Moving in a narrative space: dental practitioners developing professionally in and out of ICT

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Abstract

This narrative inquiry grew from my concerns that the voices of dental practitioners were going unheard in movements to reform professional development, in particular through information and communication technology (ICT). Recently, professional development policy has been driven by calls for a greater use of ICT for education, healthcare and professional development. However, from casual conversations in my own practice and with colleagues, I noted tensions that raised questions on the rationale underpinning many of the changes taking place. I began to ask what we might understand by professional development, and how we might seek it through ICT. In turning to literature on professional development, dentistry was a relatively unexplored area. In addition, little was known about the actual experiences of those seeking professional development. My concerns and questions, combined with this lack of research in the field of dental professional development and the use of ICT, suggested the need to explore the experiences of dental practitioners undertaking professional development and to consider their views on ICT.

My assumption is that experiences are embedded in everyday conversations and exchanges as the stories we tell each other. To be able to understand those experiences, I felt a need to access those conversations and exchanges. This meant going further than collecting data from tick boxes at the end of course evaluation sheets. Taking a narrative approach and using qualitative interviews, I collected the stories of nine dental professionals. In the conversations that took place, the participants and I explored and reflected on our own practice, professional development and ICT. Using a performative analysis (Riessman 2008), I reconstructed the stories through Davies and Harré's (1999) metaphor of an 'unfolding narrative' (p.42), taking stories as an emergent process through interaction with different social and cultural representations.

While the focus at the start of this study was on ICT, it rapidly became clear that the participants did not regard ICT as a central part of being a practitioner and indeed a professional. Accordingly, the study became one of exploring being a practitioner and a professional, and the influences of recent organisational and institutional changes and ICT moved from a central to a peripheral focus. From the resultant stories, I found three

performances dominated in which practitioners developed ways of "being", "instincts", as I named them which emerged in response to a negotiation with policy, practice and paths of development. I identified those instincts emerging from a "professional self" constructed from policy through fixed predetermined paths. This contrasted with a "practitioner self" which drew from intuition, craft-like practices, and paths of development which were largely undetermined. I identified shifting positions and subjectivities as practitioners reflected on their values for practice and professional development. From those reflections, there was a questioning of the professional role, the way the dental professional might be represented, the way the practitioner self might develop and the way they might position themselves, in particular in expanded spaces for professional development through ICT.

In order to interpret the resultant performances within both global and micro-contexts, I viewed them through a critical lens, interrogating the sociocultural and political environment. I found that representations of the professional role suggested a challenge for education, self-determination and development. As a result, I saw those participants sitting in a "liminal space"; a junction of sociocultural influences framed by policy, professional life, practice and ICT. This liminal space yielded a multitude of challenges, negotiations and possibilities as the 'inevitable consequences of certain economic, social and political processes' (Brookfield 1995, p.36). In conclusion, in the face of those framings and education, I propose a need for a "professional literacy" and a new professional narrative that considers the capabilities and possibilities for dialogue and, in the light of our practice and advancing technology, would take account of expanded and undetermined paths of professional development.

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Author’s declaration

I declare that, except where explicit reference is made to the contribution of others, that this dissertation is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Signature**:**

Printed name:

Chapter 1 Framing the story

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Figure one: Three Oncologists (Ken Currie, National Galleries of Scotland 2009)

1.1 Introduction

Ken Currie's painting "The Three Oncologists" is profound, depicting, according to the caption description, 'the sense of horror and anxiety associated with cancer' (National Galleries of Scotland 2009). The caption for this painting, which is displayed in the Edinburgh National Portrait Gallery, describes three professors from the Department of Surgery and Molecular Oncology at Ninewells Hospital and Medical School in Dundee, Scotland and reads:

> All three men appear to have been disturbed in the middle of their duties: Professor Steele has blood on his hands and Sir Alfred Cuschieri is holding a medical implement. The luminous quality of the paint makes the figures look almost ghostly, expressing the sense of horror and anxiety associated with cancer. (National Galleries of Scotland 2009)

When I first saw this painting whilst walking around the National Portrait Gallery in Edinburgh, I was startled. I recognized the faces as being amongst the most respected in our College of Medicine, Dentistry and Nursing at the University of Dundee. Immediately,

I questioned how these medical professionals had come to represent the horror and anxiety associated with cancer. Currie himself, in a recent interview, describes how he came to this representation:

> I mean one of the fundamental ideas behind the picture was what ... when I had a brief discussion with Sir David Lane here about the nature of cancer, and he said that um, you know, people saw cancer as a kind of darkness, it's just this dark thing, and their job is to go in there and retrieve people from it, from the darkness as it were...Every picture has this key, that you know, you're just looking for that thing that will unlock the image, and that was, that phrase was enough to unlock the thing for me. (Currie 2009, pp.2-3)

Currie's representation was one I could not associate with these three professors. My own association was one of healing and compassion. Nevertheless, it is Currie's own experience and his representation of that experience. His painting is a powerful reflection of his own thoughts and associations from a past, present and future (McAdams 1988) where meaning is made "real" through his representation as a "visual technology". The association between representations as ideas, symbols and signs, as Hall (1997) puts it, 'lies at the heart of the production of meaning' (p.7).

In contemplating meaning, Turner and Bruner (1986) make the distinction between 'life as it is lived, life as it is experienced and life as it is told' (p.6). This distinction highlights the problem of making meaning; different representations may produce different understandings. Furthermore, the difficulty in interpretation is that there is a "gap" between "what is", "what is experienced" and "what is spoken about". The painting of the three professors illustrates how differently this gap might appear and be understood. Accordingly, Bruner (1984) makes an important point when writing:

> A life as told, a life history, is a narrative influenced by the cultural conventions of telling, by the audience, and by the social context (p.7)

This statement raises many questions for representation, as do Currie's experiences and his portrayal of those, as any "gap" is ultimately embedded in the performance and meaning produced through a situated world of social interaction (Riessman 2008). For Currie, his story of fear and horror is embedded in his painting as a visual performance. The question is how would Currie's story be represented by others? How would it be interpreted by others? What do the experiences of the three professors represent? How would they represent themselves? At the forefront of those questions are two that were to become

important for this study. In the light of cultural conventions and our social context, how do we understand experience and how do we put meaning to experience?

1.2 Naming my story

McAdams (1988) suggests that the 'magnificence' of identity lies in its intrinsic link to a 'past, present, and an anticipated future' (p.252). Identity is where we come to name our story and to make meaning as a 'testament to what was what is and what will be' (McAdams 1988, p.252). In writing this dissertation, McAdams' words became important for naming my own story embedded in a past, a present and an aspiration of a future.

My own identity has grown from a past based in dentistry, education and technology that took me to other countries and cultures. The United Kingdom (UK) was my home until the end of the 80s when I decided to escape the ravages of the Thatcher-Scargill battle[1] and its effects on running a small dental practice in the depths of a mining community. I moved to Germany, a country that introduced me to a past history, culture and traditions. I also experienced the euphoria of the present after the Berlin wall "fell". There were, additionally, new cultures, languages and traditions that drew from a once forgotten past as families were reunited from the old German Democratic Republic **(**GDR**)**, White Russia and beyond. A past and a present were coming together to form a new German identity with aspirations for a new future.

The present was also "a high-tech" Germany that introduced me to new technologies and state of the art computing. I was involved in an exciting new wave of networking technologies and quickly realized the potential of information and communication technology (ICT) for education. I first experienced the possibility of what ICT could enable while working with a group of fellow educators, situated in the four corners of the recently united Germany. We were using, what was back then, the most sophisticated technology supported networking platforms. Through electronic networks, we could conference, exchange files and share workspaces. Building on the potentials for working at

[1] The 1984-5 miners' strike became a battle between leaders and ideologies: on one side the Trade Unions and on the other the Conservative government. Arthur Scargill representing the miners forced a yearlong strike against which Margaret Thatcher, the then prime minister, retaliated almost with 'military precision' (Wilenius 2004). A fierce battle of wills ended with what some would say was the beginning of the end of the mining industry and the power of the trade unions.

a distance, we set out to produce a technology supported, multimedia aided guide to the world of learning at a distance. I have to admit that I had my doubts we would be able construct the project we had set out to complete. We were such diverse people, separated by large distances from each other. However, we did achieve our goal and published our project well ahead of our deadline.

While living in Germany, I was also introduced to many German thinkers through a local study group that I had joined to improve my language. Meeting once a month in the local community house we would discuss what were for me, at that time, unheard of writers from a more recent German past. It was only later that I realized I had got a "taste" of some of the most interesting German minds and thoughts. Amongst the thinkers we discussed were Arendt, Jasper, Heidegger, Gadamer, Habermas, along with more local thinkers, one of whom was Eugen Drewermann from the nearby town of Paderborn. As a dissident of the priesthood, Drewermann openly voiced opposition to the Catholic Church through his representations of the symbolic meaning of Grimm's fairy tales (Drewermann 1985). We came across others who expressed more silenced voices through other alternative symbolic forms as text and image. For example, we were excited by post GDR releases from Christa Wolf. Wolf, in extending a critique in defence of the silenced voices of GDR politics, portrayed them through Greek mythology in her novel Cassandra (Wolf 1989). The idea of symbolism and extended critique was further reflected in works of art we studied. For instance, we saw this in the works of Friedensreich Hundertwasser as he projected dissent and critique through his paintings and architecture as acts of detournement (in Koschatzky 1986).

It seemed that changing world conditions had nurtured different paths of critique that were becoming more accessible through different symbolic forms of text and image. This was also the case for ICT that was rapidly extending those more traditional forms of communication into electronically accessible text and images. However, the more accessible the world political order was becoming, the more challenging it seemed that the meanings portrayed by different symbolic forms became. Reflecting back to the collaborative project I had shared with other German educators, meanings had also been challenged. Our attempts to connect "bits" of activity had at times been hampered by broken and misunderstood electronic dialogue. Those misunderstandings had threatened to sabotage original meanings and, as we then thought, our progress. This was not only due to

the new technology supported networks that had made communication difficult, but also the attempt to relocate pre-existing elements in new technology supported domains. Images and text, whose meanings had enjoyed a comfortable home in the traditional book, were distorted and transformed into a new environment of movement and clickable links. Yet, those acts of "unintentional detournement" were exactly the qualities that technology promised; a new form of appropriation, but one that required choices to be made. In this sense, it was a local choice of different symbolic forms and representations displayed through ICT.

With the rapid changes that had brought Germany to the point of reunification, it was apparent to me that there were other choices to be made. Now I understand those choices through the works of Ullrich Beck who had been a hot topic for our study group previously described. Born in Pommern and having grown up in Hannover, Beck was considered a local. For us, a group of young working parents who were juggling families, careers and a "Bildungszwängen", that is, a constant drive for professional development, Beck's (1986) readings were a sharp reminder that there was a lot at stake living in modern times. As increasingly lives are disembedded from traditional forms and taken for granted norms, we are faced with an array of choices set within an expanding sociocultural landscape.

It may have been precisely those influences that caused my own loosening from my own traditional form, as a dental practitioner, and my move to different countries, cultures and educational systems. My journey and thirst for more insight into news ways of encountering technology and education continued. By the new millennium, I had moved on, with my two, now teenage, children, to the USA, located just before the Mexican border. Living in a large, diverse community, I was again engrossed in other cultures and ways of living, and I was on the ground again working through the potentials of ICT. I was studying Educational Technology in San Diego where there were many influences from scholars offering new ways of looking at technology and education. Andrew Feenberg, a critical theorist of technology, had taught for many years in the Faculty of Philosophy at San Diego State University and had left his mark. As a former student of Marcuse, Feenberg had been asking critical questions in the light of an increasing euphoria for technology and education. My own task there was supporting off campus virtual classes for students stretched over the globe. Through this experience, I heard many stories about successes, failures, births, marriages and funerals along with the trials and tribulations of

distant students' studies aided by technology. I also discovered that many of the questions Feenberg (1999) was posing about technology and education were very relevant to the questions that were forming in my mind, in particular in the light of a total embrace of technology and education. For example, how can we think about technology in a way that identifies with students and education? During a brief time, I was an external visiting student at the University of Jonesuu, Finland exploring ICT development for developing countries. It was at this point I was introduced to both the potential and the challenges of technology and development. I began to ask what technology could mean for continuing professional development, especially where education was much needed.

1.3 Naming the puzzle

On returning to the UK, it was against this background and the incoming wave of ICT and continuing professional development (CPD)[2] for dentistry that I took up a place bridging two practices; one as a clinician and the other as an educator providing CPD for dental practitioners. One of the strong points of this position was that practice experience and education might help to bridge a theory-practice gap. McAndrew (2010) makes a good point when she states that educators in dentistry are 'often talented practitioners who may have little knowledge of educational concepts and current teaching modalities' (p.517). Considering this, there was a lot of sense in having such a dual role. Dental education is an under theorized practice, in particular in relation to professional development and education. However, this dual role was not straightforward. After the many years I had spent living and working abroad, I had to re-learn what it meant to be a practitioner in the UK. There had been many reforms in the time I had been away. There were new ways of becoming registered to practice and new obligations for continuing registration.

There was a lot to catch up on, not only in terms of administration but also in terms of a new "language". People talk of a culture shock but I never truly realized what this was until I arrived back in the UK. This might seem something of a paradox considering that I had moved back to my "roots", and was no longer moving through foreign territories. It was hard to put my finger on what had changed. My initial sense was of disorientation. My memories of being in the UK had not gone, although they had definitely altered over the

[2] I refer throughout to CPD as the courses and activities which dental professionals are required to undertake to fulfil professional development obligations.

years. Thinking back over this time, I now realize I had lost a sense of what Bourdieu (1990) would call ‘a feel for the game’ (p.66). As Bourdieu (1990) states:

> Because native membership in a field implies a feel for the game in the sense of a capacity for practical anticipation of the ‘upcoming’ future continued in the present, everything that takes place in it seems sensible full of sense and objectivity directed in a judicious direction. (p.66)

Many things seemed “without sense”. There was a new language of courtesy, collaboration and colloquialism. The cultural variation and linguistic perspectives that I came across became a battle between understanding and expression. I felt like Bruner’s (1996) ‘fish in a sea of stories’, like the fish who ‘will be the last to discover water’ and have ‘difficulties grasping what it is like to swim in stories’ (p.147). I was swimming in many stories and a new language of education. One that “spoke” of learning outcomes, competencies, performances and quality checks for the education we provided. It was a time of confusion as I began to question the apparently objectively defined outcomes of the professional development courses we ran for dental practitioners. I also began to question the relationship between professional development and ICT.

The regulation of professional development in dentistry had changed through the many reforms that had been implemented over the years I had been away. The result of such reforms was the obligation to collect CPD credits in order to continue registration. This had led to an increasing demand for access to CPD and discussions over new ways to “deliver” courses, including the possibility of doing so via ICT. However, my own experiences had taught me how difficult it could be to engage meaningfully and to learn in an online environment. In view of this, I began to wonder how we would implement ICT in our dental context and how the skills inherent in our practice would translate to ICT. Feenberg’s (1999) questions of technology were again becoming relevant. How could we think about technology in a way that identifies with dental practitioners and education? Working across practice and education, it was during this time that I returned often to the idea of professional development and the many questions that it raised. What do we understand by development and CPD? How do we develop professionally? Indeed, what does it mean to be a professional in dentistry? What does ICT mean for development? How could we harness the potential of ICT for professional development? Even with the best of technology, it made little sense to plough ahead without taking time to consider the consequences of a rapid shift to an online environment for professional development.

The thought of many participants being able to access CPD around the clock through ICT, or "24/7" as it was being proposed, was a consideration. To access CPD "24/7" was appealing as there were demanding targets to meet. We had regular meetings to discuss the part ICT might play while trying to reconcile targets with professional development and education.

> So how have the courses gone? *Well not too bad... as usual a lot of participants are asking for more hands on and...*What are the figures? *Well uhm...yes they are good... but we can't... well... just take the figures...* What have we got for QA? *...well...yes... most people have been happy...it might be an idea to think about how our radiography over ICT will be run...*what's the global score? *Well it's above threshold...*good we're on target*... A global score? This is a black box! Voices are missing; there are still many questions to ask.* (notes from CPD meeting Sept 2008)

As a target report meeting, this extract from my reflective diary was a typical result of meetings where updates were given on the courses and prospective learning "needs". It illustrates the tension that surrounded trying to address targets while addressing the needs of practitioners seeking professional development. In trying to attain a measurement of quality, a global indicator was taken from evaluation sheets as a carefully calculated count of all Likert scale responses to the outcomes set through the courses. The global score was achieved by averaging the total of all Likert scale results and comparing that with a pre-set threshold. An above threshold score was then designated as acceptable as a mark of quality assurance. However, faced with those quality assurance imperatives and end of course evaluation sheets, I found this both frustrating and limiting as an approach to get to grips with what was needed to support and improve CPD within this context. Participants' comments on the evaluation sheets were not included in the final quality control. Where were their voices? Important questions and accounts of experiences were missing. As technology and education were becoming an important focus for dentistry and professional development, it troubled me that those numbers had wiped clean any traces of subjective individual experiences.

1.4 Naming the problem

According to the General Dental Council (GDC) there is, in current times, an even greater need to protect patients (General Dental Council 2005). Several initiatives have been introduced to respond to apparent shortcomings for education and training in the National Health Service (NHS) for the UK (Department of Health 1998a: 1998b; 1999; 2000a;

2000b; 2001a; 2001b; 2001c; 2004). Similar documents followed in Scotland in the field of education and healthcare (Scottish Executive 1999; 2002; 2003; 2005a; 2005b; Scottish Government 2007). The central policy for UK General Dental Council[3] subsequently laid out statutory CPD hours that all dental practitioners should undertake over a five yearly cycle (General Dental Council 2005; 2010). The vision of the General Dental Council is that professional development, in the form of CPD, forms a continuum throughout the working life of the practitioner in order to ensure high standards for practice and, therefore, public protection. There is no doubt that patient care and safety is something that cannot be ignored. While this is something we all as practitioners undoubtedly care about, the question still arises, what does this mean for professional development? A worrying trend has been a rapid rise in the number of fitness for practice cases through the General Dental Council (Dentistry.co.uk 2008). This alarmed me as I began to question our provision of CPD. Are practitioners failing? Is our profession failing? Is CPD failing? Will ICT make a difference?

Within policy, a strategy for the healthcare and education was set out as a continuous NHS Plan (Department of Health 1999; 2000a; 2000b; 2001a; 2001b; 2001c; 2004; 2009) to respond to the increasing need for education. Those policies respond to the size of the NHS workforce, its complexity and diversity, while demanding greater flexibility in accessing education and training. Those policies also signalled an intention to use ICT and new learning methodologies to support large-scale capacity building and to meet the increasing educational demands of this large workforce. Specifically in Scotland, this has been introduced through the NHS Education for Scotland Knowledge Management Group who have proposed an application of knowledge management principles to facilitate online learning communities (NHS Education for Scotland 2006; 2008). Accordingly, ICT and knowledge have become an important part of healthcare education policy.

While learning has been described as some type of experience (Kalantzis and Cope 2008), within dentistry there have been few studies that have, to any great extent, explored practitioners' perceptions and experiences of professional development. Furthermore, very few studies, at least in the dental professional development context, have been carried out in relation to ICT. Nonetheless, policy initiatives continued to drive a top down model for

[3] The General Dental Council has statutory responsibility for ensuring high standards of pre-registration and post-registration education for all groups of dental professionals.

implementing ICT, while new regulatory conditions continued to tighten compliance for professional development. Meanwhile, the actual grass root conditions of professional learning in dentistry as a context remained relatively unexplored. As I approached this study, there was little insight into practice and development as a local and situated phenomenon (Brown et al. 1989; Lave and Wenger 1991). My concern, in view of changing policy, was the apparent lack of awareness and understanding of the conditions and expectations of practice, education and ICT. Accordingly, in the light of the continuing drive to move CPD to ICT, it seemed more and more important to account for and understand the relationships between practice, education and ICT.

1.5 Naming my practice

Going back to my German experience, the German thinkers from our study group had long lasting influences on the choices I would make and questions I would pose for this study. As I thought about Arendt's (1998) concept of the human condition, I began questioning the professional practices (dentistry and education) in which I was involved and to ask what we meant by terms such as labour and work and the meaning we might put to those. What connections could be brought to the fore when thinking about technology, education and practice? Amongst those thoughts was Jasper's vision to re-examine truth and validity in the light of subjective individual experiences and what it means to be human (Thornhill 2006). For example, if Habermas' (1987) claim for a life world 'represented by a culturally transmitted and linguistically organized stock of interpretive patterns' (p.124) was something to contend with, then undoubtedly the boundaries within which we might understand the world were expanded. How could technology and education, including the communication that might take place be viewed? Gadamer (2004) further raised the question about how far it is possible to explore those boundaries and beyond. His view of the horizon, as the 'range of vision that includes everything that can be seen from a particular vantage point' (p.302), suggests that we are limited by our own beliefs, desires and history. Expanding horizons through technology and opening up new modes of expressions for education may point to a need to take a more purposeful exploration of multiple perspectives about education and practice. Furthermore, Heidegger (1954), in his essay on the '*The question concerning technology'* (from the German '*Die Frage nach der Technik* ', Heidegger 1954) cautions that technology may attach values which, as Feenberg (1999) describes, are driven by 'the frenzied struggle for money and power that characterizes the age' (p.446). This raised questions about why and how we might use

technology to achieve an educational end.

Despite embracing the new wave of ICT, it was to become apparent to me that within a framework of policy and new appropriations of representations, a total embrace of technology and education was not without its challenges. I saw a need to place education and professional development within a broad framework of changing conditions. At the same time, I saw a need to consider the local position of dentistry as a practice. As Carr (2005) has shown, it is necessary to consider educational theory as an ever-changing event that is shaped within the associated practical landscape. In light of recent reforms for professional development and the practical landscape of dentistry, in particular I saw a need to probe further than statistical calculations and results as numbers.

My own experiences of professional development have taken place through many exchanges in and between courses where colleagues traditionally meet. Those meetings were rich sources for discussions formed by spontaneous practice stories we told each other. Bruner (1996) suggests that we tell stories because we are compelled to do so. This hit a chord with me as a practitioner and educator. As a group, dentists have always seemed compelled to tell stories at the "water cooler", at courses, at coffee breaks, conferences and in and out of practice. Such "water cooler" events and the casual stories exchanged became pivotal in my intentions for this study. These stories were anecdotal and very important in opening my eyes to the focus of my inquiry, especially as there were many disconnections within these stories. Doubts were raised as to the purpose and worth of CPD as practitioners questioned their own standing as professionals in practice. Such 'verbal action', as Chase (2005, p.657) suggests, cannot be ignored, it is important to hear voices and experiences.

Through my travels and my own experiences in and out of practice, I could equate very well with the idea of relating experiences as stories. My assumption is that the way humans experience the world is through their stories (Clandinin and Connelly 2000; Denzin 2001). As Clandinin and Connelly (2000) suggest, to think about experience narratively and to write narratively is to regard experience as both the 'phenomenon under study *and* method of study' (p.4, original emphasis). Furthermore, my own views of experiences are based on life histories that encompass a need to develop dialogue where people are the focal point of

that dialogue. This notion of dialogue draws on a dialectical engagement with theory and practice, aligning with researchers such as Freire (2000a) and Giroux and McLaren (1989).

In focusing on practitioners as those most directly affected by the changes anticipated for professional development and ICT, my motivation for this study was to gain a better understanding of their experiences. In doing so, I wanted to provide a thinking ground, a narrative for others, for a future for professional development and for ICT as part of that development. In the light of the continuing drive to move CPD to ICT, it seemed important to ask how dental professionals understand and react to their experiences of professional development and ICT. This then was the initial focal question for this study. However, as will be seen later on, this focus changed as the 'verbal action' Chase (2005, p.657) and the stories told, shaped a rich and complex arena which extended beyond ICT.

1.6 Summary

This dissertation is the written product of a study based on empirical research that explored the experiences of dental practitioners seeking professional development in a contemporary world. It is based on my own strongly held views that we all have our own stories to tell and many of those are dependent on how we see ourselves and how we are represented by others. Furthermore, my assumption is that the process by which we develop both professionally and personally is highly dependent on pedagogic practices set within their sociocultural and political contexts (Freire and Freire 2004). In the research for this dissertation, I attempted to understand and put meaning to those experiences asking the initial question:

> How dental professionals understand and react to their experiences of professional development and ICT?

In acknowledging participant's stories, the study changed focus as I followed a path guided by those experiences that were embedded in present conditions of policy, practice and ICT.

1.7 Dissertation outline

The following gives an overview of the chapter content for this dissertation. In coming to a problem definition for this study, it was clear that this represented "uncharted" grounds that crossed boundaries between dentistry, education, development and technology. It also encompassed questions of experiences within local and broader macro-structures defined within policy and the given framework for professional development. Accordingly, the following chapters also contain areas of exploration I undertook took for this study.

Chapter Two, Background and Policy: Locating the dental professional

Chapter two represents an exploration of the background of the professional, the professional in dentistry, its practitioners and their peculiarities. I undertook this in order to locate where the members of the profession of dentistry "sit" within the bigger picture. I first sought to locate the professional historically and to uncover their sociocultural and political contexts. This allowed me to come back to a more local dental context to reflect on the dental practitioner as a professional.

Chapter Three, Literature Review: Locating professional development

In chapter, three I explore research around professional development, mapping out the influences that I felt were important for a consideration of education and technology. Literature in the dental field is sparse and much of what we base our foundations on, in terms of research, originates in the field of medical education. I examined this literature in the light of my own assumptions and the value of local knowledge, finding that it produced a reductive world-view of professional development in its relation to actual practice. Consequently and in order to expand the meaning of development and practice, I also explored the literature around situated practice knowledge, finally following the literature that connected situated knowledge, sociocultural influences and ICT.

Chapter Four: Towards an unfolding narrative

From the literature explored in chapter two and three it became clear that identity and agency, in particular as a professional were important focal points for this study. In chapter four I, therefore, explored identity and agency in consideration of the complicated web of impending influences previously examined in chapter two and three. I first looked to

literature relating to the implications of agency and autonomy to act, that is, I looked to identity within storied positions and as subjects of those positions. This led to considering identity in terms of Davies and Harré's (1999) metaphor of an unfolding narrative.

Chapter Five, Methodology: From the chair-side to the conversation to the narrative

Chapter five describes the methodology for this study. In providing a methodology, I wanted to hold on to the centrality of narrative and identity and, at the same time, to explore the wider influences that I felt were important to this study. The nature of the location of the professional and practitioner demanded, in my eyes, careful and sensitive interrogation of the sociocultural and political environment. Keeping a balance between those influences, whilst trying to maintain voices from the stories, became a challenge. Consequently, the concept of dialogue became important in terms of how a story was performed and I needed to be able to reflect on my own influence in the formation and reconstruction of the stories told. Accordingly, a critical lens became an illuminating "tool" as much as one of interrogation; a torchlight with which to shine upon the centre stage of those performances. This chapter also describes challenges and my reflections around presenting the encounters with the study participants. The word participant became a foreign term as I found myself embedded within and between the stories of my colleagues as a practitioner, educator and researcher. I was also aware of an unfolding of identities as I saw them performed within the stories. Many of those performances were embedded in acknowledged and unacknowledged paths but with determinations framed through "instincts" to negotiate present conditions of policy, practice and ICT. Those performances are presented, as I perceived them, in three subsequent chapters as results and as narratives unfolding:

Chapter Six: Developing a professional instinct

Chapter Seven: Developing a practice instinct

Chapter Eight: Developing an instinct through ICT

Chapter Nine, Discussion: Re-threading the narrative

As I presented and represented the performances through the results chapters, I was aware that I had undergone a process of "unpicking" the threads of the very fabric that constituted

the practitioners and their experiences and a constant tension was the risk of reduction. Particularly, as this has been my own main critique of the current approaches in providing for professional development, I felt a need to bring those threads back together and "make sense" of what this might mean for the practitioner, the professional, education and ICT. Chapter nine, therefore, explores the implications of those threads by re-weaving them together while viewing them through a critical lens and finally exploring the possibilities for a way forward.

Chapter Ten: Final Reflections

In the final chapter ten, I reflect on the tensions and impact of undertaking this study and writing this dissertation. My own narrative as part of this research became a process of self-discovery. This led to further contemplations of the wider implications of undertaking and writing this dissertation, the impact it has had on my practice and indeed for my future practice. It was important to put those contemplations on paper, to see them for what they were in black and white and follow them as I mapped out a mental path for my own future as a practitioner and educator.

Chapter 2 Locating the dental professional

> For there was never yet a philosopher that could endure the toothache patiently. (William Shakespeare, Much Ado about Nothing, Act V, Scene I)

2.1 Introduction: What's in a title?

A dental CPD course participant, with whom I had been chatting, recently announced, "We are a funny bunch, whenever we get together we just want to talk teeth". It is very true; we do take every opportunity to "talk shop". This is one of our characteristics as practitioners, but it is perhaps not the best way to characterize being a professional in dentistry. When we talk "shop" as dentists, it is easy to connect that language with the reality of the practice itself. However, what do we mean when we talk about being a professional? This is an important facet to explore as it is necessarily bound to the professional development we seek and that we are expected to follow.

For the time I had been in the UK, and during my time away, we were quite simply known as dentists, dental practitioners or dental surgeons. However, on returning to the UK it was noticeable that we were now, in addition, called dental professionals. If what we are to undertake is professional development, then the questions must be asked, what do mean by being a professional in dentistry and what does this mean for professional development? I explore these questions in the following chapter, first locating the professional as a theoretical construct. I then go on to explore UK Policy, then to locate the professional in dentistry, the practitioner in dentistry and finally I consider professional development in dentistry.

2.2 The professional as a theoretical construct

The professional as a theoretical construction can be located in the field of sociology. More specifically, it relates to a field of study grounded in the work of Durkheim, Parsons and Merton. Parsons (1939), whose work related to what he called the "authentic" professions such as medicine and law, drew attention to the significance of the professions:

> it seems evident that many of the most important features of our society are to a considerable extent dependent on the smooth functioning of the professions. Both the pursuit and the application of liberal learning are

> predominantly carried out in a professional context. (p.457)

Parsons (1939) suggested that the concept of the professional had its traditional foundations in medicine based on authoritative and evaluative traits, such as autonomy, a protected knowledge base, probity and ethical practice. Specifically, Parsons (1939) envisioned the professional as a member of a specialized body who engaged in free and mutual interaction with peers and professional associations. In more recent times, this general description has been subject to change depending on the ideological lens through which the professional has been represented. Those positions relate to an abundance of research that revolves around the stature of professionalism in reaction to the consequences of social and economic fluctuations, often following the changes of advancing technology. In the following sections, I consider the concept of the professional in view of those changes, that is, the professional project in the light of globalization and technology.

2.3 The professional project, globalization and technology.

Trying to characterize the notion of a profession in contemporary times is a difficult task. As Jarvis (1983) notes, the term "professional" is neither a stable concept nor is it without contestation (Eraut 1994). Some researchers have taken a broad view in theorizing the nature of the professions as pre-constructed, social categories or according to a division of labour (Parsons 1939; Goode 1957; Abbott 1988; Bourdieu 1990). Goode (1957), for example, analysed and described the associations and identifications of the professional in relation to social and community relationships as follows:

> Its members are bound by a sense of identity.
> Once in it, few leave, so that it is a terminal or continuing status for the most part.
> Its members share values in common.
> Its role definitions vis-a-vis both members and non-members are agreed upon and are the same for all members.
> Within the areas of communal action there is a common language, which is understood only partially by outsiders.
> The community has power over its members.
> Its limits are reasonably clear, though they are not physical and geographical, but social.
> Though it does not produce the next generation biologically, it does so socially, through its control over the selection of professional trainees, and through its training processes it sends these recruits through an adult socialization process. (Goode 1957, p.194)

Hence, according to Goode (1957) and following Parsons (1939), it could be said that the defining characteristics of a profession are a strong bond to a community of members, a sharing of mutual values and language and a process of socialisation to inculcate subsequent generations. In addition, Goode (1957) characterized a profession according to three broad dimensions: a knowledge base that is applied to expert tasks, an evaluative dimension, that is, a moral base, and a service dimension relating to the client that it serves. As a phenomenon, Larson (1977), noting that professions are actually 'relatively recent social products' (p.2), starts with the notion of the pre-industrial professional as a free-practitioner and again, like Parsons (1939), citing medicine as the model profession. The importance of autonomy to practice, according to the ethical codes and the moral standing of the profession, is for Larson (1977) as Goode (1957), a defining characteristic of the professional.

More recently, several of the previously accepted dimensions of the professions have come under scrutiny in terms of their legitimacy (Merton 1968; Larson 1977; Alexander 1985; Eraut 1994). In this respect, Eraut (1994), also highlighting medicine and law as the most powerful professions, characterizes "professionalism" as an ideology and a 'process by which occupations seek to gain status and privilege in accord with that ideology' (p.1). This has included, for some, the professional development that is undertaken which, in raising questions of professional legitimacy, may relate to an ordering and protection of social status and privilege (Larson 1977; Abbott 1988). This view of professionalism as an ideology has also been reflected in the work of many others who have analysed the constructs of power and prestige within different professions (Larson 1977; Freidson 1988; Bourdieu 1990; Foucault 2003). The key point of these accounts is that while the professional as a social construct had been given a powerful place through assumptions of public trust, this relationship has been questioned. As a consequence, there has been a shift in the balance in the relationships between professional associations, practitioners and clients (Dent and Whitehead 2002).

The shift in the balance of relationships has resulted in many different configurations of the role and position of the professional. On the one hand, suggests Alexander (1985), there has been a tightening of regulations and relational bindings to institutions. On the other hand, the associations of practitioners to professional institutions have become weaker (Alexander 1985; Dent and Whitehead 2002). Corresponding changes within the

professional institutions themselves have resulted in less notice being paid to protecting and expanding the knowledge base (Dent and Whitehead 2002). At the same time, and in order to strengthen the primacy of client welfare over practitioner benefit, more attention has been given to regulatory bodies who are now able to establish and enforce protective regimes (Larson 1977). Within those views, there is general agreement that a shift in power relationships has taken place; from practitioner to regulatory authorities and from regulatory authorities to clients (Larson 1977; Dent and Whitehead 2002). In consideration of power structures, there are natural questions of autonomy and the part the professional and institutions have played in those shifting relationships.

2.4 Self-refuting professions and the ideological task

The reasons for recent changes in the professional institutional relationship are widely debated but they fall into two main accounts according to authority and legitimacy. For example, Boulding (1953), giving weight to the consequences of the increasing existence of regulatory organisations, pointed to the renovation of the professional as part of an organizational revolution, arguing that an increased ability to organize has allowed a shift in power and structure. As a result, organisations have embodied an increasing sense of legitimacy and authority. This contrasts with the sense of legitimacy and authority that professional communities previously held. Boulding's (1953) argument may be compared with Weber's (1978) research that set much of the groundwork for exploring the phenomenon of authority and legitimation within organisations and society. Weber (1978) saw this as occurring through shifts in the relationship between authority and a given legitimation. Authority, in this sense, is present in so far that the 'particular claim to legitimacy is to a significant degree and according to its type treated as "valid" ' (p. 214). That is, if an organisation can claim legitimacy in the eyes of the public, it can also claim authority.

