Framed autoethnography as an approach for uncovering pedagogic frailty

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Abstract

Pedagogic frailty has been proposed as a concept helpful in bringing a number of key ideas into simultaneous focus, with the aim of helping to integrate elements of teaching quality enhancement within a university. These elements include the relationship between personal values and the instructional discourse; the relationship between the discipline and its pedagogy; the nature of the research-teaching nexus and the proximity of the locus of control to the teaching environment. This pedagogic frailty must acknowledge the emotional aspects of teaching and learning and also the rich, subjective nature of personal professional identities within this context. Therefore, the potential of autoethnography as an approach to uncovering the rich complexity of pedagogic frailty perceived at the level of the individual was investigated. This was combined with a concept mapping approach to frame the autoethnographic narrative and to help the autoethnographer focus on connections between elements as these connections will determine how the framework functions in practice.

Keywords: Autoethnography, concept mapping, faculty development, quality enhancement.

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1. Introduction

Universities expend considerable time and energy to enhance the quality of teaching received by their students in order to gain recognition in league tables and to perform well in student satisfaction ratings. However, there appears to be no unifying concept that might help to integrate these efforts and increase their effectiveness in enhancing the quality of student learning. The piecemeal consideration of teaching elements such as classroom practice, assessment techniques, technology-enhanced learning and feedback (for example) fails to bring these components into simultaneous focus with the result that teaching development becomes a juggling act with little chance of keeping all the balls in the air. In an attempt to address this problem, this paper interrogates the emerging concept of *pedagogic frailty* (Kinchin, 2015; 2016) as an integrative term to articulate a complex situation (Figure 1). Factors that contribute to pedagogic frailty are considered, as well as possible outcomes of the condition. The aetiology of frailty is traced here through map-mediated interviews with academics. This recognition will eventually enable a consideration of potential strategies to avoid frailty and therefore, create the possibility to enhance the university teaching environment in a more integrated and coordinated manner.

Within the clinical literature, 'frailty' is considered to develop as a consequence of a decline in a range of factors which collectively results in an increased vulnerability to sudden adverse actions triggered by relatively minor events (Clegg & Young, 2011). Various indicators of frailty have been identified and include the inability to integrate responses to change in the face of stress (Rockwood, Fox, Stolee, Robertson & Beattie, 1994); the loss of adaptive capacity due to a loss of complexity (Lipsitz, 2002); the wear and tear that result over time by repeated efforts to adapt to change (Seeman, Singer, Ryff, Love & Levy-Storms, 2002) and the sense of fatigue when change is implemented without consultation (MacIntosh, Beech, McQueen & Reid, 2010). These issues would appear to offer considerable resonance with the pressures felt by academics teaching at the university. In the context of higher education teaching, one might observe *pedagogic frailty* (Kinchin, 2016) when colleagues find the cumulative pressures of academia eventually inhibiting their capacity to change practice in response to an evolving teaching environment, leading them to adopt what they might consider a 'safe' and sustainable pedagogic approach (Canning, 2007).
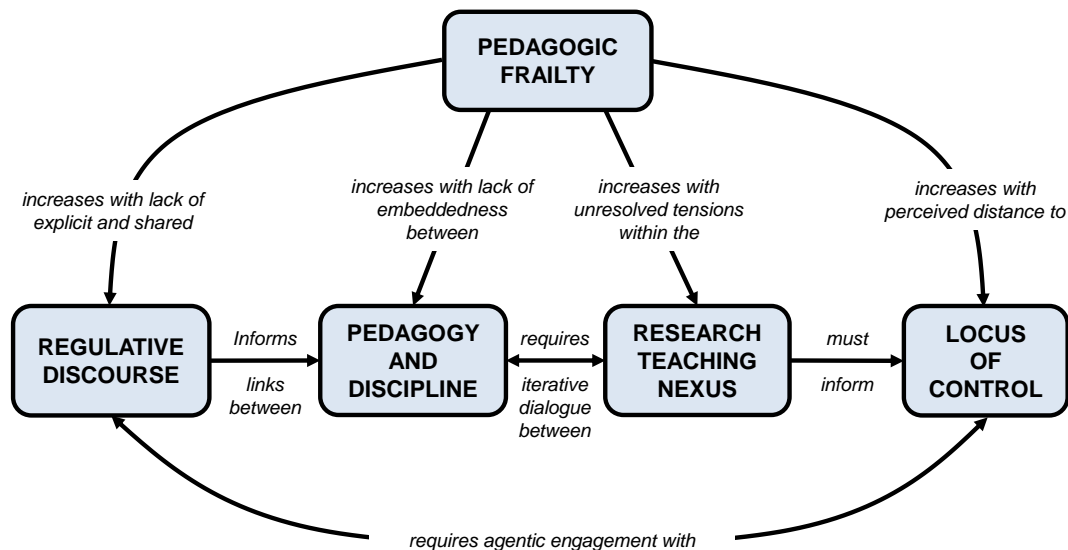

