely on the primacy of tacit knowledge (Polanyi, 1967) and intuition as critical features of professional expertise. I think what the Dreyfuses and Benner have contributed, is the notion that expertise (or excellence) must be located within experience itself. Benner stresses that

experience is not simply a matter of the passage of time – rather, experience needs to be "processed" if it is to be turned into "know how" – and cites reflection as one technique for processing(Ibid). This has also been described as "informal theory" (Carr and Kemmis, 1986) – that is, theory which can't be separated from practice.

Although these thinkers do locate theory and practice in closer relation than the blueprint model I have been discussing, their understanding of time and causality and the role of the social does in fact result in a "both/and" split which can be contrasted with the paradoxical causality I have been exploring in this portfolio. Through reflection, for example, a person developing expertise is expected to somehow both "process" their experience and deepen their expertise (intuition or tacit knowledge) in ways that will, presumably, move them in some way "closer" to an improvement in their practice the next time they encounter a similar situation. This way of understanding expertise still also locates it firmly within the individual - the "social" provides a kind of necessary background for experience.

Dewey's theory of experience

At this point, I would like to contrast this way of understanding practice with Dewey's observations about the relationship between "knowing and doing." For Dewey (1934) experience was itself about full participation between a person and their "environment" – including social interaction:

> Experience is the result and the reward of the interaction of organism and environment that, when it is carried to the full, is transformation of interaction into participation and communication. (Dewey, 1934: 22)

Dewey's understanding of excellence/expertise was dependent on a quality of engagement with participation such that a person can "enter the experiences of others and enable them to have more intense and fully rounded out experiences of their own" (Ibid.: 109). Knowing is then about full participation – which then offers the possibility of transformation or learning. "Reflection" is not a separate "after the fact" process required for additional knowing. It is form of sustained inquiry or intensification of experience. Dewey defined it as "active,

persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it, and the further conclusions to which it tends" (1991/1910: 6).

The paradox of experience patterning experience

In sum, then, my method in Project Three to focus on everyday experience resembles other qualitative methods which see daily, human interaction as a the source of important ways of knowing in organizations. Furthermore, to generate a theory of practice from within my own practice is a form of reflexive research which can be found in traditions which embrace a constructivist view of the world. However, the method of this course parts company with the ways of thinking I have just outlined in that a concept of process as paradoxical replaces "systems." By that I mean the paradox of experience patterning experience without resort to any form of external system. This way of thinking is dependent on the theory that individual and social are different aspects of the same process. Research then becomes an inquiry into the paradox of "forming and being formed by" the same phenomena. The goal of inquiry is not to arrive at a "final destination" which could be empirically verified as "truth", rather to provide a form of provisional "knowing" which can then be further investigated by ongoing, critical examination of experience.

A return to the findings of Project Three: spontaneity and coherence; time and social object

As I have noted previously, Project Three marked a turning point in terms of my question of inquiry for this doctoral program. While the past section took a diversion towards discussion of method and the significance of everyday practice as the subject/object of research, I wish to return briefly to some of my findings from Project Three. I have made reference to the notion of "coherence without blueprints" as a rather simplistic way of describing how it is that purposeful human activity is understood to be possible without recourse to a belief in some kind of enactment of external design. By "purposeful human activity", I mean both the routine, mundane, taken for granted "everyday" activities which are often described as "habit" or "culture" as well as novel, creative and spontaneous activity which is recognized as new and innovative.

Again, I turn to the thinking of G.H Mead whose theory of time and the social object offer a different dimension to theories of practice; both of which are critical to my thinking. (Mead's ideas regarding a social object have also been taken up in this portfolio to examine the ideals of a "Centre of Excellence", (Project Three) the social novelties and constraints of a faculty retreat (Projects Three and Four) and the inevitable conflicts of creating a new curriculum (Project Four).

Mead's theory of time and the social object

The "common" understanding of time is normally taken without question in that the past is a fixed, factual "given" and the present is a dividing point between the past and the future which is yet to be known. Mead proposes a radical counter to this notion – locating time, as he does mind and self, in social, processual terms. Mead argues that time is an activity which rests in the social domain and is experienced in the processes of people engaging in action. He understood that the present suggests a past and future, however, and he held that the past only arose through memory and existed only as far as one's images of the past exist and form "the backward limit of the present" (Mead, 1929: 235). The past, therefore, more accurately exists within the present – and is drawn anew each time one takes up a description or explanation which refers to something which occurred "previously." Similarly, the future is a kind of metaphor which is under continual negotiation in the present as we respond and contest our anticipations of what is to come.

