

## **Masterliness: The Challenge for Professional Development**

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### **ABSTRACT**

*Typical characteristics of Master's-level education usefully complement the development of professional attributes leading to improved outcomes for those professions. These include critical reflection on one's own practice, scholarship and research, and also that of others. This requires access to and engagement with a well-organized and verified corpus of research-based evidence to support improved practice and scholarship. Taking an interdisciplinary approach from the viewpoints of the teaching and midwifery professions, we argue that access to well-designed Master's-level curricula should form the basis of initial and continuing professional development for all professional practitioners, and that these curricula should be informed by research and linked directly to practice. Additionally, we propose that information and communications technologies, including social media, should better be used to facilitate access to both Master's-level education and its underpinning evidence bases, thereby enabling continuous updating and enhancement activities to be accessible to busy professionals.*

**Keywords:** *evidence base, masterliness, professional development, research-informed practice*

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Is it possible to be a professional and not demonstrate mastery, or vice versa, or are the two notions inextricably linked? This paper explores the extent to which Master's-level qualifications are a requirement for all working in public-facing professions. There is emergent, but compelling evidence that the quality of the activities of professionals is directly linked to the quality of outcomes for users of those professional services, be they pupils, patients, or clients (see, for example, Barber and Mourshead, 2007; Opendakker and van Damm, 2000; Cotterill-Walker, 2012). We question here why it is that some professions, such as medicine, dentistry and the law, do not routinely offer specialist education at Master's level following initial qualification in the way that others, for example, teaching, nursing and midwifery do, while reviewing the effectiveness of their Master's-level programmes in enhancing good practice and improving outcomes for end-users.

We start by clarifying the terms used relating to professionals, professionalism, professionality, mastery, masterly and masterliness. Following discussion of what it is to be a master and a professional this paper considers the implications for professional development. Seen through the lens of professions that offer Master's-level qualifications for career advancement, we discuss the relevance of and the need for a step change in thinking and action at Master's level and how this translates into practice. We consider the implications for the professions if masterly qualities are not integrated into practice and policy. Finally, we consider the global challenges of professional knowledge generation and exchange.

## **MASTERY AND PROFESSIONALISM**

Hoyle (1975, p. 315) distinguishes between professionalism:

“...those strategies and rhetorics employed by members of an occupation in seeking to improve status, salary and conditions...”

and professionality:

“...the knowledge, skills and procedures...that are used by professional practitioners in their work”,

the sense in which we use ‘professional’ in this discussion.

In both the health and education professions, expertise and specialist knowledge are fostered through Master's-level education programs studied in conjunction with a higher education institution (HEI) (Gerstel et al., 2013). An example from education in the UK was the Master's in Teaching and Learning (MTL) promoted by the Labour Government (Department for Education, 2009), which placed an emphasis on teachers researching their own practices.

Helpfully, Sockett (1993) defines four characteristic dimensions of professionalism: community, knowledge, accountability and ideals. We argue

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that these dimensions additionally develop an individual's positive attitude towards 'through-career learning'. Professional learning is placed on a par with academic learning, and research becomes a tool for theorizing and developing professional knowledge and practice, thereby creating active communities of practice within each professional specialty.

Reflective practice in teaching, nursing, midwifery and other healthcare professions involves making connections between knowledge and practice under the aegis of an experienced professional (Schön, 1983), a process which is inculcated throughout teaching, nursing and midwifery training. Novices' experiences of reflective practice (Argyris and Schön, 1996) within a community of practice (Wenger, 1998) are known to influence their developing professional identities. Within nursing and midwifery, reflection in action and critical reflection are the hallmarks of experienced professionals (Somerville and Keeling, 2004). Yet it could be argued that at Master's level, the emphasis in nursing and midwifery (Cotterill-Walker, 2012) and teaching (Totterdell et al., 2011) should be less on reflective practice *per se* but more on analytical thinking and decision-making.

