Practice-based Learning, but Not as We Know It: Lessons from Improvising Advanced Practice Roles

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Abstract

Practice-based learning is well established in the education of practitioners in health and social care. However, a singular description of practice-based learning is elusive, not least owing to global neo-liberal trends in the reform or modernisation of publicly funded services that challenge received approaches in diverse ways. This paper outlines some of these trends with reference to an example of a major workforce development intervention to modernise the healthcare workforce in northwest England, developing assistant and advanced practitioner roles through a work-based programme. In particular, it draws upon research that suggests that 'not knowing' calls forth improvisatory practices from practitioners and educators that offer promising possibilities for practice-based learning that is responsive to the challenges posed by forces of change and uncertainty.

Keywords: workforce development, professionalism, improvisation, narrative

Introduction: Trends and issues in practice-based learning

It seems to be a tautology to assert that practitioners learn by practising – how could it be otherwise? However, such an assertion glosses over the variety of contexts for practice-based learning for practitioner roles historically and across occupational, organisational and professional contexts within health and social care. At risk of over-generalisation, a pervasive trend has been towards the professionalisation of work roles (Rogers & Pilgrim 2010) as an occupational strategy whereby expertise, authority and trustworthiness of the practitioner are secured through an appropriate and regulated blend of skill and knowledge. As such, *practice-based learning* is the site wherein such strategies are played out, reflecting diverse forces that shape the conditions for developing health and welfare services. If the 19th century saw the rise of the authority of the professions such as medicine, and the 20th century the professionalisation of a wider array of occupational groups engaged in wider systems of public health and welfare services, the early 21st century calls into question the sustainability of these trends through a more complex relationship between occupational control and the commercialisation of

services within advanced capitalist economies. This calls into question what we mean by 'practice' for which and on which learning is 'based'. In particular, in this paper I suggest that current trends can be characterised as a shift *from professional education to workforce development*. By professional education, I refer to education by and for a profession; by workforce development, I refer to a focus on the human resources mobilised to meet the needs of a service industry. Of course, these need not be incompatible. However, if professionalism is seen as that which characterises a profession, a shift from practice as professionally defined to that which is defined by organisational requirements has the potential to render it difficult to determine how professionalism is constituted when professions themselves are reconfigured to meet the requirements of the 'modernisation' of public services. Learning may still be 'practice-based' but not as we have known it if we have thought of practice as under occupational control by a profession. Evetts (2003, 2009) argues that 'occupational professionalism' and 'organisational professionalism' co-exist in increasingly varied and complex ways. These characterisations suggest that there are alternative sites for control of what constitutes 'practice' and hence practice-based learning. Professionalisation as an occupational strategy of control seeks to stabilise practice in order that the occupation and its members can securely identify themselves with a practice that is recognisable to itself and its clientele so as to establish authority and trust over time. Professionalism implies that something is 'professed': there is an implicit or explicit 'promise' that professional practice is, to paraphrase Freidson (1994, 2001), *good works*, *well done*. However, a promise also implies sufficient stability over time that what is promised *now* can be fulfilled *later*, and that the executor of the promise will be faithful to their promise. Such a requirement of stability necessarily will be in tension with the requirement to embrace change.

Trends and issues in context

The tensions to which the above trends and issues give rise are exemplified by a major initiative to invest in and reform services through a programme of workforce development and education in the Greater Manchester conurbation funded and commissioned by the National Health Service (NHS). 'Delivering the Workforce' (Sargent 2003, NHS North West 2006) is a project that was initiated in 2001 by a Strategic Health Authority (SHA) of the NHS in north west England that has created new roles of assistant and advanced practitioners developed through work-based learning programmes at Foundation and Masters degree levels, respectively. In both cases the programmes are not profession specific and competencies are developed and achieved through work-based learning linked to service modernisation determined by local steering groups. Such developments are described by Jones-Devitt & Smith (2007) as 'perfect examples of underpinning neoliberal concepts, identified by Olssen & Peters (2005) as comprising a world of global choice for individuals, organisations and multinational corporations, characterised by regulation via some of the "softer" free trade principles, alongside minimal or non-existent state interference' (Jones-Devitt & Smith 2007, p170). Neoliberalism finds expression in alluring opportunities for individuals to be liberated from boundaries established between professionals and artisans, managers and practitioners and learning and the workplace. However, paradoxically, this often leaves such entrepreneurial selves as 'practitioners in a state of suspended animation that challenges the most critical of thinkers: they must act as autonomous, multi-skilled inter-sectoral workers, whilst operating within increasingly audited and externally limiting frameworks' (Jones-Devitt & Smith 2007, p170).