An alternative account of changing authority-legitimacy relationships has been described by Weingart (1982). Focusing on the knowledge based possessed by the professions, Weingart (1982) suggests that a shift in power and structure has been the result of an increasing control of science on society, as he puts it, the 'scientification of society' (p.54). Following Weingart's (1982) analysis, there is an increasing demand for the protection of society from the effects of the professions who play a significant part in the process of

scientification. While doubt has been thrown on the integrity of professionals, they are still granted the position of maintaining an ever-increasing knowledge base. At the same time, institutions have taken on the task of formulating public protection mechanisms through regulating professionals as "expressions" of this knowledge base (Weingart 1982).

Following on from the above accounts, it is still difficult to point to a cause or effect relationship between the professional and institutions. However, as far as the part either the professional or institutions have played in changing relationships of power, a key point in both Boulding's (1953) and Weingart's (1982) accounts is a loss of legitimacy and autonomy for the professional. On this view, institutions assume legitimacy for the professions as a proxy for their production of knowledge. Accordingly, those views of reorganisations within society as a social phenomenon, whatever the reasons behind them, leave the professional located within those macro changes of increased institutional authority and legitimation. However, such macro analyses tend to ignore any local influences that may be involved. For example, the influences of technology and associated changing work patterns may be ignored. That is, the influence of a local-global interplay, in which technology plays an important role, has by and large been neglected.

2.5 Local-global interplays

More recent research exploring local-global interplays has come from Giddens (1971; 1991; 1998), Beck (1992) and Castells (1996; 2000; 2004a; 2004b; 2009). Such research emphasizes a shift from previous sociological conditions to one that places professional and institutional legitimacy within a new social world brought about through changing patterns of work and technology (Beck 1992). In this view, a new social world has been created by continuous disruptive forces that take individuals from familiar traditional surroundings throwing them into new social forms across space and time (Giddens 1991). Most noticeably, the changes have produced what Giddens (1991) calls an institutional reflexivity: 'the regularised use of knowledge about circumstances of social life as a constitutive element in its organisation and transformation' (p.20). Consequently, 'chronic revisions' (Giddens 1991, p.20) of activities and social practices occur as new information about those practices comes flowing in. In relation to professionals and the social transformations taking place, Beck (1992) and Giddens (1991) emphasise the necessity for expertise to supply this knowledge. Hence, the interplay between legitimacy and authority

may be reconciled when considering the part knowledge and expertise plays in the characterisation of the professional. Again, in this account, professional status and integrity are cast in doubt, while the knowledge base remains as a central function. This raises questions on the position and the role given to the professional and to representations of professionals and their knowledge base.

2.6 A complex dialectic: Professionals suppliers of expertise or suppliers of risk?

The consequence of the necessity of expertise has, according to Giddens (1991) and Beck (1992), produced a complex dialectic of where the professional might be placed. The so-called crisis of modernity (Beck 1992) has brought with it different ways of being that depart from the traditional social order (Giddens 1991). Whereas traditional boundaries of class, family and work have previously constructed life conditions, those life conditions are now up for grabs. As Giddens (1991) explains:

> The more tradition loses its hold, and the more daily life is reconstituted in terms of the dialectical interplay of the local and the global, the more individuals are forced to negotiate lifestyle choices among a diversity of options. (p.5)

In a nutshell, what we expect from life now is a matter of choice, rather than a matter of fitting into and accepting a pre allocated "place" as in earlier traditional societies. Accordingly, because of the choices available, the self becomes a reflexive project of identity formation (Giddens 1991). The professional plays an important part in this "self-styling", at least with regard to the ability to supply the expert knowledge to the developing "self"". The professional and their knowledge base, in this view, are a necessity for the developing "self".

Choice, however, comes with a risk in which the professional plays a large part in the forming that risk (Giddens 1991; Beck 1992). A process of 'individualization' (Beck 1992, p.127) is bound up with a faith in precision and control through science and expertise that as Giddens suggests leads to:

> Reflexively organised life planning, which normally presumes consideration of risks as filtered through contact with expert knowledge, becomes a

central feature of the structuring of self-identity. (Giddens 1991, p. 5)

The rise of a risk society, Beck (1992) suggests, is bound up with the new electronic global economy where we live at the edge of a constant supply of innovations, with no one really knowing what the consequences and hence risks will be. However, as science, including the professional knowledge base, has become more exact in terms of statistical calculations, there is, according to Beck (1992), a 'paradox' (p.18); the more science, expertise and machinery for predicting have developed, the more possible risks are exposed. In effect, suggests Beck (1992), the expert has become self-refuting. On this view, while scientific inquiry has been seen as the main mechanism from which people could achieve mastery over nature, it has also produced increased risk and a need for controls.

In the meantime, "modern" professionals are still driven by a need to increase their knowledge base as a means to self-legitimation. This is set against the previously described increase in institutional legitimacy that, according to Giddens (1991), replaced the grounding location of previous trust relationships that the professions assumed and were afforded by society. Those trust relationships must also reflect on autonomy and legitimacy afforded to a particular professional body and the professionals they represent. Accordingly, any increase in institutional legitimation, and hence authority, raises the question as to where the professional is situated between trust and risk relationships. From a sociocultural perspective, this also points to some interesting possibilities for locating the professional.

Along with Beck (1992), Latour (1993) is also of the opinion that the 'moderns have collapsed under their own weight' (p.49). Both Latour (1993) and Beck (1992) suggest that science and modernity rest on the promise of certainty, which has created uncertainty as a cultural and socially constructed state, and in turn increased the demands from the public for accountability of that state (Beck 1992). Wynne (1993) agrees with Beck that the professional through their quest for knowledge and expertise has become 'self-refuting', goes further turning to focus on the role of institutions. Risk, following Wynne (1993), is the result of a public perceived non-reflexivity of self-legitimising institutions. Accordingly, a lack of self-examined practices of institutions has led to a lay public who harbour a general distrust of those institutions. Wynne (1993) suggests this distrust has been a reaction to the discourses of scientists and experts that serve to intensify feelings of

intrusion into the private sphere along with impositions of in-human models of science. Science is assumed ‘to be the epitome of the unremittingly sceptical, reflexive modern institution’ (Wynne 1993, p.321) and risk has more to do with a cultural and hermeneutic phenomenon. Thus, according to Wynne (1993), from a professional role perspective, “risk” is relational and derived from a social dependency and a perceived mistrust of institutions.

While the actual reasons for the transformation of the professional continue to be contested, most researchers in this field agree that a transformation has taken place resulting in a shift in the very values and status on which the professions have been founded and a general scepticism from the public they serve. Accordingly, the arguments to support a change in the status of the professional throw up complex configurations. Legitimating practices arise against a backdrop of sociocultural influences that have demanded tighter conditions for the professional role and those practices. Within this framework of multiple influences, the professional is in a cycle of self-destruction. As they strive toward regaining legitimacy (through knowledge production), their status is continuously questioned (through the perceived risks that are produced by this knowledge production). Larson (1977), taking this further, puts forward a more nuanced view of the reformulation of professional status as a need to create ‘social credit’ (p.63) for services rendered to clients. This shift to a cultural status is taken as a means of guaranteeing public satisfaction that the competency and probity of the service provider can be assured. In Larson’s (1977) view, professionalism itself is an ‘“ideological task" enabling a reconstruction of professional roles embedded in a new ‘symbolic universe’ (p.14) that is ‘shaping the need of the consumers, channelling it toward the conception of service advocated by the regular profession.’ (p.58). Larson (1977) explains her thinking around the transformations that have been taking place suggesting these result from the professional being recast as a commodity set within expanding free markets. Just as any commodity is subject to production processes of standardization and quality control for a consumer market, the professional is placed in a similar position. As Larson (1977) puts it:

> the professionals must be adequately trained and socialized so as to provide recognizably distinct services for exchange on the professional market (p.14)

Consequently, the professional is subject to production rules of standardization that ensures consumers are able to differentiate between stable and clearly identified “products”

(Larson 1977).

2.7 The professional project and the professional, looking for common threads

The professional project as displayed conjures up multiple ways that the professional in terms of their role and nature may be viewed and challenged; for example as "risk" producers, untrustworthy professionals, as experts, as a necessity, or even as a product. Despite the debates around those descriptions, some common threads can be drawn from the changes that have taken place. For example, Broadbent et al. (1997) suggest that the transformations in the roles and conditions for professions are clearly demarcated by certain fluctuations that accord with differences across time, culture and discipline. Such changes relate closely to when incremental economic, technological, political and structural shifts have converged and accelerated. Waves of policy reforms have corresponded with a new wave of professional reconfigurations (Broadbent et al. 1997) and changes in institutional authority (Giddens 1991; Beck 1992; Broadbent et al. 1997). A similar 'sea of change', in terms of cultural and political-economic practices, has been noted by Harvey (1989, p. vii) who suggests that an increasing reliance on institutional authority is intrinsically linked to the appearance of the prevailing ways that space and time are experienced. As result, as Harvey (1989) puts it, 'in times of fragmentation and economic insecurity…the desire for stable values leads to a heightened emphasis upon the authority of basic institutions' (p.171).

Those views of Harvey (1989) and Broadbent et al. (1997) also support the acceptance of a reorganisation and legitimation of institutional power (Boulding 1953; Weber 1978; Weingart 1982). However, Best and Kellner (1997), criticizing Harvey's (1989) notion of a 'sea of change' (p. vii), argue that Harvey's theory of politics never reaches much further than the possibility of demonstrating a counter-narrative that situates change within the logic of advanced capitalism. In view of this critique and in consideration of the transformations described, the professional role and its reconfigurations, there are also important cultural aspects that need to be taken into account. Particularly, Harvey (1989) and Broadbent et al.'s (1997) views, in isolating change from culture, ignore the influences of modernity which have brought great benefits (Best and Kellner 1997; 2001). Those benefits, which have in general been excluded from many of the previous accounts,

are, following Best and Kellner (2001), clearly demonstrated in advanced sciences, for example, through the likes of Einstein and in philosophy by Nietzsche and Kierkegaard. As Best and Kellner (2001) illustrate, there are two sides to every coin; indicative of the influence of science and technology are both ‘unparalleled wonders and unmatched horrors’ (p.61).

As much as technology and science has brought devastation (nuclear threats, chemical warfare, climate change, to name but a few), we have all also benefited in some manner or form through discoveries, cures and medical advances. In my own practice, recent ceramic advances and nanotechnologies are changing the very conditions of practice as we move into an era of less stress for practitioners and more comfort for patients. In many other areas, new materials and clinical adjuvants (for example, improvements in anaesthesia and cancer therapy medication) are helping to alleviate treatments that are more arduous. However, despite this more positive alternative to the “scientifications” of modernity, for the modern professional the changes reflect a stance that regards them as either a cause of conflicts or as a means to solve the predicament of the changes that have been taking place. Accordingly, professionals need to be “reined in” or “reconfigured” to meet the challenges of the changes that have occurred.

Set within a modern project (Best and Kellner 2001), the question arises as to how those changes have manifested at a local level For example, any shift in power relationships between and from practitioners, regulatory authorities and clients (Larson 1977; Dent and Whitehead 2002), must necessarily reflect on how professionals and their education are viewed. Indeed, as Larson (1977) suggests, a reconfiguration in terms of consumer and marketplace ideologies may have consequences for the formations (regulatory and educational) that are imagined for the professional. In others words, we might question the meaning of those changes in terms of policy, professional reconfigurations and formations.

2.8 UK Policy, professional reconfigurations and formations

On a local level, it is noticeable that many professions in the UK have undergone a “renovation” in more recent times. During the Thatcher years and continued by New Labour, this was initiated as a regulation of the private sector using Taylorist type and New

Public Management (NPM)[4] strategies (Tolofari 2005). The National Health Service (NHS), traditionally a public sector institution, did not escape those changes. From the late 1980s until present times, Thatcher and later New Labour governments made forceful attempts to create a private sector ethos and quasi-market conditions in healthcare. For example, Hoyle and Wallace (2007) describe the accountability crisis in the UK at the end of the 70s, whereby professionals were taken to task and introduced to NPM principles and governance structures. In the main, the approach to managing healthcare workers across the UK was reflected in an increase in governance, a focus on performance, an increased demand for efficiency and a marketisation of services (Hoyle and Wallace 2007). At the same time, in terms of training and education, there was an accompanying focus on professional development (Hoyle and Wallace 2007; Evans 2008).This appears to be a continuing trend with the recently, elected Conservative-Liberal democrat government (Department of Health 2010; Delamothe and Godlee 2011).

How those reforms have reflected on professional development may be seen as an overarching call for improved healthcare delivery and education. For instance, over the last ten years a massive NHS modernization programme produced an 'avalanche of change' (Leathard 2003, p.29) accompanied by a multitude of policy documents for education and training (Department of Health 1998a; 1998b; 1999; 2000a; 2000b; 2001a; 2001b; 2001c; 2004). The main drive behind those changes, at least from a policy point of view, came from a number of high profile medical cases that came to light in the late 1990s and early 2000: the Bristol Royal Infirmary Inquiry, the Shipman Inquiry and the Alder Hey inquiry (see Bristol Royal Infirmary Inquiry 2001; Smith 2002; Battie 2005). Subsequently, there was a general consensus that regulatory bodies, for instance, the General Medical Council (GMC), were failing in their role to protect patients. Within healthcare bodies, including dentistry, a resultant separation between general policy making functions (i.e. the regulatory element) and the adjudicatory functions (i.e. the disciplinary element) was brought into force (Warwicker 1998; Pollock et al. 2006). Accordingly, the regulation of professional development has increasingly taken on importance in the UK in education and healthcare (Department of Health 1999; 2001a; 2001c; Scottish Executive 1999; 2002; 2003; 2005a; Scottish Government 2007). The central focus of both regulatory and disciplinary functions has become one of ensuring public protection through a continuous

[4] NMP as a progression from Taylorist management principles expanded on market principles through tightened control and governance. Ferlie et al. (1996) describe six common features of the effects of NPM: privatisation; introduction of market mechanisms into public services; a separation between core, or policy, activities and peripheral, or service delivery, activities; outsourcing service delivery; performance management with a focus on efficiency; flexibility in labour markets.

maintenance and updating of the competence of health professionals.

2.9 Local-global interplay revisited and dentistry

Arguably, the many changes taking place within policy have impacted on the way the professional within healthcare has been reconfigured locally. In general, along with an increased focus on professional development, many of the reforms implemented throughout the NHS have resulted in a loss of autonomy through increased central government controls (Warwicker 1998). Those changes may be seen to follow the previously explored global manifestations of the professional project. For example, in terms of a questioning of trust and an increased perceived need for public protection, a tightening of regulations appears to have followed. Following Larson's (1977) view, a corresponding increase in professional development has demanded a continual maintenance of standards and competency. Furthermore, it may be argued that NMP and subsequent regulatory and disciplinary mechanisms have strengthened institutional legitimacy and authority (Boulding 1953). Such reconfigurations raise many issues and questions around the autonomy, positioning, and the role and formation of the professional. However, as part of those changes, the dental practitioner has yet to be clearly located; in fact dentistry in general has featured very little in leading government documents[5]. In order to understand our own trajectory, a closer examination of the dental practitioner within the professional project, UK policy and our contextual characterisation is required.

2.10 The dental professional

Where does the dental practitioner fit into the professional project and UK policy? We are classified as a profession, that is, we have the generic dimensions described by Goode (1957). However, Jarvis (1983) feels that the terms "profession" and "professional" are often applied with very little consideration of their conceptual origins. In terms of associations, we originated from the ancient trade of barber surgeons; until the 16th century, at least, dedicated dentists did not exist. It was not until the latter part of the 19th

[5] The regulation for dentistry through the General Dental Council has remained linked to the UK government in London. Although there are local Scottish differences in terms of delivery of care and remuneration, decision-making powers for the regulation of undergraduate and postgraduate education remain within the General Dental Council. This may change in the future as a Scottish General Dental Council has now been created. To date this remains non-functional as a regulatory body (stand 2011).

century that dentistry became a profession in its own right, with compulsory registration finally established in the early 20th century. Therefore, it could be said that dentistry is an offspring of medicine, a profession described by Eraut (1994) as the most powerful of professions. In consideration of this, it is still hard to place dentistry as a profession exactly. In posing the question, 'Is Dentistry a profession?', Welie (2004, p.529) questions the very basis of this claim contending that 'every self-respecting occupation nowadays claims to be a profession' (p.529). Reflecting on this point, I realized that the question is also one that I have never heard discussed in the conversations over the years. It is, however, an interesting question when thinking about the location of the dental practitioner and professional development, as it necessarily reflects on the values we hold for our practice and education.

2.11 Locating the dental practitioner

As dental practitioners, most of us work as 'High Street dentists', in the hospital setting or in government run community centres. This means, from the point of view of remuneration and work environment, we are dependent to a greater or lesser extent on economics and market influences. We have a captured audience as far as pain and discomfort is concerned, while others things we do tend to be put on a list as "wear and repair" and "cosmetic" dentistry. Our workload also involves varying degrees of management, administration and clinical practice. From that perspective, we differ as practitioners in the amount of time we allocate to each of those areas. However, what we have in common is that at the "point" of actual work we tend to feel at home at the "chair side", arching over to reach a back molar in mirror vision. This is very much our field of discovery and point of contact for most of our working lives. Of course, this does not exclude the people we treat; in this respect, we are known to be a talkative group. It is in the nature of being a dentist to talk and calm people, many who bring the traumas of previous treatments into our surgeries.

Based on this description, the assumption is, as practitioners, that structurally we straddle two "worlds"; one that finds itself bound to a social contract and another that puts the dental practitioner in a position of being in a business (Welie 2004). That is, those services we supply may be construed as serving a public as patients and a public as a market. While we may be related to medicine as a profession and whilst as a community we hold to those traditional characteristics as described by Parsons (1939), in the public forum we very

much supply a service embedded in consumer marketplace dynamics. An example of this is the increasing activity in the private sector with its advertising of and demands for cosmetic dentistry. As general practitioners, as far as the NHS as a service provider is concerned, we have always been regarded as "subcontractors"[6]. In terms of the modern professional we are bound to both professional ethics and codes as a community whilst, at the same time, we are subject to accountability measures, scrutiny and markets forces.

This places the dental professional in a context with a myriad of influences explored at the beginning of this chapter. That is, we are influenced by the professional project (Parsons 1939; Boulding 1953; Goode 1957; Merton 1968; Weber 1978; Larson 1977; Alexander 1985), ideas of the professional as an ideology (Eraut 1994), as makers of risk, suppliers of expert knowledge (Giddens 1991; Beck 1992) and, as an ideological task, a consumer product (Larson 1977). The assumption could be made that dentistry as a profession has been subject to many of the sociocultural, political and economic reconfigurations previously described. However, in terms of how development and education are viewed, practitioners, their role and their practices underlie polices which institute their character (Giddens 1991). How, then, does dentistry relate to the location of professional development?

2.12 Dentistry and professional development

Professional development in dentistry is located within the general framework of the General Dental Council Lifelong Learning Scheme (General Dental Council 2000) that came into force in 2002. The Lifelong Learning Scheme followed many other national and European initiatives related to a restructuring of education for the knowledge economy (Coffield 1999). Field (2006) has argued that there are multiple models of lifelong learning which represent the nature of learning and the learner in different ways. As far as professional development as a term is concerned, there have been multiple representations and associations with a discourse of skills, growth and self-fulfilment in addition to an association with its aim to improve the relationships between the professions and the markets they serve (Field 2006).

[6] Primary care dental practitioners: in general these are the so-called "high street" general dental practitioners (GDPs) who receive a fee per item type of remuneration and work under the status of self-employed whether under the NHS or in the private sector. Secondary care e.g. hospital and community dentists, have been subject to the setting up of Trusts which manage and regulate those services.

Although those conceptualisations of lifelong learning are relatively recent, the concept of lifelong learning goes back further at least to its mention as 'lifelong education' in the Faure report of 1972 (Aspin and Chapman 2007, p.57). In more recent conceptualisations, lifelong learning is associated with a "cradle to grave" approach and, as Coffield (1999) has argued, this marks a distinction between present day concepts of lifelong learning and earlier understandings. The original UNESCO Faure report gave an account as a lifelong engagement with education, with the goal to enrich the individual as a learner within a wider community. However, a newer version has become more oriented to an individual perspective and employer or consumer interests (Coffield 1999). It is this newer version that is reflected in many of the policy documents and promoted throughout the NHS (Pollock et al. 2006 and see http://nhsmarketing.co.uk for example). In addition, as was announced leading up to its introduction within dentistry, professional development as lifelong learning was to be regarded as a way to provide both legitimacy for the professional and protection for the public (Wilson 2000). As Wilson (2000) contended the 'demonstrable credibility which this development will bring will enhance the protection of the public and its confidence in the profession' (p.469).

Friedman and Philips (2004) note that professional associations make numerous concurrent claims for professional development and more specifically for CPD. For example, they suggest that it is:

> part of lifelong learning; a means of gaining career security; a means of personal development; a means of assuring the public that individual professionals are up-to-date; a method whereby professional associations can verify competence; and a way of providing employers with a competent and adaptable workforce. (Friedman and Phillips 2004)

Although there are varying definitions of what CPD is in healthcare, depending on the healthcare professional involved, the General Dental Council have aligned themselves with descriptions emanating from government policies and documents from the Department of Health.

The Department of Health define CPD for the NHS as a workforce as both a benefit for individuals and patients and as a:

> process of lifelong learning for all individuals and teams which enables professionals to expand and fulfil their potential and which also meets the

> needs of patients and delivers the health and health care priorities of the NHS. (Department of Health 1998a, p.2)

Within the framework of the General Dental Council Lifelong Learning Scheme for professional development, lifelong learning is to be achieved through CPD defined by the General Dental Council as:

> study, training and other activities undertaken by a dentist which he or she reasonably intends should advance his or her professional development as a dentist. (General Dental Council 2010)

In this description, there are links between CPD as professional development and lifelong learning as freely chosen paths. According to Friedman et al. (2001), this idea of CPD gives participants room to interpret the concept of professional development to suit their professional circumstances. It relies upon the responsibility of individual practitioners to decide on the most suitable CPD activities for themselves (Friedman et al. 2001). This seems to be the case with the General Dental Council Lifelong Learning Scheme although some restrictions do apply. As Wilson (2000) noted:

> lifelong learning based on recertification, self-regulation will be strengthened and the profession will have a platform on which to develop robust arrangements for clinical governance. (p.469)

At first glance, Wilson's (2000) described relationship of CPD to lifelong learning as one that regulates and the relationship described by the General Dental Council as one that provides development seem to be contradicting each other. However, despite its "reasonable" tone, the General Dental Council may be regarded also in terms of regulations and obligations for CPD. Those are clearly set out for each dental practitioner who is required to complete 250 hours of CPD over a five-year period. At least 75 hours must be spent undertaking verifiable CPD, that is, CPD that includes a specification for educational aims and outcomes. The remaining hour quota for CPD is called non-verifiable or "general" CPD and relates to informal learning activities (for example reading journals). In addition, there is a requirement to complete 15 hours of clinical audit every three years as part of the NHS clinical governance framework (Department of Health 2001c). More recently, there has been a proposal to extend the lifelong learning package in terms of providing evidence for competency according to a range of General Dental Council standards (General Dental Council 2010). This has been formulated as an e-portfolio of evidence that aims to highlight compliance in the domains of professionalism, clinical skills, communication, management and leadership (General Dental Council 2010).

2.13 Summary

On a national level, it is clear that there have been many changes on the political scene in relation to professional development and its links to CPD and lifelong learning. However, where dentistry sits within the broader scheme of a professional project and its macro influences, cannot be excluded from the local influences affecting education (Ball 1998; Coffield 1999). This is important as the idea of professional development has in fact existed for some time within dentistry, albeit in an "unregulated" form as a freely chosen path. In addition, it places the location of the dental professional and development against different backgrounds that depend on how the modern professional is viewed as a sociocultural phenomenon, that is, as a "risk" or a "necessity". While expert knowledge is still a central feature of dentistry as a profession, this is set against a need to control and a need to protect the public. Accordingly, professional development and hence CPD, through its powers of formation in terms of standards (General Dental Council 2010), is important for the dental professional. Specifically, this relates to dimensions of the knowledge base for expert tasks, the evaluative and moral base and the service provided (Goode 1957). It can be assumed that any changes or shifting of agency, in and between those dimensions, will be reflected in the way that development and education is perceived.

As far as dentistry as a profession is concerned, the "rules of the game" have definitely changed over the last twenty years and particularly so with respect to my own practice. My return to the UK highlighted well the changes that had taken place nationally, as I went through the process of being "re-registered" with our regulatory body, the General Dental Council. This re-registration included proving that I was competent and could practice to a standard by supplying an account of my professional development over the previous five years. In effect, I was now accounted for and would be accountable.

In view of how professional development is regarded, the overview here indicates that its aim raises issues of social status, privileges, legitimation and autonomy (Larson 1977; Abbott 1988). Those issues are reflected through CPD as a legal obligation and its link to professional development and education, while being framed within the earlier mentioned General Dental Council Lifelong Learning Scheme (General Dental Council 2000). This in turn needs to be contrasted against the micro or more local practices where the ultimate effects play out in practice. There are also questions as to the relationship of professional

development, CPD, education and development of the professional in practice. What do we understand by development, education and the formation of the professional for and in practice? From a practice point of view, we need to ask questions about the expressions of the character and value of professional development. Such expressions may be reflected in terms of education, practice and the paths of exploration into those qualities. Accordingly, the next chapter explores these factors and examines professional development and associated research.

Chapter 3 Locating professional development

3.1 Introduction

In the last chapter, I explored the location of the dental professional within macro contexts and professional development as described with regard to UK policy and the General Dental Council (2005). As the last chapter illustrated, the idea of the professional has many interpretations, as has the notion of professional development and its relation to lifelong learning. Equally, the word "develop'" has several meanings. It may mean to expand or enlarge, or in a game it might mean to strategically advance. It may also be taken, like a plant, to be a natural progression of growth ('develop' Oxford English Dictionary). In relation to professional development, the conceptualisation and meaning of "develop" takes on a different understanding of what a person might become (Biesta 2006). Indeed, as Edwards and Nicoll (2006) have noted, there has been much debate about the nature of the professional and development in different sectors of education. In this respect, they warn that there are 'huge sets of rituals and performances in the continual fabricating of professions and professional development' (p.119). Accordingly, rituals and performances may be reflected in terms of how development and practice are understood. What development signifies for the professional, and the education that is intended, are, therefore, important areas to explore. Professional development may be thought of in terms of both development for the professional and development of the professional. In this chapter I explore the literature around these themes. Starting with studies that can be found within dentistry, I include relevant studies that have had an impact on education and professional development. Finally, I consider the different paths and terrains, including ICT, upon which the practitioner may seek professional development.

3.2 Professional development: for the professional

While research in the field of professional development in dentistry is sparse, there are a number of studies that may shed light on the nature of CPD in the context of dentistry. Specifically, working within a positivist paradigm, most of this research assumes an objective reality that demands reliability and validation of "truths" through experimental methods. For example, Leggate and Russell (2002) concluded from a nationwide survey that the uptake of CPD opportunities was variable amongst the nearly 2000 dentists in

Scotland. Furthermore, they noted that while many respondents indicated an interest in using several different learning methods, attending "hands on" activities and lectures were still the most favoured learning formats. Buck and Newton (2002) conducted a similar study to identify CPD activities of dental practitioners in the UK, finding that a 'large proportion of dental practitioners are currently undertaking sufficient CPD to meet the UK requirements of recertification' (p.39). While these two studies were quite extensive, they fail to provide anything more than we could conclude fairly easily. For instance, we would be hard pushed to favour anything other than "hands on" courses as this is our "bread and butter", what we are most familiar with, particularly in general practice. Similarly, it would be unusual to find that practitioners were not taking sufficient CPD as this is, by law, linked to our licence to practice (General Dental Council 2005). However, both studies note that in relation to ICT based CPD there are barriers, although it is not clear what those are. The tension within those studies is the limited space for inquiry. For example, by looking for patterns of prediction and control there is little room to understand why those barriers to CPD and ICT exist. However, Eaton and Reynolds (2008), again in the dental field, have suggested that a reluctance to participate in ICT may be related to technical barriers and the fact that practitioners 'not all of [whom] are 'techno-literate', also have to *adapt* to the online world' (p.92, emphasis added).

Adaptation has also been an important focus for professional development in medical education, with an acknowledgement that this is a difficult area to investigate. Grimshaw et al. (2002), for example, carried out a systematic review of multiple educational approaches for professional development, highlighting the difficulty of determining what might bring about a change in practice. In relation to the idea of adapting, there are several studies in the field of medicine and dentistry that consider behavioural change and come to similar conclusions (Davis et al. 1995; Davis et al. 1999; Bonetti et al. 2003; Davis et al. 2003; Pitts 2004; Bloom 2005). Davis et al. (2003) explore change in practice by comparing the different meanings of CPD and continuing medical education (CME), that is, education that is not tied to a curriculum for post specialist training. The authors make the distinction between CME and CPD thus:

> Most physicians think of continuing medical education in terms of the traditional medical conference, with rows of tables, pitchers of ice water, green table cloths, and a lecturer at the front of the room….This reinforces the teacher driven nature of continuing medical education, which gives little attention to the concept of professional development. (p.33)

In examining extensive studies of professional learning in medicine, Davis et al. (2003) highlight an apparent conceptual weakness of the meaning of professional development. They conclude that the reason CME has failed to demonstrate change in practice is that it has not been considered to have the idea of "growth". The focus changes from a relatively fixed idea of development as adaptation, to a less stable concept of development as growth. However, this research has also been inconclusive with previous studies showing CPD to have had no impact on practice. As Davis et al. (2003) conclude:

> Although the focus on subjective, learner centred curriculums is laudable, it means that continuing professional development can contribute only marginally to improving public health. (p.30)

Following this move to ground development in growth, rather than the idea of adapted and behaviour change, the authors' conclusion was that the lack of impact can be contributed to a lack of knowledge (Davis et al. 2003). Accordingly, in order to close the "knowledge gap" and to have any impact on practice, it has been suggested that expert knowledge would have to be "translated" to practitioners (Davis et al. 2003). The path for development and translations of knowledge remains a "work in progress" for medical and dental education (Boissel et al.2004; Degner 2005; Santesso et al. 2006; Thomas et al. 2006; Arnold et al. 2007; Graham and Tetroe 2007; Baumbusch et al. 2008; Dobbins et al. 2009; MacDermid and Graham 2009; Clarkson et al. 2010; Chambers et al. 2011; Kothari et al. 2011). How this translation will actually take place is left to a description of exchange of information and possible educational interventions to facilitate any exchange. Still looking at impact on practice, other studies take a more direct line by examining behaviour and change, suggesting that the:

> assumption that clinical practice is a form of human behavior and can be described in terms of general theories relating to human behavior offers the basis for a generalizable model. (Eccles et al. 2005, p.108)

There are many such studies with this dominant view that behaviour, adaptation and change may be generalised and used as a prediction of the outcome of professional development. However, there are some studies which acknowledge the complexity of what might determine any change (Grimshaw et al. 2006; Eccles et al. 2006) and further that knowledge transfer may in fact be a 'haphazard and unpredictable process' (Eccles et al. 2006, p.107).

The very notion of development within medical and dental education, particularly with reference to CPD and lifelong learning, has suffered from a lack of studies which explore to any great extent the meaning and understanding of "development" and, instead, focus on more technical aspects of "change", "transfer" or "translation". By way of contrast, Edwards et al. (2002), from the field of education, suggest, in their view where the nature of learning is concerned there is a need to 'engage more thoroughly with the actual change processes this is meant to address' (p.527). Accordingly, they suggest that while the focus of policies for lifelong learning is for an '*adaptation* to change' (p.526, emphasis added) there is a need to consider a more nuanced view of how agents may be capable of 'autonomously generating change for themselves' (p.527).

The problem of a technical approach to exploring development and practice is made clear by Schön (1983) who noted, some time ago, the increasing trend to classify professionals as technical experts. This approach, suggests Schön (1983), is related to an epistemology of development and practice that has for some time dominated the view that:

> professional activity consists in instrumental problem solving made rigorous by the application of scientific theory and technique. (p.21)

This reflects much of the previous research discussed which finds its methods and aims in experiment, prediction and control, and for the most part remains uncontested in medical and dental education. That said, more recently Norman (2009), from the field of medical education, has critiqued both methodology and the theoretical underpinnings of much of the research in this field. Norman's (2009) main objection is that taking a narrowed viewpoint of learning and practice has led to misleading results. By example, the author points to the widespread use of Miller's (1990) pyramid[7] as a theoretical framework for understanding development. His main contention is that Miller's pyramid carries the implicit assumption that "does", as performance and as an indication of change, is placed at the top of the development curve. This contrasts with "knows" which is delegated to the bottom. Norman's (2009) concern is that this staging effect of development, with performance as the predefined end goal, ignores the possibility that authentic situated practices might have a part to play in development in practice.

[7] The so-called Miller's pyramid was named after its creator psychologist George Miller who, in 1990, proposed a framework for assessing clinical skills. As a hierarchy of knowledge forms, Miller placed knowledge or "knows" at the lowest level followed by" knows how" as competence and then performance (shows how), which Miller regarded as true practice and measurable, on the higher level. In other words, the ability to perform was set as the end criteria of development.

3.3 Professional Development: Situated practices, development of the professional

There is a considerable amount of research that explores how practitioners develop in practice and agreeing that this may be where actual learning takes place. This is reflected in many studies on professional education and knowledge, for example, as situated, tacit and embodied learning (Schön 1983; Boud et al. 1985; Brown et al. 1989; Lave and Wenger 1991; Eraut 1994; Billett et al. 2006; Billett 2010). One of the most significant theorists in this field, who challenged the "technical" views of the professional and development, is Schön (1983). In locating practice in a 'swampy lowland' (p.42) of indeterminate conditions, Schön (1983) put forward the idea that this lowland is overlooked by a higher ground where more disciplined knowledge sits. A lowland-higher ground divide produced, according to Schön (1983), a theory-practice divide. Schön's (1983) main contention was that a great deal of technical or disciplinary knowledge does not reflect directly on development and professional practice. In attempting to reconcile a theory-practice link and counter an '"instrumentalization" of practice, Schön (1983) developed what he came to call an epistemology of practice, understanding development in practice as a 'process of reflection-in-action' (p.68). Accordingly the practitioner:

> reflects on the phenomenon before him, and on the prior understandings which have been implicit in his behaviour. He carries out an experiment which serves to generate both a new understanding of the phenomenon and a change in the situation. (p.68)

Extending this idea, practitioners may also take the time after an event to ponder on experiences. In this process of "reflection-on-action" (Schön 1983), practitioners draw from their own frameworks of reference coming to conclusions about their own practice, and hence situated knowledge. This notion of reflection has been taken up by many working and researching in the field of professional development (Boud et al. 1985; Moon 1999; Johns 2004), within healthcare (Benner et al. 1999; Forneris 2004; Sommerville and Keeling 2004; Duffy 2007; Dekker et al. 2009) and by some within dentistry (Wetherell and Mullins 1996; Pee et al. 2002; Strauss et al. 2003; Asadoorian et al. 2011). Hence, there is a move away from a one-off transmission and behaviourist model of development across some fields of research, to a more progressive idea of change in the "reflective model".