Figure 1. The dimensions of pedagogic frailty

2. Methods

In order to interrogate the pedagogic frailty model and determine the internal structure of each of these dimensions as perceived by a single academic, data presented here are drawn from a map-mediated interview with an academic (LBC). These dimensions in which the indicators are grouped include the tension between teaching and research that exists within an asymmetrical context in which rewards are not perceived as equal in status; the perceived separation of pedagogy and discipline; the centralisation of administration that removes control of processes from the end-users; and the lack of a shared and explicit regulative discourse within teaching and learning strategies. The first step in combating pedagogic frailty is to identify relationships between the factors that are thought to contribute to the condition.

The method we have adopted in this research project is the concept map-mediated interview (as detailed by Kandiko-Howson & Kinchin, 2014). The standard interview set-up requires the interviewer to present questions to the interviewee in order to gain access to the interviewee's individual insights and personal perspective. This is achieved by engaging in dialogue (verbal or textual) that is by its very nature linear in structure. Within that linear narrative, it is then up to the researcher-interviewer to determine the underlying conceptual structure within that dialogue to construct an interpretation of the interviewee's understanding. In essence, the interviewer has to interrogate the interviewee's invisible knowledge structure (Hay, Kinchin & Lygo-Baker, 2008).

Compared with the standard interview, the dynamics within the concept map-mediated interview are changed in a subtle, but important way. Here, the interviewee exposes his/her knowledge structure during the interview through the concept map that emerges within the dialogue between the interviewer and interviewee. Concept mapping (Novak, 2010) has been shown in previous studies to be an ideal tool to make learning visible and externalise the relationship between public and personal learning in higher education (Hay et al. 2008; Kandiko, Hay & Weller, 2013). The interviewer's job is then to prompt the interviewee with questions that will encourage him/her to interrogate his/her own knowledge structure as it develops on the page. This means that the interviewer no longer has to impose a structure on the linear narrative but rather interpret the structure that has emerged from the dialogue (Kinchin, Streatfield & Hay 2010). Whilst this process makes it less likely that the interviewer will impose an inappropriate knowledge structure based on his/her prior conceptions, the dialogue between the interviewer and interviewee does help to ensure that the structural grammar of the resulting maps is consistent, and negates the need for any topographical editing that is often required to facilitate comparison of maps when novice mappers interpret the concept mapping method in idiosyncratic ways.

The resulting concept map is the main artefact for analysis that is created during the interview dialogue. Whilst no restrictions were verbalised to the mapper in terms of the number of concepts to be included, the process used 38 × 50 mm self-stick notelets to act as the nodes on which the concept labels were written, and these were affixed to a sheet of A3 paper, so that once the sheet was becoming full, the interviewees tended to stop adding new ideas. This provided a helpful mechanism to regulate the size of the resulting maps, which in turn, helps the interviewee to concentrate on the key ideas they want to present in the available space. The ability to be concise within a concept map is regarded as one of the criteria for excellence (Canas, Novak & Reiska, 2015). The interviewer is also able to prompt the interviewee and ensure that linking arrows are labelled to provide meaning and maximise the explanatory power of the map. This is an aspect of mapping that novice mappers usually find the most challenging. Once the interviewee (LBC) was happy that the resulting map gave a fair representation of his perspective, it was digitised by the interviewer (IMK) and returned to the interviewee who was invited to make any amendments they wanted to and to expand upon their maps by developing a narrative of reflective comments on the structure or content of their map, or on the stories that underpin the map, in the form of an autoethnography.