In Mead's thinking, time itself is a kind of action which is made visible to us by discontinuities of novelty or surprise. Such discontinuities may be the result of public moments of interactions with others – or be the product of reflection. Time is both form and content (Mead, 1925: 260-61) and, as with identity, is characterized by paradoxes of simultaneous stability/instability, habit/transformation. Mead's theory of time is also a theory of emergence – in any given moment, social interaction results in either the maintenance of repetitive, unchanging themes (iterated as identity) or contains the possibility for difference or misunderstanding to be amplified and recognized as novelty.

Organizational practices, then, are characterized by the paradox of sameness/difference, habit and spontaneity. Experience leads to experience which also creates time. Coming back to the centre of excellence, Mead's thinking begins to suggest that the "creation" of a CofE is about an ongoing, systemic inquiry into what it is I think I mean about that and how others respond to my thinking and so on. This inquiry will inevitably change how I understand the CofE – which also changes myself and my identity, which will in turn impact on others who will in turn impact me. In essence, "creating a CofE" becomes about inquiring, responding, participating and being changed by engaging in social processes which take seriously the notion of a Centre of Excellence. I don't mean to suggest something as simplistic as "if you think about something hard enough you will change the world." Mead's thinking about social objects is helpful here as it points to a way in which purposeful social processes are created and maintained.

The social object

Unlike a physical object (something which can be found in nature), a social object only arises in our social interactions. A social object is found in the experience of groups of people tending to act in similar ways in similar situations. The social object can be understood in terms of social acts and can be found in a generalized pattern of behaviour in which, without explicit explanation or expression, everyone appears to know what to do or how to behave.

In keeping with the other process-oriented components of Mead's thinking, a social object is not a static, reified structure which can be understood outside of experience. It is intimately related to both Mead's theory of action and theory of the self. The genesis of the self in a social process is also a condition of social control. In taking up the attitude of the "generalized other", individual will is tested and shaped against and by social will and social values. "Social control is the expression of the "me" over against the expression of the "I" (Mead, 1934: 210). The emergence and continued existence of social objects also exert a powerful form of social control in that social acts towards a social object simultaneously constrain personal behaviour and also allow the possibilities for a person's participation toward a desired social end. "In so far

as there are social acts, there are social objects and I take it that social control is bringing the act of the individual into relationship with this social object" (Mead, 1932: 191).

The centre of excellence as a social object

In Project Three I explored the argument that a mandate to build a centre of excellence in relationships is being taken up in my day to day interactions with others who are also now forming and being formed by the same mandate. The mandate frames an anticipated future as well as an emergent social object (the CofE) which is under perpetual negotiation and creation.

> Social control depends, then, upon the degree to which the individuals in society are able to assume the attitudes of the others who are involved with them in common endeavor. For the social object will always answer to the act developing itself in self consciousness… (Mead, 1932: 193)

We again find ourselves in a paradoxical state of forming and being formed, not just in our moment to moment interaction with others, but also in those kinds of interactions which are shaped by joint activity on a larger scale; the social object. This is also true for the ongoing formation of the Centre of Excellence – in itself, a social object, forming and being formed in the everyday actions and conversations of my colleagues. This paradox is critical. In the social processes which pattern the "new" (i.e. – the Centre of Excellence) there is the never ending dialectic of both forming and being formed. Mead's social object both organizes social responses – and is the result of social acts. In this paradox we can find both the subjective (emergent) pole of experience, perception, thought, emotion and the objective pole of ideas, expectations and social forces which shape groups of people's actions and choices. Objectivity in this sense cannot be understood as it is in the natural sciences – there is no place for a "neutral" observer able to stand beyond the ongoing themes which form and are formed by the patterning of experience.