The inauguration of the Assistant and Advanced Practitioner (AP) begs and leaves unanswered the question 'practitioner of what?' and shifts the site at which the answers are determined to sites of practice-based learning. While boundaries of professional roles and identities can be the sites of de(con)struction they can also be sites of (re)construction, and

hence of innovation and professional 'improvisation.' The erasure of professional identities by the deployment of the generic term 'practitioner', not aligned to any particular profession, leaves open to question what might be the 'material', so to speak, that is available for such constructive activity. Warne & McAndrew (2004) succinctly identify the paradoxical introduction of the generic appellation 'practitioner' at either an assistant or an advanced level. These roles presume and are metaphorically parasitic upon a named professional practice which they are in the process of making redundant (as an identity, if not an activity). Thus Warne & McAndrew (2004) suggest that these new terms are oxymorons.

In the broader field of higher education, Symes & McIntyre (2000) argue that discourses of education increasingly reflect tensions between the 'ivory towers' of academe and the new 'concrete towers' of increased vocationalism (H. M. Treasury 2006). The NHS Plan (Department of Health 2000), gave impetus to the latter in the health service, exemplified by the 'Delivering the Workforce' Project, specifically commissioning programmes of 'work based learning' at Foundation and Masters degree levels. Not only is there a shift away from education for a profession to education for a service development within the organisation, but the programme of education is determined by the workplace rather than by the education provider. The role of the university is thus described by Boud & Symes (2000) as being:

> To equip the 'unqualified' individuals already in employment to develop life-long learning skills, not through engagement with existing disciplines or programmes of studies defined by university teachers, but through a curriculum that is customised for each individual and each context. (Boud & Symes 2000, p21).

Boud & Symes (2000) suggest that the production of knowledge moves from the university to the work place where it is less bound by disciplinary frameworks than hitherto developed, maintained and disseminated as authoritative by the university. In nursing, the Department of Health's (1999) policy document *Making a difference* explicitly signalled an insistence that, '[t]he requirements of the NHS are put at centre stage in the development of all nursing and midwifery curricula and of continuous professional development'. Subsequently the contribution of workforce reform to public services modernisation has continued to be endorsed in government policy (Department of Health 2004). More recently, in England institutional developments (the NHS Institute for Innovation and Improvement; the Centre for Workforce Intelligence; Health Education England) link service reform and workforce development underpinned by commissioning within a managed market.

The question of the form and direction of such reform is likely to give rise to critical debate. Holmes (2001) provides a sympathetic critique of such trends from an Australian perspective. He argues that:

> It seems inevitable that the current multidisciplinarity, in which each group brings its own distinctive set of skills and expertise to a problem, will gradually yield to a postdisciplinarity in which individuals simply contribute whatever they can without regard for disciplinary domains. (Holmes 2001, p233).

Taking the development of generic mental health workers as his example, Holmes (2001, p237) advocates educational preparation for roles 'designed purposefully rather than developing in response to historical circumstances and continuing power struggles of the professions'. The erasure (at least semantically) of designations that signal identities, such as 'nurse' or 'occupational therapist', by the generic term 'practitioner' does not dispense with identities but rather shifts them away from a profession that is extant within but transcends the workplace.

Control over knowledge, a *sine qua non* of professionalisation as an occupational strategy, becomes destabilised. With regard to universities, Garrick & Clegg (2000, p167) suggest that

> No longer do they dictate the trade in knowledge in a one way exchange from the mastery of their members to the dependency of their subject population. Instead, they enter into a three way negotiation, in principle, of the terms of trade, with both the employee and the corporate body as partners.

This describes accurately the commissioning and the development of the educational programmes within the 'Delivering the Workforce' project (Sargent 2003, NHS North West 2006). All participants are enrolled in a project of modernisation: of new ways of working and learning. 'Newness' connotes innovation and opportunity that by-pass the old, inviting an entrepreneurial endeavour both organisationally and individually as a practitioner. As a nascent 'assistant' or 'advanced' practitioner, the student and the educator find themselves in ambiguous positions between old and new; between flexibility and risk, with accountability for 'clinical competence' often still open to existing medico-legal jurisdictions; between progression up a skills escalator that might involve multiple 'step off/on' points within an as yet disjointed multi-professional career framework. As Tennant (2000) puts it:

> Performance in the workplace and the gaining of educational qualifications become the markers of personal development and fulfilment. Thus a better worker is a better person in a broader sense, and the route to this betterment is the capacity to manage and fashion one's identity as worker/learner: as a kind of 'entrepreneur of the self'... not for the purposes of discovering what one is, but for creating what one might become in a strategic, tactical and political sense. (Tennant 2000, p125).

