

The Tensions Between Us: Using Reflective Practice to Explore Community-led Outreach versus Academic-led Outreach

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When I taught issues of social justice, we struggled, as a class, to find ways to make a difference. Scenarios we played out would help with reform or social change but would never get to the crux of the problem – prevention. As an academic, I love teaching, but beyond that, I want to empower others to enact change. I often feel that my knowledge and experience would be useful to those who chose a different subject, or even path than university. My decision to move into outreach stems from those discussions I had with students; social justice needs to be introduced at a young age. Now I plan outreach programmes, I reflect: What if issues of social justice, were taught by universities? How do we tailor this to the needs of the local community? The want to have communities involved and even leading in the outreach planning is not without tension. My research working with Indigenous communities led me to question: Who has authority to speak for the community? How do you allow for intersectionality of ideas within communities? This article uses Rolfe et al. (2001) reflective practice methods to explore the tensions between community-led outreach and academic-led outreach.

Introduction: Who am I anyway?

This article may be a little different from others you have read, as I will not offer you any solutions, but instead invite you to reflect on your own experiences as I talk through mine. My Foundation Year Network Annual Conference talk was inspired by my learning in Indigenous Studies. As an Indigenous Studies scholar, I am going to start with my positionality statement: where I sit in relation to this topic. The hope here is that by understanding my past, you will be able to understand my drive for change and follow my reflections as I work through the tensions in planning outreach.

I dropped out of school when I was 13. I had made it as far as October half term of my second year of high school. Mine is an all-too-familiar story of my time in a coastal region of England, in 1980-something. Learning difficulties, such as dyslexia and dyspraxia, were little understood, and mental health support was non-existent. The term ‘School Refuser’, as I was labelled, still makes me angry. I did not refuse anything. Quite the contrary; I wished I could go to school and be ‘normal’. While my friends were deciding what they wanted to be in life, I was

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hiding away from the world. I had undiagnosed learning difficulties, combined with undiagnosed mental health issues, which led to an irrational fear of school. I could no more walk into the school building than I could walk into a burning building. The fear was that real for me. I could not go to school; I barely knew how to study: I had no future possible self in Higher Education.¹

The world of work embraced me at a young age. I started working in a local nursery school, a volunteer position that social services had arranged. All the problems I had as a student in school vanished as I was treated as an adult in the world of work. I thrived. My world of work could not be more different as people trained me in an experiential environment. I moved on to work in a chemist, before moving to a bank. With every job, I was taken to one side and told that I should fast track into leadership and management positions. I was mentored, supported, and believed in.

Fast forward to the noughties and something within me changed. A decade after my friends had gone into Higher Education, I was finally in a position where I could see a future possible self at university. Still apprehensive, I applied for an access course. A small cohort in a small college, with supportive teachers, I found my confidence in education. Once I started, there was no stopping me. I applied and was accepted at university for my undergraduate degree in American Studies. Being diagnosed with dyslexia and dyspraxia in my last semester of my last year was a welcome surprise as I started to understand why learning had been so hard for me. I graduated with a 2:1. I was immensely proud. I still am.

While on study abroad in the USA and Australia, I learned a new way of learning in education. My experience was experiential, as I worked alongside Indigenous scholars, students, and cultures, to gain a deep understanding of social justice. I became an anthropologist. This style of learning helped me to see the bigger picture and identify patterns of behaviour that had led to social inequalities. My grades in the USA also vastly improved. The emphasis was on smaller pieces of work that built either knowledge or components, that were needed for a final paper. As a dyslexic student, I found this way of working suited my need for chunked learning.

I spent six years studying in the USA with Indigenous peoples. I learned about government policies: how the government had imposed restrictions on education, language, religion, land – on life. I learned about resilience: how Indigenous peoples had found unique ways to keep their education, language, religion, land, and life despite federal policies. And I learned about self-determination: how Indigenous people's agenda now pushes policy, research, and education. Indigenous peoples have a long history of being studied for the benefit of others, medically and anthropologically. In the era of self-determination, communities choosing what is researched and how is helping to rebuild trust in the community and help with the healing process. This learning has stayed with me as I continually revisit how communities are best served in academia.

