# DEVELOPING PROFESSIONAL RESPONSIBILITY IN MEDICINE: A SOCIOMATERIAL CURRICULUM

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**INTRODUCTION**

In this chapter we present the notion of a sociomaterial curriculum, drawing on Schatzki to theorize learning and pedagogy as bundles of practices and material arrangements. A sociomaterial curriculum refers to the ways in which practice-arrangement bundles facilitate learning and organize its structure and content. It invokes established ideas of the curriculum as enacted, rather than as articulated in static texts, and draws new attention to the role of things in practice and learning. We argue that this new concept is useful in connecting developments in sociomaterial theories of practice with questions of learning and pedagogy. This casts professional knowledge and responsibility in a radically different light. While traditionally seen predominantly as cognitive and ethical phenomena, we portray their learning and enactment as a tight weaving between bodily actions and things.

The context is a learning programme for medical students focused on the pelvic examination, in which professional patients play a role as instructors alongside a university teacher.

Most women will have a pelvic examination at some time in their lives. It serves an important diagnostic function for several gynaecological conditions (such as ovarian tumours, myoma, cervical abnormalities), and is also performed by midwives with healthy women in relation to pregnancy and contraception. However the procedure may often be experienced negatively by women who feel their bodies and selves have been treated invasively and without due sensitivity (Wijma *et al.* 1998). The pelvic examination thus has direct and particular connections with issues of professional knowledge and responsibility.

The pelvic examination involves two main procedures. The first stage involves a visual inspection of the uterus, beginning with a brief external assessment, and then looking into the body, facilitated by the use of metal instruments that widen the vagina. The second stage is a bimanual palpation. The doctor inserts two fingers into the pelvis, and uses them to locate and assess the surface shape and texture of the uterus and ovaries (this is termed palpation). The doctor’s other hand rests externally on the lower abdomen. Learning how to insert and use the instruments without causing discomfort, locate and palpate organs constitute particular difficulties for students.

The intimate character of the pelvic examination presents challenges for medical educators. Several of the pedagogic approaches in use, including plastic models, sedated bodies, and hi-tech simulators are limited in their potential to help students work with a patient (Siwe 2007).

An alternative approach to learning the pelvic examination, involving professional patients, was introduced in Sweden at the Faculty of Health Sciences, Linköping in 1982. Since 1992 this has been co-ordinated by Siwe. Professional patient pedagogy for teaching the pelvic examination was developed by Kretzschmar in the USA in the 1960s. Kretzschmar noted that working with ‘real’ patients produced significant anxiety for both student and patient, given the complex, intimate and emotionally charged nature of the procedure. A focus on technical skills hindered communication and interpersonal skills. Furthermore, there was no way for the instructor or the students to confirm they were palpating the correct organs (Kretzchmar 1972).

Professional patients are now used in several medical schools around the world (Frye and Weisberg 1994; Kamemoto, Kane and Frattarelli 2003; Wanggren 2005). In Linkoping, professional patients are healthy women who volunteer to assist students learning the interpersonal and technical skills needed to perform a pelvic examination. Preparatory education is provided for professional patients to help them develop knowledge of their anatomy and the procedures of the pelvic examination. They then make their bodies available for students to practise the examination, while also enacting a teaching role at the same time. The aim is to create a safe learning environment, where the patient is confident as a pedagogic guide for the medical student. The presence of a body as both patient and pedagogic figure offers different opportunities for students to navigate the complex relationships between sex, professional power, and medical knowledge (Siwe 2007). This approach aims to build confidence in students and to foster different power relationships in future clinical practices. Professional responsibility is not simply for a patient-as-body, but doctors take up a responsibility to facilitate a collaborative interaction, in which patients can make a transition from a subordinate position to one of partners during a consultation.

## THEORETICAL BACKGROUND

**A Sociomaterial Perspective and Site Ontology**

Within the diverse range of sociomaterial approaches to understanding professional learning and practice (Fenwick *et al.* 2012), we focus on the work of Theodore Schatzki (1996, 2002, 2010). Schatzki’s (2003) ontology proposes that the site of all social life comprise a nexus or bundle of practices and material arrangements. He argues against the theorization of social phenomena as if materiality did not matter (2010).

