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Out of a trade into a profession:

Autoethnographic research exploring how paramedics learn to become lecturers



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Abstract

When I am asked by my family and friends what I do for a living my answer differs every time. When I started as a lecturer I would say; ‘I am a paramedic that teaches’ or ‘I am a paramedic who works in a university’. The word ‘paramedic’ always came first, and the fact that I work at a university was always disguised or not given prominence. I feel after nearly 6 years in higher education I am starting to feel comfortable stating that I am a ‘lecturer’. Is this reluctance due to my practitioner background? does my professional identity sit within paramedics or academia? Have I fully transitioned out of practice and into education? I want to explore my experiences of this transition and see how this compares to my colleague’s experiences.

Research Question

- RQ1** ‘How do paramedics learn to become university lecturers?

RQ2- ‘How does the paramedic’s self-perception of their professional identity change during the transition from ambulance clinician to university lecturer?

Methods

Methodology *Autoethnography* is a method of research that involves describing and analysing personal narrative to understand cultural experiences (Adams et al, 2015).

Data Collection Data was collected from my own personal experiences. I recorded my thoughts and feelings through reflective writing on epiphany moments in my career to date (Adams et al, 2015). I also kept a research blog via my social media account (@tfdavidson), which used ‘Netography’ (Bowler, 2010) as a complimentary methodology for my current thoughts and feelings

Theoretical Framework

- Situated Learning** (Lave & Wenger, 1991)

Communities of Practice (CoP) (Wenger, 1998)

Legitimate Peripheral Participation (Lave & Wenger, 1991)

Reproduction (Freire, 1970)

Findings

...the ambulance service felt like a separate culture to the wider NHS, with clear characteristics and behaviours that were very overt and definable. Being on placement for 3 years allowed me to assimilate....I knew where I fitted within the wider ambulance community, I even had a epaulettes on my shoulder to tell everyone else my rank and position..... (Extract from Blog)

...The one thing I was most worried about was being 'found out', being in that isolating and lonely position in front class and being 'found out' that I didn't know anything and that I shouldn't be up there teaching at all...(Extract from Blog)

... I couldn't see where I fitted, and I have no uniform or display of my ‘rank’ for others to see where I fitted.....(Extract from Blog)

...It felt very strange, I spent three years in university earning the right to wear that uniform, and then it was gone. When you work in uniform it's what defines your position and status, and without that it becomes more difficult to externalise your identity... (extract from research transcript)

..Thinking back on the those initial years, I certainly felt isolated from the university and the department...corridor conversation were very different to the ones we used to have in the back of an ambulance...(Extract from Blog)

...Stewart and I would often talk about whether we felt like true 'academics', or were we just paramedics who taught in a university.....(Extract from Blog)