Context: what do I do now?

On graduating with my PhD, the usual pattern of precarious work emerged for the next five years, as I worked for three institutions delivering modules and dissertation supervising for UG and PG students. As the only person in my family with a PhD, I struggled to find role models who could mentor me in the academic job application process.² I was fortunate to find a full-time,

¹ Within the Access and Participation Plan at this university, Outreach to Schools and Colleges section, we use the NERUPI aims 'To Build Habitus'. This intervention works to help students "Gain confidence and motivation that HE is for 'someone like me'".

² Within my role as a Widening Participation Officer, I look into employability statistics for my school and if I see that groups of students are not achieving their potential, I work with colleagues to put in place

permanent position working as a Learning Technologist. I spent three and a half years gaining invaluable experience working across various departments at the University, gaining a wider understanding of subjects, teaching and assessment methods.

As of January 2022, I work as a Lecturer in Medicine and Widening Participation Academic Officer, or WPAOs as we are more often called.³ There are ten of us strategically placed around the university, all with the same aim, but with very different strategies and practices.

On a day-to-day basis my position is strategic. I am Head of school's outreach for the medical school. This links with the Student Access portion of the University's Access and Participation Plan. I have seven specific medicine outreach programmes, aimed at year six onwards. I run the younger years jointly with my colleague and counterpart in health sciences. From year twelve, I run the programmes for students interested in medicine. My largest programme is a 14-month Preparing for Medicine course, that helps students build on the skills they need to apply for medical school. If the student decides to apply for the University and is accepted, they can join an online preparation course for all students in the Faculty of Medicine and Health Sciences to help them transition into university life, which my colleague and I run. I also offer support to Access students, curate online resources available to anyone at point of need, and coordinate with the Student Union's outreach run by medical clubs and societies. I always call myself a project manager, as I could never deliver this amount of content on my own. I work with both students and staff to create content and deliver workshops, and I have a team I work with to provide administrative support, marketing, and evaluation of my projects. I am in no way working on my own; it is very much a team effort.

I spend one day a week teaching, which I currently do in the Gateway year of the medical school. I have a scheme that I run, which aims to help equip students to be ready for their transition into year one. My focus is on study skills and professionalism, and I look to demystify medical school. This scheme is an extension of the work I do in the Preparing for Medicine programme and the transition programme. I help students identify what may help them succeed and give them an array of tools across the University to help them feel embedded into university life.

The final part of my job is Lead for Widening Participation at the medical school. I look at student lifecycle data for our WP students and identify where interventions are needed. This again aligns with our Access and Participation Plan, as I work within the areas of retention, success, and positive outcomes for our students. Once again, I would describe myself as more of a project manager in this role. I have oversight of Tableau data to help identify patterns and work with current students and staff, listening to their stories,⁴ and recognising areas where interventions would be useful. This could be making sure names are pronounced correctly during graduation, or doing detailed data analysis on differential attainment. As with my outreach work, I am part of a team of people who all help support my activities and plans.

Methodology: what does this all have to do with reflective practice?

Within my teaching and outreach, I talk to students about reflective practice. 'The reflective practitioner - a guide for medical students' was developed jointly by the Academy of Medical Royal Colleges, the UK Conference of Postgraduate Medical Deans (COPMeD), the GMC, and the

interventions. I also spend time working with the Gateway students on demystifying what a possible medical career could look like for them.

³ When we say WPAO, it sounds more like w-pow, a noise not dissimilar to that of a superhero in the old comic books.

⁴ I draw from my research methodologies in Indigenous Studies, where I would use participant observation, interviews, and talking circles to see themes emerging.