Schatzki (2003, 2010) adopts an ontology that can be distinguished from other sociomaterial approaches: social life (including professional education and practice) transpire inherently as part of bundles of practices and material arrangements. In contrast to actor-network theory (ANT), or other ‘posthumanist’ approaches, Schatzki rejects symmetry or egality of agency between human and non-human. He maintains that there are differences between the two, but articulates a strong role for materiality. It is strong in the sense that materiality is not seen as interwoven with social life, inevitably and ubiquitously linked, but rather a dimension of social life (2010).

**Key Concepts in Schatzki’s Framework**

Schatzki (2001) defines practices as embodied, materially mediated arrays of human activity (doings and sayings), organized around shared understandings. Practices are organized by *practical understandings* (bodily know-how, the ability to carry out actions, for example, the physical knowledge involved in listening through a stethoscope), *rules*, *teleoaffective structures* (what motivates practices and what ends they serve), and. *general understandings*. We interpret the latter to include disciplinary knowledge such as anatomy, medical ethics, and wider knowledge about what it means to be a doctor. Professional knowledge reflects a combination of practical and general understandings, and is not only a basis for practice, but organizes it. We focus on general and practical understandings as means to link practices to the notion of a sociomaterial curriculum, though this is not to suggest that rules and teleoaffective structures are not also at play.

In using the term materiality, Schatzki refers to people (ie. human bodies), organisms (non-human living things), artefacts (things that have been shaped by human activity) and things (or things of nature) (2002, 2003, 2010). *Material arrangements* refers to any group of things that are connected in some way. There are four ways in which material arrangements and practices are bundled together. The first is through *causal relations*. Here, Schatzki means X leads to Y rather than X brings about Y, and the relationship can go in both directions: human actions can alter, create or rearrange material entities, but people also react to material entities or changes among them. The second form of bundling is termed *prefiguration,* referring to the way in which materiality shapes the future. This is not strongly determinative, nor neutral (as the notion of affordance might be). Rather materiality qualifies or suggests possible actions as, for example, easier or harder, more or less obvious. A well-trodden path through a field suggests walking in a particular direction, makes it easier. It does not force walkers, but it is not neutral because it does not just make walking through the field possible, it guides and invites movement in a particular direction.

Practices and arrangements also *co-constitute* each other. Some objects are essential, without which practices could not be carried out – a pelvic examination requires a pelvis to be examined. Others are pervasive and come to shape how practices are done – gynaecological chairs have become characteristic of the practice without which the examination would assume a different form. Finally Schatzki refers to *intelligibility*. Material entities that make up arrangements are intelligible to humans who carry out practices amid them. The practical function of an object is not inherent or stable, but results from the way it is bundled with doings and sayings. A door handle is intelligible as a handle when it is used as a lever and pulling device, but can also be intelligible as a hook when it is used to hang a coat. A piece of human tissue can becomes intelligible as a specific part of anatomy when it is pointed to and named as such. Thus the way materiality provides a setting for activity is not a fixed property, but one that depends on how things have a bearing on, are brought into relation to, practice.

In summary, the material world forms a setting for activity (what Schatzki refers to as spatiality), while actions are performed amid, with and attuned to material entities. People react to material events or states of affairs, must negotiate the physicality of the material world, yet can produce and alter objects or relationships between them.

The listing of human bodies as one of four kinds of materiality does not imply its conceptual reduction to physical substance. But it does represent a deliberate strategy to avoid the erasure of bodies as a material presence that has characterized other social theories. In Schatzki (1996) the body is not a biological body of the kind invoked in medical discourse. The body feels, speaks, acts. It is both a material being and a social one, subject to the world and playing an active role in constituting it through practices and their bundling with (other) material arrangements. These ideas form an important thread in our analysis of the dual role played by the professional as both examined body and a body that acts and speaks back.

Our analysis also draws on the notion of body geometries. This has been discussed elsewhere (Hopwood 2013) and builds on a Schatzkian perspectives. It emphasizes fluid spatial arrangements of bodies, and bodies and other things, raising questions of position, distance, lines of sight, reach and posture. It is used below as a means to highlight aspects of materiality and embodiment that might otherwise be overlooked, but which nonetheless play a crucial role in enacting a sociomaterial curriculum.

**Conceptualising Curriculum**

We link sociomaterial theories of practice with concepts of knowledge, learning and pedagogy, proposing the idea of a sociomaterial curriculum. Curriculum is often taken to refer to articulations of intent regarding the structure, content and outcome of learning. Our notion is quite different, and builds on widely used alternative views of curriculum as dynamic and enacted.