Likewise, Garrick & Clegg (2000) note that multiple possibilities are opened up for workers and educators by the organisation being the site of learning and knowledge production. However, such progressive aspirations may not be immune from a 'darker side' in which received forms of education and practice have been implicated. They point out that work-based learning for improved organisational effectiveness is typically represented in pastoral/romantic terms whereby there are win/win solutions to be gained from participation in the enterprise of organisational learning. However, this benevolent scene contrasts with a 'darker side': a 'gothic' narrative in which knowledge stands as the 'vital force, the life blood of the organisation'.

> Once the individual's intellectual capital is transfused, their vitality becomes vulnerable. If one is not constantly engaged in the performativity of transforming oneself (as one simultaneously transfuses into the organisation), one runs the risk of being sucked dry, spat out, made anaemic and, finally, redundant. (Garrick & Clegg 2000, p154).

Providing that 'such transformations are associated with the creation of a plurality of organisational reciprocities' there is the potential not only to 'vitalise the corporate body but also, reciprocally, the embodied worker ... [enabling] active subjects to become discursive creators' (Garrick & Clegg 2000, p154). In other words, the emergence of new workplace opportunities for some workers may not be equally accessible or sustainable for all.

The problem with utopian solutions, whether the old promises of the professions or the new ones of workforce modernisation, is that while they can inspire action, they do not come with the 'batteries included' (Stout 1988) and can therefore fall flat, or disappoint once again. Specifically, as Dejours (2006) argues, neo-liberalism imposes a kind of double-bind

of prescribed flexibility that inevitably 'confronts the subject with failure, ... disappointment or discouragement' because 'there is always a gap between the prescriptive and the concrete reality of the situation ... [the] path to be navigated between the prescriptive and the real must constantly be invented or rediscovered by the subject who is working' (Dejours 2006, p47). The work of new practice, dubbed 'advanced', in reality does not conform to what is prescribed by modernisation strategy. The opening up of new paths to advancement in the workplace is not necessarily less prone to difficulty than older ones. Rather, the ethico-political demand of contemporary professionalism can be located within what White & Stancombe (2003) view as the 'effects of a particularly robust cultural narrative' which they associate with the outworkings of the Enlightenment and modernity, such that they assert 'the demands of policy are producing a version of clinical judgement [in healthcare] that cannot in reality exist' (White & Stancombe 2003, p33). Such demands can only be intensified by more recent pressures for improved performance under conditions of reduced public funding and market responses. As Dejours & Deranty (2010) point out 'actual work nearly always demands, to a lesser or greater extent, a form of practical intelligence that is inherently inventive and creative' (Dejours & Deranty 2010, p168). Hence, I propose that it is precisely from such conditions and experience of disappointment (Critchley 2007) or distantiation (Butler 2005) that potential space emerges for critique and re-appropriation of professionalism through narrative practices of improvisation.

Researching narrative practices of improvisation

This paper draws upon research (Nettleton 2012) undertaken with student Advanced Practitioners (APs) and university colleagues involved in a Masters level work-based learning course commissioned as part of the 'Delivering the Workforce' project. Participants and settings from which qualitative data were collected for this study include nine former students; seven out of a potential fourteen lecturing staff who were involved in the delivery of the programme; a further three staff in the context of observation of dissertation supervision; a student reunion meeting; and three curriculum review meetings attended by a cross section of academic staff and a SHA representative. The students were mainly nurses, but two identified themselves as health visitors and there was one physiotherapist and one audiologist. Ten hours of transcribed lecturer data and ten hours of transcribed student data were used. Notes were kept of curriculum review meetings and other ad hoc contexts in which the author participated in day-to-day work activities. Also available were curriculum documents, SHA working papers and documents as well as published evaluation reports from Acton Shapiro (2007).