However, a critique of Schön's reflective models questions the limited number of case

studies of practitioners at work upon which Schön's research is based and points to a lack of in-depth explorations of the realities of "reflection in action" (Munby et al. 2001). Furthermore, whether Schön's (1983) theory on "reflection-in-action" actually does match what happens in practice has been questioned (Eraut 1994, Usher et al. 1997). A critique has also come from Eraut (1994) who questions the process of "reflection-in-action" and the actual conditions of practice that, in his view, leave little time to think and act in this way. Despite the critiques, there are important threads to be drawn from Schön's (1983) theories. For example, reflection "on action", has been proposed as a viable proposition, although what that may produce in terms of development is still open to question. Eraut (2007) also points to the value of personal knowledge for development as 'what individual persons bring to situations that enables them to think, interact and perform' (p.114). Eraut's (2007) description of personal knowledge for development also seems to echo Schön's (1983) idea of reflection on action. When taken to be what we might bring to practice from previous encounters, this may be seen as the experience gained from external knowledge, together with what we might gain from experience in practice. In addition, this view of development contrasts with the previous research discussed which has its focus on adaptation, behavioural change and translation of external knowledge. The strength of Schön's (1983) "reflection" model and associated views is that they place intuition, improvisations, practitioners' experiences as knowledge, and personal knowledge as experience in the foreground. However, such processes and qualities are difficult to define; they are complex and they are even more difficult to predict and control (Eraut 1994; Montgomery 2006; Groopman 2007). Nevertheless, through considering knowledge as experience and experience as knowledge we may come closer to understanding the development process of the dental practitioner. In addition, in the face of making immediate practice decisions and contemplation on problems after the event (Eraut 1994), it may also provide a thinking ground for understanding development and its relationship to external knowledge as experience.

3.4 External knowledge as experience, practice knowledge

Eraut (1994), who has probably contributed to the broadest and most comprehensive research on professional education in practice, analysed different types of external knowledge and "know-how" used by practising professionals in their work. According to Eraut (1994), knowledge in its different forms is a key for professional development. Drawing from numerous studies of professionals in practice, Eraut (1994) delineates

several types of external knowledge in relation to professional learning suggesting that many types of knowledge sources might be considered to influence professional development, particularly in contemporary times. Eraut (1994) went on to give a comprehensive topography of those knowledge forms broadly categorized as: codified or scientific knowledge, cultural knowledge and local practice knowledge. However, in highlighting the importance of personal practice knowledge, Eraut (1994) notes that unlike external knowledge this is the blend of what the practitioner brings to and from practice. This view of development, as a mix of knowledge as experience in and out of practice (Eraut 2000), is echoed by others who also underline the difficulty in making this explicit or descriptive as practice (Montgomery 2006; Groopman 2007).

Drefyus and Drefyus (1986) also highlight the difficulty of describing practice, bringing some different perspectives from their research. Drawing from the field of computer science and phenomenological perspectives informed by those such as Merleau Ponty and Heidegger, Dreyfus and Dreyfus (1986) undertook extensive analyses of how practitioners develop in practice. In theorising a model of 'novice to expert' (p.16), they found that while the novice practitioner held to rules and explicit knowledge, the more experienced practitioner relied less on "rule" determined knowledge and more on a deeper implicit understanding. Accordingly, Dreyfus and Dreyfus (1986) put forward the suggestion that development is characterized by a gradual attainment of know-how from experience that finds its base in rules or fixed bodies of knowledge. Thus for development, Dreyfus and Dreyfus (1986) highlight a progression through experience and practice. The results of this research have been further applied to many empirical studies across professional contexts including many in healthcare (Daley 1999; Berliner 2001; Fook 2002; Brenner et al. 2009).

However, a critique has been raised that the Dreyfus and Dreyfus (1986) model of "novice to expert" reflects a process that is compartmentalised and rigid in its description (Eraut 1994; Dall'Alba and Sandberg 2006). In particular, Dall'Alba (2004) argues that the processes involved are laden with theory, rather than relating to the realities of practice. Dreyfus and Dreyfus (1986) and others (Flyvbjerg, 2001; McPherson 2005), in responding to this critique, suggest that the importance of this work lies in the idea that development is not a one-off event. Rather, development, in their sense, is a continual process of refining discriminations that are dependent on cognitive, affective and environmental conditions

drawn from the past and projected towards the future. Quoting Merleau-Ponty to support his view, Dreyfus (2002) explains:

> The life of consciousness - cognitive life, the life of desire or perceptual life - is subtended by an 'intentional arc' which projects round about us our past, our future, [and] our human setting. (p.373)

It is perhaps not Dreyfus's (2002) intention to draw attention to anything more than the complexity of learning, the complexity of practice, and the centrality of experience and experiences within that practice. Dreyfus (2002) stresses that practitioners gain experience and develop at different times, from and in different places. However, by drawing attention to a notion of 'skillful coping' (p.378), Dreyfus (2002) highlights several aspects which are important for the nature of being in practice. In phenomenological terms, the focus here is on a broader sense of the experience of actions and development of the self, rather than functional (positivist) claims to what is happening on a cognitive level. To understand this means a consideration of what might happen to the dental practitioner when encountering action. Although much practice relies on a theoretical understanding and abstract representations, such as a body of given knowledge, those are submitted and acted upon by and through personal judgement. Furthermore, personal judgements are sense orientated and drawn from an experiential understanding of practice. Polanyi (1967), for example, contributing extensively to the idea of what he called tacit knowledge, "knowledge which we intrinsically know but are unable to tell", suggests that it is in the process of knowing that new knowledge is created:

> the act of knowing includes an appraisal; and this personal coefficient, which shapes all factual knowledge, bridges in doing so the disjunction between subjectivity and objectivity. (Polanyi 1967, p.17)

Practice knowledge, on this view, is a personal experience, embodied and dependent on an active engagement within our own conceptual reference to external knowledge. It is through this embodiment that we eventually come to own our personal and context dependent working knowledge. Based on several empirical studies (Dall'Alba 2004; Dall'Alba and Sandberg 2006; Dall'Alba 2009), it has been argued that it is this experiential understanding of practice that might make the greatest contribution to professional development. As Dall'Alba and Sandberg (2006) suggest, 'the knowledge and skills that professionals use in performing their work depend on their embodied understanding of the practice in question' (p.389). Furthermore, suggest these authors, this understanding of practice is an important factor for both professional development and

identity.

The view that identity and professional development are central to practice is also widely held by others, across many disciplines, professions and occupations (for example, Bourdieu 1990; Clandinin and Connelly 2000; Edwards and Usher 2000; Jarvis et al. 2003; Brookfield 2005; Montgomery 2006; Biesta 2006; Groopman 2007; Kalantzis and Cope 2008 ; Billett 2010). Sennett (2008), in highlighting identity and development from a sociological approach, turns to the nature of knowledge and skills in practice. However, differently from the previous studies, his focus is on the political implications of the developmental process. Drawing from Mihalyi Csikzentsmihalyi's research on labour and work, Sennett (2008) accords the process of crafting and what the practitioner does in their practice, to a matter of "flow"; a state of perfect workmanship that is consciously and subconsciously influenced by external influences. Those external influences of the cultures of craft, its design and beyond, according to Sennett (2008), are important for development and the eventual "product'" of that craft. Important is the notion of craft as an essential human and humanizing work process that involves the experience of the "maker", along with an expertise embedded in an autonomous possession of those processes. Accordingly, the process of making and the result of that making are embedded in a continuous internal dialogue, consciously and subconsciously influenced by external conditions (Sennett 2008).

Professional development, in the previously described accounts, would appear to point to a complex mix of personal experiences and their interaction with external "knowledges" and conditions. How this eventually "pans out" in practice as we, as dental practitioners, sit at the chair-side, is clearly both an external (Eraut 1994) and an internally mediated event (Vygotsky 1978). In addition, Sennett's (2008) description of the 'intimate connection between hand and head' (p.9) draws attention to the importance of the interplay between practice, experience and craft in the process of development and building personal, practice knowledge.

A more nuanced and extended view of the interplay of practice, experience and craft is depicted by MacIntyre (1984), expressed as:

> any coherent and complex form of socially-established cooperative human

> activity through which goods internal to that activity are realized, in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity, with the result that human powers to achieve excellence, and human conceptions of the ends and goods involved, are systematically extended. (p.175)

There are important threads to be drawn from MacIntyre's work that raise questions of ethics, morals and values inherent to practice. We might also question the interplay of agency, practice, experience and activities inherent to a community as a 'cooperative human activity' (MacIntyre 1984, p.175). We may even question what we envision as goods internal to an activity. It is important to note from MacIntyre's (1984) account that even from a technical point of view, practical skills cannot be separated from those values and judgements that are both internally and externally grounded as social events.

Dreyfus (2002) also suggests, along with others (Bourdieu 1990; Eraut 1994; Bernstein 2000) that development occurs through extended social processes of embodiment of language and culture. That is, despite the hidden nature of our internal and "solo" conversations and the "heads and hands" work that we do, we cannot assume that our actions are not social acts. When we decide to provide a treatment, a case in mind might be responding to recent demands for implant surgery, the motives and value judgements for such a treatment are dependent on socially constructed values of what might be right or wrong. In the context of a profession such as dentistry, many of those motives and value judgements are embedded in the professional community as a collective memory (Shepherd 1993)[8]. This idea of a collective memory as a social construct has a powerful relationship with how we act and think. As I am writing this dissertation and trying to conceptualize my own practice, I am constantly pulling up from the depths of a collective memory (Shepherd 1993). In consideration of a collective memory and what we might share as practitioners, social practice is an important theme. Eraut (2007), for example, highlights individual and social facets to be of importance for any cultural knowledge that might be accessed. Traditionally in dentistry other more external and culturally different practices, conferences, meetings, depot[9] exhibits and other collegial activities through which developmental paths have been sought, have always been favoured. A consideration of how we develop professionally must then also consider how external, social experiences

[8]Shepherd (1993) relates a collective memory to Bakhtin's understanding of a 'narrative construct (supportive of official history and not its subversion) from within a hegemonic discourse' (p.107).

[9] Many of the commercial dental companies have so called depots where sundries and other dental materials are stored and then sold.

might contribute to and influence development (Kalantzis and Cope 2008).

3.5 Developmental paths and social experiences

In the literature around development and social experiences, Lave and Wenger (1991) are probably best known for their ethnographic research on apprenticeships that has been applied as a theoretical model in so-called communities of practice (CoPs). Lave and Wenger (1991) looked at work related learning relationships, particularly within occupations, professional groups and, later, organizations (Wenger 1998). Wenger (1998), in highlighting the benefits of collective learning as 'the social fabric of learning' (p.251), suggests that such activities lead to shared practices; 'practices are thus the property of a kind of community created over time by the sustained pursuit of a shared enterprise' (p.45). This idea of CoPs has been conceived as a process of social learning between people with common interests over a period of time. Central to this concept is the idea of sharing, exchanging and formulating situated knowledge in formal terms. It is worth noting that development in this sense is not a predefined goal, but rather a bi-product of what takes place through interaction. Through such communities, Lave and Wenger (1991) propose that knowledge creation as a social event may result in the development of tools, documents, routines, vocabulary, memories, symbols and so forth. Participants learn through mutual engagement in activities that create those artefacts that eventually become part of that community. In addition, a distinguishing mark of such communities is that they are well defined and formed through affiliations and associations (Lave and Wenger 1991; Wenger 1998).

From a heuristic point of view, it is easy to associate with such communities. That is, it is easy to associate with the idea of joining a new group, becoming more and more familiar with the people there and eventually joining in with the activities that take place. Being part of a dental community, meeting up through conferences or attending courses, on this view, may give the opportunity to become a member of a CoP. In addition, our association and interactions with the General Dental Council may be said to define us as such a community. However, a critique of this view of community has been given on several accounts. For example, Tennant (1997) makes the point that Lave and Wenger ignore the power relationships within these CoPs. Specifically, they fail to question the nature of legitimacy as 'public knowledge and public accountability' (p.76). In addition, and in

relation to the development of the individual, there is little reference to the nature of what might take place as a result of engagement in such communities (Eraut 2004). While there still remains much support for the idea of CoPs, Eraut's (2004) main critique is that they attempt 'to eradicate the individual perspective on knowledge and learning' (p.203). Furthermore, Eraut (2004) suggests the concept of a CoP:

> focuses selectively on common rather than differentiated features of people's knowledge; and fails to recognise the need for an individual situated (as well as a socially situated) concept of knowledge in the complex, rapidly changing, post-modern world. (p.56)

The main contention is that in contemporary times, with the influx of ICT and possibilities for communication, people may be affiliated with more than one social group through which they access and contribute knowledge (Eraut 2004). In a similar vein, Engeström (2007) has suggested that CoPs are bound by membership criteria based on a central focus of highly defined skills and authority and so the influences that might exist in and between other members in addition to wider institutional influences are ignored. Engeström (2007) further notes that this version of development lacks historicity as it does not reflect the way any transformation of individuals occur over time, especially in the era of ICT. Engeström (2008) gives the example of the Open Source movement as particularly indicative of the forms of community that have grown through ICT connections, defining the characteristics of such connections as:

> rapidly pulsating, distributed and partially improvised orchestration of collaborative performance between otherwise loosely connected actors and activity systems as they tie, untie and retie together otherwise separate threads of activity. (p.194)

Important to this concept of community is the notion of participation and 'knowledge objects', agency and the 'looseness' of structures which might bind people together (Engeström 2008, p.194). Knowledge and values are important motivating factors for participation, and any resultant bindings are independent from rules or a central authority. Engeström and colleagues' (Engeström and Middleton 1998; Engeström et al. 1999; Engeström 2008) research has further focused on a shared sense of connections which lead to development. Drawing heavily from sociocultural theories grounded in Vygotsky's work on symbolic mediation, they investigated those shared activities in healthcare contexts that led to social transformation. Through those studies, Engeström (2008) relates the connections made between people along with the act of knowledge creation to an empowering effect, stressing that it is this that becomes the focus for community formation

(see ‘knotworking’ activities in Engeström 2008). This would seem to point to the possibility of motivations for binding which centre on intangible as well as tangible products, in addition to the connections made with people.

A similar concept of community is proposed by Knorr-Cetina (1999) who picks up on the idea of knowledge as objects. The binding factors that bring people together are what Knorr-Cetina (1999) calls ‘epistemic objects’ (p.12) of collaboration; the process and products of research being a good example. Knorr-Cetina’s research has also suggested that other types of epistemic objects, for example consumer goods and commodities, have become important as a means of mediating social bindings. A key finding for this study and ICT is that such objects may take the place of people in their binding qualities for community formation. In this respect, an important part of Knorr-Cetina’s (2007) research has been her focus on the cultural aspects of such communities. This opens the way to look at those objects in terms of their binding power and, therefore, to consider questions of agency in the context of their applications. As Knorr-Cetina (2007) explains:

> questions of agency, objects and their symmetry and conception cannot be decided theoretically by the analyst prior to fieldwork, but must be traced in the field. (p.365)

Thus, agency and the part such epistemic objects play in community formation, are seen to be without a pre-determined path. There may be multiple paths of agencies, of different strengths, ‘depending on what is at stake and whose perspective is brought to bear’ (Knorr-Cetina 2007, p.365). This centrality and vulnerability of agency also has implications for any sense of community where shared understandings of artefacts and knowledge of those is important. For instance, in dentistry we “share” a multitude of such epistemic objects: documents, reports, papers and research products, for example. Furthermore, in view of our location in a market place (as discussed in chapter two), there are more consumer orientated “epistemic objects” with which we might associate. This is particularly so with the increase in cosmetic and ceramic industries, and their products. In summary, binding factors, social activities and development may be considered in terms of human and non-human qualities, intangible as well as more tangible artefacts.

Latour (2005) and colleagues (Latour and Woolgar 1986; Law and Hassard 1999) have further looked at agency and binding power relationships of such intangible and tangible

artefacts. Agreeing that knowledge may be a binding factor for participation, they make the point that networks, through which collaborations function, should be considered in their "hybridity". In this view, where information, artefacts, and other such 'knowledge objects' and 'human actors' exist, agency is given both to human and 'non-human actors' (Latour 2005, p.76). This highlights the possibility that information, artefacts and human community members might influence each other in the process of forming communities and through any community interactions. Such a perspective must also necessarily extend to both online and offline interactions. This throws up questions of agency and the influences that might bind people together within communities in and out of ICT. These studies also point to the need to consider any social and cultural interactions that take place in and between different communities, including motivations for sharing.

3.6 Development in and between communities

While much of Wenger's earlier research was based in off-line communities, his later research has picked up on much of the previous critique of CoPs and many of the issues raised with regard to interactions within online communities. Accordingly, Wenger et al.'s (2010) later research has led to an expansion of the notion of CoPs in terms of online and offline communities. Giving examples of an identity domain, for example a group of alumni, a group of engineers or surgeons, and in the case of this study it might be a group of dental practitioners, Wenger et al. (2010) suggest that the motivation for a group identity, that is, a sense of belonging, is strongly binding. As a focus for development of professional practice, bindings occur through sharing and negotiations which Wenger (1998) previously identified and called 'brokering' activities (p.108). Such activities both preserve and connect identities through the artefacts that are co-constructed through communicated common goals. Common goals in this sense may also be an admiration of skills and participant qualities. In this sense, development of group identity is key for a sense of community. Furthermore, Wenger´s (1998) assertion that the development of identity involves 'negotiating the meanings of our experience of membership in social communities' (p.145), is important. That is, an individual, such as the dental practitioner, in order to be part of such online CoPs, needs to have an understanding of the practices and the experiences they take to and from the community. For Wenger et al. (2010), participation, identity formation and development are, therefore, natural consequences of such online communities based on past experiences and resulting in a dynamic process of social interactions sustained over time.

Engeström (2004), however, warns us it would be too simplistic to assume that in contemporary times it is an either or relationship to be part of a community, or a choice between online and offline environments. That is, neither the virtual world of online communication, nor the physical world exists in isolation. This is an important point for dental practitioners with respect to the working context and the different notions of community that might exist both online and offline. Importantly, we need to consider that we still carry out many of our day-to-day practices in the physical world interacting with the realities of those in terms of responsibilities and practice. In addition, whatever the motivations for belonging to a community, whether traditional or online, any actual development that takes place is a continual process and temporal in nature (Engeström 2007). This supports previously mentioned research in this chapter which suggests that development occurs through extended social processes of embodiment of language and culture (MacIntyre 1984; Bourdieu 1990; Eraut 1994; Dreyfus 2002; Sennett 2008). Rogoff (2003), similarly, puts forward a more temporal view of a process of development through communities. Rogoff's (2003) extensive empirical studies explored how individuals collaborate across different areas, or across what she calls planes, be those personal, interpersonal, cultural or institutional. In suggesting that experts continually engage in different types of communities and planes, with different point of views, backgrounds, practices or goals, Rogoff (2003) highlights the notion of difference and the importance of negotiations between different communities. This extends Wenger's (1998) notion of negotiation within a CoP and highlights the possibility that these negotiations may be complementary or contested relationships (Rogoff 2003).

Rogoff's (2003) research has interesting connections to the way dental practitioners might seek professional development in and out of ICT. Due to our placing between a public and private arena (see chapter two), we often take part in other negotiated activities outside our more practice oriented domain. These may be considered as planes in terms of public, institutional and more market orientated arenas and they may be set alongside personal and practice goals. In addition, our natural boundary as a community has expanded through ICT as we encounter other lands and continents. In the light of agency and binding powers of 'human' and 'non-human' actors (Latour 2005), and the engagement that takes place, a question arises about how "external" meeting places might be understood. Whereas local more familiar meetings may bring a natural sense of community, Taylor (2004) makes the point that there are different ways in which people engage within communities. Taylor (2004) cites examples of the public sphere, democratic initiatives or groups of self-

governing people indicative of more abstract communities in contemporary times. This is naturally a consideration where dental practitioners in a so-called community are geographically separated. Taylor (2004) further, in proposing that such geographically separated communities are socially constructed, suggests the intensity of meeting and interaction depends on perceptions of strongly embedded and accepted values:

> the ways in which people imagine their social existence, how they fit together with others, how things go on between them and their fellows, the expectations that are normally met, and the deeper normative notions and images that underlie these expectations. (p.23)

Anderson (1991), in the same vein, has described the idea of an imagined community as one where there is an "embedded'" sense that we are part of the same. Anderson's (1991) research explored how print and other mediating technologies could influence and lead to the formation of a national consciousness, where a sense of being part of a nation may exist despite an absence of connection in a physical sense:

> the members of even the smallest nation will never know most of their fellow-members, meet them, or even hear of them, yet in the minds of each lives the image of their communion. (p.6)

This would imply that dental communities in this sense might exist, mediated through shared expectations, values and a feeling of being part of the same. The question arises to how we might understand any embedded "sense of same". Anderson´s (1991) research may also suggest that "electronic" print can equally mediate the forming of social and cultural groups. Thus, shared imaginings of communities as social and cultural formations, and images of what those might hold, have expanded though ICT and the idea of extended places and spaces becomes important. For example, the Internet, in Harvey's (2006) terms, is defined as an interplay between space and place, where people might come together. Harvey (2006) refers to a cultural and politically constructed location where communities are created in order to preserve a sense of "home" but is not optimistic as to what a "home" may contain, suggesting that the motivation for attracting potential participants may be for economic gains. Thus, in thinking about development possibilities, the nature and intensity of cultural and politically constructed interactions that take place is important (Harvey 2006). In addition, the importance of Harvey's (2006) research is that rather than boundaries being formed in the process of being part of a community, or sharing and negotiations as in the sense of CoPs, these communities come "ready-made" and "preconstructed".

While an embedded sense of community may already exist for many dental practitioners, there are other considerations for our understandings of extended shared places and spaces such as ICT, including our identifications with and in those places and spaces. In addition, as the knowledge we may seek comes in many forms and guises: research, advertising, media representations and dental blogs, for example, then in seeking a sense of community and development, many of those knowledge forms may have different normative expectations and require different capabilities for negotiation (Rogoff 2003). In addition, and building on research cited here, it is clear that knowledge and agency are important considerations for learning and development encountered through social interactions and associations with CoPs and other communities. Furthermore, while traditional forms of communities may still exist within dentistry, in that they have well defined boundaries, new communication landscapes have the effect of extending traditional bounded networks (Engeström 2007). In Engeström's (2009) words 'the learning landscape has become 'a terrain of activity to be dwelled in and explored' (p.303). This also aligns with Billett et al. (2006) who, in exploring learning across professions, indicate that the types of activities that are carried out for professional practice are embedded in historical, cultural and social conditions in which they are situated. When those frames are extended, for example through ICT, as Billett et al. (2006) argue, such factors may influence the type and necessarily the quality of learning and development that takes place. How such connections are experienced within shifting and expanding landscapes in the dental context must also be a consideration for professional development.

3.7 Shifting learning landscapes and territories

The shifts in landscapes and the potential of ICT have produced, for the dental practitioner, a multitude of forms and opportunities to partake in conferences, virtual lectures, pod casts, discussion forums and so forth. This has naturally expanded the potential for professional development and the interactions and associations that may take place. The potential of ICT lies in both its capacity to allow us to process information and its supporting communication tools or, as Castells (1996) puts it, in its 'global reach, its integration of all communication media, and its potential interactivity' (p.329). In the same way that studies have shown that our embedded knowledge for practice and expertise is a complex phenomenon (Eraut 1994), in the light of ICT, others have argued that the knowledge that may contribute to development has, in many ways, become different (Gibbons et al. 1994). Edwards and Usher (2000), for example, outline the changes that have occurred in relation

to globalization whereby pedagogies, knowledge and learners have become '(dis)located' (p.125). Much of the literature looking at those (dis)located forms of knowledge, pedagogies and learners is based in sociocultural and critical fields of inquiry (Edwards and Usher 2000). The research that has taken place, to a large extent, builds on the work of Castells (1996; 2000; 2004a; 2004b; 2009) who proposed that the current 'informational mode of development' (Castells 1996, p.60) is characterized by pervasive technologies that move information in and out of an increasingly complex network of 'flows':

> flows of capital, flows of information, flows of technology, flows of organizational interactions, flows of images, sounds and symbols (Castells 1996, p.442)

Castells (1996) makes it clear that the different forms of knowledge flowing through such networks are unpredictable and follow their own logic. This opens up the possibility, on the one hand, for different paths to knowledge whilst, on the other hand, producing challenges as to what that knowledge will be. In seeking knowledge, the paths and spaces for development in terms of their expansion beyond traditional boundaries, are necessarily bound to the same unpredictability.

In view of the changing conditions and challenges that seeking knowledge might throw up, it is not surprising that there are those who are pessimistic as to the potential for any development that might occur through ICT (Lyotard 1984; Ellul 1990; Postman 1993; Baudrillard 1994). For example, for Baudrillard (1994), the freedom to develop is questionable as in the very act of seeking knowledge we may become subject to an external "gaze". In this view, as we transverse through networks, each act of seeking is 'controllable and measurable' (Kellner 1994, p.110). Foucault (1979), drawing on his research on power and knowledge relationships, makes a similar point and relates surveillance to a concept of the "Panoptican"; a modern construction of Jeremy Bentham's panoptic architecture for prisons at the end of the 18th century. Bentham's radial design ensured that prisoners placed on the outside would not be able to see any guard who was placed in a central location. Moreover, the configuration ensured that the prisoner would never know when they were being watched and so Bentham's design was crucial as an instrument of self-discipline. Although not related specifically to ICT, Foucault's concept of the Panopticon has implications for the way we act, move and behave in and through ICT and on this view, we may be subject to the same idea of surveillance.

Lyotard (1984) was also pessimistic, viewing the status of knowledge under the influence of advancing technology as an epistemological challenge. In his well-known report '*The Postmodern Condition'* (1984), Lyotard regarded the very nature of knowledge and its changing representations to have important implications for all walks of life, especially for education. In proposing that information had taken a computational turn, in the way it could be quickly produced, reproduced and stored, Lyotard raises questions as to the value of knowledge, and, more specifically, to its 'performative power' (in Malpas 2003, p.21). What is at stake, for Lyotard (1984), is the legitimacy of knowledge and its power in relation to its external placing and the "knower", that is, its "use value". Accordingly, the value of knowledge lies only in its external function which, in the era of globalization, is economic and political (Lyotard 1984).

There are many issues that those previously described pessimistic views might throw up in view of agency and autonomy to follow paths for development, in particular in consideration of a power/knowledge balance. For example, power and knowledge, for Baudrillard (1994), not only acts through the different motivations for production, but also in the alternative representations that may be produced. In considering different representations, Baudrillard problemized a shift in the representational relationships between the virtual and reality and he was concerned that virtual representations may lose qualities that are essential for their relationship to reality. In this sense, a new 'more than real (hyper) reality' (quoted in Kellner 1994, p.96) threatens to replace what is real. According to Baudrillard through a reversal of role of the real and virtual, the meaning of events and their content are in a way neutralized:

> Information devours its own contents; it devours communication and the social…. information dissolves meaning and the social into a sort of nebulous state leading not at all to a surfeit of innovation but to the very contrary, to total entropy. (quoted in Kellner 1994, pp.96-100)

All we are left with is impact and while meaning collapses so does the distinction between media and reality. In this view, the abundance of information and the ability of media's manipulation of images to confound the real, in particular in relation to social, technological and economic factors, make the very act of interpretation a challenge.

Such challenges have been taken up by many researchers who argue for a broader view of literacy that considers an extended view of knowledge, representation and interpretation

(Lankshear 1997; Street 1998; Alvermann 2002; Kress 2003; Guzzetti 2007). In particular, Kellner's (1998) reconceptualization of literacy to the idea of multiple literacies draws on critical theory to interrogate the effects of the changing characteristics of contemporary societies and accompanying social, technological and economic factors. Notably, in this area, there is an abundance of literature that draws on the research of the New London Group (1996) and the associated New Literacy Studies. This research builds on varying traditions and disciplines including critical literacy and discourse studies (Fairclough 2003; Foucault 2007; Gee 2008). The work of this group of scholars also argues for new understandings of the idea of literacy similar to Kellner's (1998) proposal. Particularly, their work questions how we might place the concept of literacy in the plethora of representations to be found as a consequence of shifting forms of knowledge and representations. Accordingly, literacy, expanded beyond the written text, encompasses a mix of text and images which are networked and embedded within a 'multifaceted semantic context made of a random mixture of various meanings' (Castells 1996, p. 371) or, more pessimistically from Bauman (1988, quoted in Blackshaw 2005, p.9), as biographical texts from a 'socially concocted mess'.

Such expanded landscapes may present expanded challenges for professional development and, as far as dentistry is concerned, as the literature in this field is sparse, it leaves an educational gap. In this respect, Kress (2003), giving a critique of a general movement in research that focuses on technology impact and outputs, argues for educational approaches that respond to multimodality and multiple literacies. Multimodality and multiple literacies have also been a focus of Gee's (2008) extensive studies comparing and contrasting the concepts of 'domestic', 'institutionalized' and 'community' discourses (p.182). In much the same way as Bourdieu (1990) and Bernstein (2000), Gee (2008) classified the relationships between discourses according to conditions of culture and social interaction. Gee (2008) took this idea further in considering those factors in relation to new forms of representations through ICT and, using the term 'discourse with a capital D' (p.155), proposed a broader definition of discourse to include values and practices within and across organizations.

In addition, the work of Cope and Kalantzis (2000) and Kalantzis and Cope (2001; 2008) has given rise to a wealth of qualitative studies which explore the processes and effects of new technologies in education at all levels. Kalantzis and Cope (2008), building on their

earlier research on development and identity and in the same vein as those of the New Literacy Studies, translate multiple literacies into pedagogic models and practices. This aligns with other research informed by political pedagogies of literacy which seek a transformational agenda for education and development (Giroux and McLaren 1989; 1994; Freire 2000a; 2000b; Biesta 2006; Kalantzis and Cope 2008).

3.8 Summary

I have indicated in this chapter that there are several areas which may have a bearing on the practice of dentistry, professional development and ICT. As far as pathways for development and the professional are concerned, we are faced with many landscapes, terrains and communication modes while looking for information and knowledge and the representations of those. The key question to be asked is what might be considered as education and development for the dental practitioner? This question is framed in the light of the multiple pathways, multiple representations and the multiple literacies that Kellner (1998), amongst others, have proposed. As the very notion of communication, knowledge and representation is dynamic and questionable, this also questions the rationality and intentionality of any communication that might take place (Habermas 1987). The motivating power in these questions is to consider the location of the dental professional within the given framework for professional development. How those processes and frameworks for dental professional development are communicated and understood must necessarily relate to how development itself is communicated and understood.

At the beginning of this chapter I gave an overview of how development may be viewed in terms such as “change”, “adaptation” or a “strategic set of rules”. Those terms contrast with less rigid interpretations of development as “progression” or “growth”. How professional development is located, must include communications as expressions of discourses of development. Furthermore, if knowledge in its different forms is key for professional development (Eraut 1994), we must consider what this might mean for any experience gained from external knowledge. This is especially relevant for the form and nature of negotiations that might take place in different types of communities and planes (Rogoff 2003), whether within our traditional community or in extended communities through ICT. In addition, central to the discussed frameworks is the concept of choice, in that development can be represented by different paths. Choice for the dental practitioner

and the experiences that result will be dependent on negotiations and discrimination of shared senses of belonging, associations and representations.

For the dental practitioner, choice is also important in relation to what this might mean for agency and development. In this respect, in asking questions of possibilities and experiences for and of professional development, it is important to consider both the local and wider developmental influences on pedagogic models, identity and practice (Kalantzis and Cope 2008). Accordingly, those influences need to be seen in terms of identity and practice as a 'socially-established cooperative human activity' (MacIntyre 1984, p.174) and pedagogic models of craft (Sennet 2008). In consideration of the line of inquiry for this study, that is, dental practitioners' experiences of professional development and ICT, an important question is, therefore, what do those conditions and challenges mean for identity and practice? This is the work of the next chapter where I consider developmental influences and their relation to identity and practice.

Chapter 4 Identity and practice, towards an unfolding narrative

4.1 Introduction

As explained in the first chapter, the nature and context for this study are relatively uncharted grounds, at least in dentistry. However, from the previous literature covered it is clear that questions of knowledge and its relation to agency and identity, including the influences that might bind people together within communities, in and out of ICT, were important. Although research in those areas is sparse in dentistry, a recent overview looked at CPD regulatory frameworks across several professions including dentistry (Bullock et al. 2010). The authors concluded that in the light of the shift in regulation to more prescriptive actions, agency is an important consideration in the determination of developmental paths. In addition, the view that identity and development are central to practice is widely held across many disciplines, professions and occupations (Bourdieu 1990; Clandinin and Connelly 2000; Edwards and Usher 2000; Jarvis et al. 2003; Brookfield 2005; Biesta 2006; Montgomery 2006; Groopman 2007; Kalantzis and Cope 2008; Billett 2010). For example, Kalantzis and Cope (2008), drawing from extensive empirical research within education, point out that different pedagogic models and ways of viewing knowledge may have different impacts on both development and identity. As Pickering (1995) points out, the world is continually 'doing things' (p.6) to people; the space between determination and agency being where those "things" play out. For the dental practitioner this might be thought of in terms of identities and determinations set within the sociocultural environment as covered in chapters two and three. It is to those areas that I turn in this brief chapter to map out a theoretical framework for this study.

4.2 The professional identity and agency

Berger and Luckmann (1971) suggest that the development of professional identity is influenced by a process of secondary socialization. This is also supported by Nyström (2008) whose research illustrated that professional identity is developed as an interactional relationship. Both Berger and Luckmann (1971) and Nyström (2008) align their work with other research that supports an enculturation of professional identity mediated through institutional worlds (Foucault 1979; Bourdieu 1990; Gergen 1991; Bernstein 2000; Castells 2004a). Professional identities may be more dominant at one time or another depending on

the strength of the ties of association. For the professional identity, the ties of association which exist between science and abstract knowledge are also important. This may be important in addition to particular fields of activity that draw on symbolic, cultural and historical contexts. Accordingly, professional identity may be seen as a dynamic relationship between different life spheres as opposed to 'an isolated phenomenon only taking place … in the work context' (Nyström 2008, p.17).