In Hopwood et al. (2010) Lee describes curriculum as a motivated selection from relevant aspects of a culture, including disciplinary knowledge and professional practice, and a vision of a future for that culture. Curriculum intersects with issues of professional responsibility. The curriculum thus leads us to question how the encounter with professional patients selects relevant aspects of disciplinary knowledge and practice, and nurtures future practices that foster professional responsibility.

Views of curriculum as something that is enacted shift attention away from what is required or planned, to what is done in practice and the experience this constitutes for learners. Curriculum is understood in dynamic terms as a property of relationships between knowing and doing (Barnett and Coate, 2005). Ideas of the enacted curriculum thus bring us directly to questions of practice as learning unfolds and is emergent. Such curriculum theorising has been fundamental in enabling researchers to better understand the pedagogic qualities of many experiences and practices, including non-educational settings such as workplaces. We draw on curricular concepts in order to link practice theory to questions of learning and pedagogy, and simultaneously offer a more material notion of curriculum.

**EMPIRICAL APPROACH**

We draw on field notes made during joint observation of one evening class. Madeleine and Nick were invited by Karin to observe teaching involving professional patients, and this presented an opportunity to explore some of the questions that come out of an engagement with sociomaterial theory. Our approach followed the ethnographic tradition in paying close attention to objects and their use - producing accounts which were rich in sociomaterial terms. The presence of observers was at the invitation of the instructor (Karin), and with explicit consent of the professional patients and students.

The observations took place on a Monday evening and lasted three hours. The students were in their final semester, and this was the first time they performed a complete pelvic examination (they work with professional patients and practise only the bimanual palpation earlier in their degree). The episode began when four students arrived in a waiting area and were introduced by Karin to the professional patients. After some discussion the group moved to a clinical room. The students donned medical gowns and one patient changed into a robe, ready for the demonstration of the pelvic examination by Karin The students watched this, and then split to work in pairs with each professional patient. Karin moved between the pairs, but observations remained focused on how two students worked with one patient. After each student had performed the examination, the group returned to the waiting room and their ordinary clothes for a concluding discussion. The whole session was conducted in Swedish, which led Nick (who does not speak Swedish) to focus particularly on doings and objects, while Madeleine’s notes were infused with more references to sayings. Excerpts presented below reflect a merging of both accounts.

## HOW IS A SOCIOMATERIAL CURRICULUM BEING ENACTED?

We address this question in three sections. The first concerns how students learn to *collaborate with a patient as a person* rather than examining a biological body. The second explores on the *performance of the visual inspection* as a set of bodily doings and sayings that require close and responsive attunement between bodies and things. The third explores practices that *make the body see-through*, helping both students and the teacher become aware of things they cannot see (organs, movements etc.), particularly during the manual part of the process. We interpret these on Schatzkian terms, using his ideas of general and practical understandings to make links between practices and learning.

We explore professional responsibility in terms of managing sensitivity, treating patients with respect as human beings, and fulfilling professional obligations in the conduct of the examination. We show how the curriculum incorporates these crucial elements of professional learning, and in doing so cast the legal and ethical obligation of responsibility as something that is practised and material. We highlight professional patient as a living body that speaks back, contributing doings and sayings of her own as part of a socially and materially enacted curriculum. This strikes at what is special about professional patient pedagogy.

**Collaborating With the Patient as a Person, Not as a Biological Body**

The medical constitution of human bodies as biological entities, complexes of organs and tissue, foregrounds the materiality of medical work, but problematically neglects the person. As discussed above, pedagogies of the pelvic examination based on an exclusively biophysical notion of the body fail to provide contexts for students to develop the interpersonal responsibilities that are a crucial feature of this practice. The curriculum that we observed being enacted attended to the professional patient as a material presence (the position, size, shape and texture of bodily organs), and a living, social presence. This is key to helping students develop professional responsibility vis a vis their relationships with patients. Consistent with a Schatzkian perspective, the point here is not to suggest two separate bodies, but to offer an analytic distillation of features that are inherently part of the bodily whole. The dual material-and-social presence of the professional patient underpins her pedagogic function as a body that speaks back into practice, using speech to feed back sensations of touch she feels within her body. Many doings and sayings (including those of the patient, teacher and students), and the managed use of things (curtains, instruments) come together and are choreographed in this enactment.

We begin our engagement with field notes by exploring how the pelvic examination is established as a practice-arrangement bundle that involves working with the patient as a person, as a social as well as a material body.