Participants were provided with written information discussed with individuals prior to obtaining consent for interviews and observations. University ethical screening procedure required referral of the research project to the local NHS Research Ethics Committee because the study involved NHS staff. The Chair of the NHS Research Committee confirmed that the study did not require further ethical review and approval.

Data analysis and presentation proceeded iteratively through processes of reading and re-reading; and writing and re-writing, animated by use of broad questions proposed by Flyvbjerg (2001) that focus on value-rational determinations of action of an ethico-political nature, namely:

- Where are we going?
- Is this desirable?
- What's to be done?
- Who gains, who loses?

The findings of the research built upon identification of improvisation as a core sensitising concept (Blumer 1954, Maines 1993, van den Hoonaard 1997), which was then further detailed as narrative practices of achievement. While beginning to research practice-based learning with my colleagues, I noted that as a small team of educators developing an advanced practice programme we variously described ourselves as trying to change a wheel while driving the car; dancing or just keeping upright on a moving carpet; or building an aircraft whilst trying to fly it. These metaphors of improvisation partly illuminate the speed with which the programme was commissioned, designed and first put into operation. They also reflect the largely undetermined nature of the roles and contexts for the deployment of the AP students, and the need to support their learning whilst their roles were often not as well defined or mandated in the workplace than was assumed in the public rhetoric of *Delivering the Workforce*. In principle, each AP traineeship was mandated by a service modernisation plan emanating from within the employing organisation. In so far as this is the case, APs are able to follow their own routes and outcomes, therefore having their own distinct identities. However, often organisational structures, personnel and priorities change, or at least some other aspect of the environment of 'delivery' changes. On the one hand, the AP is mandated to be the heroic exemplar of modernisation; on the other, they can find themselves marginalised by yesterday's strategy. As it was observed by a lecturer at a curriculum review meeting:

> One suggestion is that the APs need to the 'tall and thin'. Tall, because they stand out; thin, because they have to insert themselves into narrow spaces or, indeed, create them.

At some points of discussion the AP is represented in almost heroic terms as the apogee of modern healthcare, but at many others the AP and the AP programme are represented in terms of ambiguity and uncertainty: 'It's a process of structuring the unknown' [lecturer]. In a curriculum group discussion colleagues spoke of: The landscape\environment being not a flat\solid surface – no map, no compass!

But such hyperbolic expressions also form part of a discussion in which we acknowledge that we have, somehow, developed a programme with students and stakeholders whereby APs are 'produced' and achievements are recognised in developing services and advancing clinical practice. Notes of 'realism' are sounded in a curriculum group discussion:

> Many of the students' [dissertation] proposals, through the process of supervision, become defined in terms of exploratory exercises for example, exploring the feasibility of a service development, rather than implementing it as such.

However, such expressions of 'modified rapture', to recall Gilbert and Sullivan's *Ruddigore*, do little justice to 'the immense terrain between quiescence and revolt' (Toole 1998, p232) or between the hero of 'service delivery' and the 'state of paralysis' of a student who cannot face up to yet another 'block' within the organisation that called her into being as an AP. Responses to conditions of uncertainty indicate repertoires of narrative achievement, but raising the questions: What kind of narrative? and What kind of achievement?

Improvisation becomes important precisely because it comes into play when there is no obvious way to 'go on' provided by either the 'given' strategies of professionalisation or modernisation. Improvisation is described by Berliner (1994), p241, cited in Humphreys *et al*. 2003, p13) as 'reworking precomposed material and designs', and Benson (2006) cites with approval a Webster dictionary definition as to 'fabricate out of what is conveniently at hand' (Benson 2006, p195 and note 15): definitions very similar to the use of tactics by people to individualise what is made available by mass culture, altering everyday objects, practices, regulations and material conditions in order to make them their own,

congenial and habitable (de Certeau 1984). Likewise, *bricolage*, a term deployed originally by Levi-Strauss, involves using the materials and methods that are available at hand. According to Derrida (1976, cited in Winter 2003, p17) this characterises human discourse and, according to Winter, it underpins Lave's (1993, cited in Winter 2003, p17) formulation of the nature of learning: 'Doing and knowing are inventive . . . [t]hey are open-ended processes of *improvisation* with the social, material and experiential resources at hand' (Lave 1993, p13, cited in Winter 2003, p17; emphasis added).