Medical Schools Council (MSC).⁵ The reflective practitioner guide uses reflective cycles such as Gibbs (1998) and Rolfe *et al.* (2001) as well as others, to act as a framework for students to think about what they see, think and do.⁶ The idea is that as practitioners, medical students are embarking on a path of lifelong reflection – much in the same way that we as teachers are encouraged to keep a reflective diary on our teaching. When a doctor sees a patient, they are encouraged to reflect on the process, and think about how they could do things differently.

Students are suggested to structure their thoughts in the way below, so they can capture their thoughts at the time of an experience:

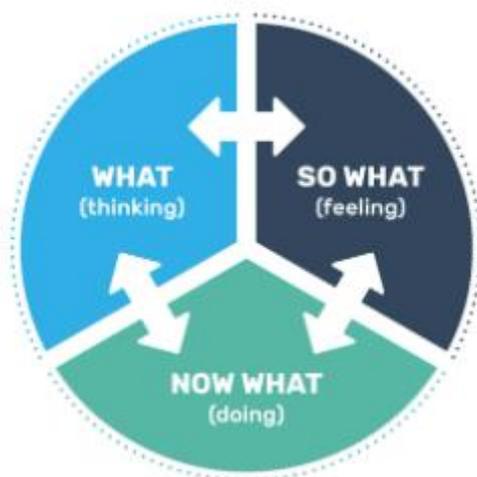


Figure 1: The ‘what, so what, now what’ model of reflection.⁷

What? Your thoughts at the time of an experience. Explore your thought processes when you take a particular action or decision and how it may have impacted on your actions and feelings. The what is where you record enough narrative about the event to put your reflection in context.

eg. What was I thinking when I took the actions or made the decision that I did.

So what? Consider the significance of what happened as well as the values and feelings at the time of and prompted by the experience, and why these may influence future learning or actions.

eg. ‘How did I feel at the time of and after the experience, why was it important?’

Now what? What processes and opportunities can help you to learn from the experience and identify future actions, reflect on those actions, and use these to develop further.

eg. ‘What can I learn from or do differently next time?’⁸

⁵ “How can you reflect?” The reflective practitioner - a guide for medical students, General Medical Council, 2019, accessed August 2, 2022, <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---a-guide-for-medical-students/how-can-you-reflect>.

⁶ Interestingly, when I used to teach Introduction to Indigenous Studies at the University of Arizona, we would use a similar analogy to ‘see, think and do’ to explain ‘culture’ to students.

⁷ “How can you reflect?”

⁸ “How can you reflect?” (Reproduced exactly as in the guide.)

Reflecting on my outreach activities, I felt the same framework would be useful. I thought this reflective model may also be a useful structure to use to talk through the tensions between community-led outreach versus academic-led outreach that I reference in the abstract.

Findings: what?

What – outreach in schools.

Explore your thought processes when you take a particular action or decision and how it may have impacted on your actions and feelings ... eg. 'What was I thinking when I took the actions or made the decision that I did?'⁹

I was sitting at my desk writing a project plan for the numerous outreach programmes that Med has an event within. My mind started to wander, and this was what I was thinking at the time.

In my modules which examined social justice, my students and I struggled to find ways to make a difference. Scenarios we played out would help with reform or social change but would never get to the crux of the problem – prevention. As an academic, I love teaching, but more than that, I want to empower others to enact change. I often feel that my knowledge and experience would be useful to those who chose a different path than university, or even just a different subject than I teach. My choice to move into outreach stems from the discussions I had with students; social justice needs to be introduced in primary school.¹⁰

Now I find myself planning outreach programmes, my thinking has evolved: What if outreach in schools was community engagement? What if issues of social justice were taught by university students and faculty to local schools?