As the students are waiting for the patient to get ready, Karin says, “I know some places where they put a poster in the ceiling to distract the patient during the examination. You would never see that in my clinic”. The patient emerges from the behind the curtain, dressed in a blue robe and long white socks, and walks towards the gynaecological chair. “Remember, that the most vulnerable moment is when the patient sits up in the chair and spreads her legs”, says Karin, “you should respect that and step to the side, while the patient does so, and wait for the cue that she is ready”. The students are standing on the right hand side, turning their bodies, as the patient makes herself ready. She nods to Karin, giving the cue that she is now ready for the examination to start. The students move around to get a better view of Karin as she demonstrates. She moves to stand facing the patient, sits down on the stool. She changes the height of her stool, and the angle of the gynaecological chair, raising the patient’s head. “It is important that you adjust the height of the chair to allow eye-contact between the doctor and the patient.”

Karin’s talk makes connections to instances of practices where ‘normal’ doctor-patient roles are enacted, as she discusses walking from the waiting room with the patient. These sayings expand the curriculum by making available selections of professional knowledge (general understandings) that are not part of the immediate actions and material arrangements. Karin explains how that brief transition is crucial in establishing respectful and collaborative relationships with patients. Her talk also draws attention to material absences - the lack of a picture on the ceiling. Links are made to fostering interactions between doctor and patient, and this saying speaks directly to the importance of things (including their managed absence) in the pelvic examination.

This bundling of doings, sayings and things in the enactment of professional responsibility is seen again in the movements of bodies (prompted by Karin’s sayings, and then by the nod from the patient to Karin) as the patient takes her position in the chair. The adjustment of the stool and chair to establish eye-contact points again to how performing the pelvic examination with person rather than on a body, is a sociomaterial accomplishment. Karin’s commentary links these doings with sayings, making them explicit. The specific instance of adjusting stool height leads us to the next section, in which we explore the first part of the examination, a visual inspection, in terms of relational geometries between bodies and things.

**Body Geometries of Performing the Visual Inspection**

As well helping students understand how to work collaboratively with patients, the pedagogic practices we observed also enacted a curriculum that gives students opportunities to develop practical understandings - the bodily know-how and physical skills required to conduct a pelvic examination proficiently and without causing the patient discomfort. We use the notion of body geometries to highlight learning how to use of instruments to provide a line of vision into the patient’s body. While our focus here is on the actions of the examiner, the practice is understood as a joint accomplishment, including actions of the patient whose posture and drawing of breath play an active role in making the visual inspection possible, and whose holding of a model of the uterus (to normal scale) adds a crucial pedagogic dimension.

The students move closer to Karin and the patient, the female students standing closest to the patient, the male students remaining towards the back. Karin reaches to the trolley nearby and picks up a speculum, a smooth-edged, metal instrument comprising a ring with two protruding strands on hinges, and a level used to adjust the angle between them. She demonstrates how to hold it and how to insert the instrument to the patient’s vagina. Karin explains how the shape of the speculum is attuned to the female anatomy, “Look at this, the angle of the instrument, the speculum, is the same as the angle of the vagina… the speculum is an extension of my arm”. She inserts the speculum, fluidly, with confidence and ease. The patient holds a model of the uterus over her pelvis to help the students visualize the anatomical space into which the speculum is inserted. Karin moves her head to look through the line of sight created by the speculum: “Now, can you see the cervix? Tell the patient that it looks normal, not fine or OK”. The student standing closest to Karin sighs and says “It looks so simple”.

What does this extract help us say about a sociomaterial curriculum? We notice the arrangement of bodies - Karin and the patient close together, and the students spread in two rows behind. These can be understood as bodily and material geometric relations. At the end of the previous extract we saw how Karin is positioned in three dimensional space (adjusting the placement and height of the stool), and adopts a posture that provides an appropriate line of sight into the pelvis. Now we see a larger arrangement, offering multiple lines of sight for students. These lines of sight are not those of performing the visual inspection, but rather those of a learner, observing Karin, and, at times, bending down or leaning over to share in what she sees.