The relevance of improvisation to working life is illustrated by Humphreys *et al.*'s (2003) account of ethnography of organisations as 'sense making' as both the object of and methodological focus for study, using the metaphor of jazz, of which improvisation is a key characteristic. Benson (2006) relates improvisation to both jazz and theatrical performance contexts to explore improvisation as a metaphor of interpretative practice more generally. He does not conflate the two because to do so runs the risk of minimising the particularity of improvisatory practices, but he suggests that interpretative practices themselves have improvisatory qualities. Therefore the improvisatory practices of people provide an empirical resource for enquiry into how professionalism is advanced while distantiated from a profession as such.

In the absence of a given 'script' of professionalisation, it is not clear how the 'drama' (Lyman & Scott 1975) of professional practice should continue to be narrated and enacted. Hence, my colleagues have referred from the outset to 'changing the wheel while the car is in motion'; to 'building the aircraft while it is in flight' and so on. These are metaphors of *improvisation*. Wells (2004) defines improvisation in the theatre as a practice through which actors seek to develop trust in themselves and one another to conduct *unscripted* drama. The script for practice has gaps to be filled. Frequently the performance enacted can only seem plausible retrospectively. Prospectively 'the data is incomplete'. As one of the programme Advanced Practice Learning Facilitators (APLF) put it in relation to AP students:

> APLF 1 – I think that's key. Even now they have to [improvise]. That's the kind of advanced bit almost to take the leap of faith, or improvise or go where no one has gone before, to – what does it say in one of the competencies? In the absence of data make a decision.

> Researcher – In the absence of complete data. It's part of the Masters level descriptor too!

Likewise, according to Acton Shapiro (2007):

> [b]eyond their initial preparation lay *a professional future in which the AP would need to be constantly alert to gaps in knowledge and skills and to have the confidence to seek ways to fill these*. (Acton Shapiro 2007, p1; emphasis added).

According to Boje (2001) and Johnson (1996) narratives need not be considered flawed if they are marked by discontinuities because this betrays a misplaced assumption that the social world as experienced and made sense of is amenable to a logic of predictability and control that is in fact illusory.

Narrative gaps are not like the logical gaps found in deductive logic. There an inference is rendered invalid because a gap exists between premise and conclusion. Narrative transitions do not require premises, nor do they necessarily lead to conclusions. Without such gaps our hopes would be merely prediction and our confidence in others made empty because it could never be accomplished. (Johnson 1996, p1353).

So, while narrative gaps may seem a threat to the control implied by occupational closure through professionalisation or the agenda of modernisation, they are a resource for the achievement of professionalism that exceeds such strategies. While some students are

paralysed by uncertainty, for others achieving AP is precisely concerned with *improvising* with what is made available within this context.

Narrative accounts of practice-based learning

Narrative accounts were elicited from student Advanced Practitioners and their educators by use of broad questions proposed by Flyvbjerg (2001) that focus on value-rational determinations of action of an ethico-political nature (see above). The resulting narratives charted the uncertain passages *from* 'practice' *to* 'advanced practice'. This movement could be characterised as (re)'positioning'; 'projecting' the emergent AP of the future; and 'recollecting' through re-appropriation of what had gone before. Positioning expresses the distantiation with or 'ecstatic movement' described by Butler (2005); while projection and recollection express the double movement of Kearney's (1991, p148) 'hermeneutics of imagination', charting passages *from* and *to*.

Practices of **positioning** are activated by re-positioning *from* practice *to* advanced practice, but practice not quite as it had been known. Status positions are variously discounted, made available, imposed or adopted. The possession of a professional name is placed at risk whilst opening up new possibilities. For example,

> It's taken me doing this Masters course to allow me to do what I could do as a health visitor twenty five years ago. I've broken through the glass ceiling and found myself on the bottom rung of medicine and I've broken the greenhouse of health visiting – S3.

Here another AP student comments on the process of reassessing her status or position:

> It is tricky keeping a balance, who I was and who I'm becoming, that's something that, in time will be sorted. And this is what they're trying to help me with – I'm getting help for this, Ha, ha – S9.

Within the interview from which this excerpt comes, the practitioner asserts on the one hand, 'You're a doctor, expected to be a doctor but you're not and you never will be', but on the other hand, earlier she also asserted 'I'm not an AP, I'm a hybrid'. She is a 'split' or schizoid self: 'they' – the 'men in white coats'? – are trying to 'help' with this. The language used and feigned manic laughter are suggestive of a context to regulate sanity. On the one hand she is being 'directed' by the doctors, on the other, she states elsewhere, 'I can negotiate how much or how little I do' and write her own job description. She positions herself within the registers being supplied by the context of service development and the professional hierarchies that are available, being placed within a medical hierarchy that requires her to delegate 'nursey stuff' to others who, presumably, have to adjust their respective positions accordingly. She does not so much *have* a status as *enact* it, and thus it is a performative accomplishment: she states, 'I'll show you one', that is, what an AP looks like.