Theory of practice as "emergent"

The theme of Project Three was emergence – drawing upon the processual thinking of Mead and Elias and the methods of Dewey to both inquire into daily practice and also make an argument for how that inquiry, itself, could be

understood to be about the "building" aspect of the Centre of Excellence. Shifting to this way of thinking also begins to challenge the notion that anything could exist as a "recipe for success" – including the business plan for the CofE. Instead, the business plan could be thought of as a kind of "statement of intention" and an entry point for further inquiry into experience. For something as significant and carrying as much weight within my organization as an endowed chair, that inquiry needs to be sustained and robust – indeed, it continues now through my work in this doctoral program, which is one of the ongoing themes of "daily practice."

This movement also has significance for the themes which appeared so strongly in project one and two regarding anxiety, shame and competence. Instead of those emotions being a symptom of failure or a cause for blame, (as is the case using a method which presumes a movement towards perfectibility, knowable in advance) they simply become an aspect of experience which, themselves, offer an invitation for ongoing investigation. This method, therefore, invites a rethinking of all the alienation and blame that accompanies the "you should know better" of a "thought before action" causality. "Doing better" is about continued engagement with experience, finding the good in what we do and continuously testing "the good" in our ongoing, responsive relationships. We do this knowing that even "the good" will be a subject/object of continuing contention and negotiation. Here I find, also, at least a partial response to the notion of "excellence." Excellence itself can only be located as an emergent theme of practice/experience. As such, it will always be contingent and provisional, subject to processes of negotiation, contention and recognition.

Movement to Project Four

In attempting to understand the move to Project Four's exploration of curriculum, I return to the important shift in my inquiry into daily practice. The narratives of my projects are all, in essence, drawn from moments in my work or practice as a person responsible, in various ways, for medical student education. Working through the first three projects helped me understand that a "Centre of Excellence" wasn't something "out there" but that it could be

understood as a theme which both organized and was influenced by the social processes of practice. Put another way, the CofE was not an abstract theory guiding my work – but a kind of social object forming and being formed by social processes of recognition in which I am intimately involved and invested. By Project Four, it became apparent to me that what I was actually writing about in all my projects was not so much about the CofE – but was, in fact, about my practice as an educator. The task of this final project then became an exploration of how the theories of time, emergence, social objects, power and practice which had formed the basis of previous arguments could be understood when the object and subject of inquiry was educational processes, specifically, considering a new curriculum for medical students.

PROJECT FOUR: CURRICULUM, EXCELLENCE AND IMPROVISATION

At the start of project 4, I had a much clearer sense of how to understand and locate my work of building a centre of excellence in my everyday practice as an educator. I felt strongly drawn to the project of investigating my educational practice in a much more systematic way. My work preparing medical students for their practice as physicians draws upon my experience in caring for patients in which I recognize the continued paradoxes of knowing/not knowing and the subject/object interdependence of practicing medicine; drawing upon abstracted knowledge in the service of caring for a particular person at a particular time. The continued juxtaposition of routine and contingency is also to be found within educational practice, however, the complexities of negotiating and enacting "curriculum" are often reduced to conversations regarding the structure and content of syllabi or the need to standardize teaching approaches. My first several drafts focused on "curricular processes", recognizing that curriculum could also be thought of in Mead's sense, as a social object. It was only in my final draft that I finally found a serious examination of issues surrounding "practice." I would suggest that practice was the necessary dimension to bring together notions of excellence and curriculum, specifically through the notion of improvisation.

My first narrative in Project Four was actually taken from my experience as a clinician; however, this narrative was only added in my final draft. In keeping

with my growing awareness of "practice", I chose this narrative to both broaden the notion of "practice" (taking again the position that "practice" cannot be "walled" off in any sense) and also to introduce the notion of improvisation, which became central to my discussions of excellence. My subsequent narratives were drawn from several experiences in which I found myself trying to take a stand for ways of negotiating or articulating "curriculum" which are outside of the mainstream ways of thinking about curriculum, especially within medical education. The moments were not unlike narratives chosen in earlier projects in that they became of interest because they were situations in which I experienced heightened anxiety - likely because I was trying something new and challenging. However, in these cases, I did not interpret anxiety as a signal of potential failure or incompetence. Rather, these moments were also ones of heightened awareness, a kind of enlivenment in which the possibility of something new happening co-existed with the possibility of something going rather badly. Such moments offer irresistible opportunities for inquiry: What is going on here? What is my role in relation to this? Taking these moments seriously as a way of deepening an understanding of my practice as an educator has provided the opportunity for the insights which I am offering in this portfolio.