What things are made of, their shape and size, has a bearing on arrangements and practices, making things possible, easier, harder (Schatzki, 2010). Karin’s arm length and joints enable her to reach the trolley, and grab instruments from it. But this action also requires the trolley to be positioned within a certain range of angle and distance. The students’ bodies can stand, lean forward, and turn. Their eyes have a field of vision that reflects their location in this body, and how body postures and positions locate the eyes in physical space. As Karin manipulates the speculum, and commentates on her actions, these doings and sayings cause (lead to) changes in the bodily material arrangement of the students. The combination of these prefigured arrangements and their emergent, fluid attunement (through vision and hearing) to what is going on, makes crucial features of the examination available. In this way, embodied relational geometries constitute a sociomaterial curriculum by making learning possible.

The speculum has physical properties that are designed to complement those of the pelvis in terms of shape and size. Karin’s narration highlights the geometric alignment between the patient’s body and the instrument as she inserts it. These connected doings and sayings foreground general understandings about anatomy and the use of clinical tools, and practical understandings of how to manipulate the instruments. We return to our field notes as Karin completes her demonstration (including that of the bimanual palpation), and hands over to the students.

“Now, who wants to go first?” A moment of hesitation before one of the female students steps forward, “I’ll start”. She sits down on the stool, Karin adjusts the light, moving the trolley closer, kicking away the bin that is in the way, changing the height of the stool to make sure that student and patient can have eye-contact. She helps the student select correctly sized gloves.

Karin stands behind and to the right of the student, leans in so her chin is almost on the student’s right shoulder, and reaches her left arm behind the student. She gives the student a short cotton bud to use as a pointer, so that the student can identify what she is naming. The student is slow, tentative and hesitant as she inserts the speculum. Karin squats down next to the student’s right thigh, and places her right hand on the student’s right hand, which is in turn gripping the second instrument.

Karin guides the students’ hand movements in order to adjust the movements of the speculum inside the patient’s body. “Your hand needs to go down, down towards the floor, this will make the tip of the instrument go up”. The students who are watching shadow these movements with their empty hands in mid air.

Karin performs a number of adjustments to the material arrangements amid which the student performs the visual inspection. The movement of the light, bin, stool, and trolley all produce geometric relations that assist the student. In undertaking these doings herself Karin is enacting curricular selections, enabling the student to focus on other things.

As the student inserts the speculum, Karin’s physical actions, her bodily movements, along with her verbal guidance, enact a curriculum that shares practical understandings in a sociomaterial way. Different bodily and material geometries are evident here, prefigured by the physical composition of the material arrangements, and made intelligible through the doings and sayings with which they are bundled. As Karin squats behind the student, reaches around, and holds her arm, there are intimate geometries as the bodies perform the doings together. Karin’s practical understandings are shared bodily and materially. The cotton bud is made intelligible as a pointer, through gestures of pointing. These things, doings and sayings constitute the sociomaterial curriculum. They render the patient’s pelvis practically intelligible in new ways that include general understandings of anatomical size, shape, and angles, and practical understandings of how to use the speculum to make these available for visual inspection. Meanwhile the other three students perform shadow movements in rehearsal and anticipation.

**Making the Body See-Through**

A key pedagogic challenge presented by the pelvic examination is that much of the practice involves doings cannot be seen, because they take place inside the patient’s body. The second phase of the pelvic examination, which involves bimanual palpation of the uterus and ovaries, requires very specific, fine motor movements and contact between the examiner’s hand and the organs of the pelvis. This is focused on touch and interpretation of what is felt. In order to monitor and guide students as they practise, the inside of the body must be rendered visible, the body must become ‘see-through’. This is done through doings and sayings bundled with material arrangements of the pelvis, hands, fingertips, a model of the uterus. We join the first student again as she begins this second stage.

The pelvic examination now shifts into a new phase, where the professional patient takes over the teaching of the student in a very close dialogue. Up until now, the patient has said little, adding minor comments and responses to Karin through the demonstration, and as the student performed the visual inspection. The student stands up, preparing to start the bimanual examination. The patient holds the model of the uterus and ovaries over her stomach to indicate where the anatomical structures are located inside her body. She makes eye contact with the student and comments on what she feels inside “OK, how are you now holding your fingers? Spread them a little bit more, just like that…and try and lift.” She presses her hand to her stomach, to help the student feel the uterus. “Imagine that you are to grab a little ball. Well, well,” she smiles to the student, “what do you have there? A uterus!!”.