Bourdieu (1990), Bernstein (2000) and Foucault (1979; 2003; 2007) took a cautious stance on this aspect of professional identity with regard to interaction and symbolic control of practice. In particular, Bourdieu's (1990) research highlights that much of what is taken for granted within professional communities cannot be attributed to materials influences alone. Elaborating on the two concepts of 'field' and 'habitus', Bourdieu (1990) gives a detailed sociological and cultural account of the way in which 'dispositions'[10] regulate and maintain specific ways of being:

> The habitus, as the system of dispositions to a certain practice, is an objective basis for regular modes of behaviour, and thus for the regularity of modes of practice, and if practices can be predicted…this is because the effect of the habitus is that agents who are equipped with it will behave in a certain way in certain circumstances. (p.77)

Bourdieu (1990) seems to point to an element of prediction of behaviour in consideration of his concept of habitus but, in addition, points out that dispositions, to "act", to "talk", and to "live" in certain ways are more likely to be consistent with the values, beliefs, customs and rituals associated with strong affiliations. Strong, in this sense, may also mean the incentives to remain as part of that membership; as Bourdieu (1990) names them, the 'capital' (p.171) that may be derived from being part of a professional group. To explain this concept of capital, one only has to think of the benefits of social ties, for example alumni societies that are known to yield strong "networking" benefits even years after dental students have graduated. Alternatively, on economic grounds, Bourdieu's (1990) 'capital' may be derived from a membership that allows greater economic feedbacks. Important for professional identity, on this view, is the questioning of incentives of 'capital' (p.171) and resultant benefits in terms of economic, cultural and social connections (Bourdieu 1990).

[10] Bourdieu (1990) uses the term dispositions to denote a more widely embracing concept than attitudes. A disposition, as a concept, provides a broader, although less defined, way of understanding intentionality as both habitual and cognitive. A disposition is best viewed as an inclination to organise intentions in a particular way as part of a habitus.

However, Bourdieu's (1990) conception of habitus has been subject to critique in that it may not take account of the expanding sociocultural perspectives and the influences of modernity and ICT (Aronowitz and Giroux 1987). For example, Tilly (1996) proposed that professional identity might be seen more as a 'blurred but indispensable' (p.7) notion that is not only influenced by professional socialization processes, but is very much dependent on different influences and experiences. In particular, Tilly (1996) refers to those as binding experiences, as a 'tie, role, network, group, organization, coupled with the public's representation of that experience' (p.7). Binding experiences as discursive representations have a particular place in consideration of the influences on identity formation. This may be considered from several standpoints in the field of dentistry. Firstly, this needs consideration in relation to the internal affiliations and associations inherent to dentistry as a professional community; our regulatory body or other governmental bodies for instance. Secondly, it might be considered in relation to external representations, as in public opinion and media influences. Finally, those bindings might be considered as relational to perceptions of the self, colleagues and patients.

While those perspectives on professional identity give an overview of relational bindings, be they external, structural or cultural, there are other views which consider influences that might exist through different institutional discourses. For example, Foucault (1979; 2003; 2007) was concerned with the different ways that identity and subject positions are fashioned through knowledge/power relationships. Drawing on his research on knowledge, power and identity, Foucault based his thinking around his concept of "governmentality", that is, the ability of modern societies to enact a 'conduct of the conduct' or self-discipline through discursive practices which create the legitimacy for expert practices (Edwards and Usher 2000). Furthermore, Bernstein's (2000) work on boundary relations and discourse has been important in many aspects of education and development of identity. Bernstein's (2000) proposal, comparable to this extent with Foucault's line, was that power can be exerted through different forms. In this respect, and particularly in relation to the dental professional, the content and form of knowledge is influential in shaping subjectivities, and in doing so it exercises power relationships between government and other "official" lines of transmission. A central focus for Bernstein (2000) was his concept of the 'pedagogic device' (p.169), described as the framing and classification of knowledge through regulative rules that eventually find their way into, and govern practice. Both Foucault and Bernstein's proposals offer important insights for professional identities in dentistry in consideration of the many reforms that have taken place. Those reforms, mediated through

policy documents, have been subsequently translated into General Dental Council documents as standards for practice (General Dental Council 2005; 2010). Foucault and Bernstein also point to how the values and beliefs that a professional identity might be expected to have may become part of the everyday habitus (Bourdieu 1990). Bernstein's (2000) 'pedagogic device' (p.25), in addition, points to the way that regulations initiated from an official discourse may be mediated from a top level down into practice: how the knowledge possessed and shared within professions, for example, expert practices or standards of those, might influence a framing and classifying of people according to the boundaries they practice in. In sum, changes in identity, practice and meaning making may occur in the light of changing discursive frames of power and knowledge (Edwards and Usher 2000).

According to Bernstein (2000), the strength of practice boundaries relates to a level of specialization, power and legitimization of practices. The location of control over the rules of communication and practice are interrelated and dependent on the strength of their framing: 'If the principle of classification provides us with our voice and the means of its recognition, then the principle of framing is the means of acquiring the legitimate message' (Bernstein 2000, p.12). This is an interesting perspective when considering processes of legitimation. For example, it might be asked in the case of the dental practitioner, how strong is the classification of the messages channelled through official documents? In terms of identity, it might be asked, what are the bindings to those and how are they legitimised? In reflecting back to the processes of institutional organisation (see chapter two, Boulding 1953; Weber 1978), questions are raised as to the strength and processes of institutional legitimation, including cultural and social affiliations or associations, the General Dental Council for example. Legitimation may be in terms of voice of a category, its message and the expectations for a professional identity of those who receive its message (Bernstein 2000).

Castells (2004a), extending this idea, points out that with the increasing influence of networks and ICT, cultural and social affiliations or associations may be multiple. In this way, those conditions and their influences on identity formation and subject positions, may not only apply through wider networks, but importantly, they may change at any point in time. Castells (2004a) suggests that identities themselves and the meanings they make of experiences through networks are:

> not predetermined in those wider networks where ‘anything goes’ as there are multiple sources and multiple affiliations, forming and reforming in and through ICT. (p.6)

Kellner (1995) goes further, arguing that although identities have become more “fluid”, we are still bound by a set of circumscribed roles and norms:

> There is still a structure of interaction with socially defined and available roles, norms, customs, and expectations, among which one must choose and reproduce to gain identity in a complex process of mutual recognition. (p.231)

In gaining mutual recognition there is an element of agency, albeit that choice may be dependent on an acceptance or rejection of the conditions presented. In addition, the assumption is that the choices we make are based on the benefits from those choices, or an avoidance of less attractive choices (Bourdieu 1990).

Noting the discursive “explosion” in recent years around identity, Hall (1996) also begins with the assumption that identity is created through interactions, choice and a desire for recognition. Set within discursive practices, identity is a question of rearticulating the connection between the subject and discursive practices, that is, it is a matter of identification. As Hall (1996) puts it:

> In common sense language, identification is constructed on the back of recognition of some common origin or shared characteristics with another person or group, or with an ideal, and with the natural closure of solidarity and allegiance established on this foundation. (p.2)

In consideration of Hall's (1996) view of identity, the question arises as to the sources of common origins and the nature of shared characteristics or ideals. For example, in the dental context there may be differences in the way shared characteristics are recognized. There may be differences in the way those identifications contribute to an identity *per se*. The professional status in dentistry, for instance, is a given through its identification with registration. However, those aspects of identification can also be lost, won, accepted or rejected or rearticulated as ‘identification is in the end conditional, lodged in contingency’ (Hall 1996, p.3). This also points to identities that may represent multiple positions in both individual and communal ways. Hence, identity, is produced through its identifications, and as Hall (1996) reminds us, it is not static or stable; it is subject to change through time, place, space and circumstance and the ‘material and symbolic resources required to sustain

it' (p.2). In sum identity is 'constructed across different, often intersecting and antagonistic, discourses, practices and positions' (Hall 1996, p.4). The question then arises, how such positions, identifications and identities, which are changeable and fluid, might be conceptualised?

4.3 Positions, identifications and identities, theoretical insights

Drawing back to previous views outlined in this chapter, subject positions are formed through interactional relationships (Berger and Luckmann 1971; Foucault 1979; Bourdieu 1990; Gergen 1991; Kellner 1995; Tilly 1996; Bernstein 2000; Castells 2004a; Nyström 2008). However, those relationships, at least from a critical point of view, are neither static states nor neutral ones. As Aronowitz and Giroux (1987) remind us, interactional relationships, and the subject positions they produce, are underpinned by a social reality which is historically shaped by ideology. Power plays constantly form and reform individuals within political, economic, social and cultural arenas (Giroux 1983; Giroux and McLaren 1989; Kellner 1995; Kincheloe and McLaren 2005). More specifically, in the context of this study and drawing from critical theory, both micro narratives, the local stories we tell and are told, for example through policy and practice, and the 'grander' stories of modernity, act to create multiple power relationships between individuals and groups. On this view, interactional relationships act to form and reform subjects and identity. This process is by no means one directional as we may choose to embed ourselves in a particular world-view and at the same time be embedded in a particular "interest" (Habermas 1971) which can further shape consciousness. In this respect, Habermas (1971) who is known as a second generation critical theorist[11] put forward a theory of three knowledge constituting interests, each corresponding to a particular view in which we might view social reality, and thus, how individuals might be positioned in it. Examples of Habermas' (1971) categorizations are embedded in the context for this study (see chapter three), as research which demands an experimentation of behaviour (Eccles et al. 2005), knowledge translation (Davis et al. 2003) and a reduction of knowledge (Miller 1990). Those views, corresponding to positivist research approaches, have the power to place individuals as objectified objects of study detached from the

[11] Critical theory refers to the theoretical perspectives developed by a group of philosophers from the so called Frankfurt School; The Institute for Social Research, founded in Frankfurt in 1929. As cultural critics and social scientists, the first proponents Horkheimer, Adorno, Marcuse, Fromm and Benjamin are best known for developing a theoretical tradition as a "critical theory of society" drawing in the main from Marx, Kant Hegel and Weber. Critical theory can be said to be a praxis, a way to explore normative aspects of a given society along with their effects on society with an aim to transform by empowering individuals to understand oppression and thus achieve emancipation (Kincheloe and McLaren 2005).

interactions of social reality. Habermas (1971) calls this knowledge interest 'instrumental' in its aim to bring about control or domination. As Habermas (1971) argues, grounding the subject without language ignores practical concerns with language and the interaction, which occurs between individuals. Habermas (1971) proposes a second knowledge interest as understanding of meaning which situates subjects within a hermeneutic circle, acknowledging intersubjectivity as central to this relationship. This second knowledge interest, however, is subject to distortion as language becomes the prerequisite for communication. Habermas (1971) further expands on Gadamer's (2004) hermeneutic circle, arguing that it is not enough to consider the subject as the only one that interprets and, further arguing against the restrictions of 'prejudices' (p.271) which Gadamer (2004)[12] puts forward as necessary to explore in the quest for understanding. In terms of the individual, on this view, as 'creatures of the world' (Kincheloe and McLaren 2005, p.311) we are dialogic and intersubjective beings, interpreting our perspectives within the world we have already created. Furthermore, social reality from a critical perspective is seen as an historically and ideologically contextualized world which seeks to engage as well as to persuade through stories and other discursive representations (Habermas 1971; Giroux and McLaren 1989; Kellner 1995; Kincheloe and McLaren 2005). Habermas (1971), accordingly, puts forward a third knowledge interest as 'emancipatory'. This seeks to discover the forces and embedded values within ideology and power relationships, which serve to distort communication through discursive representations. As Kincheloe and McLaren (2005) state:

> Critical theorists understand that the formulation of hegemony cannot be separated from the production of ideology. If hegemony is the larger effort of the powerful to win the consent of their "subordinates" then ideological hegemony involves the cultural forms, the meanings, the rituals, and the representations that produce consent to the status quo and individuals' particular place within it. (p.309)

In this sense 'we are all empowered and we are all unempowered' (Kincheloe and McLaren 2005, p.309) within an ideological/hegemonic positioning of subjectivity. Critical in this sense, and in the context of this study, is thus a style of exploration, or a lens through which a subject's social reality may be explored as a dialectic; a complex intersection back and forth between subject and social reality where language and discourse play a central role in the construction of social reality and identity. With the centrality of language and

[12] Gadamer (2004) situates understanding within a hermeneutic circle and proposes understanding is to be achieved through a 'fusion of horizons' (p.390) and dialogue where 'the foregrounding and appropriation of one's own fore-meanings and prejudices' (p.271) are part and parcel and an essential to reach a common understanding.

its discursive power, regulation and domination can serve to move subjects in explicit and often implicit ways. As Kincheloe and McLaren (2005) put it, particular messages attempt to 'impose discursive closure' (p.310). This means that both negotiations and conflict occur ‘across different, often intersecting and antagonistic, discourses, practices and positions’ (Hall 1996, p.4). Conflict and negotiation are, consequently, constant trajectories as subjects and identities vie for vantage points, identifying with certain positions at different times, within a social-cultural and political milieu (Kellner 1995) where particular types of moral order are constructed through particular narratives (Giroux 1983; Giroux and McLaren 1989; Kellner 1995; Kincheloe and McLaren 2005).

4.4 Twin pillars, critical theory and positioning theory

The ideological/hegemonic positioning of subjectivity (Kincheloe and McLaren 2005) and the centrality of language can also be seen through the work of positioning theory from Davies and Harré (1990) who take a closer look at the stories we tell each other. We might view their work as an attempt to map local moral orders as constantly 'shifting patterns of mutual and contestable rights and obligations of speaking and acting' (Harré and van Langenhove 1999, p.1). From this perspective both illocutionary forces and illocutionary acts exist to set conditions drawn from the wider discursive representations to a local presentation as conversation through a process of positioning. For this study, positioning theory is an interesting perspective as it is at a practice level, through our conversations and the stories we tell, including discursive practices as both illocutionary forces (from without) and our own illocutionary acts (from within), that particular types of moral orders play out through particular local narratives. According to positioning theory, the way we talk, gesture, express desires and emotions, occurs through performative moves as speech acts are in turn “conditioned”, I would argue, within the same dialectic as described by critical theory (Giroux 1983; Giroux and McLaren 1989; Kellner 1995;Kincheloe and McLaren 2005). Accordingly, language itself is not neutral. In Bakhtin's (1986) terms, language comes pre-packaged and as just as what we say may situate and define us, as well as others, at the same time it is through language that we may situate and define ourselves. In this respect, Davies and Harré (1990), in particular, argue for a 'productive interrelationship between ‘position and illocutionary force’ (p.45), whereby the meaning we put to our experiences is bound to our own positioning which, in turn, is a product of the 'social force a conversation action is taken to “have” ’ (Davies and Harré 1990, p.45). Central to positioning theory is an institutionalised common language, symbols and

representations of individuals and groups. Here we can see a similarity with critical theory and, further, an overlap with the theoretical perspectives from others who place identity construction within knowledge /power relationships and discursive practices (Foucault 1979; Bourdieu 1990; Gergen 1991; Tilly 1996; Bernstein 2000). While, within the macro terrain, critical theory also views this relationship as productive, on a local level those relationships are expressed through productive performative acts. Accordingly, how identities are constructed is a process of formation or education taken both in a formal sense, through institutionalised practices, as well as in a broader sense through institutionalised common language, symbols and representations of individuals and groups. In addition, positioning theory relates to Hall's (1996) view that the discursive practices and language used can exist together and in opposition to produce well-defined, as well as contradictory, versions of reality. These notions of negotiation and conflict, identity, positions and identifications previously seen within critical theory, which are the result of a process of conversation and interaction, are important for his study. Conflict, in this sense, is also understood as productive occurring through conversations and the language produced (Davies and Harré 1990). A performance is produced which "moves" individuals through speech acts, some acknowledged and some remaining unacknowledged. For this study we might see those "moves" as instincts as individuals converse and, in doing so, negotiate their way through everyday life and practice. At a practice level, the language we use and how we use language can be viewed as performative; an enactment of positions and formation of identity through the interaction of conversations. Consequently, Davies and Harré (1990), in those terms, conceptualize identity in different ways as:

> the discursive process whereby selves are located in conversations as observably and subjectively coherent participants in jointly produced story lines. There can be interactive positioning in which what one person says positions another. And there can be reflexive positioning in which one positions oneself. (p.48)

In suggesting that a subject position embodies both conceptual and locating principles, Davies and Harré (1999) point to a particular vantage point from which we might see the world based on its representations:

> Once having taken up a particular position as one's own, a person inevitably sees the world from the vantage point of that position and in terms of the particular images, metaphors, storylines and concepts which are made relevant within the particular discursive practice in which they are positioned. (p.46)

This concept of subject position allows for an element of choice as there are 'several discursive practices that could be engaged in, including opposing ones' (Davies and Harré 1999, p.46). However, the opposite is true for Davies and Harré's (1990) concept of positioning and the "role" that is assigned to and accepted by subjects. Indeed, Davies and Harré (1990) suggest "roles" are discursively constructed through and with story lines, whether in the conversational sense or from "grander" stories contained in text, images, media influences and so forth. In this view, whereas the notion of identity as a subject position is dynamic and fluid, positioning of a person occurs through a calling forth to a static role while engaging in ritualistic activities.

What a person becomes, how we "enact" ourselves and develop in daily practice is an emergent process that occurs through the interaction with different social and cultural representations. The issue of how this interplay relates to processes of transformation, and thus development, remains open. That is, it is never a foregone conclusion. However, the contradictions one experiences in the construction of various "selves", suggest Davies and Harré (1999), may actually provide a basis for understanding those transformations. Using a metaphor of an 'unfolding narrative' (p.42) Davies and Harré (1999) propose:

> we are constituted in one position or another within the course of one story, or even come to stand in multiple or contradictory positions, or to negotiate a new position by 'refusing' the position that the opening rounds of conversations have made available to us. (p.42)

4.5 The value of critical theory and positioning theory as theoretical constructs

Drawing from the above insights, critical theory captures a social reality within which identities are produced, subjects are moved and reformed historically over time and space. At the same time individuals produce, move and reform their own reality within greater or lesser restricted worlds and terrains (Giroux 1983; Giroux and McLaren 1989; Davies and Harré 1990; Kellner 1995; Hall 1996 Kincheloe and McLaren 2005). As conversations and interactions are essential to our experiences and quest for meaning, in rejecting both a reduction of the social and a reduction of the individual (Kincheloe and McLaren 2005), critical theory and positioning theory reminds us that while there are power plays between individuals and their social reality, we are also very much part of the construction of that reality. As much of the research in the context of this study has excluded the subject in this

way, instead placing the subject as a rational and autonomous being, or as one contained within a local hermeneutic (Habermas 1971), the value of critical theory and positioning theory as theoretical constructs is that they allow both a macro and a local exploration of the interplay between different intersecting threads of power, identity, desire and emotions (Kincheloe and McLaren, 2005). Local and global interplays are, as seen from chapter two, clearly important for this study. Consequently, while the bigger picture is important, the more local picture is equally important here. From a practice level for this study, positioning theory allows a finer grained exploration of the complex configuration , or 'clusters' as Harré and van Langenhove (1999, p.1) call them, which impinge on positions and possibilities of action as ' interpersonal, intergroup and even intra-personal action through some assignment of such rights, duties and obligations to an individual as are sustained by the cluster' (Harré and van Langenhove 1999, p.1). Drawing from both theoretical constructs brings us from the level of conversation set within the macro narratives, as the interactional site where meaning and understanding is expressed through language and conversation. In attempting to understand the meaning people make of their stories, through the mobilisations, material and emotive effects produced, for this study it is important to look further than an emergent "attitude" or "behaviour" (Eccles et al. 2005; 2006; Grimshaw et al. 2006). So positioning theory aims to highlight the actual negotiations and contradictions present and hence how participants react and cope. From a practice level we might ask what do those conversations we produce on the ground, as we go about our daily life, mean in terms of positioning, negotiations and conflict. Embedded in the discursive practices of both local and macro terrains, we might further ask what type of moral orders exist. How does any conception of a moral order seek to educate and what does it mean for identity (Giroux 1983; Giroux and McLaren 1989; Davies and Harré 1990; Kellner 1995; Hall 1996; Kincheloe and McLaren 2005). The insights gained by drawing on critical theory and positioning theory may go further than instrumentalist interests where subjects are excluded from the object of study, and interpretative interests (Habermas 1971) where the subjects remain within self-constructed frameworks, despite the richness and inter-subjectivity interpretive frameworks may produce (Habermas 1971). Thus, going back to the central question for this study, and drawing on the twin pillars of critical theory and positioning theory, both theories contribute to an understanding of how practitioners understand and react to professional development and ICT. Those twin pillars of critical theory and positioning theory may allow an exploration of the negotiations and contradictions taking place both at a local and a macro level. Put simply, for this study, critical theory and positioning theory may help to explore and understand how practitioners are coping with professional development and ICT and in this face of this, with "what"

they are coping.

4.6 Summary

In the light of the professional project, recent reforms, knowledge, communication and different representations, it seems ever more important to ask questions of experience, development and identity. For example, what do experiences related to different public and political discourses mean for identities? What is the relationship of the professional in dentistry to different representations of identity and identifications? How do knowledge forms and their representations contribute to a sense of professional identity? What strategies for professional development are developed in the light of changing conditions? How do these strategies relate to the development of positional and relational identities? In summary, for my study exploring dental professionals understanding and reactions to their experiences of professional development and ICT, how do professional identities in dentistry negotiate a contemporary world (Giroux 1983; Giroux and McLaren 1989; Davies and Harré 1990; Kellner 1995; Hall 1996; Kincheloe and McLaren 2005) and what do their experiences of professional development contribute to and produce in terms of an unfolding narrative (Davies and Harré 1999).

In posing those questions the issue of methodology is unavoidable, that is, the "how" of my entry into understanding and making meaning of those experiences. The next chapter addresses methodology in the light of the influences uncovered in the previous chapters and in consideration of critical perspectives and dental practitioners' unfolding narratives.

Chapter 5 From the chair-side to the conversation to the narrative

> The search for method becomes one of the most important problems of the entire enterprise of understanding the uniquely human forms of psychological activity. In this case, the method is simultaneously prerequisite and product, the tool and the result of the study. (Vygotsky 1978, p.62)

5.1 Introduction

Vygotsky's words in the above quote became a guiding point for my quest to understand and make meaning from dental practitioners' experiences. I was drawn, in particular, to his reference to understanding unique forms of activity and so return to the question that informs this inquiry and my motivation for carrying out this study. In asking how dental professionals understand and react to their experiences of professional development and ICT, the previous chapters have provided ideas, concepts and findings from broad and diverse fields of inquiry. An important motivation for this study was to improve my own practice as both an educator and practitioner as well as to better understand what was happening with professional development, CPD and the use of ICT. I wanted to avoid the top down approach that has, I have suggested, been a limitation of evaluation approaches in CPD and a characteristic of many previous studies mentioned in the first part of chapter three. In considering my own field of inquiry as a thinking ground, one that will uncover new understandings, it places me as a researcher and a dental practitioner along with the participants as dental practitioners in a sociocultural and political framework. On the ground, working at the chair-side, my study locates the dental practitioner within a balance of identity and agency and between a dialectical interplay of their experiences (Giroux and McLaren 1989; Davies and Harré 1999; Freire 2000a; 2000b). Consequently, the act of seeking new understandings presented challenges for the "how" of this study. This chapter explores those challenges, focusing on the "how" of this study as a paradigm of thought out action and as a necessary starting point to determine both the methods and the results (Vygotsky 1978).

5.2 What's in a paradigm? Taking an interpretive and critical stance

Decisions about the design of research have often been viewed as a carefully thought out

process. Some decisions may be very deliberate while others take their lead from the research phenomenon and data to be studied as the study progresses. Both approaches have been the case for the decisions I have made for this study. One deliberate decision was in rejecting a positivist approach that is inherent in some of the research summarised so far in this study. The problem of such a world-view is that it sees science as something disembodied from experiences 'making knowledge in the field of facts and observations' (Pickering 1995, p.6). As Miller and Crabtree (2005) note, it is an approach 'rooted in a patriarchal positivism: control through rationality and separation is the overriding theme' (p.610) with a quest for objectivity and prediction. In contrast, it is worth noting that in the field of nursing there are numerous studies that have taken a more qualitative, non-positivist and interpretive view of experience. Many of those studies draw on rich sources for theorizing, exploring meanings and interpreting practice (Fagermoen 1997; Penney and Warelow 1999; Ironside 2006; Wengström and Ekedahl 2006; Koskinen et al. 2011). In considering experience as the phenomenon under study, I placed myself in such an interpretive world-view to consider the many changes in dental professional development and ICT. This decision was also important in view of the introduction of ICT and recent policy reforms for tighter regulation. In this respect, I concur with others (Meadows et al. 2003; Montgomery 2006) that the demands of healthcare and professional learning call for more interpretative approaches to exploring these impacts in studies such as mine. I saw a need to transcend the present top down approach to educational initiatives, and take an approach where knowledge and deeper understanding would be legitimized by those it directly affected. Consequently, for this study, I sought the value that personal accounts of experience would bring (Clandinin and Connelly 2000).

Habermas (1971), drawing from a background in critical theory, contends that our experiences are influenced by a distortion within the public sphere under conditions of modernity. Specifically, Habermas (1971) questions the 'knowledge constitutive interest' (p.289) and the power those interests might have to guide both individuals and institutions. Taking "science" as an example, Pickering (1995) notes that the world is not filled with 'facts and observations, but with *agency*' (p.6, original emphasis). In pursuing questions of agency, identity, education and politics my assumption was that an interpretative stance needs to go beyond understanding as a local phenomenon to interrogate formations and productions of identities. I therefore turned to critical inquiry, as Kincheloe and McLaren (2005) suggest, 'in exploring social or cultural arenas´ there is a need for 'new ways of researching and analysing the constructions and experiences of "post discourses" of

educational goals and identity' (p.304). My decisions were also influenced by Freire's (2000a) work in education and critical pedagogy, bringing attention to the importance of having the 'proper tools' (p.32) for any encounter with social and cultural reality. In this respect, Freire (2000a) adopted an approach that he associated with a dialectic of engagement; a position that seeks out and emphasizes contradictions. Through a back and forward critical encounter with agency as a fulcrum, a dialectic of engagement looks to a future that is open ended and sees agentive action as a possibility. My approach also draws from Best and Kellner (1997; 2001) who propose that critical inquiry involves drawing on a number of perspectives that might respond to sociocultural conditions in contemporary times. I looked further to Kellner (2003a) who draws on Marxist theory and the writing of Engels and, as with Freire, emphasizes dialectic as a central "tool" to seek such conditions. This provides a method which explores interdisciplinary spaces using a notion of space which sees cultural and social conditions as a point of interconnection, constituted through 'economy, state, social institutions and culture in the constitution of capitalist societies' (Kellner 2003a, p.69). Accordingly, the notion of space may be taken up in several areas, for example, in the media and public spheres or in more personal arenas such as the home, university or the place of work. The concern is, then, with questions of culture and subjectivity rather than specifically modes of production. In this respect, Giroux (1983) assigns agentive action to the positioning of subjectivities within the wider discourses of the social and political context. This positioning, which includes any interactions with technology, must be seen as a precondition for agency (Giroux 1983). However, in view of agency and future possibilities, there is a risk of taking an overly dystopian or a utopian view of any results of sociocultural interactions and technology (Feenberg 1999). I align closely with Kellner (2003a) here that the aim of critical theory is to explore conditions and rethink possibilities. Importantly, in taking a critical stance, alternative possibilities might be considered (Kellner 2003a). In Kellner's words possibilities consider the 'normative perspectives of ideals of a better society and more human life under an alternative form of social organization' (Kellner 2003a, p.69). On this view, the term "critical" is used not to embed itself in a particular theoretical framework, rather, being critical underlines a stance for looking forward, to find a thinking ground to reflect on and in which to explore possible solutions (Simons et al. 2009). As Best and Kellner (2001) put it, critical theory:

> interrogates the 'is' in terms of the 'ought,' seeking to grasp the emancipatory possibilities of the current society as something that can and should be realized in the future. (p.223)

Given the scope of my study and its focus on understanding the nature of professional development for dental practitioners within the sociocultural and political milieu, it seemed quite natural for me to view those experiences through a critical theory lens. Critical theory sits well with my own values as a practitioner and researcher and the challenges I see in this study. Furthermore, this study encompasses my own views on education and learning, in particular my perception of the need to develop dialogue in order to explore this field as a social reality (Bourdieu 1990) and attempt to overcome the predominately technical interest that has dominated it (Habermas 1971). In the words of Giroux (1983) the:

> ideological dimension that underlies all critical reflection is that it lays bare the historically and socially sedimented values at work in the construction of knowledge, social relations, and material practices. (pp.154-155)

5.3 A local language: Turning to narratives as experience

The recognition of the power of narrative that I have gained through my own practice has also influenced the way I saw this study. There is great value, in my opinion, in sharing stories as a local language and as a means of gaining new knowledge. In considering experiences as the phenomenon of inquiry (Clandinin and Connelly 2000), I took the view that these are naturally constructed as stories (Mishler 1986). Situated within a qualitative and interpretive methodology, a narrative approach attempts to interpret and make sense of the meaning people bring to those stories (Clandinin and Connelly 2000).

Storytelling and narratives are not unknown in the healthcare professions, either in casual encounters with colleagues or more formal encounters with patients. For example, Sacks' (1998) research in the field of clinical psychiatry and his infamous case histories of extreme neurological experiences[13], underlines the power of narrative and its relation to identity. Further, in the field of medical education, Clandinin and Cave (2008), using a narrative approach, highlight the importance of creating pedagogic spaces for the development of professional identity. A key point from Clandinin and Cave's (2008) research, and indeed for this study, is the centrality of agency for a professional identity. In addition, Monrouxe (2009), working in a healthcare arena and using a narrative approach, demonstrated that the development of a professional identity is important for the success of a practitioner. However, while narrative inquiry has found a firm place in education and

[13] Oliver Sacks, a neurologist and author, uses narrative to articulate the importance of understanding particular human encounters in medicine in order to 'restore the human subject at the center' (Sacks, 1998, p.viii).

healthcare across various disciplines (Bruner 1986; Polkinghorne 1988; Denzin 1989; Orner 1996; Sacks 1998; Clandinin and Connelly 2000; Bamberg and Andrews 2004; Pushor and Murphy 2004; Chase 2005; Riessman 2008), very little exists in the field of dentistry, particularly in relation to education. For this study, therefore, I turned to an educational arena and drew on the work of Connelly and Clandinin (1990) who suggest that 'humans are storytelling organisms who, individually and collectively, lead storied lives' (p.2). Indeed, Clandinin and Connelly (2000) point out that the closest that a researcher can come to another's experience is through their stories. This accorded well with my own values and beliefs for this field of inquiry that 'stories inform our basic impressions of reality and impose structure on our lives' Bruner (2003)[14]. Accordingly, narrative is the means by which humans, through experience, assign meaning to their lives (Polkinghorne 1988). Furthermore, stories are assumed to be cultural and find their very foundations in the politics of society (Bruner 2003). In relating to Davies and Harré's (1990) assertion that identities are discursively constructed, and in taking a critical stance for my study, my assumption is that people act and react, they are addressed and they respond, within sociocultural and political spaces. Those actions, reactions, addressivities and responses then become experiences (Bakhtin and Holquist 1982). This meant that the participants of my study were both storytelling and narrated subjects (Davies and Harré 1990) and this had implications for my choice of methods for the inquiry.

5.4 Turning to storytelling and the narrated subject

Literature which provides a detailed step-by-step account of narrative methodology is, in general, not very abundant. In this respect, I borrowed further from Chase (2005) who describes narrative inquiry as a particular 'subtype of qualitative inquiry which draws on a variety of methods, some innovative, revolving around an interest for lived experiences' (p.651). In considering access to participants for this study and my wish to record their lived experiences, I chose to conduct in-depth interviews (Riessman 2008). I had also considered a focus group inquiry as a more direct, discursive and interactive way of capturing collaborative stories, or the convergent interview where collaboration of data collection occurs with other researchers (Driedger et al. 2006). However, the method of individual researchers using individual interviews has its own strength. This lies in the possibility for in-depth, open exploration of individual stories; as was my intention for this

[14] Introduction on front flap Bruner, J. S. (2003) *Making stories: law, literature, life*, Harvard University Press.

study. Furthermore, the advantage of the interview, as a method of data collection, is in what Holstein and Gubrium (2008) describe as a situated and mutual construction between the researcher and the respondent. This is where I positioned myself in relation to the participants in the study, that is, we were equals and colleagues. The strength of the interview was also to be able to draw on the contextual nature of our practice through collegial conversations. However, as Holstein and Gubrium (2008) highlight, simply to tell what happened (the what) is not enough as this "what" is highly reliant on interaction and negotiation between the researcher and the respondent. As Denzin and Lincoln (2005) note, local knowledge 'resides in meaning-making mechanisms of the social, mental and linguistic worlds that individuals inhabit' (p.202). The interview is a negotiated text, 'a site where power, gender, race and class intersect' (Denzin and Lincoln 2005, p.737). These were important facets to keep in mind. In order to stay as close as possible to the experiences of the participants, I wanted to encourage individual, free expression through conversation (Denzin and Lincoln 2005). In this respect, I saw the interview as an opportunity for reflection for participants and myself. As Richardson and St. Pierre (2005 quoting Denzin (2001) suggest, the reflexive interview is an 'experiential process which uses language to bring people together' (p.964). As I reflected on the interview in this light, I thought of my own clinical practice over the years that had involved conversations with patients. People come with their own particular "stories", at times apprehensive, unsure and, often, with concerns. Those stories may be explicit as utterances, but can just as well be implicit, embedded within a look, a pause or silence. An important consequence of a patient interview is to be able to record and interpret those personal stories in an authentic way. Denzin (2001) describing the reflective interview captures this process well. In his view, the interview as a reflective encounter is more than just an information collecting process. It is a mutual and equal exchange, undemanding and prompting (visual and conversational), the aim of which is to listen and record personal stories. With those qualities in mind, for the interviews themselves, I was guided by 3 open questions. The questions corresponded to the literature that I had researched and my own experience as an educator and practitioner in this field. Those questions provided a broad starting point and entry into conversations around professional development in terms of the roots of CPD, learning spaces, and ICT experiences as follows:

> How do participants describe the influence of past, present and possible future strategies for professional development?

What meaning do participants give to their own learning spaces, work, formal, informal and ICT?

What are the participants own experiences of professional development and ICT?

