



▲ Learning Partnerships

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The Problem and the Solution. Those who work in partnerships face special challenges. This chapter examines partnerships between paramedics to explore the different kinds of partnerships that exist in the working world because either the work itself or the relationship itself is routine or nonroutine. Additive, potentiated, and synergistic partnerships have implications for staffing and learning in an organization.

The paramedics who staff this nation's ambulances work mostly in pairs—as partners, with equal credentials if not necessarily equal experience. Their job assignment, although it is often viewed from the outside as “to save lives,” is in fact to jointly take control of a continuing series of discrete events when they respond to calls for emergency care.

Let's begin with the assumption that all paramedics have equal qualifications. All are certified by an officially recognized agency to provide medical care for patients outside the hospital. So, what happens when two paramedics must complete a task together? The answer to this question lies in the type of partnership that exists between paramedics. Within that partnership is the potential for learning, for partnerships can serve as a stimulus to learning and also as a learning tool.

Not all partnerships between paramedics are equal because the effectiveness of each pair is different when they work with familiar or unfamiliar tasks or people. The study reported in this chapter revealed four specific types of partnerships between paramedics, resulting from the various ways they were paired by their employer. Three of these are less than ideal and fail to consistently achieve the potential inherent in the partnerships. Only with the fourth type, synergistic partnership, is the true effectiveness and efficiency of the partnership structure realized. This is

the type of partnership that paramedics' employers expect and demand during emergency medical situations.

The Study

The uniqueness of the working relationship between paramedic partners and the nature of their work provided the impetus for a qualitative case study of informal learning among paramedics (Larson, 1991). I conducted the study in a southeastern state, among paramedics employed by a nationwide provider of emergency medical services. I was especially interested in the informal learning that occurs within partnerships.

Twenty males and three females among the fifty-six full-time paramedics employed by the service at the time of the study participated. They had a variety of partnership experiences, resulting from being paired with other paramedics for as long as several years or as short as several hours. All experienced extended periods of contact with their partners, due to the common staffing pattern of twenty-four hours on duty followed by forty-eight hours off duty. The primary data sources were writings by each paramedic about a critical incident or challenge faced on the job, a semistructured interview with each paramedic, and observations of three of the study participants during extended work periods.

Partnership Types

The three less-than-ideal types of partnerships are the potentiated partnership, the additive partnership, and the antagonistic partnership. The optimal type is the synergistic partnership. Each is described in the following paragraphs.

Potentiated Partnerships

Typically, organizations view the potentiated partnership, in which a mentor is paired with a learner or apprentice, as providing the greatest benefit. This structure is used by the emergency services company for the same purpose as mentoring programs are used in other organizations—to introduce new employees to the system, to train current employees in how to handle

difficult situations, and to foster careers. The paramedic mentors in the company do make clear their expectations for the relationship and outline plans of action for achieving the goals set out by the organization. At times the relationship works, because learners trust their mentors. Learners gain confidence from having a mentor present to back up their performance during difficult situations. The learners in the study also acknowledged that most of what they know about the organization and its expectations they learned from their mentors, and they perceived this information as accurate. This is illustrated by Dave, who said, "Basically everything I picked up about how things ran, what we could do, what we couldn't do, and what procedure was—that kind of thing—was from my partner."

In this sense the potentiated partnership structure achieves the goals set forth by the organization, and it even, at times, realizes the full potential of the partnership. However, paramedics in a potentiated partnership do not always view each other as equals. With so much at stake, mentors admit that they do not trust their partners, and it is this lack of trust that prevents the partnership from consistently achieving its potential. When the patient's condition warrants it, mentors step in and assume control, time and again. Each time this occurs the patient is being cared for by only half of the partnership. Not only might this situation affect patient care, but it also becomes a significant hindrance to learning and to the job performance of the learner, who is left to speculate as to the reasons for the mentor's actions. Although mentors may later review their actions with their partner, this can occur long after the fact, whenever there is time available in the work schedule. By this time, the subtleties of the case may have been forgotten by the mentor, and the learner may have forgotten questions that occurred to him or her during the event.