Understanding the relationship between experience and practice – arguing for different ways of understanding practice – is a project of great interest to many. In Project Four, I was especially interested in the ideas of Bourdieu, (Bourdieu, 1977; Bourdieu, 1990) whose theory of practice attempted to maintain an indivisible interdependence between theory and practice, or experience and practice. I began working with these ideas by describing an encounter with a patient which was surprising. I noted that the experience of responding to the patient in unexpected ways was not a calculated or rational act – in fact, in the moments of response, there was always a chance that my improvisations would go well or very poorly – my patient and I were finding our way as we went along, neither of us knowing where our conversation would lead.

Bourdieu's "necessary improvisation"

In a series of works considering practice (1977; 1990) the French sociologist P. Bourdieu develops a theory of practice which does not split it into either an objective pole which reduces experience to a series of rules and models nor a subjective pole which merely takes experience "for granted" without further inquiry. He argues that practice can be understood as the interplay between "habitus" and 'field." Habitus is a way of understanding human agency as consisting of actions which cannot be understood merely as following rules or obeying norms but as strategic improvisations which are constrained by inherited dispositions and the contextual details framing any given situation. Bourdieu's habitus is very similar to Mead's theory of the I-me dialectic, but with perhaps less room for spontaneity, the result of a weighting towards the constraining effects in the "inherited dispositions" which are being formed by and forming the objective historical conditions of such things as class and culture. Bourdieu's take on spontaneity involves a person's ability to respond to any given situation within the constraints of their habitus…

> …only a virtuoso with perfect command of his 'art of living' can play on all the resources inherent in the ambiguities and uncertainties of behaviour and situation in order to produce the actions appropriate to each case, to do that of which people will say "There was nothing else to be done", and do it the right way. We are a long way too from norms and rules:…the art of the necessary improvisation which defines excellence. (Bourdieu, 1977: 8)

He stresses a quality of responsiveness which goes beyond being able to simply "follow a rule" in further defining excellence as "the rule converted into a habitus capable of playing with the rule of the game" as opposed to "the strict conformity of those condemned merely to execute." Bourdieu links excellence and practice, here, without proposing a theory or rule which can define "excellence" in advance. Excellence becomes an ability acquired, presumably, through experience and reflection upon experience, to respond in necessary ways to any given situation. It is paradoxical because, knowing what is "necessary" cannot be known, with certainty, in advance. One of the ways I understand the curriculum for which I am responsible for is that it somehow needs to explicitly set aside time ("time" in the sense of the natural sciences, as defined by timetables and room bookings) and invite inquiry into processes of

becoming a doctor which can never be known in advance and which, ideally, do not get collapsed into advice giving and an expectation of "strict conformity" to pre-given rules.

Another thinker attempting to locate excellence within practice is Alasdair MacIntyre.

Alasdair MacIntyre and After Virtue

Alasdair Macintyre (MacIntyre, 1984) locates excellence within socially embedded practices which require interdependence and mutuality and are recognized as contributing to a shared "internal good." MacIntyre's description of "practice" is narrower than either Bourdieu's or Mead's:

> By a "practice" I am going to mean any coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realized in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity, with the result that human powers to achieve excellences, and human conceptions of the ends and goods involved, are systematically extended. Tic-tac-toe is not an example of a practice in this sense, nor is throwing a football with skill; but the game of football is, and so is chess. (p. 187)

MacIntyre contends that a person's moral nature and practice are tied up with their sociality – their membership in tradition and participation in practices, more so than in their autonomy or individuality. Practices are therefore tied to socially established norms and sustained by social institutions. Standards for whether one is doing good – or achieving "excellence" are therefore intersubjectively created – but objectively identifiable. MacIntyre offers less a theory of a practice and more a theory of excellence, trying to draw attention to a subset of experience which can be understood as "excellent."