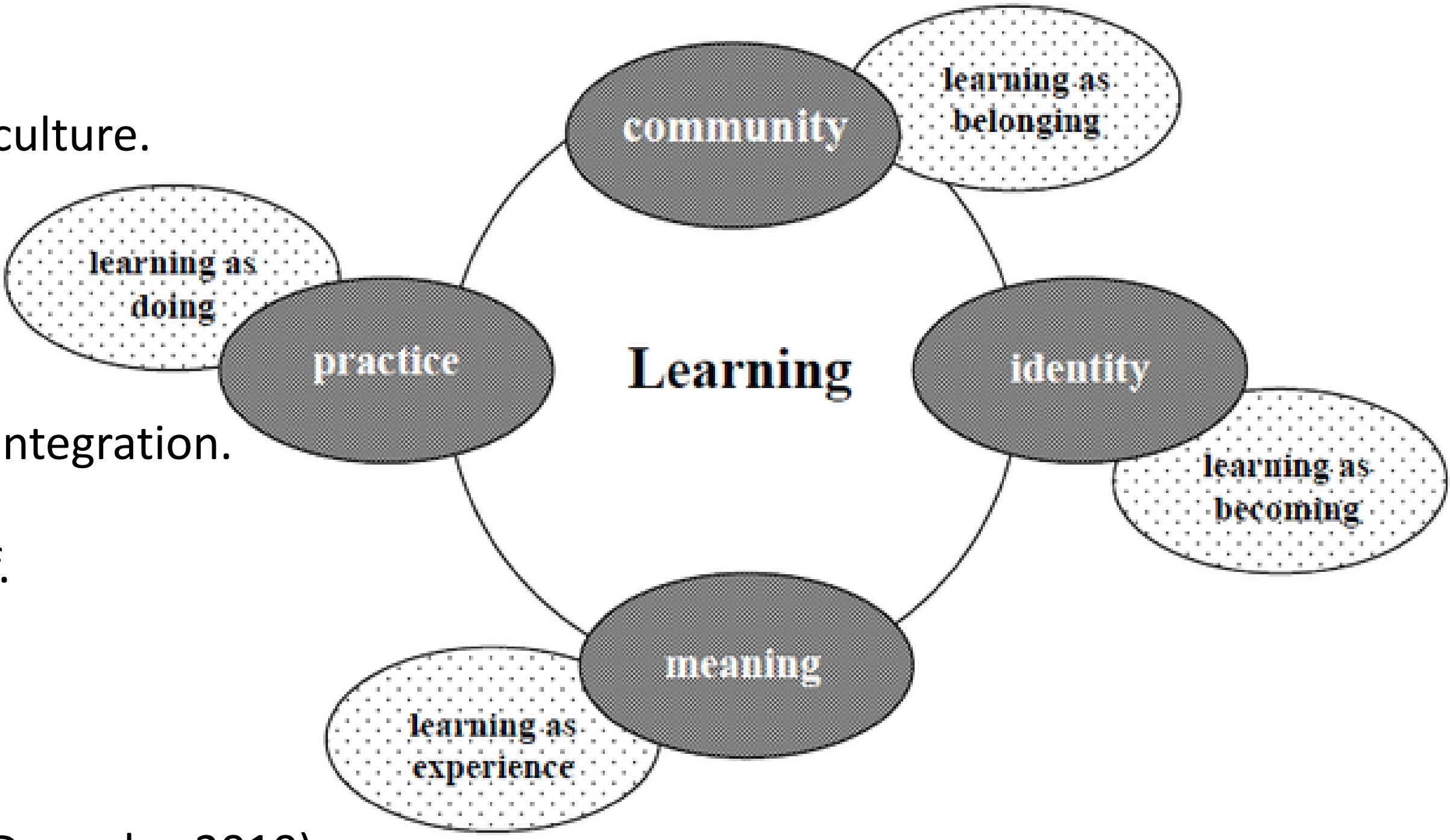
Discussion

- Learning by belonging- Community**
- Moving from practice to education meant I was starting a new job and also entering a new community and culture.
 - Wenger (1998) defines that community has three dimensions of practice;
Joint Enterprise, Mutual Engagement, Shared Repertoire
 - The ambulance service culture efficiently assimilates newcomers into its practices.
 - Paulo Freire (1970) would view this ‘reproduction’ process as a social oppressive mechanism.
 - Academic institutions need to educate students critically, in order facilitate future cultural and professional integration.
 - The paramedic educator is located within the space between academia and practice.
 - This is not a space between two communities, but the location of the paramedic academic community itself.

- Learning by doing- Practice**
- The functional requirements to perform effectively as a paramedic educator are still unknown.
 - Research is needed to explore how paramedics functionally learn to become proficient lecturers.
 - The argument as to whether universities are the correct location for paramedic education is still unproven (Donaghy, 2010).

- Learning by experience- Meaning**
- Within CoP theory, experience is defined as the process of negotiating meaning out of engaging with practice, (Wenger, 1998).
 - When I moved into higher education it was clear that I felt like I was positioned at the peripheries of the community.
 - Lave & Wenger (1991) explain this concept as Legitimate Peripheral Participation, however, I did not feel like I was legitimately participating.

- Learning by becoming- Identity**
- Becoming an academic involves a socialisation process that leads the individual on a journey, moving from one organisation to another, and often requiring them to span two organisational cultures (Andrew & Wilkie, 2007).
 - Having two communities created a ‘negotiation standoff’, between my old identity and my new, purely changing my job didn’t immediately impact on the view of myself.
 - Clegg (2008) used the word ‘Pracademic’ to describe this role that spans both communities. Although this label defines the role effectively, it is important for paramedics to ‘own’ the title of lecturer and not shy away from it.



Conclusion

- The role of a paramedic educator provides a unique opportunity to explore the intersection between practice and education.
- Communities of Practice Theory (Wenger, 1998) offered a structured lens to study my transition into higher education, with aligned to the narrative methodology and social constructivist research paradigm.
- More research is needed into the role of the paramedic lecturer, and the validity of paramedic education within higher education.
- If paramedics are to become academically established there needs to be more ownership of the paramedic lecturer role, and a development community of practice within paramedic lecturing education.

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