5.5 From method to phenomenon

After gaining ethical approval from Glasgow University Ethics Committee (Appendix A), I sought access to interested practitioners who were willing to take part in this study. My choice of a small number of relatively, mature practitioners (participants with more than 15 years in practice) was deliberate (purposive), as I wanted to explore professional development in terms of reforms that had taken place. Those practitioners who were younger or newly qualified had not had pre-reform experience, and indeed many are in the process of building on new experiences in the field of dentistry. It was important for my study to be able to reflect back on the changes. In addition, I made no attempt to locate ICT "savvy" participants, that is, those participants who had experience using ICT. For the purpose of this study, I was interested in any possible discontinuities as much as the continuities of professional development and ICT. In this respect, I was very much guided by my understanding of a "pluralist community of inquiry" in which participants would have different views, opinions and levels of interest. I initially approached a colleague who agreed to help make contact with practices and possible participants. Her knowledge and contact with many practices throughout the regions in Scotland meant that word filtered through (in research terms snowballing) to several practices and ten participants volunteered to take part in the study. After establishing initial contact by telephone, my further communication with the participants was via email and telephone. The actual interviews took place face-to-face between May 2009 and October 2009.

I began all interviews in the same way. I gave each participant a copy of the Plain Language Statement to read (Appendix B) and explained the purpose of the research. I checked that each participant had understood the purpose and rationale of the study. It was important to stress that the participants could decide, at any time, to withdraw from the study without consequences. I repeated this again before each individual interview began, ensuring at the same time that the participants had understood how the data would be

recorded, protected, anonymised and finally deleted after examination of my doctorate. Furthermore, I explained that the participants would have the chance to read the transcripts for their accuracy, and that any part which they did not want to include would be deleted. Finally, I explained that the study results would be shared with them and that they could have access to reports before or after the anticipated publication of any results. After obtaining signed consent (Appendix C), the interviews were audio-recorded and I conducted ten in-depth interviews lasting from 45 to 80 minutes.

5.6 From the conversations to narrative

When the interviews were finished, I loaded the audio files from the digital recorder and transferred them directly to my laptop (USB port) as a media file. They were stored in a password protected folder where the later transcripts were also saved. After testing that the saved file was audible, I deleted the originals from the voice recorder. I had intended to transcribe the audio using voice to text recognition software, but I opted in the end to manually transcribe using Open Source transcriber software (Transcriber). From a practical perspective this gave me the chance to emerge myself in the data during the analysis phase, returning to the audio when necessary, while writing notes in my research diary. The Transcriber software also allows a switching back and forth through the audio file and the ability to mark and tag passages. I found this process of tagging, together with concept mapping, very useful during the later phases of the analysis described below.

After sending the completed transcripts to the participants, there were requests for changes. One participant decided to withdraw from the study due to a stressful time preparing for a promotion interview. This request was, of course, granted and all data and information relating to this participant deleted, after which I informed the participant that this had been undertaken. Two other participants suggested several minor changes. We agreed together to delete parts from the transcript and one participant asked for some negative strong language to be removed. I retained the audio recording until the analysis was complete. This allowed me to revisit parts of the conversations, to reread and reinterpret while checking my research diary notes. I also returned to certain parts of the transcripts to clarify meanings and intentions with some of the participants. This was of great benefit as it allowed me to clarify in more depth responses that were initially unclear.

5.7 Analysis and reconstructing the narratives

Thorne (2000), advocating a narrative analysis for healthcare, suggests that data analysis is the 'most complex and mysterious of all of the phases of a qualitative project' (p.68). In relation to clinical practice, she takes the view that the analytic processes are part of the very same inquiry process of diagnosing. Whether the analogy is perfectly matched is, I suggest, dependent on empathy, understanding, dialectic and reflection that open up insights into the conditions that are present (Denzin and Lincoln 2005). As Bruner (2003) points out, analysis and interpretation is the act of getting beyond what is said to the implicitness of such stories to reach an understanding. Riessman (2008) suggests that where the predominant form of analysis of text is thematic, the researcher will draw out similar structures and concepts in order to give meaning to the text. In this respect, Riessman (1993) warns that where questions expect answers, themes may also constrict those meanings and our narratives as 'worldly creations' (p.15). Similarly, Bruner (2003) posits that the human encounter is a subjective one, dependent on a 'synthesis of perceptions and experience of others' (p.4). Just as a diagnosis is not dependent on one source, an analysis of stories is also a constant weaving between signs, symptoms and perceptions; "micro narratives" derived from experiences that then weave their own way into the main story. This implies "digging deeper" and for this study it meant going further than providing a thematic account to search for and explore the different perspectives presented. Geertz (1973) puts this well in saying:

> man is an animal suspended in webs of significance he himself has spun… the analysis of it to be therefore not an experimental science in search of law but an interpretive one in search of meaning. (p.5)

5.8 Searching and making narrative meaning, narrative as performances

In searching for meaning within a web of stories (Geertz 1973), there were several considerations for their interpretation. Bamberg and Andrews (2004), for example, show how context and social interactions produce stories which serve many purposes. They may be used to remember, to argue, to convince, to engage or to entertain their audience. So a story may be regarded as containing multiple landscapes from which different points of departure might be taken (Labov 1982; Gee 1986) and all produce their own particular effects on audience and narrator (Mishler 1986; Langellier 1989). Riessman (2008), in order to open up possibilities for analysis and meaning making, stresses the importance of interpreting stories as performances. On this view, stories are seen as highly contextual and

played out as a co-construction between the participant and multiple voices. Regarding stories as performances assumes they contain different and dynamic facets of communication, values, beliefs and aspirations. Consequently, there is a challenge for their interpretation as, within those performances and this field of inquiry, there is a tension between the participants' stories, those of policy strategies and my own story. Similarly, Denzin and Lincoln (2005) note that 'interpretation concedes agency to the interlocutor-editor of the text rather than to its direct narrator' (p.549). Chase (2005), in this respect, speaks of an 'interpretative authority' and stresses the importance of 'hearing' the story that is being told, including 'the reflective possibilities of the narratives themselves' (p.549). This was important to keep in mind throughout the analysis and writing as it was important to ask whose voice was being heard. In this respect, while narrative analysis, regarding stories as performances, may provide a method of revealing insights from the interview as an encounter, this form of inquiry also brings its own challenges (Riessman 2008).

5.9 Responding to the challenges

Through narrative, as a means of inquiry, the produced texts and their reflective possibilities can be empowering (Riessman 2008). At the same time they may offer insights into tensions and issues interpreted from the performances. However, such performances are co-produced in and by the researcher (Riessman 2008). Being a practitioner and educator immersed in this context of study, as well as the "instrument" of that research, may have allowed me to have certain insights into this particular phenomenon. This may be an advantage but, as Bishop (2005), quoting Merriam et al. (2001), suggests, a common assumption is that the advantage of being an insider simply means easy access. Access also means being able to ask more meaningful questions and read non-verbal cues, and, most importantly, to be able to project a more truthful, authentic understanding of phenomena under study. In turn, this can be a problem as Denzin and Lincoln (2005) note for researcher involvement there is a double-edged sword. On the one hand, there may be an authentic involvement but, on the other hand, the "deeply situated" researchers may also be embedded in their own context. More specifically, my relationship to the participants as colleagues and my familiarity of the phenomena under study may have influenced my ability to speak authentically of others' experiences just as much as I may have influenced the eventual performances.

Taking the conversation as a unit of analysis, the assumption I made was that my own insider presence would inevitably be a part of the interactions taking place. Those interactions were formed through and by the mutual conversations that took place, embedded in resultant performances, and "orchestrated" through "movements" of sound and silences (Riessman 2008). In this respect, Riessman (2002) suggests that more subtle sound movements as 'paralinguistc'(p.701) utterances, for example 'uhms, false starts, interpretations and other subtle features of interaction' (pp.698-699) are as much a part of the way stories are shaped as are the words used. In view of the "embeddedness" of interactions, reaching out from those conversations to written narratives can create a "vacuum" between what was spoken and what will eventually be written (Doucet 2006). Doucet (2006) calls this, quite appropriately in my mind, a 'thin gossamer wall between the researcher and the research subjects' (p.64). In order to cross over from conversation to narrative there has to be a reflectivity that exists before, during and after the research process. It is this reflectivity which attends to the gossamer wall and any resulting narrative meaning (Doucet 2006).

5.10 Attending to the Gossamer wall

In order to address the above issues of interpretation and analysis, I made extensive use of my research diary, making notes as soon after the interviews as possible. For example, I noted gestures and postures, how participants had responded along with silences and hesitations. I tagged those in the transcripts with descriptions of visible and non-visible cues, pauses and my interpretations of where I thought there had been particular emphasis. My aim was also to acknowledge the assumptions I was making about the situated nature of the research, my own values and beliefs and their relation to participants' values and beliefs (Bishop 2005). I first sought moments of imbalance by asking where I "stood" between the dialogue and the transcripts that were finalized. In asking did my participants and I stand as equals, I noted pauses, intonations and tones while documenting shifts. At the same time, I drew from my research diary, tracking my own feelings and thoughts from the interview notes. What confusions had there been? Were the pauses naturally placed or juxtaposed to the probes I was making within the interactions? Had I probed too strongly? Was there anger, frustration or concern? In asking those questions, I noted where I thought I might have influenced a course of questioning or the path of a conversation. I then compared my research diary notes again with the audio and the transcripts, and those places that I had previously tagged. This also aided in concept mapping and the selection

of parts of the recordings for the final transcripts (Appendix D).

I had considered previously that it was important to attend to voice, but to be able to do this in a more direct sense meant listening to the recordings several times, in different ways, attending to what Doucet (2006) calls the 'harmonics of the relationship' (p.66). This process of analysis was also an important part in acknowledging my own position in the study. It became clear that my location within this study was just as much determined by my location as a CPD tutor and as a practitioner as it was as a researcher. As my chosen approach did not aim to generalize or prove a theory, but to explore individual stories and further reflect on those (Flyvbjerg 2001; Chase 2005), this had further implications for the meaning of those stories.

5.11 Attending to narrative meaning

In attending to meaning, the resulting narratives, regarded as performances (Riessman 2008), could not be seen as independent of their contexts (Holstein and Gubrium 2000), not only in terms of my own position within them, but also because of wider influences. Drawing on Wittgenstein, Holstein and Gubrium (2000) bring this into perspective by asking 'what happens when language goes on holiday?' (p.83), that is, what happens when political, cultural relationships are removed or ignored during data analysis. In taking a critical view, and attempting to understand experiences through the spoken (and visual) and written word, the influences of culture and society are clearly important in putting meaning to stories told. Chase (2005) further described narrative analysis in terms of 'an amalgam of interdisciplinary lenses all revolving around an interest in biographical particulars as narrated by the one who lives them' (p.656). This involves 'attending to the cultural, linguistic and interactional contexts and processes of storytelling' (Chase 2005, p.656). I saw this strength in Riessman's (2008) suggestion for a performative approach to analysing such stories. This means by attending to performances and paying heed to structures, narrators, actors, characters, settings and plots, that stories are given 'narrative form' (Riessman 2008, p.77).

5.12 Attending to performances and an unfolding narrative

According to Riessman (2008), analysing narratives as performances means starting by using a broad set of questions such as, 'How is it organized?' 'What is the plot of the story?' 'Is there continuity or temporality', 'What is happening here?' This approach also represented my efforts to see those stories within a wider ideological and social context and through a critical lens. By considering stories as performance, my aim was to try to capture meaning as "thick description" (Geertz 1973, p.6) through the dynamic facets of communication, values, beliefs and decisions made. My aim was to explore connections and disjunctions, focusing on the issues affecting dental health professionals. In this part of the analysis I attended to how the participants spoke about themselves and the related parameters of their cultural and social worlds. In drawing from the literature and research previously explored in chapter two and three, I noted where those utterances were placed in acts of performances across landscapes, knowledge and the communicational representations. This was also an important aspect of the framing of the study as I reflected on Davies and Harré's (1999) metaphor of an unfolding narrative. In the analysis, I identified the subject positions by focusing on those textual elements in relation to the negotiations taking place; juxtapositions, shifts, reciprocity and manoeuvrings (Davies and Harré 1999). In practical terms, this involved highlighting "I" and "we" in the interview transcript highlighting the tensions, values, beliefs and aspirations (Riessman 2008). In doing this I aimed to try to understand the ways in which the participants negotiated with different voices (Bakhtin and Holquist 1982). These I noted as temporal and relational markers that made connections to the "self" and "others" along with past, present and future intentions. This also involved paying attention to shifting positions and emotive moves that might indicate perceptions of "self". In Davies and Harré's (1999) terms the "I", "We" and "Other" draws attention to relational and temporal facets, and as 'unfolding narratives' (Davies and Harré 1999, p.42) within a particular storyline. From this final part of the analysis it was clear that in view of professional development and the literature I had drawn on, there were three main story lines where narratives were "unfolding" (Davies and Harré 1999). Those story lines included my own reflections from my research diary and the previous tagging from addressing the Gosammer wall (Appendix E).

The data analysis as described may give the impression of a neatly staged analysis, but in reality it consisted of several readings and a process of going back and forth to various parts. I noted this in my research diary as "trawling the data", identifying the "when",

"why" and "under what conditions", in an attempt to dig deeper and reach new meanings (Riessman 1993). For the research process, agreeing with Riessman (2008) that there should be 'methodological awareness' (p.191) in narrative research, I decided to document the steps I took by logging an 'audit trail' (Riessman 2008, p.192). This was documented through project management software (TaskJuggler, GNU) enabling me to record the steps I took, the links to the password protected files storing data collected, Gantt charts, reminders and alerts for critical timings.

5.13 Narrative, validity and reliability

One of the critiques of qualitative research, in particular from the field of medical science and its drive for best evidence (Miller and Crabtree 2005), is connected to the idea of validity and reliability. Validity and reliability can, however, be viewed in different terms than calculation and precision and can be translated to interpretive research. I see the strength of narrative inquiry in its potential for change through authentic stories that have the possibility to reveal certainties and uncertainties, highs and lows, equalities and inequalities. All of those qualities may be brought to the fore and reconciled as valid "truths" (Denzin and Lincoln 2005). As Denzin and Lincoln (2005) note, 'for communities to hear there must be stories which weave together their history, their identity, their politics.'(p.774). My view is in line with Denzin and Lincoln (2005) who suggest that the notion of validity is as much dependent on shared meanings and understanding as anything else. As Denzin and Lincoln (2005) put it, 'quality and "validity" are 'dependent on the extent that dialogue is encouraged between different perspectives' (pp.449-450). This is as much a part of the reconstruction of the narratives as the co-construction of the narrative through the interview. Accordingly, the researcher has a responsibility in providing a connection between the field text, the research text and the wider community in order to ensure that 'such voices are heard' (Denzin and Lincoln 2005, p.1062).

5.14 Ethical Considerations

My study required ethical approval through Glasgow University which I applied for and received (Appendix A). With respect to ethics there were several complex considerations in taking a narrative approach, from the way I hoped to gain entry to those stories through to the way they have been represented through this dissertation. Firstly, was the issue of

ensuring that informed consent, confidentiality and anonymity for participation in the study was addressed. This also included the use of pseudonyms within the final writing and assurance that all related data would be deleted on completion of the doctorate. Secondly, was the issue of anticipating and guarding against any negative consequences of the research process for the participants before, during and after the study. This also meant going beyond obtaining consent, and ensuring anonymity to consider my own placing in the study. Although there was not a direct dependency between the participants, and myself, indirectly I was responsible for some of the CPD that ultimately the participants had an obligation to undertake. The participants were likely to know me through my role as CPD tutor. My considerations around access to the participants were related to this positioning and my own experience of being a practitioner in practice. The dental practice is a busy and time-consuming place; practitioners are busy people with busy days and many responsibilities. For the interviews I was mindful that they were timed and located so as to be convenient for the participants and that they would not disturb the participants' practice. Despite those precautions, it must be said that the field of inquiry is inevitably open to influences from my own positionality as a practitioner, educator and researcher (Chase 2005). For example, my own "performance" and positionality may have influenced the interviews and this final dissertation. In order to address these concerns, I made extensive use of a research diary to reflect on my own narrative and position as a practitioner and researcher in this study. In addition, I returned to certain areas within my focus of analysis to clarify meanings with participants.

5.15 Presenting the narratives

My initial impressions of finding, reading and reflecting on the "how" of this study reside in its intensity and the questions it threw up in view of my own position in the study. Central to those questions was the process of ethics as a way to think through methodology. Important to this process was uncovering and "experiencing" the centrality of axiology through self-examination and understanding of the "why" of my study; that is, why I felt compelled to approach it as I had done. As I went into the "interview phase", I was aware that those things came with me and influenced the way I met and conversed with the participants. For example, I regarded the questions that the participants also posed to me as an opportunity to open up the black box of being a CPD tutor. Just as much as this "give and take" was a natural part of our conversations, it was also an important part of the narrative. It also accounted for much deliberation, copious notes in my research diary and

much thought around how I would present the final narratives.

For the interviews, we met in various places which the participant chose. Being mindful that I did not want to disturb working patterns or other obligations, sometimes this was over a lunch, an evening meal or at a convenient break in the working day. This provided a natural setting and timing for conversation and meant we were both in unfamiliar surroundings. Removed from the site of practice provided a less hectic space to talk, but despite this many of the conversations started slowly and in a formal tone. However, as the interviews progressed, they took on momentum and "loosened" off over the time we spent together.

I took the decision to guide the interviews in certain directions that I thought were pertinent to my inquiry, while at other times the conversations followed their own natural paths. It was important to follow the participants and "go with the flow", probing where pauses appeared to over-extend a natural gap (Denzil 2001; Riessman 2008). We also talked casually around many topics in the field of dentistry, but these were not always directed towards professional development. This meant that the focus changed as professional development became surrounded by stories of what ought to be and what could be, in particular around familiar practice stories and the more technical details of our practice. We drifted in and out of practice "knowledge", shared local stories, dramas and events. Many of the stories were highly contextual in nature, recounting clinical practice encounters with patients and "teeth talk". This came as no surprise as the nature of our practice is at the chair-side "doing teeth".

However, just as I may have thought I knew the territory as an educator and a practitioner, as Clandinin and Connelly (2000) explain, it simply does not work that way with narrative inquiry, as events, circumstances and reasons can take different storylines:

> The purpose and what one is exploring, and finds puzzling, changes as the research progresses. This happens from day to day and week to week, and it happens over the long haul as narratives are retold, puzzles shift, and purposes change. (p.73)

Mischer (1986) explains that stories that are told may change direction, follow different paths and weave their way into other stories to include their own places and spaces. This

was my experience in engaging and interacting with and through the conversations and on many occasions it was like a journey into the unknown. As my study was based in the complexities of experiences, in the act of seeking narratives, it was impossible to predict what would be told. Furthermore, ICT is an important route for professional development but not for everyone at all times. I also realized, as the study progressed, that professional development was more about the practitioners telling stories about their own paths to seek growth in different ways. Indeed, as Chase (2005) points out, 'when someone tells a story, he or she, shapes, constructs and performs the self, experience and reality' (2005, p.657). People tell their own particular stories that reflect the world as it is for them.

5.16 The challenges of different storylines

Tackling the analysis as narrative was a challenge. It involved a close and intense engagement with the text in preference to, for example, a content analysis approach that pulls out themes according to pre constructed questions. I sought the depth (Geertz 1973) rather any great breadth that the conversations held. In theoretical terms it involved drawing deeper to search for the meanings 'embodied in the co- construction of the data as text' (Chase,2005, p.657). In practical terms it meant being selective in the areas I choose and the quotes which would represent those areas.

The narratives both challenged me and changed me as I wrote and reflected on them. I also felt that the stories at times challenged and changed the participants. For example, I was aware of many pauses throughout the conversations where some of the participants stopped mid-track, then rephrased and recounted previous parts of the conversations. Some participants seemed to be pondering within a certain space of thought only to come out at the other end with new but firmly placed views. An additional challenge was that while I was interested in exploring experiences of professional development, at the same time I had to be mindful of the plethora of influences, practices and actions in different areas about which my participants spoke.

I was surprised at some of the areas that were spoken about; areas that I had not considered on first reading as part of development. This also presented a challenge. There was a fine balance between holding to the questions I had formulated for the study and at the same

time allowing voices to be heard. In asking performance questions such as, "what is happening here?" (Riessman 2008), it became clear that the unanticipated stories were as important as the others more obviously related to professional development, CPD and ICT. Despite the tension that this produced in the initial analysis phase, as I re-read and re-visited the stories it was clear that those that did not "fit" conveniently into my guiding questions demanded and deserved to be heard. Those stories, in fact, emerged as a focal point for the narratives as it became obvious that they were as much a part of the reality of practice and profession as anything else. Including them has, I believe, also added depth and substance to my inquiry. The stories also influenced the focus of the study as it moved from being centred on ICT to a focus on the many other influences on the developmental paths of the participants.

Through those stories, I became aware that there were many languages and many voices transcribed in the text in addition to those of the participants. There was the voice of the government and the Department of Health and General Dental Council policies that echoed the new reforms different ways. Previous "water cooler" stories were echoed throughout the conversations, while other previously silenced voices came to the fore. There were a multitude of "practice voices" and a myriad of different ways of following professional development. My own position was very much entwined with those stories, as I had lived many of them myself as an educator and practitioner. As I revisited the background of the notion of dentistry as a profession and considered professional development, more questions emerged for the development of the dental professional. My own voice merged with the analysis of the stories and my attempt to understand them from a critical perspective.

Some stories were juxtaposed or merging into one another where "boundary events" collided. Craig (2007) citing Crites and Wiggins (1975) describes this view of stories as connections of constellations, 'narratives of experience [which] relate to one another like "nests of boxes" ' (p.155). Craig (2007), in my opinion, is right to suggest that those boxes are not neatly arranged co-ordinated packages. Agreeing with Ayers (1995), she proposes there is no individual story that might be told, rather a:

> kaleidoscope of stories, changing, flowing, crashing against one another, each one playing, light and shadow, off the others in an infinity of … patterns (p.155).

In making something that could be read and understood from the kaleidoscope of stories, it was necessary to look for something that might render them coherent. Some stories had well defined boundaries, as with the "practice stories", while some were unfamiliar and difficult to place within the broader sociocultural and political picture. Some stories had boundaries that were less defined and part of the "interpretive undertaking" was in creating boundaries (Resissman 2008). Hence, there was also a need for careful reflection on how I would present the results.

5.17 The narratives as "I" and "we"

It would have been impossible to have included all of the stories here. Some appeared less poignant than others but just as importantly placed within the lives of the participants. As "we" phrases reflected similarities and ' "I" phrases were in their own way distinct, I felt strongly that the narratives were a "we" as well as an "I" and opened up ground to discuss and contemplate in the light of the past, the present and the future. In order to do justice to the focus of my inquiry, I choose to indicate where similarities appeared by referencing them in Appendix F for chapter six, Appendix G for chapter seven and Appendix H for chapter eight. In respecting that there were also differences, I included those directly within the results as utterances and discrete units of analysis (Riessman 2008).

The included quotes show some of the discursive markers I used from the analysis, adapted from Jefferson notation[15] and used, namely to highlight some of the 'paralinguistc' utterances (Riessman 2002, p.701) pertinent to the narratives. Within the quotes I indicate timed pauses, for example as (.2), and other notations, as outlined in Figure 2, which were important to the phrasing and meaning of the participants narratives.

[15] I based the markings for pauses and other verbal cues on Gail Jefferson's system of notation which attempts to capture part of active speech including interactional features (Jefferson 2004).

(.)	A brief pause, usually less that .2 seconds
(.2)	Timed pause, around 0.5 of a second
::	Speaker has stretched the preceding sound
human	Underlined sounds are emphasized
be(h)tter	Word has "laughter" bubbling within it
[SIGH]	Representation of phonetically unwritten sounds or gestures

Figure two: Overview of Jefferson's notation used for discursive markers in the quotes

5.18 Introducing the Narratives

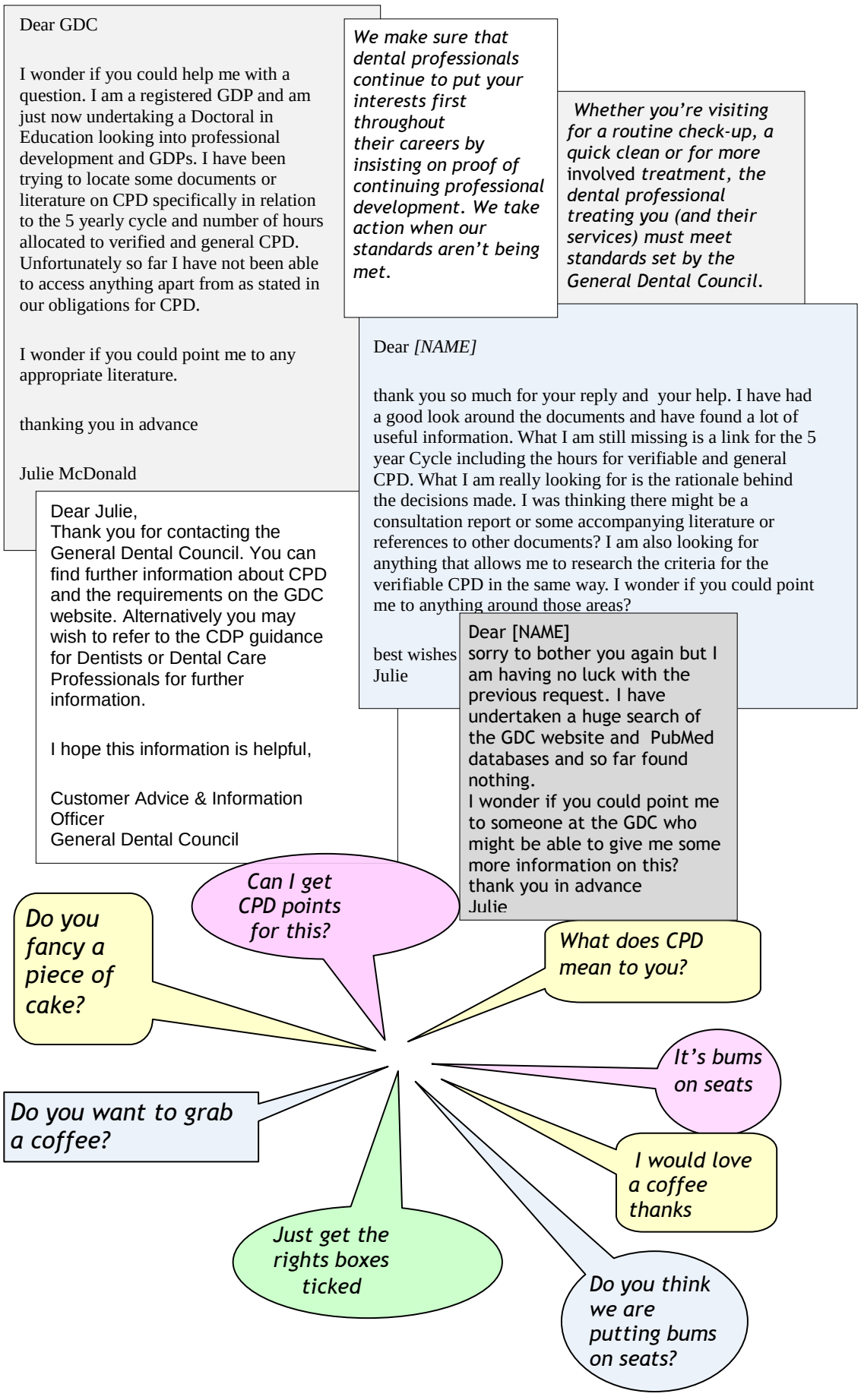
The narratives and participants are named throughout using pseudonyms: Alex, Blake, Casey, Dale, Drew, Phil, Reece, Sandy, Taylor. These names do not indicate, in any way, any cultural or social ties to their orderings or origins. My own contributions within the quotes are marked as J.

What follows is my own interpretation of those stories and their representation as an interweaving of my own presence, my past, my memories of events as told through my research diary and the transcripts from the audio recording of those experiences. They are told through a reconstruction of the experiences as lived within the worlds of nine dental practitioners "doing" professional development. Many of the stories became embedded in an "instinct" of just what it took to function as a professional, to be practitioners at the chair-side and to seek professional development in and out of ICT. These are presented in subsequent chapters as follows:

Chapter six: Developing a professional instinct.
Chapter seven: Developing a practice instinct.
Chapter eight: Developing an instinct through ICT.

I introduce each chapter and the representation of the performances with some "musings" from the interviews as noted in my research diary and email correspondence with the General Dental Council. The introductions also provide an overview of the narratives themselves and the area of exploration.

Chapter 6 Developing a professional instinct



6.1 Introduction

I constructed the above diagram to provide an overview of the areas of negotiation or, as Kellner (2003a) describes them, to overview the 'interdisciplinary' spaces' (p.69) that the dental practitioner inhabits, where cultural and social conditions, as a point of interconnection, are constituted through 'economy, state, social institutions and culture in the constitution of capitalist societies' (Kellner 2003a, p.69). Those may be spaces, which provide a narrow scope for negotiation. For instance, in relation to the General Dental Council and CPD, as the above emails illustrate, it proved impossible for the General Dental Council to provide me with more than the 'official' line as published from their website[16]. Other areas of negotiation may be public spaces such as the media or the local café where I met with one participant for coffee and cake. The experiences in the stories of the participants were quite mixed where participants performed in the face of influences from media and regulatory bodies while balancing those with performances drawn from meanings that were more personal. They produced doubt in the face of past and present influences, while some were more "vocal", defending positions. Being professional and developing professionally means negotiating between dynamic political, sociocultural worlds and the more private world of the practitioner.

6.2 Performing in public spaces

One particular space where emotions and meanings were most noticeable was in the conversations around public arenas. The participants openly expressed frustration and puzzlement in relation to different representations of the professional role. Phil, for example, recounted a recent incident that gave much to think about in this respect:

> *One of my nurses brought in the [NAME] article of [NAME](.2) you know (.1) the one who's had a complaint against him and his implants (.3) apparently he's up for 17 misconduct charges (.3) I'm stun::ned (.3) I mean this guy has all sorts of degrees and awards(.4) the [NAME] have slated him (.2) yeah a quarter page coverage including a photo (.3) talk about being guilty until proven innocent(.2) OK we do need to be accountable in some manner or form (.1) but it can't be very pleasant for [NAME] being spread over the front page like that* [Phil]

[16] http://www.gdc.org

This incident[17] had been one that was widely spoken about within the dental community. In fact, it had spread like wildfire at the time as the story headed several national newspapers. Phil, although defending the need to be accountable, was clearly shocked by the media coverage. These media stories had troubled the participants not only in personal terms, but in terms of the future, as losing reputation in a professional sense can have a significant impact on the running of a high street practice [Appendix F: Extracts 6.1]. Phil had been visibly angry while speaking going on to say, *'it's not often that you see anything good about dentists in the press'.*

Experiences of personal, practitioner and professional identities, in this sense, are important. While subjectivities are dependent on different circumstances at different times (Harré and van Lagenhove 1999), experiences are important in the way we might reflect on ourselves as professionals (Nyström 2008). Those reflections will often have a bearing on how we perceive being a professional, a practitioner and, as practice and personal subjectivities are closely linked, will often affect us in a more private sense. Drew, while conversing around this area, brought another perspective to bear on what on this could mean:

> *Let's face it we can all miss something on a bad day (.4) ehm we all make mistakes [using quotes] its only <u>human</u> (.3) I'm not talking about the Shipmans of this world (.3) huh (.1) did you know <u>any</u> offence you have on your driving license is passed on to the GDC? (.3) ehm I never thought I'd see the day when I'd get a reprimand from the GDC for a speeding fine (.3) well (.) if I'd caused any <u>harm</u> or had been driving under the influence I <u>could</u> understand (.3) I mean <u>I</u> was only just over the speed limit (.2)it was a <u>bit</u> over the top (.3) ehm I felt <u>terrible</u> going into the practice* [Drew]

This incident had obviously disturbed Drew; the main concern being that anyone who received a reprimand for something apparently quite unrelated to professional practice would be put into the same category as others who might have more obviously earned this reputation. Drew struggled with notion of being branded under the "unprofessional conduct" category that deals with these cases. In doing this Drew attempts to reconcile the positions of "being professional", "being a practitioner" and "being private". This story also brought home the implications of "taking on" the role of the professional and how this position could reach out to other subjectivities.

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[17] The case concerned a young dentist from Glasgow facing a disciplinary case before the General Dental Council. His details were run across several of the Scottish papers throughout May 2009 (see McGinty 2009, Duffy 2009 for example).

The roles in which we are positioned may be multiple (Harré and van Lagenhove 1999), even under the professional description. In this respect, there may be different perceptions of the professional role and related development in different sectors of dentistry. There is the NHS "high street" dentist and the more "progressive" dentist who might undertake more "extreme" treatments as Casey described:

> *We are under a lot more pressure nowadays to take on non NHS treatments (.3) you just have to look at the number of courses for cosmetic treatments that have sprung up (.2) to be honest some of them do look quite good but it's a tricky area all the same(.4)*
>
> *J: What do you mean by a tricky area?*
>
> *Well (.2) a lot of the courses are out with our normal standard of care aren't they?(.2) I mean especially the facial treatments (.2) I'd think there could be a problem with over-treatment taking some of these on board(.4) of course you need to make sure you're competent to be doing them in the first place (.4) yes that's a tricky one (.4) and patients are demanding those things (.2) I think you need to balance those things out in practice* [Casey]

Casey was more accepting of different representations of the professional role, despite the "tricky" position in which these might place practitioners. As Hall (1996) notes identities are 'never unified', but 'subject to a radical historicisation' and, therefore, 'constantly in the process of change and transformation' (p.4). The professional role is, similarly, subject to change, in particular in an increasing consumer market for new cosmetic treatments. Casey, however, illustrates the pressure that comes from the public forum and the dilemma that this might occasion for the professional role.

From an individual perspective, there are different ways of reasoning about personal representations of one's profession (Nyström 2008). The implications of media coverage, for example, can be far reaching for the profession as a whole, and especially for the representation of a professional identity of those working in the front line in public service. Coming to terms with that, being competent, being accountable and remaining within standards for care, is a "balancing" act as the professional role extends into new areas. The practitioner is on a stage, performing those balancing acts and presenting many voices in different ways (Schatzki 2003). Some voices presenting as contemplation, attentive thought and affirmations that professional development might extend the professional role into new areas. For some of the participants this meant balancing between practice demands in terms of costs and demands for new treatments as they looked for professional

development in those new areas [Appendix F: Extracts 6.2]. Such a balancing act may be a case of staying within self-defined limits, as Drew explained speaking about taking professional development in different areas. I had asked Drew if the demands for new treatments had made a difference to choices of courses for professional development:

> *Well I don't think we fare that badly without them (.3) but it's all relative to what you want to achieve (.2) ehm I'm quite happy plodding along just keeping abreast of things (.2) I've being doing dentistry for so long I could probably do it with my eyes closed heh heh heh ehm I think you need to know where your limits are and stick to doing the things you know you are confident to undertake* [Drew]

What was interesting in relation to professional development were the different views and reactions to the professional role and what might be expected. For Drew, who came over as a fairly laid back type of person, '*just plodding along*' was a comfortable position. After being in the profession for many years, Drew had chosen to maintain an identity and role that gave a feeling of being confident within well-defined and personal limits. Those limits were, for Drew, a defining point for looking for professional development:

> *J: How does this affect the way you look for professional development?*
>
> *Well I look for courses that are recommended (.2) medical emergencies (.2) smoking cessation and the likes (.2) I'd probably go on an implant course just to see what's on the market but to be honest that's not something I'm going to be doing much of in practice (.3) ehm <u>too</u> controversial* [Drew]

Development and professional identity is dependent on many discourses, as public, institutional and organizational interactions occasion 'a web of movements spun from multiple flows of material resources and representations' (Nespor 1994, p.6). Such movements can also be present as external pressures through discourses that place identities within limits and at the same time make identities and positions vulnerable as those limits are undefinable.