3. Autoethnography

As a research framework for health education practitioners, Acosta, Goltz and Goodson (2015) have drawn from analytic (Anderson, 2006) and collaborative (Chang, Ngunjiri & Hernandez, 2013) autoethnography in order to maximise rigor and trustworthiness of studies. The work presented here fits with this framework. It exhibits the three characteristics of analytical autoethnography listed by Anderson (2006) to maximise methodological transparency. That the autoethnographer is:

1. A full member of the research setting.
2. Appears as a co-author of the published text.
3. Committed to an analytical research agenda.

Additionally, collaborative autoethnography (Chang et al., 2013) supports a dialogic, interactive process in which the researcher discusses and interrogates findings as a form of triangulation. Acosta et al. (2015, p. 4), therefore, define their framework for collaborative and analytic autoethnography (CAAE) as

> *a form of scientific enquiry where practitioner-researchers investigate the contextualised self and Other via personalised narratives, self-reflection and dialogic discussions; and connect their new knowledge to socio-economic, cultural and political determinants of individual and group beliefs, values, attitudes and behaviours.*

We, therefore, consider CAAE to be an addition to the armoury of qualitative research methods that can be employed within dental education research (Edmunds & Brown, 2012). Whilst it does not meet the positivist expectation of generalisability, from a postmodern perspective, autoethnography is considered to be as valid as more traditional ethnographic approaches (O'Byrne, 2007).

4. Ethical considerations

Whilst no other parties were directly involved in the research outlined in this paper, we acknowledge that autoethnography still has the potential to raise ethical concerns (e.g., Tolich, 2010). Chang (2008, p. 68) has commented that protecting the privacy of others, who may appear as 'associates' or 'background characters' within an autoethnography may be more difficult than in clinical studies that involve human subjects. This is because the identity of the autoethnographer cannot be bracketed out from the research (Holt, 2003). We have, therefore, made every effort to avoid comments that could lead to the identification of 'others' within the autoethnographic narrative.

5. Results

The process of concept map-mediated interview helped to focus the interviewee on to the key ideas that are of interest when considering pedagogic frailty. The problem with many autoethnographies is that they are usually quite long and wide-ranging, making them very time-consuming to write and to read. In addition, academics from scientific fields are not familiar with a narrative style of writing, making it difficult to generate meaningful narratives from colleagues who find the whole process quite alien. The concept map, therefore, provides a 'frame' for the autoethnography by not only limiting the scope of the reflection but also suggesting links between some of the key elements. For example, the concept map in Figure 2 shows the interviewee's consideration of the links between the pedagogy of his home discipline, and also theory and practice of that discipline—in this case, dentistry.

The concept map in Figure 1 is a summary of a particular set of ideas held by the interviewee. Part of the power of a good concept map is that it is concise. In many ways that is a good thing, but the personal stories that have contributed to the development of this perspective are not represented

within the map. Upon prompting to reflect on such personal stories, the interviewer recalled an anecdote that relates to the map
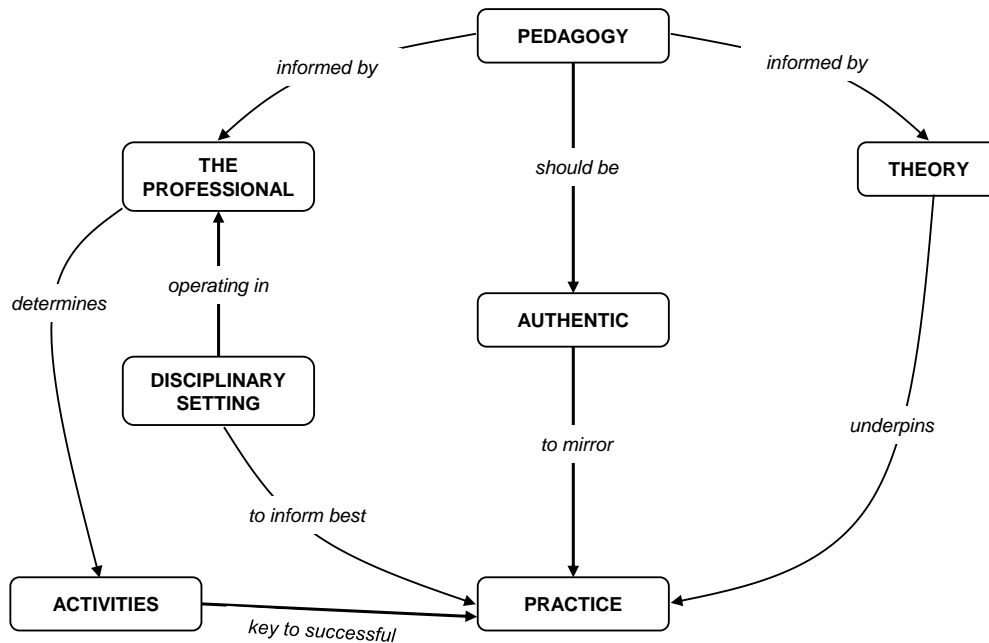