Discovering excellence in acts of improvisation

What I think I have been trying to explore in my work is a proposition which is the inverse of MacIntyre's formulation of excellence. Rather than excellence being the socially negotiated "object" of intention and activity, I would argue that excellence itself is a form of good which is under continuous negotiation within practices. In my inquiry regarding "curriculum", teaching/creating curriculum is a (social) practice which emerges as part of our ongoing

negotiations about what we all think it means to be an "excellent" physician. That negotiation is formed by and is forming the relationships of power, and norms of communication within the practices of our community. In a sense, excellence and curriculum are both social objects which can only be understood and contested within the moment to moment interactions of all those who participate in the negotiations/conversations.

Patricia Benner also locates excellence within practice, writing extensively about the practice of nursing. (Her ideas on learning were briefly explored in my discussion of Project Three). Benner cites MacIntyre to say that "nursing practice is a systemic whole with a notion of excellence inherent in the practice itself" (Benner, 1984). She makes this point to emphasize the practice of nursing as a "moral art" which comprises "more than science." I am making a similar argument in terms of understanding medical practice as dependent on more than the rules and generalizations found in medical sciences. Benner's theory then goes on to split experience and theory, but arguing that one is a "subset" of the other. Her response to a world too complex to "capture" all the nuances and contingencies is to suggest that theory be made a provisional, "skeletal" version of practice and be judged on its ability to "simplify and demonstrate relationships in the world" (Ibid.: 20). We are therefore left with raw, uncodified practice which relies on theory as a strategy for further understanding and as a guide for action.

This is the same point being made by my colleague Barbara, in project 4 when she came to me, visibly upset, stating that I had not elicited "learning objectives" from participants in a retreat I was facilitating. Although conversation was lively and engaging as people spoke about their work, Barbara's sense was that we could not know what we had learned unless we could publicly state our intentions to both guide our discussion and provide a benchmark to evaluate our success. Barbara was arguing for a certain way of understanding learning or meaning as an individually based, linear process of achieving pre-specified targets. Considering the processes at play, here, there is another paradox to explore. Although Barbara's choice of Sue and myself to facilitate had been a "vote of confidence", her public expressions about what

we were doing demonstrated a great deal of anxiety. As the person ultimately responsible for the success of the day and of the faculty's educational programs, Barbara wants things to go well and also hopes for her faculty to develop new skills to help with ongoing challenges. I think she was also responding to the anxiety that accompanies a state of knowing/not knowing which perhaps she experienced during conversations with colleagues that did not specify an exact correlation of purpose and outcome. Here again we find a paradox of the kind Henry Larsen wrote about in speaking about the role of improvisation in organizations:

> Moving together is thus a process of spontaneity in which we are recognizing or not recognizing one another. This is the creation of dependency which is a power relation. So, paradoxically, spontaneity and invitations to spontaneity are creating and challenging power relations at the same time that power relations are making it risky to act spontaneously. (Larsen, 2006: 63)

Being with colleagues to share a conversation which is unconstrained by "setting learning objectives" heightens the chance for novelty which may also heighten anxiety and elicit a reflex to try and control what is going on.

ISSUES OF METHOD

The central question of method located within this synopsis is related to the relationship between the subject and the method by which inquiry takes place. This could also be expressed as the relationship between subject and object – or between process and content. In project one I wrote about Lipmann's exhortation that journalists identify "news" through objective processes of classifying, fixing, measuring, identifying and objectifying "happenings"(Lippmann, 1922). The classical dictums of my first career (journalism) resembled closely the objectivity of medicine, expressed as "biomedicine." I explored in greater detail in Project Four, the history of biomedicine's prominence over the past 125 years. This includes an adherence to rationalism, and an experimental approach to the human body, seeking ever greater detail to explain the biological basis for "mechanisms" of disease. Such inquiry requires a "detached" observer, poised for inquiry which, to be successful, obeys principles of generalizability and reproducibility. If one were

to examine the "methods" section of articles published in any major medical or medical education journal, the accounting would include all the steps taken to remove subjectivity and "bias" from the processes of investigation and the subsequent conclusions.

I offer this brief recapitulation to my reader for two purposes. One is to note that with rare exceptions, the environment in which I work and teach takes up an unquestioning belief in the separation of subject and object. For many of the advances of medical science, this has proved to be an enormously effective strategy. However, I am attempting to argue that for purposes of teaching and understanding processes involving human beings, this stance is problematic. Specifically, being able to describe and teach the skills and dispositions required for successful health care and practice requires a re-examination of the subject/object dichotomy.