Potentiated partnerships are a common initial experience for many paramedics. They introduce new employees to the organizational culture and provide a mechanism for new paramedics to gain confidence in their patient care skills. But the potentiated partnership never lasts long enough to foster a career. There is also no evidence that the experience of mentoring or being mentored is useful as a strategy for learning how to function in a partnership.

Additive Partnerships

In an additive partnership, the effectiveness of the partners is never enhanced by their working together. Such a partnership occurs most fre-

quently among paramedics when experienced individuals are paired for a brief time or when there are no expectations that a partnership will be permanent. Neither situation appears to act as a stimulus to learning how to function in a partnership. The partners feel that because of a real or perceived time limit on the life of the partnership, there is no benefit in putting forth the effort necessary to enhance the team's effectiveness. Tom expressed it this way: "If you saw something [your partner] wasn't doing the way you had always done it, you might not mention it. You might not be working [with that partner] for quite some time, and your one moment of saying something wouldn't change [the way he or she works]."

Individualism is characteristic of the additive partnership. The paramedics I studied who were in this type of partnership behaved as if they were working on their own. When communication occurred, it was neither consultation to reach consensus nor questioning to gain information. Rather, it took the form of the imperative, aimed only at accomplishing the task at hand. The result was simply the sum of the two paramedics' individual abilities, rather than the leveraged effectiveness expected from pairing them. Paramedics expressed dissatisfaction with this type of relationship and recognized that it invalidated the potential of the partnership structure. Jane spoke directly to this point: "I've worked with people who say, 'OK, this is your patient. I'm hands off; I'm just driving the truck, and I'll get what you need.' I'd rather they participated in patient care more." Clearly this model is not a means of moving toward a synergistic partnership.

Antagonistic Partnerships

In an antagonistic partnership, the partners actually interfere with each other. The effectiveness of the pair is less than what the two working as individuals would display. Despite the name of this structure, this situation occurs most often at the beginning of a long-term partnership in which both members are committed to developing an effective working relationship. Steve describes his experience in this kind of situation: "The paramedics speak of situations that are 'a circus' because of unfamiliarity with each other's methods of patient care. . . . They find themselves 'falling over each other' during the entire call."

An antagonistic partnership can also occur when part-time paramedics who do not know each other are paired or when partners paired for the long term fail to move beyond the early antagonistic phase of

working together. In these situations partners have a hard time accepting each other as equals. A lack of trust is the significant factor in the working relationship. Lack of trust was vividly illustrated by Bill, who said, "I don't trust the other person, because I don't know what their skill capabilities are. I don't know how competent they are. I don't know how they react in a pressure situation."

Because of this lack of trust, each partner tries to take full responsibility for completing each task. Actions are not coordinated; duplication occurs. The effectiveness of the team is diminished, and the partners do not consult with each other. Obviously, an antagonistic partnership will fail to achieve the potential inherent in the situation of having two qualified paramedics work together. Yet, within this structure lies the potential for learning how to function in a partnership and a means for moving the partnership toward the effective model of a synergistic partnership.

Synergistic Partnerships

In all three of the less-than-ideal partnerships just described, the partners view their encounters with each other with mistrust. Though they are told that they are peers, their sense is that this does not describe reality. They are unsure of each other's abilities, and as a result together they often fail to meet expectations. The only partnership that meets the expectations of the organization, the public, and the partners themselves is the synergistic partnership.

Paramedics in this kind of partnership speak of acting as a single individual, communicating without words, and knowing what their partner will do before he or she does it. These long-term partners regard each other as equals. Trusting in the knowledge and experience of one's partner ultimately results in increasing his or her effectiveness. The total response to patient care is greater than the sum of the individuals' actions. This synergistic partnering is reflected in Holly's comments: "We always knew what to expect from each other all the time, no matter how unusual the situation."

Most paramedics who are or have been a member of this type of partnership are aware that it involves more than just developing the skills necessary to accomplish assigned tasks. They identify the development of the partnership as a learning process and are able to discuss the strategies they use to make this happen. The sense of mutual trust and belief that one's partner is one's equal that are characteristic of the synergistic partnership are elements that are missing from the other three types of partnerships.