Practices of **projection** realise the possibilities of re-positioning *to*, giving substance to the practice that is 'advanced'. Improvisatory practice for APs here involves recognising and responding to 'offers' encountered from the Strategic Realm of policy and what is to hand through 'acceptance', 'blocking' and 'over acceptance'. A sense of professional responsibility faced by 'undecidability' in relation to such offers can give rise to a sense of 'paralysis' but also to possibilities. At moments of paralysis, it seems impossible to determine what's for the best. With no script to follow, the drama is at risk; the actor feels they have frozen or dried up; what is on offer may seem unattractive or unpalatable, to be 'blocked' at all costs, but something has to be 'accepted', with the possibility of 'over-acceptance' whereby something more is made of what was originally offered. The following provides an example of projection:

> S7 – We were developing the business case to tender for the [General Medical] practices. It was very policy led, which was very strange, because when I came on to this course, it was for the clinical skills, and I ended up with [becoming] this political animal.
>
> R – How did you engage with that policy? Did you feel that you were following the policy, or being led by the policy or what?
>
> S7 – And the bits that they wanted to achieve in [the business case] *weren't necessarily the ones we wanted* to achieve in, so we had to pick out those bits that we thought they would like, the things that would tick their boxes. But we also had to tick the boxes of the SHA. And because we had no money and we needed to get some cash, we then had to tick the boxes for the DOH, because we wanted their pathfinder status.
>
> R – Yeah
>
> S7 – So we were *picking out different bits* for different things, and they weren't necessarily bits that I would pick out for me, but we still had to pick our own boxes.
>
> R – *In hindsight, it's a story of success.*

(Emphasis added)

The account from which this excerpt is drawn includes repeated figures of 'more than': that is, it not only exemplifies 'accepting and blocking' what is on offer, but 'over-accepting' that adopts what is 'given' and shapes it to other purposes. While 'blocking' stymies improvisation, 'accepting' keeps open the possibilities of action and 'over-acceptance' uses these possibilities, although not as a matter of control, as if this were possible – success is a matter of hindsight.

In practices of **recollection** practitioners render possibilities of re-positioning *from* comprehensible with reference to prior professional formation ('habits') and 'reincorporation of lost tales' (Wells 2004). Innovation depends on memory as much as imagination because without it there is no sense that things can be or ever were different. Improvisation is only possible through creative faithfulness to prior learning. Notable examples of practices of recollection are evocations of compassion in healthcare as essential but difficult to account for under current regimes (Youngson 2008, Department of Health 2012).

Wells (2004) suggests that 'forming habits' is a foundational practice for improvisation. It differs from others because this practice, if it is used, belongs to the past. Habits are, by their nature, acquired or habitualised over time. Habits might be in evidence now, but they were formed in years gone by. For example, S2 in the context of her desire to see Health Visiting (HV) change made reference to what she had learned from her experience as a Community Practice Teacher of student health visitors that equipped her to welcome change. Improvisation was a central metaphor for her – *we're making it up as we are going along*.

Having described a demanding but routine oriented 'comfort zone' of established HV practice, S2 continues:

> So we're in a position now as professionals [Health Visitors trained as APs] who have worked very hard to acquire new skills but are not very sure how to use them. So we're making it up as we go along. . . . I know that there are people in my service who find it very difficult to let go, and maybe it's a matter of just doing one of those things we presently do and then manage the rest at a

distance by passing it on to someone else. But they find it very difficult to do that. I don't find it difficult because I'm a Community Practice Teacher, so I've done that with my students all the time. To pass something on and then review the situation after the home visit is not difficult for me, it's something I'm used to doing all the time. That's something we need to do more of. That's what thinking outside the box is and most people can't do it even though we have skill mix resources available.