The second is to offer the background for an alternative method, located in the thinking of John Dewey which proposes that subject and method are interdependently related and can only come to be understood as a result of their relationship to one another. Dewey was critical of a belief that truth could be discerned through an investigation which distanced the inquirer from the object of study. He described this as the "spectator theory of knowledge" (Dewey, 1929). Instead, he argued that "method" is "the effective direction of subject matter to desired results" (Dewey, 1916: 165). In another work, he writes.

> "If we see that knowing is not the act of an outside spectator but of a participator inside the natural and social scene, then the true object of knowledge resides in the consequences of directed action ..... on this basis there will be as many kinds of known objects as there are kinds of effectively conducted operations of inquiry …. The realization that the observation necessary to knowledge enters into the natural object known cancels this separation of knowing and doing. It makes possible and it demands a theory in which knowing and doing are intimately connected with each other.... The intelligent activity of man is not something brought to bear upon nature from without; it is nature realizing its own potentialities in behalf of a fuller and richer issue of events. Intelligence within nature means liberation and expansion, as reason outside of nature means fixation and restriction. (Dewey, 1929: 171)

Dewey speaks of "directed action" and "effectively conducted operations of inquiry." This doctorate of management draws upon many kinds of "operations of inquiry" including personal narratives of practice, iterations of inquiry and response to written work (including local colleagues, learning set members, discussions during the residential sessions) and iterations of inquiry and response which involve locating the experiences of the narratives within a broader discourse. To have contributed to a tradition of thought, within the requirements of a doctoral program, my findings need to stand up to questions of generalizability, validity and originality. I shall take up each of these in turn, making reference as I go to some of the variations of directed action which I have already outlined.

Generalizability and validity

The issue of generalizability and validity are closely linked. The generalizability question might be framed in the following: to what extent will my findings make a difference to my peers and other colleagues interested in education and the training of future physicians? The validity question relates back to how my findings might contribute to a community which is now thoughtfully inquiring into ways of thinking about education and practice. Does this work make a meaningful and recognizable contribution to existing discourse? Finally, are these findings original? Do they make a contribution which invites a meaningful response, supporting the deepening or broadening of a given discourse? Dewey's thinking regarding method brings us back to issues of pragmatism which, as a family physician trying to work within the here and now constraints of patients' issues and contexts, is familiar to me. The questions he asked of inquiry are:

> Does it end in conclusions which, when they are referred back to ordinary life-experiences and their predicaments, render them more luminous to us, and make our dealings with them more fruitful?...Does it yield enrichment and increase the power of ordinary things which the results of physical science afford when applied in every-day affairs? (Ibid.: 7)

In response to Dewey's questions, I shall refer back to my findings – and to the ways my practice has changed as a result of my inquiry and the impact I am observing on the practice of my colleagues. This is one way of demonstrating the "luminosity" of my research.

To answer the first question, of generalizability, I can see an impact on local colleagues in several ways. The group with which I have seen the most significant impact has been among colleagues with whom I work closely. The inquiry through this program has taught me that the holding of difference (a different conversational position, a different action) will result in a potentially different outcome. This simple statement contains great power. It means that all actions – all moments of conversation, gestures and responses contain the possibility of significance and change. The change cannot be predicted in advance (a type of generalizability which I can't hold claim to), but the significance of engagement can be asserted. In fact, the word "engagement" has been picked up – colleagues are now seeking me out to tell of a story of facing difference or conflict in which they reported a shift in their understanding of the exchange – perhaps away from having to defend a pre-held truth and more in the direction of staying with the difference or conflict long enough to be surprised or learn something new. They describe the significance of "engagement" in the ways we have talked about it over the past three years, as changing the way they see their own practice. By "talked about it" I am referring to the informal learning group in organizational change which met monthly during my doctoral work, conversations with colleagues who were interested in reading my work and the work of the CMC and also several formal workshops which I offered to national colleagues in family medicine, medical students and members of our faculty. I see our discussions – and my persistent willingness to share my inquiry into experiences of discomfort and anxiety – as offering the possibility for colleagues to also consider a form of inquiry/improvisation in which they, too, are willing to stay in states of discomfort or not knowing for longer than they could before.