Figure 2. Concept map of the links between pedagogy and the discipline

Some years ago as a relatively junior teacher, I was teaching a group of dental practitioners this very same subject. I spent some considerable time developing the argument that when recording the jaw relationship, it was essential to watch for differential displacement of the tissues and the idea was for the patient to close together gently and not bite. A fluid recording medium was an essential part of the process.

After listening quietly to my argument, an older practitioner sitting at the back stood up.

Look son, I've been making dentures for 35 years. I get a strip of stiff ribbon wax and say to my patients, squeeze into that. It works every time and I've never had any difficulty recording the jaw relationship.

30 years my senior, this very experienced practitioner had seemingly destroyed my argument in one sentence. For a moment, I wasn't quite sure how to respond. I was genuinely puzzled as to why this technique had been so successful because it shouldn't have been. I finally summoned up the courage and asked,

How do your patients get on with their dentures?

Oh, not at all. I can never get 'the bite' right. That's why I'm here on this course.

From this, we get a richer picture of what lies behind the map. The way in which theory does not always underpin practice is exemplified by the comments in the narrative.

Similarly, in order to interrogate the interviewee's view of the relative strengths of the regulative and instructional discourses within his discipline, the concept map in Figure 3 provides a summary of the relationship between the key concepts, whilst the following narrative provides a concrete example of how this plays out in professional life
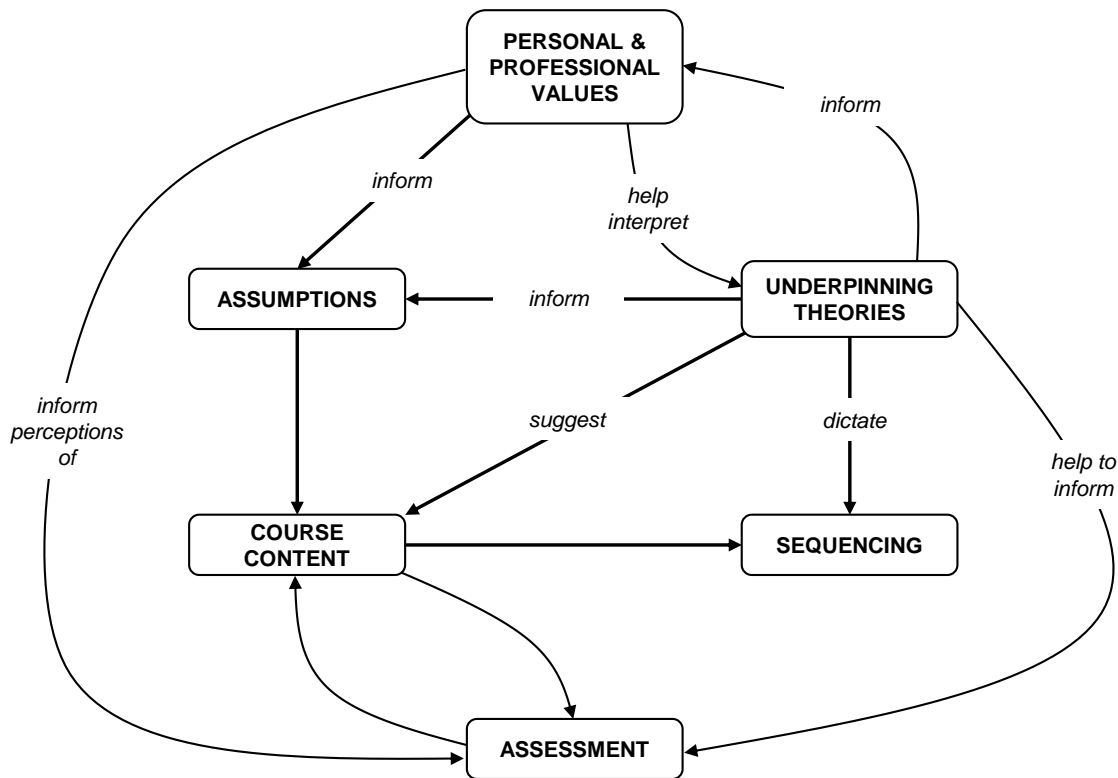
Figure 3. Concept map of the ways in which values can dominate the regulative discourse