As the conversation became more focused on professional development, the voice of a professional role was performed throughout the conversations in more definable terms. This was as laid out in the General Dental Council standards, in terms of activities or as a more "official line". For example with regard to CPD participants said: *'it's part of our registration requirements', 'what we ought to do as professionals'* or *'it's about being*

professional' [Appendix F: Extracts 6.3]. Accordingly, without exception, the participants all knew when and how many points they would need to collect to meet the obligations for CPD. This was no surprise as it is clearly laid out as a legal 'code of behaviour that registrants agree to abide by' (General Dental Council website[18]). In this respect, Sandy's response was important which in a few sentences summarized professional development in terms of professional obligations. I had asked Sandy how professional development related to practice:

> *Professional development (.3) CPD? (.3) well it's part of our obligations isn't it? (.5) clinical governance (.4) how does it relate to my practice?(.4) ehm (.1) well patients need to know we are competent (.4) it's about trust (.4) ehm that we're up to standard and doing a good job* [Sandy]

I was slightly startled by the force of Sandy's words as my own thoughts came more from a pedagogic perspective. Nevertheless, Sandy's response was important as it identified those activities which characterized the professional role in relation to taking CPD as the General Dental Council scheme outlines (General Dental Council 2005). Sandy's words seemed to, in this way, rubber stamp the professional role in definite terms: being '*competent*', being '*up to standard*' and part of '*clinical governance'*. However, in describing the meaning of professional development and CPD, Sandy shifts frames from what was expected from the professional role back to the site of practice as '*trust*', and '*doing a good job*'. In pausing before responding, I had a sense that Sandy was questioning many of those relationships and the social spaces to which they belonged. Such social spaces may be thought of as relational (Bourdieu 1990). They pertain, for example, to our relationships to the professional space or the practice space, or more public spaces that capture the positions and dispositions of identities through the meanings that such spaces hold. Many of the relational dispositions were also reflected in the conversations in and around taking locally run CPD courses in which I had been involved. I had a sense that those relational positions included my own, in my position as CPD tutor and "curator" for much of the CPD that was taken in this form. This was also an area I was interested in as there had been very little previous input as to what those courses should be. Consequently, I had been myself put in a position of choosing them up front and practitioners had had very little say in how they might relate to their own professional development.

[18] http://www.gdc-uk.org/dentalprofessionals/standards/Pages/default.aspx

6.3 Performing as a CPD Tutor

My own performance as a CPD tutor concluded every year by arranging and listing courses on an online database where prospective participants could apply for their year's diet of CPD. I reflected many times on this scenario, throughout the conversations, recalling the yearly ritual of meeting the deadline for "CPD delivery" as the "stampede".

> How much time do we have then… *about 4 weeks to go*…s*** I've not got everyone's confirmation yet what do you think...are we going to make it?.. *I should think so we always do it's just the usual mad rush in the last two weeks*...it goes live on the 1st again... yes?... *yes Julie like always [SIGH] just like we do it every year this year is no different to last year no doubt there will be the normal stampede to sign up for the courses… then my work begins again…* mine too I'll need to start thinking about new courses again [The stampede: notes from research diary July 2009]

The nature of this ritual, from the participants side of '*collecting CPD points*' was highlighted by Alex and others [Appendix F: Extracts 6.4] as they spoke about the yearly '*scramble'* to '*get on*' the community database and '*grab*' a place on the most interesting course:

> *It's always difficult to get on the courses I want (.3) yeah hands on courses (.3)they're always the first to go of course (.3) well I tend to look out for those first (.2) uhm the problem is getting a place if you're not into the [NAME] quick enough (.5)*
>
> *J: What do you do then?*
>
> *Uhm (.3) I'll look for next one that might interest me* [Alex]

For many practitioners the challenge of "getting on courses" was an irritation. The main problem being, despite having some idea of the direction development might take, that it was not always possible to direct that in a constructive way [Appendix F: Extracts 6.5].

Those conversations gave me much to think about and they became a concern in contemplating which courses to arrange and offer practitioners. While I had started out with clear educational foundations for the courses, on occasions I had slipped into a focus of meeting regional targets for the year. Sandy reminded me of this in a very direct way:

> *The number of times I've been to a presentation and thought that's all well and good (.2) but when am I going to do that (.3) I personally need to have the*

feeling a course is worth taking

J: What would be the defining features for you (.) given a free choice?

Well quite simply it has to relate to my clinical practice [Sandy]

I had reflected on this dilemma of meeting practitioners' practice needs many times, trying to reconcile, on the one hand, meeting everyone's requests and on the other hand "balancing" the books. Finding and running appropriate courses to cater for an increasing audience had, for the time I had been working as CPD tutor, always been an issue. The recurrence of relevance as a talking point and concern within the conversations was an uncomfortable meeting with my own performances in the role as a CPD tutor.

Despite being aware of the issue of relevance beforehand, I felt challenged at times through these conversations. Relevance was clearly important to the practitioners. However, in asking Taylor if CPD had made a difference to practice, what emerged was that professional development might not be that clear cut:

Uhm (.3) CPD it's not that clear cut is it ?(.2) you can't guarantee that any course is going to make a difference (.2) that being said (.3) well uhm it's like this (.2) I don't think any of us could claim that every course will have an impact on clinical practice (.2) I suppose it's not always going to be that obvious is it?(.2) I don't know how you can show that (.2) to be honest I'm not sure what the alternative is [Taylor]

I was aware that the issue of impact and being able to demonstrate impact was a concern. However, along with those concerns I had the feeling that the conversations had been coming from different vantage points. The 'addressivity' (Bakhtin 1986, p.95) of those conversations was also in the sense of their 'population of other voices,' (Bakhtin 1986, p.95) directed at times towards my position as researcher and CPD tutor. In the same sense, at times this 'addressivity' was directed to a voice of authority who spoke of being able to show evidence that CPD taken had made a difference.

In the conversations, the participants also often spoke about how the courses were run talking of courses being too long, or short, or just simply not offering enough time to *'digest and process everything'* [Appendix F: Extracts 6.6]. Blake had been more specific describing those courses in terms of '*random choices'*:

> *You see (.2) I try to pick courses that I think will be relevant (.2) although I have to admit it can be a bit of a random choice (.6)*
>
> *J: What do you mean by a random choice?*
>
> *Well it's not always obvious at the time what difference a course might make is it?(.3) or even if it's going to make a difference at all (.3) sometimes it doesn't (.3) it's probably easier to notice if the course is a new technique (.2) then again that doesn't mean that it's relevant for the practice I work in (.2) yes a lot of the gadget courses have been like that* [Blake]

The notion of relevance again was important but complicated. Some participants had firm definitions of what this meant but for others, as Blake indicates, it was not obvious at the time. The idea of relevance, in view of my own position, was something I was keen to pin down as it had often appeared in the end comments of CPD course evaluation forms. Some of the participants related this directly to General Dental Council documentation (General Dental Council 2005) in terms of standards as ways to recognize this [Appendix F: Extracts 6.7]. Sandy, for example, placed CPD within safe grounds in suggesting that an audit would be integral to proving effectiveness:

> *If CPD is going to be effective then standards are a good place to start (.3) infection control (.3) ehm decontamination (.2) then do an audit*
>
> *J: Do you find audit helpful?*
>
> *Well I can do a pre and post audit to see if there's an improvement (.3) you can see from the pre and post that it has made a difference (.3) you know (.2) if I do a radiograph audit and my post shows 90% error free compared to the pre of 60 % then it's pretty obvious that things have improved* [Sandy]

I was aware that I was pressing the participants to take ownership of these issues, perhaps pressing too far at points. I had wanted to open the "black box" of relevance more than I had been able to from course evaluation responses. In addition, I had made many assumptions in my own position "pre-designing" CPD courses. It was important to me, now, to allow voices to lay claim to these courses. However, as the conversations moved towards what might constitute "effective" CPD, the participants conceptualized this in different ways talking of '*new techniques, 'updates','new products'* [Appendix F: Extracts 6.5]. As I thought about this, I realized that many of those entities for CPD, for example, taking audit or proving effectiveness, are still in negotiation for many practitioners. Although the official line is well rehearsed within the dental community in general, the CPD scheme is still a new "habit" for many who have spent a lifetime regarding professional development in other terms. Many elements of CPD are still being negotiated in present terms and in

the light of the public and professional arena. Furthermore, as Bakhtin and Holquist (1982) warn us, those things that we lay claim to are never truly our own. Many of those things we should lay claim to may not be able to be spoken but manifest as uncertainty and doubts.

6.4 Negotiating positions and doubt

Doubts seemed to be apparent in many places where participants had hesitated, paused or become silent. At the same time, it was also apparent that there was a negotiation of different positions placed between obligations and practice. For example, this was apparent on asking Dale if there had been differences since the introduction of the CPD scheme:

> *Well when I completed the first cycle it <u>was</u> bit of a rush to put the last points together (.2) it worked OK in the end (.3) although I can't <u>honestly</u> say that I learnt anything of great impact from any of those courses*
>
> *J: Did you have a problem getting enough points?*
>
> *No (.2 no I don't think in general it's difficult to get points (.2) it was just a bit of <u>a pain</u> because I'd misplaced some of my certificates (.3) well there's something (.2) I'm be(h)tter organized than I used to be heh* [Dale]

There seemed to be a sense of loss as Dale humorously portrayed the difference the CPD scheme had made after the cycle had been introduced. I had myself remembered this as a sense of puzzlement when asked to produce evidence of my last 5 years' CPD on my returned to the UK, and then later as I was allocated to a different 5 year cycle. As Knorr-Cetina (2001) suggests, relations to our life world can have a tendency to lose hold of any meaning when 'principles and structures we have known "empty out", lose some of the meaning and relevance they had' (p.520). This was my impression reflecting on these conversations as some participants similarly attempted to make sense of the revised CPD scheme. This took the form of '*being 'more systematic'*, '*less ad hoc'*, *'knowing what you are doing for the next year'* [Appendix F: Extracts 6.5]. For some, it was being aware of a sense of meaning. For Casey, for example, this had been about contemplating meaningful meetings despite doubts about relevance:

> *I go on as <u>many</u> courses as I can (.3) in fact I look forward to getting the chance (.4) it gets me out of the practice for a wee bit (.5) and it's always a chance to chat with colleagues isn't it? (.4) mind you I'm conscious that some*

courses might not be that relevant (.1) that does bother me (.6)

J: Would you say that a benefit of CPD courses is the chance to meet with other practitioners?

Yes no doubt about it that's one of the benefits of going on courses [Casey]

The awkwardness in Casey's voice and long pauses had vexed me. There appeared to be a sense of uneasiness with the association of a lack of relevance, despite the meaning that might be derived from meeting and chatting with others. Practice in this sense can be creative or destructive depending on the perspective and the structures which act as a framing. There was sense of a 'thinning out' (Knorr Cetina 2007, p. 367) of the structures that were binding us to professional development; those structures that sustain our 'sense of practices as customary and routines ways' (Knorr Cetina 2007, p. 367). However, such framings can also have the power to move people to act in certain ways. This may be in terms of expressions of guilt, in defence of positions and other modes where discourse has the power to bring those emotions to the surface (Holland et al. 1998). Those emotions were articulated more explicitly by Blake who expressed concern over *'logging'* points and the logic of this to prevent malpractice:

I'm not sure logging up CPD points will stop malpractice (.2) I mean there's always going to be bad apples (.3) well you'll get that in any profession (.5) I'm not saying CPD isn't a good thing and we do need to keep on top of things in dentistry (.4) I just can't see how it'll prevent malpractice [Blake]

Blake had appeared uncomfortable while speaking and had paused often apparently contemplating the idea of the '*bad apples'* and what this meant in terms of CPD. Blake at the same time defends the notion of CPD, shifting from one position to the other, from defence to puzzlement.

From my own work providing CPD courses, I also experienced a sense of puzzlement that included asking if this was simply an exercise to fill seats or tick boxes. This manifested in a growing tension both in my own practice and as "curator" of the courses. My own conflict and tension as CPD tutor was that I could also slip into a ritualistic "delivery" of CPD points, just as practitioners could ritualistically "log" up points. In questioning the idea of CPD points and their meaning as artefacts, it is interesting to note Latour and Woolgar's (1986) contention that it is 'through practical operations that a statement can be transformed into a fact or into an artefact' (p.236). Latour and Woolgar (1986) further point

out that the meanings that are given to positions and actions are stronger when they relate to artefacts. A sanctions based approach to CPD as artefacts, accordingly, may appropriate professional behaviour in a very direct way. This was highlighted by one practitioner who had declared, '*as long as all the rights boxes are ticked no one can complain'* [Appendix F: Extracts 6.3].

As the conversations moved more into a "practice" zone, voices became tense as the convictions that were based on practice conditions were placed against the demands of professional development. Tensions appeared between what was expected from practice and what was expected from the professional role. Dale had expressed this as a contradiction:

> *Uhm there's a bit of a contradiction isn't there?*
>
> *J: What do you mean by a contradiction?*
>
> *Well (.3) if you think about it (.2) what we do in practice and CPD (.4) well it's like this (.2) I expect professional development to make some sort of difference (.2) I suppose unless you go with some goal in mind or to learn a new technique you might not see any difference(.3) then again we need to be accountable in some way* [Dale]

Where those tensions came to bear there was a shifting back and forwards. This seemed to be a subtle movement of standing on one foot and then the other; on one side in defence of "accountability" on the other trying to make meaning of CPD in this form. This was most apparent when values and beliefs came into play. For example, for Reece this was noticeable where practice values were put alongside obligations:

> *I don't think compulsory CPD is that bad a thing (.3) at the end of the day(.2) I can always choose what CPD I think is appropriate for me (.2) whether I can show that CPD has made a difference is another question (.3) I think about that a lot (.4) I read the new revalidation info recently (.2) I can see where that's all going to end up(.2) I mean it looks fine on paper but how is it going to work in reality? (.2) all I can see is more paperwork* [Reece]

Reece had underlined a concern I had for my own practice. I had been asked to take part in a pilot to explore views on how to provide evidence of activities in order to "prove" that CPD was maintaining standards and competencies. I, too, had tried to balance the need to be "accountable" whilst struggling with the difficulty of demonstrating that in the General

Dental Council term of competencies. Just as Reece had, I had also tried to maintain a "devotion" to the premises on which the professional role was based and balance this with a commitment to practice. As Davies and Harré (1990) suggest, the discursive processes in which the self is placed are not straightforward. It sometimes means some positions are accepted, some are taken on and some hang in "limbo" waiting for an opportunity to find a place. However, it also means that any choice as presented can be negotiated or refused, 'a possibility of notional choice is inevitably involved because there are many and contradictory discursive practices that each person could engage in' (Davies and Harré 1990, p.46). Those choices became evident in several ways as participants searched for meaning.

6.5 Searching for meaning and choice

Despite the tensions and conflicts with the negotiating the CPD scheme, there was a sense of agency as the participants searched for meanings through their experiences in negotiating the regulatory world and the practice world. Blake had put this in quite definite terms about what should be built into practice relationships and care:

> *Whether you take this course or that course is irrelevant (.1) I've been on umpteen courses (.2) I mean you've got to look at how someone really is in practice (.2) over a period of time (.3) keeping a patient dentally sound can take a life time if they have bad oral hygiene (.1) I mean if we're talking about how CPD can make a difference the proof is in the pudding (.2) what you have achieved for your patient should count not how many CPD points you can get* [Blake]

Blake had given an impression of confidence, without hesitation categorizing "good" practice and professional development in terms of the meaning it held. In doing this, Blake highlighted the tension of comparing numbers and artefacts to values (Lyotard 1984; Habermas 1987; Feenberg 1999). Placing practice values and beliefs on the line, Blake makes a distinction between patient care and the act of collecting points.

For Reece choice came in terms of the expectations balanced against the demands of being in practice:

> *I struggle to read everything (.4) there's a lot to get through (.2) although I can*

> *say I've actually become quite organized over the last few years (.2) yeah I'll just skim (.5) just to get an overview then read those bits to keep up-to-date(.4) [shrugs](.4) ehm (.5)*
>
> *J: What does CPD then mean to you for your own development?*
>
> *CPD? (.4) well I choose carefully (.3) obviously the recommendations (.2) decontamination and eh medical emergencies (.2) they <u>are</u> important (.3) yeah other CPD (.3) I'm in a busy practice so I choose carefully (.2) taking time off is difficult (.3) so I might look at new products or materials (.2) and I go to a lot of the depot[19] run courses (.1) they're really useful and they're usually free* [Reece]

Reece had come over as resolute in maintaining "standards" and keeping up-to-date. Although those words reflected the official discourse of the CPD scheme, at the same time Reece had made a choice for other CPD that would be applicable to practice.

Meaning for Alex was in recognizing the value of professional development:

> *Well in fact I would feel quite reticent at putting everything down that I do (.3) uhm if I put down the true value of my professional development they might even question it(.3) you know reading(.2) I mean they don't count this as verifiable (.2) it's not that hard to get verifiable either(.3) uhm so I went on one course and got 5 hours and I went on another course and got another 5 hours so I could get my whole five year cycle from this within 6 months to a year by just going on different courses [Alex]*

Alex had expressed frustration over '*the true value'* of professional development in the face of a risk of what might be held up to scrutiny and question. In CPD documents, it is evident that the more general (informal) professional development has taken a back seat, and a verifiable or "true" form governed by outcomes and evaluation is given priority: 'by evidence, we mean your CPD records and documentary proof' (General Dental Council 2010). As Alex had stressed, there was no problem in accruing points in any form. In this respect, Billett et al. (2006) argue that the act of describing learning and development in terms of "informal" and "formal" with predefined outcomes produces an irretrievable divide between practice and development, along with a diminishing of the agency of practitioners themselves. In this respect, in relation to value, it was interesting to see what was regarded as necessary and what was regarded as desirable.

[19] Many of the commercial dental companies have so called depots where sundries and other dental materials are stored and then sold. These dental companies also often run free courses, which over the years have become to be known as depot courses.

As the conversations moved more into a practice "zone" they also became more bound to other expressions of values and desires. Drew, for example, held firm views on professional development and its relationship to practice:

> *J: How do you feel about professional development being compulsory, has that made a difference to you?*
>
> *No it's not a problem for me (.2) ehm whatever you do it still comes down to your own professional values (.2) ehm putting your patient first (.2) ehm making sure your clinical work is up to scratch (.3) it all depends on what you're prepared to invest into your own clinical work and your patients* [Drew]

Drew stands firm, in the first instance, in defence of the professional role but then quickly shifts frames to practice values with an equally strong conviction. In suggesting an "investment" in the self, Drew firmly places the relational self side by side with values of *'putting your patient first'* and all this means on a personal level. Drew had firmly put the stress on those things that were important, narrating those values and attributes that would be sustainable for personal development. Many others expressed "values" as desires for a preferable future. Some related to potential personal developmental paths, whilst others were focused on how they would improve practice conditions for patients and staff [Appendix F: Extracts 6.8].

The tension within those conversations was the embedding of the "value" of CPD in terms of points and meeting the requirements of the lifelong learning scheme (General Dental Council 2005). Values as desires, contemplations and future aspirations are less easy to measure than how many courses had been attended within a specific span of time. The danger is that the "value" of professional development risks being categorized only according to what can be counted. This may highlight what is necessary to perform as a professional in dentistry, but at the same time it stands beside development as aspirations. This is an important consideration as, despite the tensions, what emerged through these conversations was that practice values were taken as something to be put to the forefront, rather than the CPD courses. Furthermore, the conversations gave a sense that those values, desires and aspirations were drawn from a past history, into a present and projected to a possible future. I had a sense of temporality[20] through those conversations where the past,

[20] I use temporality in a Heideggerian sense (in Nichols 2000). Departing from normalized rules and recommendations we drag our histories into present experiences, reform them (Heidegger calls this resoluteness) and project them to the future as a unique unfolding of the self.

an essential part of the present became an essential part of future projections of the self.

6.6 Temporality: past, present and future

Two of those stories stood out for me in these terms of temporality. The first was from Phil who described how an identity could become intrinsically embedded with the identities of patients. I had asked Phil how professional obligations and professional development had impacted on running a practice:

> *I don't notice much difference to tell you the truth (.2) I suppose I'm very fortunate in that my practice is well established (.2) we've always had a good reputation (.3)folks know us as a family practice (.2) I've had the same patients for years (.3)uhm families have grown up in my practice (.2) I'm seeing their children and will probably start to see their grandchildren now (.2) that's when you really know you're getting on heh heh (.3) uhm I mean you get to know your patients don't you (.) how they like to sit (.) their comfort zones (.) who has a needle phobia(.1) who doesn't like the ultrasonic (.2) yeah it takes a lot of the stress out of the job* [Phil]

Phil had been in the fortunate position of having had a practice for some time. What struck me was the sense of pride in Phil's voice whilst describing practitioner-patient relationships. In this way, Phil links development to a sustained relationship with patients. In coming to "know" patients, Phil could also make a claim to an identity which is, at least in part, dependent on those relationships, built up over a period of time into intrinsic and informal trust.

The second narrative was from Drew in response to the same question. Drew had hesitated briefly, possibly contemplating the meanings of obligations versus what was known in the past and then to the present situation and the changes that have taken place:

> *Well you <u>are</u> under an obligation (.3) ehm I mean as soon as you become a student you are (.2) at least that's what we knew (.5) ehm there was <u>no</u> doubt about it we knew where we stood (.4) you've really got to keep abreast of things (.3) there are a lot of changes (.2) I mean we've all these funny bugs that we didn't have before ehm the risk of MRSA (.2) AIDS (.2) ehm the hepatitises (.2) yeah they're all things we didn't have before (.5) ehm well to be honest it's <u>intrinsic</u> (.4) it's not something somebody has to tell me to do its part of the job (.4) I've always done it we were taught that way (.2) the importance was drummed into us* [Drew]

As I thought about Drew's storied self, I was struck again by the temporality of those things which were considered intrinsic. These seemed to reflect a narrative which had formed over a long period of time, rather than a snapshot of the characteristics that may be attributed to a professional role. Those characteristics were embedded in Drew's narrative, now *'intrinsic',* they had a history; they had been brought into a present and reassessed in the light of the present and what might be in the future. Sennett (1998) discusses those characteristics in contemporary times, as the character of human beings focused on long-term events, emotive experiences and responses through and with people. Being professional in those terms occurs through processes that include building informal trust relationships and embodying those things taken to be important for practice until they became intrinsic. However, Sennett (1998) notes that the 'short time frame of modern institutions, limits the ripening of informal trust, which can only arise from long and repeated association' (pp.24-25). It is important to consider how the stories from these conversations, both personal and professional, may become part of an intrinsic narrative. It is also important to consider how roles and positions relate to informal trust relationships that are important for practice (Sennet 1998).

6.7 An unfolding narrative, from ritual to values

I had initially been struck by the different emotions in these conversations. I had also been surprised about some of the content that the participants spoke about and the tensions that they produced. As the conversations continued, those positions became less bound to a professional role as the stories went on to tell of struggles of reconciling practice, personal life and professional obligations. At the same time, there was a consistent guarding and confirmation of the official line and the obligations of the professional role, despite the tensions that emerged. I had partly put this guarding down to my own questioning of the participants around the relationships they made between professional development and practice. The act of questioning in this way could also be taken to be a questioning of professional integrity with anything contrary liable to being seen as "not being professional". In this respect, my own position of CPD tutor may have influenced how the participants responded. However, in addition, the obligations of the professional role leave little choice for as a group of advisors from the world of dentistry describe:

> In due course, a sample of dental practitioners, taken from a cohort of colleagues qualifying during a particular period, will be subject to scrutiny

> of their CPD records. If these are found to be deficient, the dentist will be given a period of grace in which to rectify the problem or risk being removed from the register. (Rughani et al. 2003, p.3)

These are forceful words, in Bakhtin and Holquist (1982) terms they are monologic: institutional and educational practices become orientated to reproduce the official discourse. As Bakhtin and Holquist (1982) explain:

> One's own discourse is gradually slowly wrought out of other' words that have been acknowledged and assimilated, and the boundaries between the two are at first scarcely perceptible. (p.345)

I was aware that the participants were carefully guarding boundaries across "being professional" and using the "official" language of regulations and codes of practice and being "accountable", "competent" and "up to standard". This was most noticeable where the more emotional tones were directed towards "being accountable" and "being competent" in the public eye. There were no doubts in the conversations that the CPD regulations were there to be followed. However, there were equally strong positionings reflected in the values and beliefs attached to practice. In this respect, there were other subjectivities: the practitioner with values and demonstrating integrity, the "carer" putting the patient first. At the same time an asymmetry ran through the narratives which came to the foreground through the symbols of CPD points and the values and convictions of practice. The practitioner emerged, at times, somewhere in the middle: doubtful and tense, '*choos[ing CPD] carefully'* and responding by considering '*obviously the recommendations'* which *'are important',* but at the same time suggesting, for example, that being in a busy practice also means ''*choos[ing] carefully'* [Reece] for practice.

As Hall (1996) suggests, performances are never straightforward nor are the subjectivities they produce. The paradox of this struck me on reading the General Dental Council discourse and the rationale behind CPD as a sanctions based cycle. The General Dental Council advise in this respect that 'people feel more confident and perform better when they know what is expected of them' (General Dental Council 2010). However, this "official" position now seemed to be on "hold" within these conversations, caught in a transition of what had been in the past, the present and, in the face of discordances and tensions, what might be in the future. Those voices had become fused (Bakhtin and Holquist 1982) between practice and the official CPD line. For example, taking a position that '*you might not see any difference'* [Dale] in relation to CPD and vocalising another

position which asserted '*then again we need to be accountable in some way*' while what remained was a confusion and '*a bit of a contradiction'* [Dale].

Boyt et al. (2001) argue that one of the most powerful resources of professional discourse is the capacity of the professional to 'name' (p.322) him- or herself through taking ownership of the behaviours and attitudes or 'orientations' (p.322) of the occupation in question. Those orientations, as General Dental Council discourse and collecting CPD points, were central to how the participants came to frame and position themselves within the professional role. The act of collecting CPD points was important for meeting the professional obligations in terms of professional development. This is worth consideration when contemplating Bernstein's (2000) location of knowledge and its relationship with professional identity. According to Bernstein (2000), values in this sense predispose a particular type of knowledge, an 'inwardness' and 'inner dedication' (p.86). This sense of dedication was clearly delineated between the "value" of codes and CPD points as artefacts and professional obligations and the "values" embedded in practice. For example, Alex who uttered frustration at the lack of acknowledgement of dedication puts this in perspective as far as professional development is concerned:

> *Well in fact I would feel quite reticent at putting everything down that I do (.3) uhm if I put down the true value of my professional development they might even question it [Alex]*

The danger is that disjunctions may exist between what is expected in terms of the values of the professional role and what comes to be embedded in practice as values (MacIntyre 1984). Values of codes and artefacts may inadvertently fail to provide for the particular type of knowledge as 'inwardness' and 'inner dedication' that Bernstein (2000, p.86) suggested.

Feenberg (1999), further, describes the process of the constitution of artefacts and their implementation in practice. The process begins with a decontextulisation of some features of a 'natural object' (p.203) from their original context so that they can be integrated into a technical system. This process is dependent on a reduction, a de-worlding or simplification, where features are 'stripped of technically useless qualities; and reduced to those aspects through which they can be enrolled in a technical network' (Feenberg 1999, p.203). This notion of de-worlding and decontextulisation was illustrated as a questioning

of the process of gathering CPD points and the requirements of CPD. For example, Blake's assertion, '*what you have achieved for your patient should count not how many CPD points you can get'*, illustrated the distinction between was taken as the purpose of professional development and what is now decontextualized in the form of CPD points.

Evans (2008) makes the point that a required or a demanded new professionalism is a different proposition from one that is enacted. That is, the idea of being a professional is different from taking on that role. The former is an embodiment of the values and characteristics while the latter is an adhering to the rules and regulations of that position. This is a concern, in that the professional identity as a social reality (Bourdieu 1990) is reflected through the power of inscription in the codes and standards that are portrayed as natural parts of that role. Such codes and standards state quite clearly what is acceptable and what is not. As Davies and Harré (1999) explain we are 'hailed' (p.48) into place, called forth to take the professional role as it has been laid out in our regulations. The participants here were hailed the back into a moral narrative of a duty of care as part of practice. Both represent powerful 'binding experiences' (Tilly 1996). The tensions were clear between positioning of identities as discontinuities and juxtaposed positions, the most noticeable being the concern of being categorized as unprofessional through media and General Dental Council reprimands. As if shuffling on one foot or the other the "professional" emerged in fulfilling the requirements for a timely collection of CPD points, and in doing so avoiding being put in the same category as the less desirable "*bad apples*". However, there was no clear relationship between codes of practice and the values that were held for practice, in particular in terms of more intrinsic qualities of trust which were temporal and indeterminable. Those values may even be "written out" of the professional role in terms of what a "good practitioner" might mean or what a "good professional" might be. Values and how we are made aware of those at any particular time, whether through discourse, artefacts or codes, must necessarily be a question of the nature of professional identity (Nyström 2008). Accordingly, the professional role may also depend on values and desires and in terms of the different ways subjectivities accommodate to or resist other dominant roles.

Many of the previous "water cooler" conversations I had shared with practitioners had reflected these tensions between value, values and desires. However, I had never considered the possible underlying stories with respect to the power of the professional

discourse. Positional identity is, as Holland et al. (1998) suggest, ‘a person’s apprehension of …social position in a lived world’ (p.127). Apprehensions as expressions emerge in different ways as the practitioner continues to act in different ways. This also means that they do still make choices, albeit they may be seen as less autonomous and more ritualistic at times. As Andrews (2004) puts it:

> The self can be located as a psychosocial phenomenon and subjectivities seen as discursively constructed yet still as active and affective. Material social conditions, discourses and practices interweave with subjectively experienced desires and identities and people make choices, reconstruct pasts and imagine futures within a range of possibilities open to them. (p.1)

Possibilities can be performed in ways that are active and effective, or limited and restricted, for the personalisation of identity (Andrews 2004). The dentist as a professional is a performer; we are on a stage performing in the public eye. In acting and reacting to reforms, we perform the realities of practice and personal lives in different ways. In these different ways, practitioners may learn to shift identities, unfolding from one position to the other; from being a professional to being a practitioner carrying out actions from performing rituals to acknowledging values.

While the range of possibilities and actions for identity, in relation to forms of represented performances, appeared to be restricted in the data and discussion in this chapter, the next chapter provides a different perspective. In the next chapter I will outline ways in which the nine study participants have developed a ‘practice instinct’ in which they reflect on the past, talk of choices for the present, and imagined futures.

Chapter 7 Developing a practice instinct

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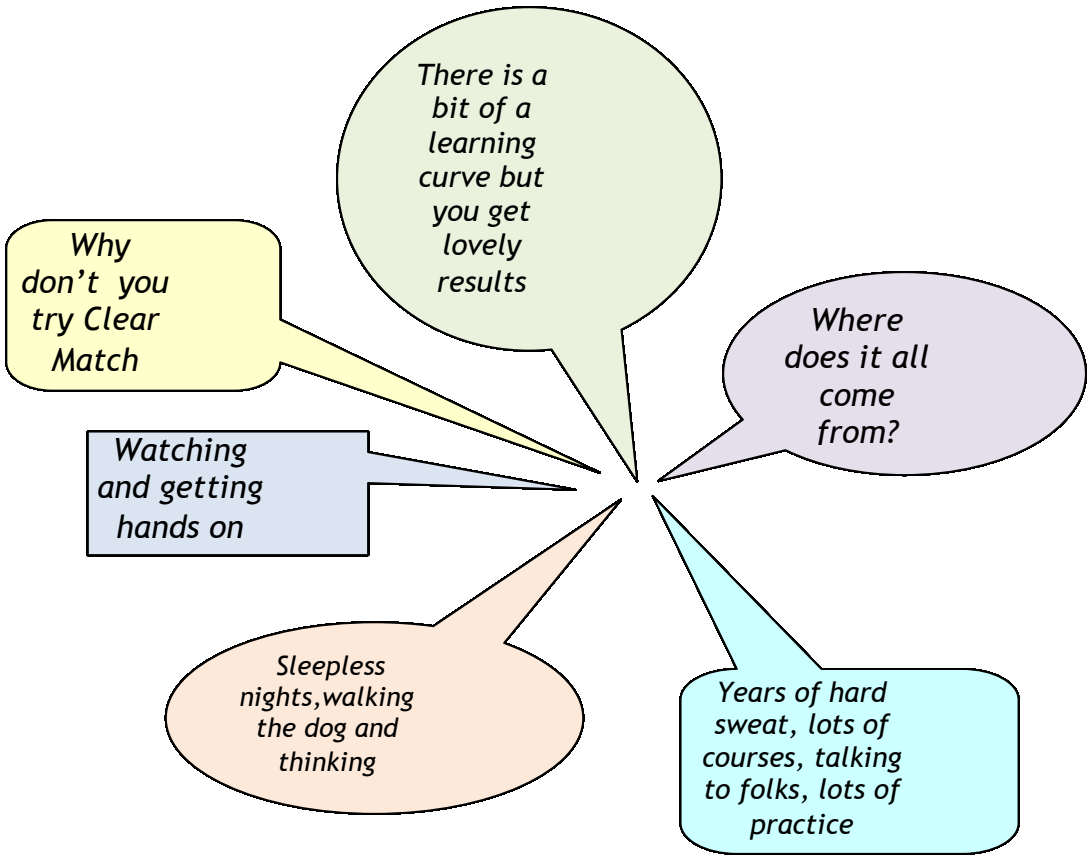
Cartoon illustration with caption: The dentist means well but he causes me great anguish

Craftsmanship: the desire to do a job well for its own sake Richard Sennett (2008, p.9).



7.1 Introduction

This chapter focuses on performances in practice spaces. I constructed the above diagram to give an impression of what it means to be in practice and what practitioners do. It means interacting with patients and attending to their concerns, interacting with colleagues and "teeth" talk. It means experience does not just appear out of the blue, it comes with years of hands on practice and as Sennett (2008) suggests 'the desire to do a job well for its own sake' (p.9). Nevertheless, there remains the question: What is the connection between practice, developing as a professional and what practitioners do? There were many "practice" stories in the conversations and anecdotes of successes and failures, some of which were quite technical. For example, one participant described in great detail how a particular crown had been prepared, how shading was perfected and how the *'crown fitted like a glove'* at the end of the process. Others were stories of practice problems and searching for solutions. For instance, many of the conversations were orientated towards a practical technique that had not quite worked out, the conversations then continued as a collegial exchange about the possibilities of different approaches. Despite the abundance of "tooth talk", it was almost impossible to put into words where professional development stood in relation to those stories or how those tales stood in relation to professional development.