In following this line of thinking, I would argue that both the validity and generalizability of my work can be partially found in the extent to which my

work invites other practitioners into a reflexive consideration of their own work. Furthermore, I believe this claim is consistent with both the methods and findings of my work. One of the claims I make, following my inquiry through this program, is that excellence can be understood as a quality of persisting, reflexive engagement in practices which form and are formed by the social. It then stands to reason that the strength of the claims I make for my own work rests on the degree to which my reader is able to remain engaged, respond to and perhaps even learn more about an element of their own practice which, citing Taylor (1994), they were "never entirely without some sense of."

Ethics and inquiry into processes of recognition

To conclude this discussion on method, I wish to say a few words about ethics. If excellence and "the good" are to be found as emergent properties of social interaction, the quality of participation becomes, centrally, a question of ethics. I referred earlier to norms within my setting which make competent medical practice appear to be merely about knowing "enough" about a specific body of knowledge and sets of skills. These norms mask the messy complexities of making one's way through the myriad moments of communication and response, conflict and uncertainty, which comprise one's work. Rhetoric and ideologies which lay claim to a fixed truth can also be a form of silencing which diminish the possibility of new ways of knowing or of discovering new questions. For the work of education, this is very significant. Organizational researcher Barbara Czarniawska speaks of "forbidden knowledge" (Czarniawska , 2003) as the dissonance between accounts found in textbooks of organizational theory and what organizational researchers are actually publishing and thinking about. MacIntyre (1998) speaks of natural science methodology as a kind of ideology which is taken into organizations and used as a strong, silencing force to drive conflict underground and make it undiscussable. This exploration of medical curriculum is offered with the claim that there is an ethical argument in favor of opening conversations which do not lead to certainty in a way which would exclude generalizability.

Impact of this work on my practice

> Exasperation with the three-fold frustration of action – the unpredictability of its outcome, the irreversibility of the process, and the anonymity of its authors – is almost as old as recorded history. It has always been a great temptation, for men of action no less than for men of thought, to find a substitute for action in the hope that the realm of human affairs may escape the haphazardness and moral irresponsibility inherent in a plurality of agents. (Arendt, 1998: 220)

This quote from Arendt evokes a sense of how much my understanding of practice has changed since starting this program. I recognize in many of my colleagues the "exasperation" she speaks of – and also recognize how much less exasperated I feel in my own work.

There are several ways of describing how the process of this inquiry has changed my practice, including how I understand what I do and how others might understand my working differently. One example of this would be the way I speak about my work and role as the "founder" of the Centre of Excellence in Health Care Relationships. Although we still do not have an office or letterhead, the leadership I have offered to our faculty and students in sustaining a robust and growing conversation about our work together is gaining increasing local and national recognition. Project Three was pivotal to my understanding of this work as an emergent process of engagement and improvisation.

Within my setting, I can proudly claim as a "contribution to local practice" that I am intentionally trying to take conflict and difference as an important element of inquiring into experience. The two theoretical concepts which have had the greatest impact are the related ideals of engagement and participation. Since the course explored in Project Two, all subsequent educational events I have participated in have included many more opportunities for the engagement, participation and shared negotiation of the content and processes with those involved. The biggest example, the Professional Competency curriculum, provides weekly opportunities for students to talk about their experience in medical training. The faculty who teach them are offered the same opportunity

to explore their experience of teaching. The content of the curriculum is up for ongoing creation – it changes often in response to the quality of participation among the people who take active roles within it. This includes course designers, students, and faculty and, to a lesser extent, interested "lay faculty" or members of the public. This process is messy and imperfect – and often frustrating. To participate in this way is also very different from what students expect based on their other curricular experiences.