When I ask myself, 'What do I want to achieve?' I find myself torn in several directions:

1. I want every child to have a future possible university self.¹¹
2. I want to create a generation of children who understand healthy choices.¹²
3. I want to create a generation of children who understand health inequalities and will fight to overcome them.¹³

These three ideas are not mutually exclusive, but their approaches and more importantly evaluations would be very different. Readers of this article probably understand the term 'levelling up' and the implications of John Blake's OfS 'evidence, evidence, evidence.'¹⁴ It is very difficult to evidence a programme that is sowing seeds for the future. You can only evidence short term gains, such as on-the-day learning, which may or may not turn into lifelong action.

These are my ideas based on my experience as a scholar and my want to contribute to social justice. My research pulls me in this direction because I know the importance of talking to

⁹ "How can you reflect?"

¹⁰ Children start to develop stereotypes from as young as four, so in order to counteract this, we need to integrate social justice from the beginning of school.

¹¹ One that I never had at their age.

¹² It saddens me that lifestyle choices can cause cancer, and that people might be uninformed.

¹³ Having taught in both the USA and UK and seen the shock of students when we study social justice and inequalities, I'd like all children to have access to this learning.

¹⁴ "Evaluation, evaluation, evaluation..." John Blake, accessed August 2, 2022

<https://www.officeforstudents.org.uk/news-blog-and-events/blog/evaluation-evaluation-evaluation/>.

primary school children about these topics, because stereotypes are formed by the age of four. I know that if one child learns to talk about mental health, or build resilience, or eats healthily, that I will feel a sense of contentment about my work.

That internal monologue may resonate with yourselves. It may not. But either way, you can see my reflective process at work.

I am going to pause this line of thought here and move to the 'so what'.

Findings: so what?

So What – how do I involve the community?

Consider the significance of what happened as well as the values and feelings at the time of and prompted by the experience, and why these may influence future learning or actions. eg. 'How did I feel at the time of and after the experience, why was it important?'¹⁵

I was sitting at an outreach event talking to a key stage four and five careers advisor. This was the first event that I had fully organised, but I had been given a brief of the topic, which had been decided before I was in post. Two wonderful medical students created and delivered the content, based on my brief, and I had worked with them to make sure the content was age-appropriate. We had approximately 30 year ten students, and I was feeling really proud of the session and the content. The conversation made me pause for thought. How do we tailor this to the needs of the local community? So, I asked! What age would it be useful to start talking to students about a career in medicine? When do they make decisions?

As the conversation went on, I realised that there is a process that each school follows, and that schools are not always the same. As I made a mental note and a physical note of the email address of the careers advisor for this stage and the next stage up, I soon started to see the importance of the bigger plan in all that I did. I spoke to the Head of Outreach, who suggested a meeting with key stakeholders to involve several schools in the planning of my activities so that we spoke to students when it was right for them, as opposed to us, and perhaps more importantly, I took a step back, and started to see myself as a very small piece of a much larger puzzle.

Several weeks on, I started to step back even further and asked different questions. The want to have communities involved and even leading in the outreach planning is not without tension. My research working with Indigenous communities taught me to ask important questions: Who has authority to speak for the community? How do you allow for intersectionality of ideas where communities are conflicted? Where would you even start? The schools' careers advisors are a great place to start. However, they have a focus, a goal, and a metric they are measured against.

Looking back at my original reflections, in the 'What stage' was I meeting any of my goals?

1. I want every child to have a future possible university self. Yes. The outreach team and careers advisors can help me with this moving forward.
2. I want to create a generation of children who understand healthy choices (food, exercise, etc.). No. Conversation needs to happen in conjunction with other people for this to happen. Perhaps this would be a great opportunity for a medicine club or society to work with local schools?

¹⁵ "How can you reflect?"

3. I want to create a generation of children who understand health inequalities and will fight to overcome them. No, again. This is a different conversation with other people. Perhaps this is one for the academics to lead on or to combine with another department in the university?

But before I start over analysing – I am very good at that – I will move onto the last part of the reflective cycle.

Findings: now what?

Now What – Who has the authority to speak for the community? How do you allow for intersectionality of ideas where communities are conflicted?