7.2 It's something to do with craft

My questions seemed somewhat vague as I asked the participants, "How does professional development reflect on your practice? Does it make a difference? How do you think it makes a difference?" The answers were equally vague; '*Well I suppose I've just picked it up over the years'*, '*You notice certain things'*, '*I suppose and it comes out on the day,*', *'I know if things go well'* or simply, '*hmm well you do get better you notice when you get quicker'* [Appendix G: Extracts 7.1]. Reece attempted to put this into words describing a search for professional development. In practical terms, professional development found a place in relation to dentistry as a '*hands on*' profession and practice as a craft:

> *I go for the practical courses (.2) whatever the course is(.2) hands on (.2) I've been on the endo course several times now(.2) I k(hh)now ro(hh)ot can(hh)als don't change that much do they (hh) if you think about it we are very much a hands on profession (.2) it's more of a craft thing than anything isn't it ?*[Reece]

I had myself reflected on this idea of dentistry as a craft many times, in organizing hands-on courses and remembering my own initial motivations for entering dentistry. It was a common thread that resonated throughout participants' stories. As Windmiller et al. (2003) suggest, dentistry is not only based on scientific information, it is also a craft form where the 'artistic and scientific components of dentistry are closely interwoven' (p.76). In this respect, development for some was also a matter of '*brain power'* or '*keeping up-to-date'* [Appendix G: Extracts 7.1], but it was also something that could be described as a practical encounter or craft.

Despite knowing what we do as practitioners, it was harder to articulate the "how" of that craft or make a direct relationship to professional development. I probed this point many times, in different ways; "What is it about practice that you can identify with the professional development you have taken? Can you be more specific? Is there something that really stands out?" In response to many of those questions, much of the professional development sought was in relation to problems and solutions. Drew told a story about such a search:

> *Ehm I came back from holiday (.3) and (.2) yeah I remember this lady (.2) I'd treated the family (.2) not the daughter (.2) and ehm her daughter was up in the hospital and they didn't known what was wrong with her (.2) she was very ill I was told(.2) and I went into the practice to check through the records (.2) eh and then check the x-rays and she had a huge area around the mental foramen (.2) and(.2) it was only a hunch (.2) ehm just an intuition (.2) so I phoned up (.2) I learnt from the people in the hospital I can't remember who I spoke to but she was acutely unwell (.2) and she had been given some new antibiotic (.1) and they just didn't know what to do so (.2) and I said (.2) look I think she's got formaldyde toxicity (.2) ehm I think it was a lower left 5 (.2) and I said get that out ehm and that was done well she made a reasonably quick recovery and the consultant spoke to the dentist involved (.3) eh and the dentist involved pointed out that the recommendations from the manufacturer were that you could put this through the apex (.3) and the consultant then apologized to the practitioner and advised the practitioner to notify the committee on safety for drugs and medicines (.2) for medicines in dentistry ehm which he did eventually* [Drew]

Here Drew illustrates a series of interactions, pulling up from experiences based in the practicalities of being a dentist. These included scanning radiographs, checking clinical records and synthesising those previous treatments and the experiences drawn from them to discover a solution to the problem that had presented. It is perhaps easy to say that this way of practice could be related to professional development, but it would also be hard to define, in concrete terms, where professional development had played a part. For Drew it

was a case of pulling up from some sort of '*intuition*', seeking other sources and eventually making a connection to arrive at a solution to an atypical problem. In view of the difficulty of pinning down where professional development might have played a part, it is perhaps no wonder that despite over two decades of reforms and new regulations for evidencing professional development, and more reforms on their way, the way in which professional development benefits practice still escapes capture as change in practice.

There were many similar stories in which participants had looked for solutions and contemplated problems and in which participants explained how they "did" things in clinical practice. At times, this was looking to advanced techniques or revising everyday occurrences in the light of new techniques or a new clinical approach [Appendix G: Extracts 7.2]. Stories were also narrated in different ways and presented particular circumstances. As I reflected on those stories, I thought of Dreyfus' (2002) notion of 'skillful coping' (p.380) and his suggestion that practitioners are always moving towards what he calls an 'optimal grip' (p.379). In such a movement, we actively put ourselves in a unique position when there is a call for a type of "coping". Dreyfus' (2002) description of practice seemed to very much reflect Dale's story in which coping skilfully was related to critical incidents and therein lay a possible reason for seeking out professional development:

> *To be honest on a daily basis I don't normally think about professional development (.2) I mean it's only when something happens that I'm made aware of something and think (.2) well I need to look at that or I need to improve that (.) or I wonder how I could do that better (.3) I mean unless something doesn't go to plan (.2) you know (.) a crown doesn't fit right (.2) or an ID doesn't take (.3) then you need to go back to basics and just think about basic anatomy (.2) and try and work out what has gone wrong (.2) in the course of a normal day no I don't really think about it (.2) I mean I just go into automatic pilot* [Dale]

Dale's story points to the conclusion that most might come to in trying to calculate how professional development might be placed in practice. That is, it is extremely difficult after a lengthy time in practice to deconstruct that practice (Dreyfus and Dreyfus 1986; Eraut 1994; Eraut 2000; Flyvbjerg 2001; Gadamer 2004; Montgomery 2006; Sennett 2008). As I reflected on this more, I thought about my own clinical tutoring sessions with undergraduates. We know the "how" and the "why" of what we do in practice and what counts as success has, at least amongst ourselves, relatively clear boundaries. However, just as much as I could highlight possible problems and solutions with my students,

practice was something indescribable, something to which we respond to *in* practice. Dale had put this in a nutshell as something *'automatic'*. For Phil too, practice was an automatic response to focused practice problems and sometimes involved contemplation, a sense of "knowing" and feeling uneasy with one's own practice:

> *Well it depends what's going on (.2) I mean when you come up against something in practice(.4)yeah and kinda feel uncomfortable (.2) then I'll think about how I can improve in some way (.2) that's important there's no doubt about it (.2) then I might do some reading(.2) or you know (.2) ask a colleague* [Phil]

Casey had also described contemplation and a sense of "knowing" after a particular course of action:

> *The thing is if you're putting what you've learnt into practice (.2) well think of the Hall technique (.2) it's not easy to actually (.2) it's not easy to just say to yourself well I'll just put this on (.2) I would need more time (.2) I'd need to say to myself I need to do this properly (.2) I'd need to take time to do it (.2) anyway once it's done and you've got your child patient coming in and there's one in one quadrant and a couple more in the other and they are coming back and they are OK (.2) well you know you've got better* [Casey]

Both Phil and Casey's sense of knowing was bound to the realities of practice. Those stories also illustrated the value of a sense of uneasiness and its potential for reflection and looking forward (Schön 1983). In addition, the stories highlight the content of action for practice. For example, Casey's tale relates to a technical skill for paediatric dentistry. However, it was not so much the content of these stories that gave them their narrative impact. It was more that much of what the participants spoke about was contemplated in different ways. The stories were contextual and gave a sense that identity, experience and experiences are intrinsically linked (Biesta 2006). The participants, in defining spaces for learning, described the negotiations that emerged from the course of their everyday practice. However, there was no defined structure or systematic design apparent. These were not quick answers given on the spur of a moment; rather they were embedded in participants' own personal theories of how things should or could be done.

For Eraut (1994) those personal theories or 'practical knowledge' (p.15) reside in the mind, to be call up when needed. As in previous narratives, practical knowledge sits in a particular context where it is 'carved out of and shaped by situations' (Clandinin 1989,

p.125). This would also imply that such knowledge is far from being in a stable or an "infallible" form. If something is known, then we must consider that it is not necessarily true, known or applicable for all cases. Accordingly, it could be said that practitioners had claimed ownership of their own development and had gone on to articulate that development as personal theories. Those theories were based on paths of development that, by and large, could not be placed in any particular trajectory. In addition, they were called into action at that point when they were needed (Dall'Alba and Sandberg 2006). Furthermore, for Casey and the others, this type of "knowing" did not appear overnight, ready packaged to be applied the next day. It was highly contextual, drawn on at different times, applied in different sites of application. Such knowing might present a major obstacle for attempts to extract a "proof" of impact on practice. Firstly, there is a problem in the assumption that a kind of packaged "knowledge transfer" can take place (Grimshaw et al. 2002; Davis et al. 2003). Secondly, in attempting to pinpoint impacts, adaptations, or changes as a result of any knowledge transfer, this knowledge may not be fixed at any point in time. Perhaps the biggest obstacle is the inability to embrace practice in all its complexity (Davis and Sumara 2006). On the other hand, in acknowledging that there are different ways of "coping" and different practitioners who cope, we may come closer to understanding why, rather than how much, development might impact on practice. This might be usefully considered not only in individual stories that illustrate different ways of coping, but also in terms of relational ways of negotiating everyday practice.

7.3 Shared ways of coping

It was clear from the stories that sharing and socialization processes, which have always been a significant feature of our profession, continue to be a valued source for professional development. For instance, where a technical ability or a practice solution was sought, many had related to colleagues: *'I often phone up a colleague to ask advice'* [Appendix G: Extracts 7.2]. This reflected very much what I knew myself as a practitioner. Sharing tips and solving problems have always been a reason for going to conferences and other meeting places.

Sharing also occurred in practice, despite the difficulties of the meetings themselves. As Blake described:

> *We have practice meetings where we all get together to share CPD we've taken (.2) or just to talk about the running of the practice (.2) of course we don't always agree on everything there can be some intense exchanges (.2) but at least we get the chance to talk and share things (.3) OK there's always a bit of bantering going on but that's part of the whole process you don't have to agree on everything* [Blake]

Blake had gone onto to suggest, "things happened" when interacting with others:

> *I think much of what we do in CPD doesn't feel that useful at the time (.2) it's when you get together and talk about what you've heard or something you've done in a course (.2) so and so said such a thing (.3) or here's a good tip I heard* [Blake]

Casey had also described the benefit of being with other colleagues on a regular basis when, just as Blake had highlighted, dialogue was a key feature. In addition to the dialogue that might take place, Casey underlines the potential of dialogue for opening up to new experiences and the exchange of those experiences:

> *The study group has been going for more than ten years (.3) just three or four like-minded practitioners and we have got very open so we are open and honest about things(.4) like whether we use retraction chord(.4) yes we trust one another (.4) we go out for a meal and I think it's wonderful and it's really really good and (.3) the honesty is great and we bring stuff along (.4) and sometimes you get someone who says I know about that and I know about that and you go wow (.4) two of them have done the board course and you know we have lots of contacts (.5) and they are very generous about sharing and giving contacts they have got* [Casey]

Casey contemplated many of the qualities of those meetings, pausing to think now and again. In describing the virtues of this self-organized community, Casey takes a strong position in pointing to its value, not only in terms of the content of those meetings but with respect to notions of sharing, sameness and reciprocity (Wenger 1998). Casey's story further highlighted the significance of mutual recognition, openness and the ability to share both successes and failures of practice.

Phil described a more informal group that had spontaneously formed around some common interests:

> *I get together with a few colleagues (.2) it's actually not that formal (.2) in fact it all started by chance (.1) I needed to talk to a colleague about a patient we*

> *had both treated (.2) OK it was also a good excuse to go to the pub heh heh anyway heh (.2) we bumped into [NAME] and the three of us get together on a regular basis now just to chat (.3) yeah its kinda become a regular thing for us now (.3) just meeting up (.2) mind you it's not all dentistry (.2) well it's not that organized it's just a comfortable way to get together* [Phil]

Whereas the previous study group had been organized around a common interest, this second type, a spontaneous meeting in the pub, had grown into a space where common interests were shared. At the same time, both groups were based on signs of recognition and experiences that were shared openly and in a *'comfortable way'*.

The idea of relationships, and what those might bring, is an important one for dental practitioners. What we notice, in and between practice and through collegial encounters is an influential source for reflecting on practice (Schön 1983). This may also be related to the "solo" nature of practice. Getting out and about and "just talking" is something that is valued and undertaken in various ways as a part of developing for practice. Wenger (1998), in this sense, claims that such meetings are intrinsically linked to what it means to be part of a shared history. We may see this in relational terms, Wenger claims, as:

> justice to the lived experience of identity while recognizing its social character— it is the social, the cultural, the historical with a human face. (1998, p.145)

Relational processes, whether formal, conferences for example, or more informal, such as the meetings described above, offer a possibility to co-construct opportunities for development. Relational processes were also described in more definite terms as discursive markers for self within the conversations, for example, through the qualities participants had recognized in others, at times through contemplated reflection on past experiences and at other times related to what they would actively seek out.

7.4 Recognizing and seeking relational roles

In the conversations in relation to seeking professional development, it became clear that the "role model" has been a form of vision for practice. This was reflected in how participants were positioned with respect to a particular vision, and in terms of that to which they aspired [Appendix G: Extracts 7.3]. For Sandy several qualities were

important:

> *Well the best course I've been on was [NAME](.2) run by [NAME] and I spent a study week with him (.3) his work is top class (.2) he has a fantastic manner with people (.2) I mean with patients (.2) and staff (.1) nothing phased him (.2) I shadowed him for a week just watching him (.2) he's a very pleasant man [Sandy]*

It was not hard to see the enthusiasm in Sandy's face or hear it in Sandy's voice while recollecting the values and qualities that had appeared to mark this encounter. I had a sense that what had been taken from this experience were aspirations that might be chosen for a development of the self. Contained within this encounter were qualities of admiration for a way of being as an important part of that experience.

Phil also highlighted qualities of an encounter, describing this in terms of new perspectives gained for practice:

> *When I can I'll go on courses for the clinician (.2) like [NAME] you won't get better than him in restorative dentistry (.2) he's taken a completely different approach to invasive dentistry (.2) anyway he's been practising for (.2) ehm it must be nearing 40 years now he qualified in [NAME] you know (.2) and his approach just made sense (.2) you can just tell when someone knows their stuff* [Phil]

Placing value on a "trajectory" of experience, Phil highlights how such meetings and relational processes involving interactions with and towards others might be influential. An implicit sense of "knowing" was also clearly important for Phil's own development.

For Dale, a feeling of recognition and confidence gained from an encounter was a valuable part of developing for practice:

> *I went to [NAME] perio workshop (.2) it completely changed my outlook on perio (.2)[NAME} was the operator and I assisted then after a few patients he says to me (.2) go on takeover (.2) OK I was a bit nervous but I had every confidence in him (.2) and it gave me quite a boost that he thought I could take over (.3) I mean we've all got to start somewhere (.3) but you can't just jump in and do things without feeling confident* [Dale]

Those stories were interesting when reflecting on the previous practice stories. Those had

thrown up an incomplete picture of the part professional development played in practice. Through these more relational stories there was less difficulty in recognizing this. However, this was not a simple process of taking up characteristics and skills of a role model. The importance seemed to lie in the relational "qualities" themselves, for example, openness, admiration, an aspiration or a sense of reciprocity. Those qualities were all, in some way, important for the practitioner "self". It was more of a sense of the "qualities of the encounter" that were brought to the forefront as aspirations for development. In understanding such connections and relational interactions, this area may hold useful, if abstract, notions of how those connections might be enacted in practice. Such connections, from the point of view of professional development and practice, seem to be more complex than has previously been thought and they may even defy explanation. However, what can be said is that, for many, feelings of identification, mutual recognition and reciprocity are important factors. Development on this view predisposes the agency to act on those things (Bourdieu 1990; Giroux and McLaren 1994; Holland et al. 1998).

7.5 Narratives unfolding from head and hands to practice

The positions of the participants were variable, some told of an identity technical in orientation as they described the practicalities of practice. At the same time, they had positioned themselves as the "craftsman or craftswoman", the "skillful coper" or "sharing practitioner". In addition, in seeking development, they sought relational others through whom they might recognize and meet their own developmental paths or aspirations. In seeking development, an air of certainty and consistency was created through firm convictions for aspirations, but the unpredictability of practice remained a central point of departure in a search for development.

Throughout the conversations, I had a sense that practitioners were claiming a "practice" voice, as distinct identities through their activities and story lines. This unfolding of different practice narratives was based on a trajectory that is ephemeral in nature. They were directed towards qualities which were bestowed *within* practice to which we respond, rather than what might be brought *into* practice at any fixed point in time, for example, to something '*automatic'* as Dale had said to which they might *'know [they had] got better'* [Casey].

Within the narratives, relational and agentic qualities were reflected where identities sought future projections of the self. I had, as a CPD tutor, previously recognized that mentorship roles were a type of lens through which to explore possible developmental paths. Those paths were present as "projections" left behind as discursive moments in the comments section of the evaluation forms at the end of courses. Comments such as "more of this" or "this is the type of clinician I would like to see more of" were calls to meet aspirations and visions for future development. For me, as a CPD tutor, those projections were sometimes a challenge. Focusing on those comments as projections and attempting to clarify how those roles were cast was not easy. It was not easy to match such comments to a particular person or a collective vision. My own visions were similar, but, as with the participants, they were based on diverse experiences drawn from diverse encounters. In the light of this tension and as I reflected on the stories, it became clear that those projections, just as the practical knowledge previously described, were not entities that could be fixed at any particular point. Such positional and "related to" identities take a long time to establish (Holland et al. 1998). When they do become established, they are bound to the interactions that take place, which in themselves are on negotiable terms. As Blake suggested, it is through such encounters that "things happened", and although encounters may also involve *'a bit of bantering'*, they nevertheless may open up new opportunities. It could be said that development in those terms is a process of embodying a kind of reality that depends on action and reaction from the "qualities of the encounter".

If we take identity to be a central means by which we realize our potential (Biesta and Burbules 2003), then that potential as a part of our identity, the actions carried out and the professional development we seek, will necessarily organize, form and re-form over lifetimes. It makes sense to assume that the histories of social collectivities and visions of what is sought will change too (Harré and van Lagenhove 1999). Accordingly, how we understand these narratives and the world-view in which they are embedded will be a critical part of what identities might aspire to and become. Additionally, and for better or worse, the cultural norms and traditions establish through well-established socialization processes do not break down or commit so easily to new ways of being (Bourdieu 1990). Questions of what those socialisation processes propose in terms of roles, identities, realities and "qualities of the encounter" are critical to things that could "happen". In this respect, Schatzki (2003) holds that narratives exhibit themselves as ontological sites where 'social phenomena can only be analysed by examining the sites where human coexistence transpires' (p. 176). If this is the case, then the meanings in the narratives were brought to

bear in the mode of their relationships to their respective performative sites. For the participants this was within practice and through practice; in conjunction with visions for the self and where participants saw those visions in relation to others. The problem for CPD and the Lifelong Learning Scheme (General Dental Council 2000) is that those entities would be difficult to inscribe into outcomes and competencies. In addition, this view of professional development does not account for indiscriminate time to just *'know'* something is right, trajectories of experience, encounters with experience, qualities of the encounter or simply the need to *'jump in somewhere'*.

While the professional role as portrayed by the "official line" is, in the main, positioned, many of the narrated selves were relational. The professional role has been given while the narratives related to other identities in different terms. Reflecting on these practice performances, they aligned as striking contrasts, counter-narratives (Giroux 1983; Bamberg and Andrews 2004), to the "official' narrative of the professional role which emerged in the previous chapter. Practitioners displayed a narrative which continues to develop within an ontological site which we can name practice. These are important consequences for practitioners emerging within fixed boundaries and demands to "prove" impact of professional development on practice. Something I had reflected on often, if we are to move to revalidation that will ask for such evidence, is how we will provide evidence of "change". As seen from the literature in chapter three around those themes, we seem unable to measure that change or to "translate" knowledge into practice (Davis et al. 2003).

Eraut (1994) makes the point that it is extremely hard to uncouple knowledge from its point of application, further suggesting that professionals seek knowledge from different sites and sources (Eraut 2000) (books, ICT, other people, journals). This way of describing professional knowledge still does not answer the question what counts as knowing. It also does not solve the problem of deconstruction, construction or representation; all are events that are clearly more complicated. As Derrida (in Derrida and Caputo 1997) maintains:

> Deconstruction has something to do with the oldest as well with what is coming. If there is anything at all to deconstruction, then what it describes, namely, a certain auto-deconstructing tendency built right into things is as old as the hills (p.74).

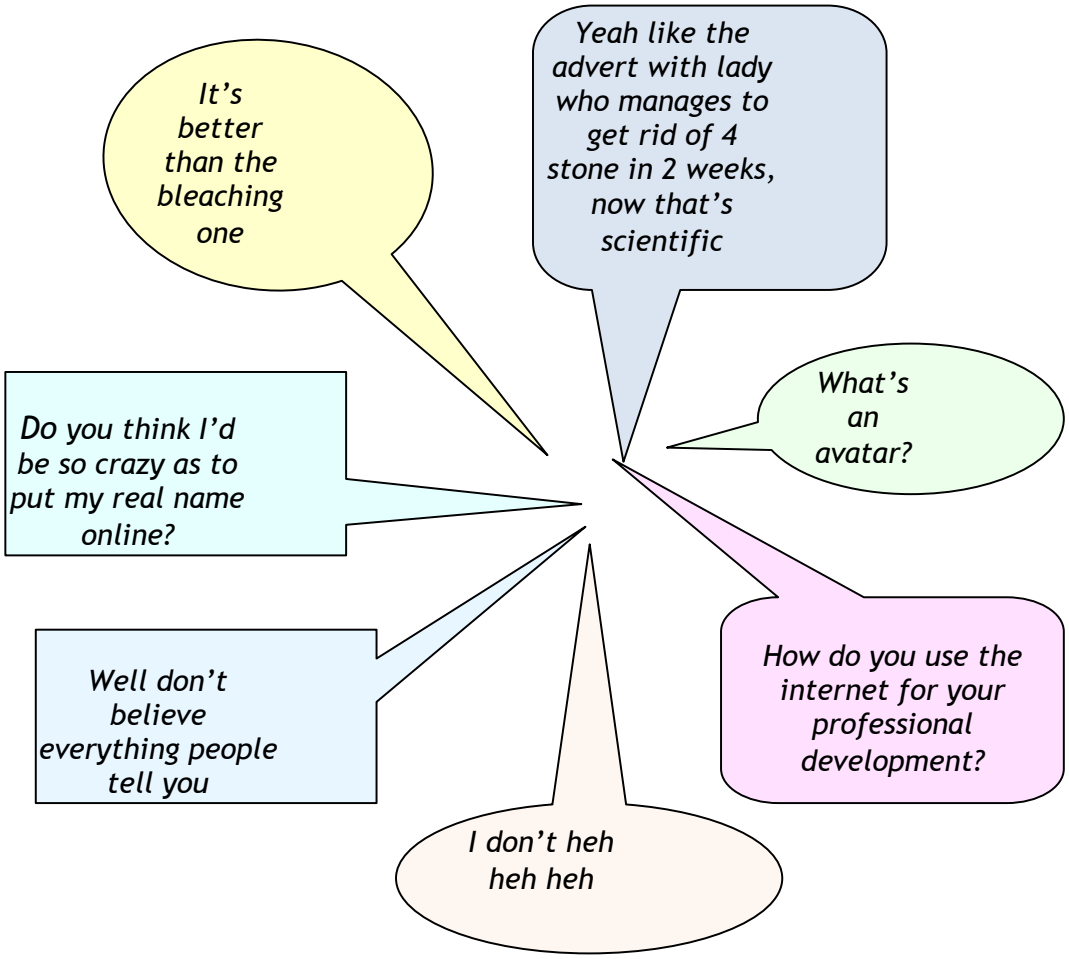
In contemplating a past and a possible future, the practitioners in this study aligned those

‘built in’ things from their own practice with an apparently natural tendency for a personal and also undeterminable vision of what practice meant for them. Consequently, in asking what counts as knowing, we may need to look further than to a predefined notion of expertise (Schön 1983) or fixed and standardized competencies (General Dental Council 2010). This would also suggest a less rigid sensibility for professional identity and a turn to identity in which agency and choice are included and valorised in the process of development. This is an important consideration for identity and as a mediating force for how practice and activities are undertaken (Eraut 1994; Bourdieu 1990; Bernstein 2000; Edwards and Usher 2000; Sennett 2008).

There were other stories of identity, agency and choice. Those took place in a space that opened up multiple possibilities for dialogue and interaction and searches for development and relational qualities through “virtual” spaces. The next chapter gives an account of those experiences as practitioners developing by using ICT.

Chapter 8 Developing an instinct through ICT

Well I don't go and do a searches on li(hh)ne (.3) that is where my capability falls down(.3) but (.2)if there is something (.3) well I think someone should come and teach dentists how to find stuff out (.2)you know some training (.2) I mean all dentists who graduate (.2) not all will know it (.2) I mean what do we know (.2) it's all new for us (.3) internet searching (.2) and that sort of thing I'd love that (.) I'd go on that (.2) yes I'd go on that (.2) that's what I need (.2) so I've got somebody asking me about eating ice cubes (.3) it's not right (.2) she's eating a whole tray on a daily basis there must be something wrong with her (.2) and I knew that I had read somewhere about an eating disorder (.2) and I (.2) I had read about this (.2) some sort of disorder (.2) in the BDA (.3) yes a recent series on eating disorders (.3) well special needs(.2) well I wasn't sure how to go about finding out (.2) well I remember reading it but I couldn't do a search on it (.2) I've put in a word and it comes up with so much stuff (.2) OK OK (.2) I did (.2) I did think I would try harder heh heh it's really just as easy to get somebody else to do it for me heh heh I need something focused on ICT (.2) well that's something I need [Casey]



8.1 Introduction

I now turn to address the final spaces for exploration, professional development and ICT. I constructed the opening diagram to give a sense of just how differently some perceive ICT use from even a decade ago. Casey, for example, pointed to a need for some sort of professional development in ICT. The diagram also seeks to illustrate that there are many reasons why a dental practitioner may want to use ICT. Some of these reasons will be idiosyncratic; in this case, the problem of the woman eating ice cubes. It also illustrates there are many online places, disciplinary, commercial and social, dental practitioners may want to visit for professional development. From the conversations around ICT came mixed feelings. Casey's narrative in the above diagram indicated that not everyone "adapts" to ICT readily. This may partly be explained by the age group of the participants. They were not "digital natives", that is they had not grown up with technology being part of normal life as had their children. Despite this, I had a general sense that the participants were more than aware that we are living in a global technologized world; a world that has transformed since we were youngsters playing with "primitive" toys. Those ICT spaces, like previous professional and practice spaces also elicited performances and identities in interesting and different ways. The conversations revolved around searching for information and the participants' use of ICT in a general framework of professional development in both formal and informal spaces. Possible explanations emerged to indicate that ICT and professional development might not be only a matter of adaptation.

8.2 Performing informational moments

Some participants were unwilling to use ICT, at least within the practice environment. This was reflected in stories of *'no time'*, *'too many other commitments'* or *'too busy seeing patients'*. In general, there was also a reluctance to mix private and professional use of ICT, although this did not mean that this was a strict personal-professional divide [Appendix H: Extracts 8.1]. Sandy, for example, was not a great ICT enthusiast; the main drive for using ICT was to keep up-to-date:

> *I use the Internet mostly for keeping up-to-date (.2) for current guidelines (.2) yes apart from that (.2) well the e-library (.2) the BNF and GDC news (.2) yes I go there (.) I do that and (.2) then again that all comes to the practice (.2) by*

> *post(.3)I tend to keep up-to-date that way (.2) I'll look up the odd thing when I need to (.3) yes I think that's about it* [Sandy]

Access to ICT was not a problem for most participants; they made frequent use of the recommended resources in similar ways to Sandy [Appendix H: Extracts 8.1]. However, the ability to cope with an ever-increasing amount of information was a tension for many of the participants.

Initially enthusiastic, Blake had been using many resources that were now marked as restricted, at least for the world of practice. This had been an obvious point of contention as Blake found the increasing demands on time a strain:

> *I can't see how the Internet can give me much more information than I'm getting already(.2) I've got stuff coming from all places (.3) everything (.) emails (.) ads (.) special offers for Via(hh)gra huh (.3) I've a mail box just full of the stuff (.3) I don't want junk clogging up my practice computer so I keep a strict limit on what we use that for (.3) there's just too much information as they say (.2) and I'm seriously considering pulling the plug on all computers near me heh heh* [Blake]

What was interesting for both Sandy and Blake was that despite being ICT competent, they had both made a clear distinction between its use in their practice and private lives. In this way, both were able to *'shut of the noise'* as Blake went on to say. Other participants had echoed this to a greater or lesser extent with comments such as, *'just too much information'* or *'much too much to read'* [Appendix H: Extracts 8.2].

Information overload is not a new phenomenon and in healthcare and has been a growing concern, not only in terms of increasing production but, also, with regard to the reliability and validity of information (Wilson 2001). Heylighen (2000) points out that the increased production of information has reduced previous elimination processes that would have restricted all but the most important information from being published. In this respect, there were concerns over the "quality" and "validity" of information to be found on the Internet. Taylor, for example, spoke about the sense of incoherence that resides within the Internet:

> *The biggest barrier to much of this is the <u>chaos</u> of the net (.2) there is just <u>so many</u> (.2) just <u>information overload</u> (.2) there's too much isn't there?(.2) that is*

> *a problem (.2) I mean you still don't know where to look or you don't know how valid the information is that you find (.2) for example you can do a Google search and then go into a site but you don::t know how information is processed (.2) the order of its importance or how accurate it is* [Taylor]

The drive to "keep up-to-date" has been a large part of the authoritative lifelong learning discourse of the General Dental Council (2010). Jarvis (1983) suggests there is an 'intrinsic relationship between the rapidity in the rate of change of the knowledge, fission in professions and the recommencement of the process of professionalism' (p.73) and this presents a dilemma for a professional. In these terms, not only is there a tension between the time needed to find information and read it, but the ability to assess *'quality'* also becomes critical. In this sense "truth" was an issue for many of the participants [Appendix H: Extracts 8.3], not only in terms of evaluating "truth" statements within the ever increasing research publications but, in addition, having confidence that the content of those publications can be trusted. Taylor put this in a nutshell:

> *So much of what we read we have to take on trust (.2) if there were glaring errors I might be able to spot things (.3) but I don't think it is easy to assess a lot of the times (.2) I think I could read a paper and pick some (.5) some obvious errors(.2) some statistics possibly I would be able to handle(.3) ehm but I think that's a very difficult one (.2) I can't see any way of getting round that (.2) you (.) you have to accept that the peer reviewing system has worked so that it is correct* [Taylor]

Taylor highlights the problem that lies not only in the ability to deal with the amount of information available, but also in the ability to pick the "chaff from the wheat". As Taylor went on to say *'the trouble is you're not necessarily in a position to assess the quality of what you're finding'*. In such ways, practitioners may be swamped by the very body of knowledge being developed by the profession and, at the same time, the legitimacy of available information remains an open question (Lyotard 1984).

Drew had also commented on the increasing amounts of research produced over the last decade or so, describing this as *'a flood of information'*. Noting those changes, however, Drew had become *'au fait'* with ICT seeing it as a potential improvement to previous times:

> *It's a blessing in disguise (.2) ehm when I started out I could only read a few selected articles (.2) now I'm pretty well au fait with the Internet I've found there's so much you can read online (.2) it's overwhelming* [Drew]

Despite increasing amounts of information available, it was clear that, for Drew, ICT had advantages as well as disadvantages. The tension within many of these stories continued in the light of what ICT might bring and how participants might find their way through it.

8.3 Creating spaces amongst the trees

Whereas there was an obvious tension for some dealing with "information overload", others had hit the "noise" of information influx head on. In doing this, Taylor had made ICT a more personal place. After struggling for some time to keep up-to-date, technology itself, which was the supplier of this influx, had become integral to how Taylor dealt with the increasing information flow:

> *This is the most exciting thing I have come across for quite a few years and I've pretty much got it going now (.3) its ehm (.3) this is going to revolutionize CPD I think ehm (.2) I've set up my PubMed to give me alerts (.2) so I've set up about 40 to 50 journals (.2) that PubMed (.2) well every time new issues comes out (.2) well they'll send me the references by email (.3) and then I can go into the abstracts automatically (.2) I might (.2) for example (.2) this morning I had one (.2) an email with about 14 papers to go through with the titles (.3) and if there any of those papers that I think are interesting you can click on it to get the abstract (.3) this is technology working fantastically because my problem has always been (.2) well it's been for years (.2) it's how (.3) you can't keep up with going across to the library because you don't know which journals you've looked at (.2) you don't remember which editions you've looked at (.2) you know so you come back and then maybe a lot of the journals are not there (.2) whereas this way I'm not going to miss anything* [Taylor]

Taylor was bursting with excitement and enthusiasm, insisting on giving a demonstration of how ICT might *'revolutionize'* CPD during our meeting. As I watched Taylor clicking here and there, bringing up menus and options, I was struck by what seemed to be a feeling of relief and the excitement of being able to take control of staying up-to-date through technology. Taylor was keen to describe the ways that this had turned around much of the information load that had previously been a burden. From this perspective, it was clear that the alerts system and its filtering tool had given Taylor a sense of independence, moreover, a sense of agency in view of the influx of information.

This sense of freedom was also important for Phil who had made use of many ICT resources:

> *I do a lot with ICT (.2) myself (.2) ehm I mean this has been a big thing for me (.2) well you can get your CPD online (.2)there's videos and webcasts (.2) those are good resources especially for new techniques (.2) [NAME] one of the [NAME] came in the other day asking about new fibre posts and there was a video I found on the internet showing you step by step how to place them (.2) the only problem is it's kinda technical (.2) I don't think it's something you can just do watching a video* [Phil]

The sense of autonomy in these two narratives might be a direct reflection of the heuristic use of technology in the way it had become a tool (Feenberg 1999). This is an important consideration as the meanings that ICT and the Internet have for people can take very different forms (Burbules 2002). For Phil this had been a choice of what could be achieved through ICT set against the technical limitations of "virtual" instruction. However, Taylor and Phil's stories contrasted with those of others who had encountered limitations in different terms. Those accounts involved exploring boundaries of places and spaces for development.