This new-found confidence in the possibilities of engagement has led to an increased kind of fearlessness which also impacts the power relationships where I work. My tolerance for "not knowing" and anxiety has increased dramatically and, in turn, I find myself in increasing demand to facilitate events, participate in task forces, and contribute to various "change projects." I think I have an expanded sense of "experimentation" with less fear of failure or of needing to constrain myself on the basis of fearing something will go wrong. This, in turn, changes how others respond to situations of uncertainty or experimentation. I have had the experience of colleagues reporting they felt "emboldened" to try new things based on their experience of me doing the same thing. I suspect there are also colleagues who feel more distanced from me and less interested in trying new things – I am less likely, of course, to hear from them. I do sense an ability to also stay more attentively and respectfully engaged in interactions with colleagues and peers – perhaps also with a willingness to have my opinions changed or feel less of a need to control how conversations go.

Another example of engagement is an advisory council of students who are both participating and simultaneously helping me design our curriculum on professional competency. In working together, we have moved from "hit and run" anonymous feedback to an ongoing exploration in what it means to become a doctor and how we can meaningfully teach about and inquire into that process together. In the course of this, more and more faculty are becoming involved in conversations with no clear "outcome" – but which have an ongoing impact on how we understand our work together.

In terms of validity, I can point to one very practical outcome of my work. Over the past 18 months, I have been co-investigator on 3 grants which have been given over 2 million dollars of funding to research interprofessional educational practices in both academic and community settings. On two of these grants, I helped design the "method section" using elements I encountered on this course: narrative, iterations of narrative and response and inquiry into everyday practice. In the course of writing these grants, I have been involved with local and national colleagues in very intense discussion about the assumptions of our inquiry and the importance of local and contextualized "ways of knowing" in addition to the more abstracted and generalized methods of "evidence based medicine" or "best practices." We have attracted funders and co-investigators who are both new to and intrigued by these methods.

Originality and contributions to the field

To claim the originality of my work is relatively easy within the traditional discourses of medical education. Responding to narratives of practice in the service of further inquiry into the assumptions and traditions of curriculum is, in itself, original. However, I would argue there are other contributions worth noting. As my thinking has moved, I have become intensely interested in the thinking of John Dewey. Although he comes into more contemporary medical education theory through the work of Donald Schön (Schön, 1987), his work has not been brought into thinking about how curriculum, itself, is negotiated and understood. Dewey's spirit of ongoing reflection can be found throughout this portfolio and in the method of my research. The originality of this work is found in my taking up of Dewey in the current setting of medical education, alongside theories of complexity science, emergence and practice. In a similar way, complexity theory is being taken up in the service of understanding life in many organizations, including health care. However, a critical theory of emergence – and its relevance for the social processes of curriculum – has not been done, to my knowledge, prior to my research. Finally, in this portfolio, following the ideas of Dewey and Mead, and taking up theories of emergence, I have found a way of linking practice and excellence (through the notion of

improvisation) in a way which may also make a substantial contribution to current thinking about education and the training of medical students.

In thinking about these contributions, there are several further papers which I am looking forward to writing in the coming months. One, I have provisionally titled "The Possibilities of Professionalism" intends to look at the possibilities of thinking about and writing about "professionalism" as acts of improvisation which moves away from a more traditional "thought before action" approach to medical professionalism (with its emphasis on codes of conduct) and more in the direction of conceiving professionalism as a theme which is under continuous negotiation, requiring attendance to conflict, difference and engagement. I would also like to continue publishing about the methods I have encountered during this doctorate – and how they might be used to further inquire into interprofessional education. I would also like to write about the use of a student advisory council for the ongoing creation of medical school curriculum and how we can begin to consider feedback as a process of ongoing, mutual interpretation and not as a one-way transmission intended to modify behaviour.

In sum, I would argue that education is a fundamental "good" of our society – and that the education of physicians is something to which we can all claim an interest. An essential element of education, curriculum is both hotly contested during what is thought of as the "design" phase, but then, strangely taken for granted as the blueprint for desired learning and behaviour. By re-imagining curriculum as a kind of practice which can't be separated from the experiences of students and educators, an invitation for ongoing participation and negotiation is explicitly made. In the course of this practice, excellence serves as a theme undergoing ongoing evaluation and negotiation in which "necessary improvisations" on the rules are discovered and recognized. Excellence is a risky proposition – in the course of participation, one will never know in advance what will work and what will not; participation requires some tolerance for the anxiety of knowing/not knowing and for the inevitable threats to identity which accompany an openness to others' experience.

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