Title
Paradigm shifts during higher degrees by research

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Post-graduate offerings in health professional education (HPE) are increasing worldwide. This has been attributed to a rapid period of formalisation of the discipline, which has shifted qualification requirements for employment, promotion and leadership (1). Postgraduate studies in HPE range from graduate certificate, graduate diploma or masters of clinical education or clinical teaching, to masters or doctorate of philosophy as higher degrees by research (HDR). As both relatively recent graduates of doctorates of philosophy in health professions education (JT in 2015 and CD in 2018), we have found ourselves reflecting on the experiences of completing HDR studies in this field. The aim of this Insights paper is to illuminate the paradigmatic shifts we experienced over this time and to start a conversation about ways to scaffold this for HDR students.

Both authors were, at different times, student leads of a doctoral support group for HPE research. An example of a ‘bottom up’ approach to HDR support (2), the peer-led monthly meetings included group writing sessions, oral presentation rehearsals, pastoral care and also workshops/discussions on common topics for PhD candidates (i.e. processes for ethics submission, time management, thesis structure and methodological decisions). Over the 5 years that we led this group, collectively, the topics that required most time related to the
ontological and epistemological challenges that came from ‘growing up’ as a clinician and entering a new world of educational research.

These reflections from our group at a single institution were mirrored in conversations with other HDR candidates at other institutions. It also aligned with conversations we had with participants at a workshop we conducted on HDR student support at a HPE conference in 2017. Taken together, we considered how a journey in the field of [frequently] qualitative educational research is successfully navigated in HPE HDR degrees.

Participants in our workshop reported that this journey was not often easily navigated, with candidates wading their way through the disciplinary and paradigmatic differences. Workshop participants spoke of translating or moving between paradigms such as from “quantitative to qualitative”, from “medicine to education”, from “bench to bedside” and the challenges that this entailed. This specifically related to differences in student and supervisor(s) disciplines (i.e. student was a clinician and supervisor was a social scientist) and the jargon between clinical and educational research worlds making the literature inaccessible. In his essay on paradigms, Kneebone articulated this ‘clash of world views’ (p. 514), when describing his own ‘disquieting sensation of moving into alien territory’ (p. 514) on commencing his journey from positivist clinician to social science researcher (3). Others have also recognised this disciplinary challenge in HPE research: for example, Gill et al. have previously suggested that prospective scholars must enter their studies with an open mind when considering methodologies and epistemologies that may not obviously align with their current paradigm (4). Although we would like to think we were open-minded we, like other clinicians who become HDR students in HPE, recall feeling this paradigmatic disorientation during our candidature. Perhaps this indicated we possessed insufficient initial grounding in social sciences and educational research necessary to consider the breadth of different methodological and epistemological approaches that were available to us (1, 3). Or perhaps this paradigmatic discomfort is necessary in HDR studies; learning to tolerate ambiguity and navigating the unknown are key to the transition to an independent researcher.

We do acknowledge that our current positions ‘on the other side’ of our PhD candidatures have given us a different perspective. We see now in ourselves, and in our own experiences as supervisors, that perhaps this cognitive work done by candidates is important, yet difficult and can be even scary at times. We do however propose that there are ways in which this can be scaffolded.
From our experiences, one approach may include a critical mass of peer (or near-peer) researchers to explore these concepts together (1). Near peer-discussions can normalise the discomfort and make sense of the new language. This, along with mentorship (3), or explicit HPE research unit discussions about educational and social science research approaches (perhaps utilising the recent series by The Clinical Teacher (5)) may help to facilitate this transition. In addition, while supervisors might be attuned to some more commonplace issues which come with HDR, because they are insiders of a particular discipline, they may be less aware of the disciplinary shifts required by HDR students. Even if supervisors occupy dual clinician-researcher positions, they may only distantly recall how they came to bridge these worldviews. Explicating these issues may reduce disorientation. We encourage readers to reflect on and to explore ways to scaffold the epistemological exploration that HPE candidates will likely undertake during a HDR. Given the relative scarcity of resources in this area, we propose further discourse around ways to facilitate this disciplinary transition in HPE research and encourage individuals to share innovations which support this through publications, presentations, and workshops.

References
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