Learning How to Be a Partner

Learning from experience seems to occur most often when one is faced with a unique or disconcerting event (Argyris & Schön, 1974; Barer-Stein, 1987; Marsick & Watkins, 1990). The relationships between workers can be disconcerting or the circumstances of the work itself can be disconcerting. Thus each of the four types of partnerships can be described as either routine or nonroutine.

Partnerships are routine when they are stable and nondisconcerting. They are nonroutine when they are a source of surprise, challenge, or consternation. Potentiated, additive, and antagonistic partnerships are clearly nonroutine experiences for those involved. Only a long-term, synergistic partnership is routine, and it has become so because the paramedic partners have learned to be partners.

For the individuals that make up a partnership, the experience of being paired with another person is at first a nonroutine one. *Adaptation* is the word the paramedics used to describe their process of learning to function within a partnership. In the case of paramedics, adaptation refers both to the experience of being paired with a work partner and to other facets of a job filled with nonroutine events. An experience is nonroutine for a paramedic when he or she does not have sufficient skills or knowledge to address the situation. In such situations, paramedics learn best by asking questions of themselves and others. Learning then becomes explicit. Given the appropriate circumstances, this explicit learning will be further developed during a period of experimentation. Experimentation often involves risk taking, as new interpretations are tested against previously developed skills, attitudes, behaviors, or beliefs. Experimentation can lead to rejection of the learning experience as dysfunctional or to confirmation of that experience as a path to new learning.

Partnerships Versus Tasks as Catalysts to Learning

What a paramedic partner believes he or she needs to know varies depending on the type of partnership involved. Only in the antagonistic partnership do the partners recognize a need to know how to function as a partner. Paramedics in the other two nonroutine partnerships instead concentrate on learning how to perform certain tasks. In the potentiated partnership, the focus is on job performance and meeting the expectations of

the organization. For the mentor the most important thing to know is how to guide learners through the apprenticeship process. For the paramedic learner it is how to function within the organization. Once the learner performs to the mentor's satisfaction, each partner moves on to work with other individuals.

The potential for learning from and within additive partnerships is minimal. Because the individuals in an additive partnership approach their job as a series of tasks and accomplish these with a minimum of interaction, the learning that does occur is individual. The partners learn how to perform specific tasks, not how to work with each other. In additive and potentiated partnerships, paramedics fail to recognize the non-routine experience of working with a new partner as a learning experience in and of itself. The consequence is that the potential inherent in the partnership is never achieved.

It is only in the antagonistic partnership that individuals recognize the need to learn to function as a partner. In this recognition is the potential for development of a synergistic partnership. Paramedics in most antagonistic partnerships want to consider each other as equals, want to trust each other, and want to value each other's experience. The realization of these wants occurs through the process of learning to be a partner.

Antagonistic partners learn by asking each other questions. They reflect on their assumptions about their own practice. They describe experimenting and taking risks as partners and with their partnership. As the learning develops, trust and an appreciation for each other's experience also grows. Also, the need to know how to be a partner and how to work within a partnership diminishes. The questioning ceases, only to reemerge when the team faces another nonroutine experience on the job and recognizes the need to learn how to handle it within the context of their partnership. As one partner explained, "You ask a lot of questions of each other. We still ask questions of each other when we get into predicaments." Discord concerning how to perform a task is viewed as necessary and appropriate within the partnership relationship. This is the exact opposite of what is found in potentiated and additive partnerships, where working with a partner often means accomplishing the task at hand with the least amount of discord possible.

Learning how to be a partner can take weeks or months. The learning processes that the study participants described occurred throughout this period. Confirmation that learning has occurred lies in the development of a synergistic partnership, in which the partners' knowing how to work

together is tacit and their actions are spontaneous. Through the learning process the partnership moves from an antagonistic one requiring questioning, reflection, and experimentation to one of knowing-in-action. Schön (1983) describes knowing-in-action as the know-how individuals apply to the spontaneous performance of intelligent activities. He further suggests that attempts to describe such activities are always distortions of the actual performance, because the performance is dynamic but the description is static. Indeed, the study participants—aside from reporting spontaneous actions and knowing what to expect from their partners—were rarely able to explain how working within a synergistic partnership was accomplished. They recognized that they had learned to do it, but they were unable to explain how they did it. What did emerge was that the nonroutine experience of being paired with a work partner was no longer a source of surprise, challenge, or consternation. It became a routine experience of the job.