The professional patient continues, offering detailed guidance to the student. “Continue with that grip, just move around. Here you can come around, it’s more difficult on the other side. Can you feel that? That’s because I have myoma there. Excellent grip you have there, you can go deeper than that. Can you feel the structure?” The student has a big smile on her face, confirming that she feels the uterus. She continues the palpation as the patient demonstrates on the uterus model, “Look, this is what you are palpating now, you have to lift first, take that grip one more time.” “Yes,” says the student triumphantly as she has another go, “now I can really feel it! Thank you so much”. The patient responds, “Now you should palpate the ovaries.” She demonstrates with her own hand on her stomach. “Before you stop now, take that grip of the uterus again. That is excellent, I am very satisfied with you, well done!”.

Here dual roles of doctor-student and patient-educator are being enacted through doings and sayings bundled with things. The professional patient gives commentaries on what is happening inside her body. Her pelvis provides the material focus for the student’s actions, but also comprises feeling organs and tissue. Her sensations and sayings enact a sociomaterial curriculum by making her body see-through, helping students link their own sensations of touch to their general understandings of anatomy. The patient’s sayings provide further action guidance by pointing to and demonstrating on the model of the uterus to help the student. The material form of the model helps link general understandings to physical doings and thus scaffolds the development of practical understandings. The professional patient also plays a role in helping students ‘see’ through touch, offering textural, material and bodily metaphors, as in the description of grabbing a little ball.

The learning of precise physical procedures involves a sociomaterial combination of modelling, technical explanations, including explanatory metaphors and analogies, punctuated by traditional pedagogic devices such as praise. The analysis of these doings and sayings, amid things, shows the complex choreography of seeing, talking, listening, touching and the enacting of a sociomaterial curriculum.

## CONCLUSION

Schatzki is one of a number of theorists seeking to address the neglect of materiality in accounts of social phenomena. We have used his framework to explore professional learning and its connections to practice, knowledge and responsibility. Our account has foregrounded a wide range of things, including bodies, understood as more than a physical setting for activity, more than things that are used in practice or learning. Rather we have shown how they become intelligible (functional and significant) through the practices with which they are bundled: doings and sayings come together with things in ways that demonstrate attunement in terms of purposeful and careful use, but also relational geometric alignment.

Schatzki offers a philosophy of social life, not a theory of learning. We have shown how his ideas can be brought into meaningful connection with learning through the concept of a sociomaterial curriculum. Practices, bundled with things, can constitute a curriculum by selecting elements of professional knowledge, and making them available to students. These bundles also organize educational experiences, as in the demonstration that preceded the students undertaking the examination themselves. The sociomaterial curriculum has been described as a fluid enactment, as Karin layered sayings onto actions, here foregrounding materiality, there bracketing elements off in order to facilitate a focus on something else. This concept offers researchers and professional educators a sophisticated means to understand the role of materiality in learning, offering a perspective that treats things not as curricular resources but as part of the curriculum itself.

Our third author (Karin) read the initial observation notes, and offered reflections from her position as a clinical educator. We use these as a basis to capture what we feel the chapter might offer people in similar roles.

I realized how much this account helps understand what it means to work in clinical education. I cannot teach other people something, but I can facilitate their learning. This chapter helps understand how this facilitation is as much material as it is conceptual, and requires much more than setting up a good learning environment. Rather than being limited to thinking about what I do as a teacher, or even what the professional patient does in her educative role, I think about what it takes for students to learn: this is what the sociomaterial curriculum captures for me. When I first read the observation notes, many of my own actions were drawn to my attention - some that I didn’t realize I was doing, others that I was more aware of, but without understanding their educational significance. I also realized how much my pedagogic approach is based on my bodily movements, and I recalled my earlier days when I would be much more static. These kind of accounts can be useful as holding up mirrors, reflecting what we do all the time in practice, but highlighting aspects, and providing concepts and a language to grasp and reflect on what is pedagogically important.

What has our analysis told us about professional knowledge and responsibility and how these are learned? A sociomaterial approach helps us to better understand professional patient curriculum and pedagogy in contrast to other approaches. Textbooks, plastic models, 3D digital images, and sedated bodies offer a materially focused curriculum. These foreground the patient as a biological body and not as a social one and in doing so make curricular selections that focus on anatomy. We have seen that professional patients bring that body to life, as a social and biological body. The combination of doings, sayings and things can make the body see-through, and help manage the complex, intimate relational geometries that the pelvic examination involves. This enhances students’ ability to connect general understandings of anatomy with practical know-how in terms of how to visually inspect and manually examine it. Professional patient pedagogy can do more than this, as this social body also becomes an actor in a different kind of relationship where professional responsibility is recast collaboratively: working with a person rather than on a body.

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