As a junior teacher, I came into a very well established and rather top heavy department. Removable Prosthodontics which includes complete dentures had until the 1970s been one of the dominant subject specialities in the dental undergraduate curriculum. As we moved through the 1980s and beyond the continuing changes in the dental health of the nation meant that fewer people were losing their teeth and as a consequence the specialty of Removable Prosthodontics became if not less important, certainly a subject that had to integrate into the wider notion of Restorative Dentistry.

Yet the assessment of undergraduates at that time had not kept pace with the changing specialty. A student failing the end of year four assessment in prosthodontics would automatically have their finals examination deferred by 6 months. No other subject specialty assessment had a similar impact on student progression.

This state of affairs had been in place for many years and would continue for some time to come. It was only when the very senior staff retired that a more appropriate assessment structure could be introduced. Interestingly, I'm not sure at that time that these senior staff were ever challenged. We accepted the status quo; such was the senior staff implicit influence on us. Overall it is accepted that at that time the students had an excellent education—the School was complimented year on year for the quality of its graduates—but that education was really taking place in an environment that lagged behind clinical education elsewhere. But again, we were complimented on how our graduates were able to perform in the present but did they have the skill necessary to see them through the next 30 years and were they inculcated with a commitment for ongoing professional development? I'm not sure they were. It is so important that all participants in clinical education recognise that values can influence the discourse around programme structure ad assessment, and further recognise that these values can differ quite considerably. Such recognition is key to guiding the regulatory discourse in a positive and constructive manner.

Here, the mapper/autoethnographer has provided an illustration of the ways in which personal and professional values of a dominant group may actually override the actions of junior staff members by providing a narrative that brings flesh to the bones of the concept map. Whilst it is not possible to force academics to agree to values that are at odds with their deeply held beliefs, but *we can learn to deliberately connect our actions to the values we wish to promote and to disconnect them from the values embedded in the policies we feel pressured to adopt* (Booth, 2014, p. 60). This suggests that teachers may not always be seen to act in ways that reflect their values, particularly if, as in the case described above, more senior colleagues can dominate the discourse and the actions within a department. Samuelowicz and Bain (1992) drew attention to a 'disjunction' that existed between university teachers' conceptions of teaching and the methods they reported using in the classroom, suggesting that conceptions were based on an 'ideal' view of teaching, while actions were tempered by everyday experiences. The mapper/autoethnographer might then be encouraged to return to his concept map in Figure 3 to summarise the conflict in values that has been elaborated in the narrative.

6. Conclusion

Concept mapping provides an excellent tool to visualise understanding and summarise the links between ideas to make them available for analysis. The concept map-mediated interview supports the construction of high-quality maps from disciplinary experts who may be novice mappers. The map then provides a focus for reflection and creates a frame to give structure to an autoethnographic account of professional practice. Without this frame, there is a danger that academics (particularly those from the more scientific disciplines) will find engagement with the autoethnographic process to be rather unstructured and alien. For academics from the sciences to engage in reflection upon their teaching practice requires support. The concept map frame described here offers the scaffold necessary for academics to explore their own practice. Further research is required to develop and streamline this process so that it might be used routinely as a method in academic faculty development, encouraging reflection on practice and producing an artefact that could be used to promote dialogue among peers. However, if staff development consists of active opportunities to express, develop and share values, it has been suggested that institutions would quickly become more positive places where disjunction was avoided, and a shared *values literacy would result in a shared direction for resilient behaviour* (Barnes, 2014, p. 179), to address the conditions that could otherwise contribute to pedagogic frailty (Kinchin, Alpay, Curtis, Franklin, Rivers & Winstone, 2016).

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