Those aspiring to professional leadership build on previously acquired skills, knowledge and experiences to enable them to develop strategic leadership qualities. The challenge for providers of Master's-level education is to identify the important elements of leadership and management, and then design an appropriate curriculum that enables the professional development of future leaders from within that profession. For example, one 20-credit module of the Plymouth University Master's in Teaching and Learning degree specifically focused on Leadership and Management. By concentrating on identifying leadership values, principles and vision, and by exemplifying impacts on individual practice, effective teaching and learning strategies within the classroom, and the wider school and national context, students can better understand the broader context of their immediate role (Bush, 2003; Law and Glover, 2000; Tomlinson, 2004). Emphasis is placed on the role of the practitioner in supporting the management of innovation and change in the classroom alongside senior management decision-making processes. The challenge for Master's-level curriculum designers is to discern whether this is of sufficient 'masterliness' (a concept discussed below) both to provide an adequate foundation for such progress and the springboard to inspire individuals to leadership roles.

Although the work of Schön is not without its critics (Gilroy, 1993; Newman, 1999), reflective practice to develop and improve critical and contextualized professionalism remains a defining characteristic of effective professional development. Possessing general and specialized knowledge and skills, together with theoretical, practical and technical understandings that are not normally possessed by lay people, are seen as essential features of professionalism. To take an example from the teaching profession, Shulman's work on teachers' knowledge bases is well documented, for

example by Bennett and Carré (1993), and has been debated and refined over 30 years. According to Shulman (1987), the main categories of knowledge the effective teacher must gain are:

- subject knowledge, both syntactic and substantive;
- pedagogic knowledge, i.e. general principles of teaching, such as lesson planning, class management, etc;
- pedagogic content knowledge, i.e. that knowledge about how to teach a particular concept or topic;
- curriculum knowledge;
- knowledge of learners;
- knowledge and understanding of educational contexts, local, regional and national.

UK teachers have to master over one thousand professional concepts to be awarded Qualified Teacher Status (Capel, et al. 2016). Within healthcare, nurses and midwives need to meet a similarly high number of required standards for both practice and academia set by the Nursing and Midwifery Council (NMC) for England, Wales, Scotland and Northern Ireland and the HEI providing the educational program (Nursing and Midwifery Council, 2011a). These standards exist to safeguard the health and wellbeing of the public and to ensure that nurses and midwives provide high quality healthcare throughout their careers. Managing the burgeoning and dynamically changing knowledge-base in any profession, particularly in relation to how these issues are informed by current research, is one of the great challenges for professional development.

Professional accountability processes vary between countries, and are generally characterized by increasing regulation, scrutiny by inspection and statutory reporting duties. In nursing and midwifery there are post-qualification registration requirements for practitioners to maintain their competence through continuing professional development (CPD). UK nurses and midwives are required to document their practice and educational activities to maintain their registration (NMC, 2011). Many other nations, including Australia and New Zealand, have similar requirements (Nursing and Midwifery Board of Australia, 2010; Cotterill-Walker, 2012). HEI educators in the clinical professions in the UK are judged on both the educators' newly qualified students' workplace performances and the impact, significance, originality and rigor of their research through the system for assessing the quality of research in the UK, the Research Excellence Framework (2014).

In terms of ideals, professional disposition also involves the exercise of personal integrity and ethical standards taking into account the multiplicity of the effects of any and every action. Anyone who has engaged in the observation of a professional at work could explain how complex is the range of simultaneous activities in even the simplest of situations. The effects of each activity in a circumstance where professional expertise is being

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exercised multiply very quickly to a high level of dynamic complexity. In interdisciplinary contexts, further intricacies ensue. For example, in a complex clinical case the multidisciplinary team could include nurses, midwives, physicians, obstetricians, anesthetists, hematologists, pediatricians, physiotherapists, social workers, and others.

Simultaneously, professionals will be making moral judgements and actions, initiated as a result of their own values, beliefs and professional identities. The issue of professional wisdom, arising from experience and informed by professional judgement, informs the context of the activity, be it a teacher's lesson or a nursing or midwifery consultation. For example, research in Finland (Tirri & Urbani, 2013) has shown that new teachers viewed themselves as accountable professionals, whose task was to teach their pupils the subject matter and also to take responsibility for their holistic education, including pupils' ethical growth.