Although the main theme of this narrative is resistance to change, its roots are common to S2's own capacity to embrace change *because* she is 'used to doing it all the time': for her projection is possible because of, rather than despite, recollection. Her colleagues are used to their way of practising and so is S2. In both cases their ways of practising are habitual in the sense that they are repetitions of past ways of acting and to some extent taken for granted and relied upon. This does not make them 'good' habits, immune to critique; but neither does their origin in the past discount them as unworthy. In S2's case, her habits have been formed through her education and practice as a Community Practice Teacher, whereby she facilitates the learning of others. In this respect she is appealing to health visiting traditions as such whereby the 'Principles of Health Visiting' (Council for the Education and Training of Health Visitors 1977) explicitly embrace 'facilitating health enhancing activities' rather than merely providing healthcare. Comparing her own capabilities with the capabilities of paediatric nurses and practice nurses to provide minor illness services to children in primary care she observed that she 'felt that *the background* in HV might be more fitting'. She continues to describe the way in which HVs are able to integrate clinical expertise with long-term relationships of trust with families and community networks using the other principles of health visiting to 'search for' and 'stimulate awareness of health needs' and 'to influence policies affecting health'. Recollection enables rather than hinders innovation and advancement in practice-based learning.

Conclusion

In conclusion I suggest that this study throws into relief two broad approaches or stances towards the achievement of professionalism: *modernisation*, which adopts the strategic position offered by the prevailing context of public service reform; and *improvisation* that utilises narrative practices adopting a more tactical approach. While these two stances co-exist within the narratives recounted, they do so in tension as they imply differing conceptions of professionalism as an ultimate or a penultimate achievement.

They share an ethico-political motivation towards the good and the just, and are irreducibly hegemonic, that is they require political engagement. Professionalism is an elusive goal or aspiration, the difficulty of which is narrated in the data of practitioners' experiences. It is a focus for ethical commitment and micro-political resistance that calls for improvisations in order to 'go on' in the face of such difficulties. However, the two approaches are characterised by different stances in respect of how the ethico-political enterprise is conceived in practice: in the one, improvisation is an unfortunate fall-back back position in lieu of the capacity to be fully aligned with the Strategic Realm of service modernisation and workforce development. The second stance radicalises the basis of the practices of improvisation. It accepts what Butler calls a 'necessary grief [for what was] never possible to begin with, the death of impossible mastery' (Butler 2005, p65) which might be associated with the assurances of stable professional identity or the aspirations of modernisation. Rather, it recognises that 'our shared invariable, and partial blindness about ourselves [is] precisely an indispensable resource for ethics' and for critique (Butler 2005, pp38–39), a regenesis of professionalism. Hence, I suggest that 'not knowing' calls forth

improvisatory practices from practitioners and educators that offer promising possibilities for practice-based learning that is responsive to the challenges posed by forces of change and uncertainty.

Both of these approaches are accounted for in professional narratives. However, each demonstrates the point made by Kearney (2002) that 'there are narratives and narratives'. As de Certeau puts it '[t]he story does not express a practice. It does not limit itself to telling about a movement. It *makes* it' (De Certeau 1984, p81; original emphasis). This is why I call the practices of improvisation, *narrative* practices of improvisation. So long as the narrative is read off the script, as it were, the performance becomes authorised and authoritative, and perhaps none the worse for that, other than for the risk that any interpretative achievement becomes self-limiting or even self-defeating. As Kearney concludes:

> The story exists in the interplay of at least three persons (author/actor/ addressee) *whose outcome is never final*. That is why narrative is an open ended invitation to ethical and poetic [creative/political] responsiveness. Story telling invites us to become not just agents of our own lives, but narrators and readers as well. It shows us that the untold life is not worth living. (Kearney 2002, p156; emphasis added).

Improvisatory practices are, I suggest, ways in which narrative is kept in play because scripts – should there be any – are no more than a resource to be used, rather than to be followed. The professionalism is both demanding and promising: it is disappointing, paralysing and at the limits of what can be accounted for within any given framework of accountability. But story telling in itself provides the agency for interpretation to breach such limits. And improvisation, as essentially *open ended,* gives concrete content to endeavours to achieve professionalism in practice, as a *never final outcome*, but as penultimate achievements of the demands of professionalism in the workplace. Narrating our improvisatory practices – prompted by value-rational questions (Flyvbjerg 2001) about where are we going; whether it is desirable; what's to be done; and who gains, who loses? – offers promising possibilities for practice-based learning that is responsive to the challenges posed by forces of change and uncertainty. But only when we start from a position of 'not-knowing'; and the recognition that while practice-based learning continues, it may well be 'not as we know it'.

Acknowledgement

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