Learning Within Partnerships

It is primarily the nonroutine experiences of the job that serve as the sources of learning in this setting. There is support for the idea that what might be regarded as a nonroutine experience for individuals in one type of partnership could be routine for individuals in another type of partnership. Further, paramedics in some types of partnerships demonstrate the ability to handle nonroutine experiences as individuals. However, they might not know how to handle them as a team, or they might not wish to do so. Therefore, the potential for learning within a partnership is not only in the experience itself but also in how the experience is viewed in light of the partnership. It is here that the value of the synergistic partnership is most evident.

When faced with nonroutine experiences, synergistic partners deal with them using a process suggestive of Schön's reflection-in-action (1983). They recognize the need to solve problems, test out solutions, innovate, and invent by asking each other questions until the problem is resolved. The process is not individualistic but is engaged in by both partners in a synchronized fashion. Because the partnership is routine, the partners' responses to the nonroutine experiences encountered in the workplace are enhanced rather than encumbered by the partnership. These relationships are described in Table 3.1.

▲ **Table 3.1 Responses to Job Experiences by Paramedic Partners**

	<i>Routine partnership</i>	<i>Nonroutine partnership</i>
<i>Routine job experience</i>	Spontaneous	Tandem
<i>Nonroutine job experience</i>	Synchronous	Individual

Lessons Learned

Paramedics in nonroutine partnerships also face both routine and non-routine job experiences. Their responses to these experiences differ significantly from those of partners in routine, or synergistic, partnerships. When the job experience is recognized as routine, the approach of individuals in all three types of nonroutine partnerships is to handle the experience in tandem. One partner assumes a leadership role, and the other follows. When the job experience is nonroutine, partners in all three types of nonroutine partnerships respond not as partners but as individuals. Mentors take over while their partners watch. Additive and antagonistic partners do what each believes should be done.

In discussing Simon’s decision-making theory (1965), Marsick (Marsick and Watkins, 1990) suggests that because so much information is available, individuals have to make choices about what information they will consider. In the same manner, paramedics must make choices when faced with nonroutine tasks and nonroutine partnerships. When they are in a nonroutine partnership and are faced with a nonroutine situation, paramedics handle the predicament by acting as individuals rather than as partners. Each chooses to ignore the partnership and attend to the non-routine task on his or her own. They move through the process as individuals, not as partners. They recognize that the effectiveness of their response, especially in urgent situations, is adversely affected by this.

When paramedics suggest that “two heads are better than one,” they recognize the uniqueness of their working situation. Unfortunately, in many instances in this setting, the potential for synergistic partnership is never realized. This has significant implications for the efficient opera-

tion of emergency health care services and for effective patient care. The key to both resides in the paramedic partnership.

Looking Forward

The ability of paramedics to respond efficiently and effectively to routine and nonroutine situations depends on the existence of a synergistic partnership, with its characteristics of mutual trust and the belief that one's partner is truly one's peer. Unfortunately, the staffing practices of most emergency medical services are based on the assumption that the position of emergency caregiver can be filled at any time by any qualified paramedic familiar with the organization and its operating protocols. It is interesting to speculate what the effects would be if these organizations acknowledged that this position on the organizational chart is occupied by partnerships rather than individual paramedics. It seems clear that policies and procedures would appear that would acknowledge the importance of this working relationship, encourage consistency in staffing, and promote the concept of the partnership as one important to the organization's productivity. Paramedics certainly recognize this themselves.

One of many questions not answered by this study is whether, given the significance of partnerships, it is enough to pair individuals at random and hope that a synergistic partnership develops. The dynamics of workplace partnerships are so critical to the effectiveness of emergency medical care that it appears this issue should not be left to chance. Rather it seems incumbent on educators and trainers to facilitate formal and informal learning opportunities that emphasize the importance and dynamics of workplace relationships and ensure that individuals placed in them are adequately prepared to achieve those relationships' full potential.

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