As a result of the rapid developments in healthcare knowledge there is now an expectation that nurses and midwives similarly manage complex ethical and moral problems within clinical settings and to have a greater understanding of these issues (Rushton and Lindsay, 2008). Although nurses and midwives are deemed professional post-registration, Master's-level education is described as the 'second cycle taught' (Gerrish et al., 2003) and is usually taken by students who have an honors degree. Gerrish et al. (2003) argue that education at Master's level enhances not only the professional status of individual nurses, but also the profession itself.

A current debate in many Anglophone countries is whether initial professional education should be at Master's level. In teaching and healthcare, much work accredited at Master's level involves the development of the quality of criticality, i.e. the ability to analyze, evaluate and justify one's own work as well as the work of others. Two main planks of professional development are identifiable: building the capacity of reflective action and educating the professional-as-researcher. At the crux of these two elements is the idea of knowledge transformation. In education, Shulman (1987) described the pedagogic cycle, which is also relevant to teaching in the nursing and midwifery professions, as starting and ending with knowledge comprehended by the professional. Transformation in health and education where classroom learned knowledge is translated into effective teaching or clinical practice involves:

- preparation: the critical scrutiny and choice of resources;
- representation: a consideration of the key concepts and how they might best be represented, in the form of analogies, examples etc;
- intervention selection: the choice of strategies;
- differentiation: the tailoring of input to users' capabilities and characteristics.

Each turn of this cycle should bring the professional to a new level of comprehension, essentially replicating the research cycle. When formalized,

this demonstrates not only mastery of professional practice but masterly professional activity.

## MASTERLINESS

Masterliness can be thought of as being a state of advanced professional critical thinking linked to action and informed by research and evidence. In many professions, not least those of teaching, nursing and midwifery, masterliness is an aspiration of both initial post-graduate professional education and CPD both in the UK and internationally (la Velle, 2013; Gerstel et al., 2013). Practitioners frequently state that their reflective, critical and analytical thinking improves following completion of their Master's-level degree (Gerstel et al., 2013; Sorensen and la Velle, 2013). There is ample evidence of the effectiveness of m-level initial education for teachers internationally. Flores et al. (2016), addressing the issue of teacher-as-researcher in a university-based Portuguese ITE master's program, report the emergence of an enquiry based culture during trainees' practicum. In Australia, McLean Davis et al. (2013) describe a master's-level ITE initiative characterized by the development of skills of interventionist practice, high-level analytic ability and capacity to generate and use data and other evidence to address the needs of individual learners. This so-called clinical approach to the education and training of new teachers demonstrates not only the professional characteristics of knowledge bases, the importance of both teacher action and a community of practice, but also the centrality of clients (patients/pupils), the exercise of clinical and ethical judgement and use of evidence in practice. Linking theory and practice in this way, the highly successful Melbourne-based Master of Teaching qualification exemplifies the notion of teaching as an intellectual and moral activity of the highest order of professionalism. Although evidence is relatively thin, a review of the literature exploring possible linkage between post-graduate nursing education at M-level and improved patient care (Cotterill-Walker, S., 2012) concluded that personal and professional qualities inculcated through such courses may have a direct benefit on patients.

We therefore argue that the acquisition of masterliness leads to increasing professional empowerment, expertise and autonomy, and crucially increases professional and personal confidence (Watkins, 2011). However, masterliness can only be acquired through the freedom afforded by professional autonomy within empowering frameworks of professional development. This particularly applies when there is collaboration between praxis placement practitioners and university academics for professional knowledge generation. In this, the role of research, as a component of professional practice on a day-to-day level, and as a generator of the evidence that will improve practice and inform policy, is central. In terms of UK and international provision of Master's-level education, there is considerable curriculum convergence of these elements of masterliness. This enables the highlighting of good practice, and the illumination of the essential

characteristics of professional masterliness, aiming continuously to improve outcomes. Observable outcomes following Master’s-level education can include enhanced knowledge and skills and behavioral change. Zwanikken et al. (2013) discuss outcomes noted following Master’s-level programs undertaken by healthcare professionals and report that those most frequently cited include improved leadership skills, better job performance and improvements in clinical care. Hence the synergy between masterliness and professionalism can be strongly argued and evidenced.