I am now firming up plans for next year's outreach, and these are projects that are mine from start to finish, and yet, I find myself meeting only one of my aims: I want every child to have a future possible university self. My other two aims seem to fall by the wayside, and I still do not seem to have found my 'community' to ask the second two questions to.

So, here goes:

What processes and opportunities can help you to learn from the experience and identify future actions, reflect on those actions, and use these to develop further. eg. 'What can I learn from or do differently next time?'¹⁶

Talking to the careers advisor helped. Talking with medical students about their experiences has helped too, as has the outreach team at this university and teams at other institutions. Being prepared to give a very general prompt – tell me about your experiences – and letting people just talk has proved more fruitful than directed questions (the anthropologist in me knew that though). In a word, networking. I have taken every available opportunity to listen and make notes on what people have tried and what has worked and why and I keep asking.

Part of my outreach goal – start students thinking that a career as a doctor is achievable – is well underway in no small part because I have listened and learned from communities that have been doing this for a lot longer than me. I ask students to create resources and deliver sessions, and that works well. I pay them for this, and I offer one-to-one sessions with them to go through teaching materials and give feedback when needed. I treat the medical students as I would treat MA or PhD students who are teaching for the first time. I offer mentorship, advice, and training.

Creating a generation of children who understand healthy choices and who understand health inequalities and will fight to overcome them is some way off. Here, I think there are two big questions I need to think about:

1. Who has the authority to speak for the community?
2. How do you allow for intersectionality of ideas where communities are conflicted?

This is my homework for the next few weeks and months and, to be honest, years! No community stays static.

¹⁶ "How can you reflect?"

1. Who has the authority to speak for the community?
 - a. Should I reach out to local schools or GP practices, local politicians, or not-for-profit groups? Would a charity like Cancer Research UK be useful here or the Royal College of General Practitioners? Or are they too distant from the community in question to really understand the needs?
2. How do you allow for intersectionality of ideas where communities are conflicted?
 - a. Is there a local religious group or a travelling community that has a health need? Could this be different to the ideology of the school or GP surgery? Could I work with Black Lives Matter to create an outreach event about race and health?

Closing thoughts

Having been writing for over five hours I am right back to the beginning. I am reflecting on all that I have learned and done and how that has made me feel. Of course, this is the very nature of reflection. It has no end. It is a continuous loop. Should my outreach help students get into medical school, or should my outreach help all those who do not want to be a doctor understand the implications of health and well-being, or should I ask the community what they want me to do? Is it possible to do all three at the same time? Could I use the process of self-determination – the community’s agenda for pushing policy, research, and education – to influence and direct outreach in schools? I wonder what John Blake would think of that?

If I had to make some closing conclusions about the process, I would say that we (myself included) do not spend enough time talking and reflecting on what we do. I feel very lucky that I put this paper together for the presentation, based on something I was doing for my Being a Medical School student theme the day before. It made me stop and pause and think about what I was doing and why. Most of the time, I am firefighting, trying to keep up with deadlines and the demands of everyday work and life. I do not always have the mental capacity to sit and reflect. But when I do, I find a newfound focus and appreciation of what I do and where I have come from. Call it mindfulness if you will or gratitude. Either way, I would recommend that we all allow ourselves and our staff time to stop, reflect, and ask, how is this going?

Acknowledgments

This article was first presented as a talk at the Foundation Year Network Annual Conference 2022. I am grateful for all my colleagues in Outreach at UEA who have supported and guided me since I started work in this role in January 2022. I really am a small part of a much bigger team. Much of my outreach and theme work was in place before I started, and I am ever thankful to Sally Homden (my predecessor) and Stephanie Jong (my Health Sciences counterpart and partner in outreach) for their dedicated planning and foresight to put together such a brilliant outreach program. Sally in particular for her ideas and explanations in the handover of all things Medicine. The ideas presented in this paper build on their foundational work.

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