The model of initial and continuing professional education described above can be seen as a traditional apprenticeship. Levine (2006, p. 81) has defined exemplary professional education programs as those that “integrate and balance academic and clinical instruction”, where “field experience is sustained, begins early and provides immediate application of theory to real [professional] situations”. Furthermore, a close connection should exist between professional education programs in HEI and praxis placements, crucially including close and ongoing collaboration between the academic and clinical facilities. Commonly, HEI lecturers take responsibility for the academic elements of the course, including assessment of extended pieces of writing, and the practice supervisor assumes responsibility for assessing progress in clinical skills. The use of the word ‘clinical’ in describing practice-based professional education should be understood to apply not just to the healthcare professions, but to all those that exemplify the characteristics of masterliness, identified by Alter and Cogshall (2009), in Table 1.

**Table 1:**  
**Characteristics of Masterly Clinical Professionalism, after Alter and Cogshall (2009)**

<b>Clinical Practice Characteristics</b>	<b>Characteristics of Masterliness</b>	<b>Examples from Practice</b>
<p><b>Centrality of users</b> Clinical practice involves the direct observation and treatment of users of that profession, e.g. pupils, patients, or clients</p>	<p>Integrity; recognition of values; exercise of moral judgement</p>	<p>Subject specialist teachers taking responsibility for the co-, extra- and pastoral- curricula</p>
<p><b>Knowledge domains</b> The work of clinical practice professionals is highly complex, requiring general and specialised knowledge and skills as well as theoretical, practical, and technical understandings not possessed by lay people</p>	<p>Level and complexity of range of professional knowledge bases</p>	<p>Nurse- or midwife-led specialist clinics In planning lessons, teachers draw on their repertoires of pedagogic content knowledge in order to transform what they know into something that is learnable by the pupils</p>

<p><b>Use of evidence and judgement in practice</b>  In clinical practice professions, determining the best course of treatment requires knowing an individual client (through observation, questioning, and other diagnostic or evidence collection techniques) as well as knowing what research has shown to work with other clients in similar situations</p>	<p>Criticality; research-informed practice</p>	<p>Diagnosing a condition, referring for appropriate diagnostic investigations and if required, referring to other specialists  Teachers exercising skills of differentiated provision for pupils when preparing to teach</p>
<p><b>Community and standards of practice</b>  Clinical practice professions form a professional community that monitors quality, distributes knowledge, and creates standards of practice  Professionals and professional organisations, including training institutions, are held accountable to these standards of practice</p>	<p>Joining the ‘discipline club’;  Master’s as ticket into professional club</p>	<p>Membership of specialist committees related to clinical experts of the nurse and midwife  Subject associations for teachers</p>
<p><b>Education for clinical practice</b>  Prior to being granted full access to practice, clinical professionals must successfully complete rigorous academic and practical training. Candidates must learn to work effectively with clients, obtain a high degree of knowledge, understand how to use evidence and judgement in practice, and comprehend and value the standards of their respective professional communities</p>	<p>Acculturation; acquisition of professional identity; becoming autonomous</p>	<p>Becoming an independent/consultant practitioner  HEI-based initial professional education</p>

## CHALLENGES FOR THE PROFESSIONS

The pursuit and encouragement of masterliness within professional development faces several generic challenges. Firstly, a balance must be struck between professional accountability and professional autonomy, which if unstable can threaten the status of a profession. For example, in the UK teachers have at times felt de-professionalized as a result of over-prescription of the National Curriculum, constraining their pedagogic and curricular decision-making in order to comply with inspection regimes. Similarly, for nurses and midwives in the UK, two major reports have influenced both education practice and clinical supervision in. The Francis Report (2013) was a directive that examined the causes of the failings in a UK hospital where



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healthcare professionals gave substandard care even at the most basic level; and the Morecombe Bay Investigation (Nursing and Midwifery Council, 2011) concluded that the deaths of babies in hospital had occurred as a result of missed opportunities to provide evidence-based care for the mother and her baby. Both these reports addressed the need for accountability in relation both to patient care and professional practice.

A second challenge arises from the need to personalize professional action, which has assumed increasing importance in recent years. In response to well-publicized examples of malpractice, sub-standard care and the raising of benchmarks for minimum standards of care to be given by nurses and midwives, HEIs have included basic skills assessments in their curricula in addition to the development of interventionist practices, high-level analytic ability and capability in the use of data and evidence to address the needs of individual recipients of the relevant professional services (Gijbels et al., 2010) This shift in approaches to the education and training of new professionals requires not only the masterly use of knowledge bases and professional action, but also the recognition of the centrality of clients (pupils, patients, and service users), the exercise of clinical and ethical judgement and the use of sound evidence in practice.

A third challenge is that of making credible links between theory and practice as an essential activity of a masterly professional who uses grounded research-informed practice. Translational research in medicine often has the strap-line ‘from bench top to bedside’, meaning that research carried out in the laboratory can be translated directly into effective treatment for patients. This idea has currency in some other professions, so for those without a conduit for translational research, this is a pertinent and very important challenge. Where research lays down the foundations for professional theory, it can have immediate relevance and impact. In science, basic research carries on filling in the missing pieces of the jigsaw, but research into professional practice and policy can all too often be seen to lack significance. The challenges of undertaking action research as part of professional practice, identifying areas where research is needed and scaling up localized research efforts, are all matters of urgency both for individual professional development and that of the whole profession.

These challenges may have some promise of solution through digital futures. For example, the healthcare professions have a world-class resource, The Map of Medicine (2014), making the latest research evidence easily accessible to healthcare professionals on a global scale. This approach could be adopted for other professions, although there are considerable cost implications and significant gaps, not easily bridged, between the basic research and use in practice arising from the complexity and contextual nature of much of the evidence base. Efforts are underway to produce a similar translational research resource for education practitioners, for example Mapping Educational Specialist knowHow (MESH, 2014), where the evidence base of learning in teaching is being presented as specifically

situated professional knowledge that is easily transferred between contexts (Ovenden-Hope et al. 2014).

The information revolution has not only enabled instant access to web-based information, but has also facilitated its provision, accelerated by the affordances of social media, such as Twitter, Facebook, Instagram, etc. Two decades ago that this aspect of internet use was described as a ‘poisoned garden’ (Baggott et al., 1997), with the recommendation that educationalists provide ‘walled’ versions of the ‘garden’ for learners to browse in safety. The rise of our cyber life in the last twenty years has seen an almost unimaginable burgeoning of increasingly polarized delights and hazards to be found in that ‘garden’, the protective walls of which have become porous. Much has been written by way of advice in separating and safeguarding one’s personal and professional digital identity, (e.g. Pinola, 2016; Hanson, 2013) not least in the healthcare (Peate, 2015) and teaching (Childnet International, 2015) professions. It is beyond the scope of this article to discuss this multi-faceted issue in more detail, suffice to say that public-facing professional mastery requires acquisition and exercise of skills and discernment in the use and generation of the professional knowledge base.

## CONCLUSIONS AND RECOMMENDATIONS

In this paper we have argued the case that typical characteristics of Master’s-level education usefully complement the development of the kinds of professional attributes that effectively contribute to improved outcomes for end-users of the professions we share, particularly critical reflection on one’s own practice, personal scholarship and research, and also that of others. This requires access to and engagement with a well-organized and verified corpus of evidence-based knowledge to support improved practice and scholarship of the kind that can be fostered within Master’s programs. We therefore recommend that access to well-designed Master’s-level curricula should form the basis of initial and continuing professional education for all professions that engage with end-users, and that these curricula should be informed by research-based evidence and linked directly to practice. Additionally, we propose that information and communications technologies, including social media should be better used to facilitate access to both Master’s-level education and its underpinning evidence bases, thereby enabling continuous updating and enhancement activities to be accessible to busy professionals. If these three recommendations were to be adopted, we are convinced there would be value both for the professionals themselves and for the people they serve.

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*Manuscript submitted: May 3, 2018*

*Revision received: October 6, 2018*

*Accepted for publication: November 20, 2018*

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