8.4 Marking boundaries, places and spaces

For Dale, who had taken a compulsory elearning course, limitations were also a consideration. However, rather than any technical limitations Dale had struggled with content and format:

> *Well(.2) I could choose modules (.1) but it was a case of clicking through and hoping I would retain enough to pass the multiple choice at the end (.3) I mean it was not really my cup of tea (.3) if it hadn't been compulsory I wouldn't have done it this way* [Dale]

Dale's sense of indignation was directed towards the way structure had forced a compliance with learning in this form. Taking the view that autonomy and development are closely linked (Engeström et al. 1999), then those freedoms and restrictions are important for education, its framing and any subsequent development (Bernstein 2000; Edwards and Usher 2000). For example, for Dale, there had been a sense of uneasiness of an external observation of online learning spaces:

> *I was offsite for a couple of weeks and one of the course organizers contacted me (.2) I didn't like that because (.3) well (.2) I contacted them and I said I'm very busy (.2) I'm fitting this in to suit my way of studying and I know what I want to get out of this course (.3) well I didn't say it so directly but I knew*

> *myself what I wanted from the course (.3) I suppose it depends on how you approach it.(.3) you could be guided right through but I choose not to be*
>
> *J: What did the course mean to you in terms of professional development?*
>
> *Well I really only wanted a basic pass (.2) you know to get the certificate and CPD (.2) that's why I was so annoyed I knew what I wanted to get out of the course* [Dale]

Dale's irritation underlined the need to consider how spaces can appear imposing or intrusive in chosen places for self-instruction. As Benson (2001) suggests, self-instruction does not imply that freedom is a pre-given; on the contrary, it may impose limitations on agency. In this respect, and in relation to education, Benson (2001) warns, 'there is no necessary relationship between self-instruction and the development of autonomy' (pp.6-7). The sense of agency, as an expression of the self, may in turn have an impact for that identity in the world (Polkinghorne 1988; Giroux and McLaren 1989). A sense of freedom also includes the boundaries and limitations that might be inadvertently set within professional as well as more public spaces. This includes media spaces, newspaper articles, TV or public announcements in the '*public domain'* [Appendix H: Extracts 8.4] as one participant had called them. Many defined those limitations in terms of public and private spaces where professional and private identities had articulated different meanings. Those meanings were of caution, and uneasiness that marked out where boundaries lay for both professional and private identities. This was especially the case in open arenas such as discussion groups [Appendix H: Extracts 8.4]. For example, Taylor, marking out the professional boundary, considered those more public spaces something about which to be cautious:

> *I think I'd be quite careful about what I put into a forum (.2) I think there all sorts of issues about confidentiality (.2) for example clinical work and obvious things like that (.2) but I'd be worried about where the information might cascade to (.2) I think I would be cautious.*[Taylor]

Taylor, as with some of the other participants, had remained firmly within well-defined familiar boundaries, reluctant to venture further into more unbound spaces of the Internet. This reluctance reflected not only issues of reliability and validity but also issues of trust and security with regard to what might be shared. In view of this, the idea of what may be considered a more open social space is questionable. Reece, for example, by contrast, had marked out a private space within the "open spaces" of social networking. Having been introduced to Facebook by a teenage son, Reece had joined the world of friend swapping

and posting news but was cautious in respect of the extent they could impact on the professional role:

> *There was this dental nurse (.) I think from somewhere down south (.2) apparently she put her night out with the girls on Facebook and posted mad photos heh (.2) anyway it appears that the GDC somehow got to know (.2) I think she had been involved in an assault at the time (.2)whatever happened they suspended her registration (.3) well I'm quite reticent about those sites (.3)*
>
> *J: Do you mean you would not use Facebook at all?*
>
> *Well no (.2) I would just be very careful what I posted (.2) I don't feel comfortable knowing information can be passed on* [Reece]

Reece illustrates that those more social and public spaces come with their own restrictions. Blake, similarly delineating a professional-private divide, relates limitations to revealing a professional identity online:

> *Skype has been a great thing now my son is in [NAMED PLACE] this is where I see the real advantage of technology*
>
> *J: How would you feel about discussing your own practice or professional development online?*
>
> *ehm (.2) I haven't really thought about that (.2) yes that is something of course (.3) well to be honest there is a limit to how much I'd want to give out to people I don't know [Blake]*

For Sandy, boundaries and perspective were more in relation to representations of the *'real'* world:

> *J: What about online CPD or dental discussion groups are those resources you have used for professional development?*
>
> *Well no (.2) unless you count the elibrary (.2) like I said I have gone there (.2) there is a bit of a community there I think (.1) but that's not really my thing (.2) I enjoy going to courses and speaking with real people [Sandy]*

Sandy had placed his educational identity very much in the *'real'* world and with it the value of being able to speak to colleagues, including the sense of community those face-to-face places brought. Important for Sandy was also the idea of a safe and secure community:

> *I know this may sound negative but I'm not really convinced about sharing my information online (.2) I really don't see the need for it (.2) I can contact any number of colleagues if I need to [Sandy]*

I had been aware that I had been pressing Sandy to explore both online and offline connections. Sandy had already clearly demarcated where the line would be drawn in identifying those connections in a practice context. A sense of community and connection and engagement was important. This has implications for what might be considered as open. For example, social networking has been put forward as a place which invites free exchange where participant can engage in shared 'virtual workspaces where communities can share resources and conduct dialogue'(NHS Education for Scotland 2006 , p.10). However, this must be viewed with caution. Notions of open, closed and secure are personal constructs, depending on perceptions of connectedness, trust and reliability.

The idea of community and engagement was also important for some of the other participants. Blake for example, had gone on to suggest that a sense of acknowledgement was a key factor in meeting in a professional context:

> *You don't know those people online (.2) I mean I Skype regularly with my son and friends (.2) I wouldn't have a problem with colleagues either (.2) I would need to have a feeling that I know them at least* [Blake]

There was also an obvious sense of separation for Blake, between, the act of "knowing" and the "unknown" which might be met online. As Wenger et al. (2010) suggest, being able to distinguish membership and non-membership in a community is key for a sense of identity. This difference was also made clear by Dale, who described what this meant in terms of mutual recognition both online and offline:

> *J: What do you feel is the difference when meeting someone online?*
>
> *Well there is an understanding before you start (.2) at courses (.4)*
>
> *J; And online?*
>
> *Well apart from having to trail through user names and passwords (.2) of course I forget those all the time heh heh (.5) well you don't know who you are chatting with (.2) that's obvious (.2) as far as dentistry is concerned (.4) ehm we have a lot in common from the job I suppose (.2) but it's not the same as chatting to colleagues*
>
> *J: Would this make a difference to what you feel you might discuss*

> *Yes very much so (.2) I would be more likely to give information about myself talking with a colleague I know and trust* [Dale*]*

Those issues of "knowing "and trust based on acknowledgement and recognition were clearly, for Dale, more than just "technical" concerns.

The idea of community and open spaces of ICT must be seen in terms of familiarity. A geographical metaphor may be a more appropriate way of considering ICT and the differences between the places about which the participants spoke. Whereas, a well-trodden path will be familiar, one where the traveller does not have to think about the dangers they might meet or where they might tread, other paths have yet to be navigated. Un-navigated paths remain "uncharted" and so any sense of familiarity and perceptions of trust or "knowing" have yet to be established. There is, of course, the question whether a sense of trust or knowing is at all possible. It was clear that ICT, out with the more familiar dental websites such as the elibrary and journal websites, and in other "uncharted" spaces had brought some moments for contemplation for the participants. I could relate this to my own experience undertaking the EdD that led me, of course, to this study. I belonged to a cohort of initially unknown people also undertaking the EdD who came together in an online learning environment to discuss and exchange experiences. It was not until we had met each other during face-to-face study weekends that I had felt comfortable taking part in online exchanges. Furthermore, those exchanges switched to self-chosen routes of exchange out with the online environment, using email and Skype, for example. At the time, I thought this had been simply a more convenient route, as those ICT tools did not require logging on and navigating to the predefined area for discussion. Now, looking back at those self-chosen areas, I understand this through Burbules' work (2002) and his discussion of the conditions through which we might identify with others. Those conditions, he suggests, are dependent on the ability to mediate and will be different depending on our own perceptions of space and place. As Burbules (2002) puts it, 'the familiarity of the space and the familiarity of the activities characteristic of it create and support one another' (Burbules, 2002, p.333) to become a place. People will necessarily assign different meanings to the places and, relevant to this study, it is clear that the conditions in which we develop social connections are different in an online environment. For Dale, who had clicked through online modules, and the other participants who held a cautious stance, those 'spatial arrangements and practices could be viewed as ways of shaping and constraining the possibilities of community' (Burbules 2002, p.333).

Developing an identity, on this view, is a negotiation between places and spaces where agency may be realized. In this sense, it could be said that, in relation to Dale, Taylor, Reece, Blake and Sandy, roles and identities had been realised to the extent that they negotiated and defined ICT places and spaces, whether online or offline as Sandy had in the *'real'* world. Attempts to carve out something more familiar illustrate the dilemma for any meanings people might place on pre-constructions of education, be they technical or sociocultural. While the assumption has been that ICT offers a vision of openness and sharing, the narratives here suggest that individuals, at least as they are positioned within a professional role, may prefer clear boundaries. As Burbules (2002) puts it 'We know where we are when we know what we are supposed to do' (p.333). Relevant here is Wenger's (1998) argument that there is a strong link between identity and practice. Where growth of a community is dependent on engagement and mutual acknowledgement, those relationships, their centrality for identity and how this eventually plays out in practice, are intrinsically linked. Whether, engagement and mutual acknowledgement can be achieved within the professional role and through ICT, is a question that still remained open for Sandy. For the other participants this was still in negotiation between political and sociocultural conditions.

The degree to which identities are influenced within any community may also reflect the degree to which an individual commits to any given identity. Many of the sites the participants spoke about were rooted in an "offline" culture so that security, in this sense, was assured. While we may have other identities in other places, the "emotional" home is the one that gives us our securities and moral stance. As many of the participants had stayed within self-defined and role defined boundaries, including more secure "knowledge" areas, it might be argued that those had come to represent an "emotional" home where a recognizable or familiar narrative is most easily embedded. However, despite a reluctance of some of the participants to engage in "uncharted" spaces, some had made this step, exploring both familiar and "uncharted" landscapes in and out of dentistry.

8.5 Going Bush

> *Well for research and other information the Internet is my thing, it so easy you just put the search term in the tool bar and (.3) using Yahoo and Google eh google scholar [NAME]told me about that (.3) ehm what else well it's what I do anyway I mean I use this to shop find out information (.3) I did this recently as I had to search for some underlay for my floors [laughs] I mean I don't have any*

> *shops near me so it's what I use most so I will go and look for information on any point in Wikipedia glossaries research papers (.3)I got into some photography so I could use photos for cases (.3) so I've got a Sony camera and I want a wee Sony video player so what I have done before is video certain dilemmas for example for crown and bridges (.3) I've got the idiot's guide to doing this and I can sit and teach myself and with a lot of this you are left to your own devices and (.2) so I just sit with the idiot's guide and started to teach myself (.2) and if I don't know how to do it I google it* [Alex]

As I read Alex's story, diving full throttle into the technology that was available, it seemed appropriate to use a metaphorical meaning of "going bush", of being left to your "own devices" to follow an adventurous trail. The following ICT stories, including Alex's, were more representative of a sense of adventure, going out into the back and beyond and straying beyond the more bounded meanings that had been narrated previously. Holland et al. (1998), describe this process as an 'improvisation' (p.7), that is, the way in which we manoeuvre our way through different subjectivities towards other purposeful identities. As Holland et al. (1998) put it:

> the processes whereby human collectives and individuals often move themselves -- led by hope, desperation, or even playfulness, but certainly by no rational plan-from one set of socially and culturally formed subjectivities to another.(p.7)

Such 'spaces for authoring' (Holland et. al. 1998, p.7) must also be seen in the broader context of communication and interactions. Alex had illustrated a more open picture than had been previously given to Internet places while improvising ICT experiences. However, in "going bush", diversity is a constant presence through which we are also required to navigate these more "uncharted" spaces. Those spaces depend on the way we make contact, communicate and interact. The "level" of interaction narrated was dependent on many qualities of what ICT and what "others" could and would offer. Drew, for example, had felt comfortable taking an outside view and looking in:

> *I just go to google (.2) ehm and put in a search with the material and experiences (.3) ehm and ask if anyone had had anything like that with (.2) I ask if anyone had had any experiences or incidences of adverse reactions with (.2) well because that is what has happened (.2) and I just see what comes up (.3) yeah I put in as much information as I can and just see what the search engine brings up (.3) and take it from there (.2) ehm it's without a doubt a great thing* [Drew]

Drew's story illustrated well how the act of improvisation within virtual spaces meant less bounded landscapes than those of traditional encounters. Throwing a question out to the

wider net, rather than to a well-defined bounded community is more of a serendipitous act as is the response that one might receive. For Drew, many of the contacts made were brief and limited to "signs" that others were on the same "wavelength":

> *Much of what I'm picking up is through putting things into google (.2) ehm sometimes I'll go to discussions and just read them (.2) you get a feeling when something looks right (.3) mind you I haven't posted anything yet myself heh heh*
>
> *J: Why is that?*
>
> *I'm not sure what I would post and maybe it's a confidence thing (.2) well I'm still in two minds about posting* [Drew]

Drew appeared to be contemplating the pros and cons of such online contacts, preferring to remain on the outside. As Wenger et al. (2010) point out, technology both extends and reframes our sense of identity and any "connectivity" that we might experience. Some people may sit on the outside; taking time to feel comfortable enough to engage in any sense of what it means to be part of a community. As Wenger et al. (2010) put it, being 'part of the largest periphery' (p.9) that is, sitting on the outside looking in, may be all that some people will do.

Although also guarded, Phil seemed to have achieved a certain degree of connectivity through discussion groups:

> *J: Do you feel you can connect to the dental community online?*
>
> *Well I dip in and out of several dental groups(.2)and I've started to recognize the same names in a few of them (.2) I suppose in that way you start connecting with the same people (.3) even imagining they look like their avatars heh heh*
>
> *J: How do you feel about joining those groups?*
>
> *Well I never stay long enough anywhere to find out (.2) I tend to just to read and take in what's there (.2) you can pick up a lot of tips just surfing about* [Phil]

Phil's limited experience of a sense of connection brings into question the extent to which online communities can be created and will be useful for professional development. A key issue is how much trust can be created through loose connections (Engeström 2007) for a dental community and the roles defined within it. As Phil described, there was a process of connecting within the group and this may rely on different representations of persona.

In unfamiliar situations, people pick up on signs and visible cues on the cultural norms, how one should act, what is acceptable and what is not. I have found this even in places where I was unsure of the language spoken. For example, in traveling to other countries, and trying to communicate in languages other than English, I relied very much on visual cues as indicators to know whether I should use a formal or more familiar form of greeting. Those indicators exist in online situations in different ways. Phil's story illustrates that the very dynamics of how we might connect have changed along with how we might judge mutual recognition through symbolic representations. In considering symbolic relations and communication, Lyotard (1991), for example, noted that the 'figure' (p.128), (text, images, icon, avatars) excludes a more embodied experience. This creates, in Lyotard's (1991) words, 'an immanent sublime' (p.128) which replaces a more natural discourse in the real world. For Phil, discourse in the true sense had yet to take place, despite *'imagining they look like their avatars'*.

For Reece, establishing discourse and meaning online was a challenge, manifested as a general wariness and a struggle in trying to establish contact through an external forum:

> *I did go into a dental forum (.2) it seemed like a pretty respectable place you know no crazy ads popping up (.) there were some good chats going on about bone grafting (.2) yeah I actually posted a question (.3) I'm not up to speed on that (.3) I didn't quite get the answer I was looking for (.1) but I probably didn't ask the right question to be honest (.2) and I think it's harder to discuss something that technical online* [Reece]

Wenger et al. (2010) suggest that ICT 'extends and re frames how communities organize and express boundaries' (p.9). Boundaries for Reece were not only a challenge in technical terms, but in addition, in terms of negotiating and making meaning through an online culture. As Kellner (1995) notes, in contemporary times culture and its diversity has produced different modes and skills for self-expression. In addition, how we express ourselves and understand others is, as Reece story illustrated, bound to emotions and possibilities for expressions of authenticity.

This challenge of culture was also narrated by Dale who described diverse histories, languages and experiences found within a more defined dental community:

> *I go to an American based dental community (.2) it's quite an active place and*

> *there's a lot going on (.2) there are dentists from all over (.3) some Chinese sounding names (.2) and Spanish (.2) it's still very very American (.3) you know they talk about the den:::tal o:::ffice [WITH ACCENT] (.2) it's a completely different outlook (.2) and very commercially orientated (.2) yeah things like what about your bonding agent are you etching to change heh heh(.2)I mean we wouldn't get away with (.2) with a lot of the things they are doing* [Dale]

Dale was enthusiastic, but hesitant, as to what this encounter could mean for the UK context. Within the possibilities that ICT presents for expanding dental communities, cultural differences may throw up quite different perspectives in terms of the representations found. Furthermore, Dale's entry into the American way of doing things, illustrates that culture from a practice perspective may differ in and between different communities.

In this respect, representations and imagined social conditions, for example, our perceptions of a person or people from their online presentation of images, videos and text, contain explicit and implicit norms that may guide our action (Taylor 2004). Accordingly, Taylor (2004) suggests the feeling that one might belong is dependent on normative expectations and the extent to which they are fulfilled. When people meet within more loosely bound networks, the criteria for this sense of shared identity takes on another dimension. For Dale this had been '*a completely different outlook'* while the other side of the coin was made clear by Phil. Phil had been in particular wary of the influences that some sites he had might hold in terms of "out of zone" treatments:

> *I found this cosmetic guy from New York (.2) doing ceramic stuff (.)his work looked very impressive (.2) yes very impressive at least in the photos (.2) and he was offering the full range of cosmetic treatments (.2) bleaching (.) Botox (.) Restylane the lot (.2) his ceramic work was very good (.2) although he kinda over did the other stuff (.2) and I've seen this in some UK sites (.2) in fact I've had a few folks asking for facial fillers (.2) ehm I think it's a problem to be honest (.2) I mean should those treatments be a part of dentistry? (.3) I'm not sure* [Phil]

In questioning the effects of consumerism and media in dentistry, Phil had raised an important issue. I had to admit, I was also not sure where we might place those "out of zone" treatments. Our conversation took on a diverted route into the pros and cons of where the professional identity was placed within these new commercial fields of practice. In a contemporary world full of mass consumerisms, media, magazines, where products are quickly accessible over the Internet, it is clear that previous criteria for what is

acceptable have expanded into other cultural worlds.

Sandy, in contemplating those criteria in a practice context, put another perspective on the effects of those influences:

> *We <u>are</u> becoming more and more commercial as a profession (.2) dentistry is changing and patients are asking for all sorts of new cosmetic treatments (.2) I get all sorts of things brought to me (.2) and things I've never even heard of (.2) I had a patient come in recently with sheaves and sheaves all printed off the web (.2) in my experience patients know much more than us these days* [Sandy]

Our relationship with consumerism is changing into one in which there is a new set of power relationships. As ICT opens up the practitioner world, it does the same for the patients who come to see us. Sandy's story became a focal point for contemplation as we reflected on the question of what this meant for a dentist's professional role and practitioner identities. Those questions remain to a large extent on hold. Nevertheless, we were both made aware that conceptions of the practitioner-patient relationship had taken on new meanings. In entering uncertain landscapes of uncertain knowledge, the choices for representation and revealing of other identities have expanded, as have the multiple representations that we might encounter (Lankshear 1997; Street 1998; Alvermann 2002; Kress 2003; Guzzetti 2007; Gee 2008). Those new conditions bring with them another type of capability and ability that professional roles and subjectivities might need in order to negotiate such landscapes. As Sandy, suggested, *'it's a totally new ball game'.*

A new ball game for Phil brought another perspective while describing a sense of the unknown browsing through public spaces discussing different health issues:

> *I go to [NAME] and have a browse around (.2) there's a bit of a health community (.3) you know discussions on health issues and similar things(.3) there's the odd thing on dentistry and oral medicine (.2) actually there's a wide variation (.) some postings on health issues and resident medics post back answers (.2) yeah it's interesting to read from both points of view(.2) you get some odd questions posted I mean there are some really weird postings (.2) anyway there was a discussion on veneers (.2) someone had posted a comment about getting ripped off by a dentist (.2) it looked as if they had to be honest (.2) the funny thing is I felt kinda uncomfortable (.4) I mean (.2) I probably should have posted something* [Phil]

Phil, while putting another perspective on professional identity and the public sphere, went on to describe the repercussions that this public encounter had occasioned. The global world of connectivity opens up not only desires and dilemmas but also opportunity for contemplation on identity and new subjectivities that could be constructed. For the practitioner, as Phil's case illustrates, it also opens up different values and alternatives to where those values are performed. It may even expand our "stage" of performing responsibility as multiple affiliations are offered.

Phil was silent for a few moments before articulating and speaking about what this might mean for future patient-practitioner collaboration:

> *I mean we don't always get good press and (.1) well everyone has some sort of dental horror story to tell (.2) I actually wanted to post something (.5)*
>
> *J: Did it bother you so much?*
>
> *It did (.2) I mean if it had been someone turning up in my practice I would've had a lot to say but it was easy just to leave the web site (.2) I mean how far does our responsibility stretch* [Phil]

This was an obvious revelation for Phil, and it was for me too as I reflected on what Phil had said both during the interview and afterwards. The General Dental Council have pushed for a new era of governmental transparency (General Dental Council 2010), in particular highlighting such controversies over dubious treatments. In the light of this, the notion of professionalism and what this means in terms of responsibility has been called into question. Phil's question was, therefore, an important one; how far does our responsibility and the professional role stretch?

At the centre of many narratives are intense moments of reflection or epiphanies, as Denzin (2001) puts it, 'those interactional moments that leave marks on people's lives…In these moments, personal character is manifested and made apparent' (p.34). Those reflections were also embedded in these conversations in the way the participants had paused and contemplated on the meanings of the professional role and the practitioner identity in less bounded spaces. As with the participant who had found a way to filter out the "noise" of information, and as with Phil's revelation, the dialectical image is the shock or the estrangement that compels viewers to take a second more detailed look at their own everyday life. In particular, this had apparently been such a turning point for Phil as a

professional and a practitioner. As we spoke later, Phil also agreed that it was something that had given *'food for thought'* although it had left no sense of closure.

8.6 The unfolding narratives of ICT

As I reflected on these narratives, I was struck by the plurality of identities that unfolded within the ICT arena. It was clear from the narratives that participants took on roles and different identities as they moved through different ICT places and spaces, from the professional committed to knowledge, to the wanderer contemplating the prospect of new types of patient-practitioner relationships. The participants actively placed themselves in those locations where they sought sources for professional development, at times in the framework of organized CPD, at other times further afield through ICT. The narratives revealed roles and persona which coincided with dominant narratives in the field of the professional role, staying to what they knew would be secure for the professional role while others made journeys in uncharted landscapes looking for mutual recognition and a sense of connection. Although there were participants who went "bush", others were less willing to go far outside secure "spaces". Throughout the conversations, participants were marking boundaries and attempting to carve spaces into places (Burbules 2002).

As the narratives illustrate, the professional role taken on is a consistent one in that we were all striving to meet the criteria for lifelong learning as laid out by the General Dental Council in some way or form. However, a role can exclude or limit those who do not have the capabilities to deal with the influx of information in trying to keep up-to-date. As Hakken (2003) suggests, 'the increased volume of knowledge talk is not accompanied by an increased complexity of understanding' (p.183).This is a consideration whether dealing with the *'chaos'*, information load or confrontations of *'validity'* or *'reliability'*, or, as many of the narratives illustrated, when dealing with confrontations with the "other". The differences of the "other" can also be threatening or enticing in terms of the knowledge frameworks they offer (Baudrillard 1994). As Debord (1970) puts it in his book '*Society of the spectacle'*, we live in a world where ideology is materialized as ready-made products served up through media. Desires are presented, views are modelled, and the choices are multiple within a media and consumer society serving 'to initiate individuals into its way of life' (Kellner 2003b, p.2). That is not to say that there was an unawareness of the perils of a consumer society within these narratives, as Reynolds (2004) contends, 'People move

through space, in the large part, very cautiously, particularly if their (visible) identity puts them at risk in certain neighbourhoods' (p.80). Those are quite different perspectives from the more stable encounters of our traditional professional communities (Wenger et al. 2010). However, whilst development and the tools for enabling professional development may be relocated to the online world, for the practitioner the learning processes are still very much embedded in the real world (Engeström 2007, Kalantiz and Cope 2008). Although we are becoming increasingly connected, this must also be held in balance in that the profession still exists in more local environments. In this sense, what is sought and experienced still manifests at the chair-side while be tend to our patients.

As I explored the different areas that the participants had used for ICT, the concerns and possibilities from the unfolding narratives of the previous chapters re-emerged (see developing a professional instinct in chapter six and developing a practice instinct in chapter seven). It was on reflecting on the narratives that I realized that a pattern and a performance had emerged. Those same instincts of the professional were present but were, here, occasionally seeking recluse in secure and save havens (Sennett 2008), marking off boundaries as they decided whether to *'shut of the noise'* or to define an "emotional" or more familiar home or place (Burbules 2002). At the same time, the instincts from practice performances still sought "craft" knowledge and relational selves, or qualities of the encounter, through online communities.

As we engage more and more with technology, it is not an either or through ICT. It is, rather, that ICT is rapidly becoming a part of our professional and personal existence. ICT encounters are increasing in their density, differences and perils. As Gergen (1991) contends, 'emerging technologies saturate us with voices of humankind – both harmonious and alien' (p.6). Although many virtual spaces and resources are fast developing, any belief that ICT will solve the educational "gap" which exists for health care (Department of Health 2001a) needs to be considered with caution. This highlights the need to consider what is intended for education, professional development and identities. As Davies & Harré (1999) so eloquently puts it, some positions are ones we 'take on' (p.50), we are hailed into place, while other identities exist in conjunction with difference.

As we engage more and more with technology, how those narratives unfold and how

identities form are subject to the conditions of the professional role, practice and personal lives. Online those present different challenges in terms of the representations found there through imagined communities (Anderson 1991; Taylor 2004) and possibilities for engagement. Looking at identity from this perspective, agentive acts are highly influenced by both material and psychological restraints (Gergen 1991) and the relationships we form. The question is where are we placed within those positions? How far do we or should we or can we extend those positions? How identities assign meaning to the pedagogical relationships and the development that might take place must be viewed within the context they take place. Accordingly, the limitations of roles and positionings along with the imaginings and possibilities unfold into 'jointly produced storylines' (Davies and Harré 1990, p.48). What this means for education and identity are important considerations. As Postman (1993) contended, 'unforeseen consequences stand in the way of all those who think they see clearly the direction in which a new technology will take us' (p.15). The next chapter explores those issues in the light of the present constructions of the dental practitioner as a professional seeking professional development in and out of ICT.

Chapter 9 Re-threading the narratives

> For dialectical philosophy nothing is final, absolute, sacred. It reveals the transitory character of everything and in everything; nothing can endure before it except the uninterrupted process of becoming and of passing away, of endless ascendancy from the lower to the higher. (Engels 1986, pp.10-12)

9.1 Introduction

In this study, I explored the experiences of nine dental practitioners seeking professional development in and out of ICT. The dialectical approach highlighted in the quote from Engels above forced me to consider, again and as in chapter five, the 'how' of this study and the meaning that might be drawn from those conversations from the previous chapters (six, seven and eight). I will return to the Engels quote at the end of this chapter, but initially here my aim is to bring the performances as described back together. I shall attempt to re-thread them into the fabric of the world in which we live and practise.

Although the limited findings here may reflect a number of previous findings in other fields of inquiry, they contribute in a different and original way to education and dentistry in what has been a relatively under researched area. Of great importance to me was to depart from previous approaches that avoided taking practitioner experiences into consideration. More importantly, my aim here is to offer a "thinking ground", to create a space for reflection on the wider implications of a number of lived experiences and possible futures (Giroux 1983; Habermas 1987; Feenberg 1999; Best and Kellner 2001; Brookfield 2005). This is in line with my chosen approach to illuminating those conversations as performances and the imbalances they produced, while including the broader influences in my consideration of the narratives. Critical inquiry then questions those imbalances in terms of culture and identity (Giroux 1983; Kellner 2003a; Kellner 2003b; Kincheloe and McLaren 2005; Simons et al. 2009). In particular, by deciding to view those findings through a critical lens, my aim in this chapter is to find a thinking ground to explore possible solutions for the future of the development of the dental practitioner (Kellner 1995; Simons et al. 2009). Consequently, and following Kellner (1995) in this chapter I undertake a 'diagnostic critique' (p.116) of the findings and then go on to explore an education for the future. As Kellner (1995) puts it, critical theory has the aim of 'grasping alternative pedagogical practices and utopian yearnings for a reconstruction of education in the future' (Kellner, 1995, pp.116-117). In keeping with that

aim, the purpose of this chapter is to discuss my findings and, in a cautious way, to consider their implications. Additionally, I will offer some thinking points for the future in relation to education and development of the dental practitioner. Thus, in this chapter I will first explore the findings and the contradictions I see in my data and finally the possibilities I see for the professional in dentistry and, in so doing, I shall focus on the development of the dental professional.

9.2 How are the practitioners coping?

The overarching line of inquiry for this study was the experiences of dental practitioners seeking professional development and included their use of ICT. The main questions that framed this inquiry were:

> How do participants describe the influence of past, present and possible future strategies for professional development?
>
> What meaning do participants give to their own learning spaces, work, formal, informal and ICT?
>
> What are the participants' own experiences of professional development and ICT?

Those broad areas have given rise to a multitude of understandings of being a dental professional in present times. The findings were led by the realities of the approach I took and the practice of dentistry. This approach reflected taking the deliberate step of not seeking out only ICT "savvy" participants. I was interested in exploring discontinuities as much as the continuities of professional development and ICT. Consequently, the participants for this study were only purposive to the extent they had been more than 15 years in practice. Furthermore, as explained in chapter five (Section 5.5) the approach I took was to allow free conversation, to go with the flow and take the lead from the participants themselves. Those stories, while some were based in the ICT arena, were just as much based within the realities of practice. This was highlighted well by one participant who said:

> *Do I use the practice computer? (.2) huh I (.1) I'm too busy seeing patients (.2) well maybe now and again if I need to look something up (.2) but not often.'*
> [Appendix H: Extracts 8.1]

ICT, while playing a part in the professional and personal lives of the participants who took part in this study, may not, yet, be a central feature for professional development. This may

also lie, in part, in the hands on nature of dentistry that technically is not easily transferable to ICT. This was reflected, for example, in Phil's story when he put forward the view that the more technical aspects of dentistry may not be transferable to a virtual arena: '*the only problem is it's kinda technical (.2) I don't think it's something you can just do watching a video'.* This was also important to consider for my study as practitioners spend much of their working life in off line mode. Accordingly, a natural distance from ICT may exist for practising dentists in comparison to managers who, for example, are likely to spend much of their working day using ICT. As Engeström (2004) warns, to consider ICT as an either or would be too simplistic; our working and professional lives are embedded in both to a great or lesser extent.

While the initial main focus of this study was on ICT, it became clear that the participants did not regard ICT as a central part of being a practitioner and indeed a professional. Consequently, there was a change in focus occasioned by the data collected and the study became one of exploring being a practitioner and a professional and the influences of recent organisational and institutional changes. Through this change of focus, the performances here revealed an understanding of, until now, hidden voices which, through the conversations, came to the forefront to reveal other reasons why ICT may not be a central feature in the working life of a dentist. Central to those were perceptions of the professional role in the light of media and public spaces. For example, in considering the retributions of being branded as unprofessional, one participant put it thus:

> *It's the fact that we're being judged outside of practice as well as in practice (.2) and who's to judge what's acceptable? (.2) that's the issue (.2) it's not just about appropriate behaviour is it?* [Appendix F: Extracts 6.1]

Consequently, it is perhaps no surprise that a cautious stance was taken to being fully engaged in public spaces, in particular through ICT. This was highlighted by one participant who said:

> *I'm a huge advocate for using computers but you need to have clear boundaries between professional and private use (.1) it's simply not appropriate to be in a public forum and discuss professional matters (.2) ehm we need to consider what this means for our professional lives (.2) I mean any online community is a public domain* [Appendix H: Extracts 8.4]

More important was the concern of '*being guilty until proven innocent'* [Phil] and what that

could mean for a high street practice. This was put most strongly by one participant who underlined the meaning that the prevailing professional narrative may have on identity and intentions to act:

> *I think before online communication gets off the ground for professional use (.1) ehm we'll have to rid ourselves of the blame culture (.2) and we'll have to rid ourselves of the big brother culture because that's a real issue* [Appendix G: Extracts 7.4]

Yet, despite those voices coming to the fore, at the same time the professional role was consistent in the utterances of the "official line" and a need to have *'clear codes of conduct'* or keep up with *'standards'.* This mirrored the intent to be accountable and make sure CPD points were attained. As one participant had put it:

> *We all keep track of our points (.2) we´ve even got a list going with names and everyone's points (.3) our whole practice team is accountable in that way* [Appendix F: Extracts 6.3]

The professional role was ever present, striving to cover the CPD requirements, to '*keep up-to-date'*, to be '*competent*' [Appendix F: Extracts 6.3, 6.4, 6.5, 6.7; Appendix G: Extracts 7.2; Appendix H: Extracts 8.2, 8.3, 8.4] and indeed to fulfil that professional role as it is laid out in the General Dental Council standards (General Dental Council 2005).

Despite this strong positioning, each participant, as a practitioner, was different in many ways. There was the practitioner who looked inwards and forwards to practice, contemplating on how intrinsic and informal trust may take time to build. There was the craftsman and craftswoman who had embodied head and hand skills (Sennet 2008). Reece had put this so well: '*it's more of a craft thing than anything isn't it?'* There was also the practitioner who sought role models and visions of practice knowledge (Eraut 1994) through others, identifying with those qualities that might meet those visions. At times, those encounters had brought what the participants had described as impact. This resonated from Dale who, for example, after recognizing those qualities in another practitioner described how *'it completely changed my outlook'*. A 'plurality of identities' (Castells 2004, p.6) emerged from practice as practitioners sought different paths for development.

However, other participants struggled to negotiate between the professional role and

practice. Practitioners emerged from the stories seeking to make sense of professional development in its present form. The narratives revealed disjunctions, contradictions, doubts and searches for meaning. This was most noticeable in attempting to balance the professional role, as it is at present constructed, with the realities of practice. Blake had put this in a nutshell in trying to put meaning to professional development and the realities of practice and insisting that '*what you have achieved for your patient should count not how many CPD points you can get'*. Those disjunctions were related to the true value of what Alex had struggled over as, *'if I put down the true value of my professional development they might even question it '*. The practitioner had emerged from many of those stories performing the professional role while shifting to what they knew as Drew had described as *'intrinsic'* or something that was known to be of '*importance'* and embedded into a tradition which had taken more than a few rules to establish.

9.3 Conclusions, still more questions to be asked

In order to draw from the above discussed data and narratives from chapters six, seven and eight, I want to return again to the three broad questions for this study

> How do participants describe the influence of past, present and possible future strategies for professional development?
>
> What meaning do participants give to their own learning spaces, work, formal, informal and ICT?
>
> What are the participants' own experiences of professional development and ICT?

Possible future strategies for professional development must be viewed in the light of past and present experiences as embedded within the narratives as local moral orders (Davies and Harré 1990) as noted in from chapter six and chapter seven. One local moral order may be seen to have been embedded within the official line and the meaning the participants gave to their learning spaces and the construct of CPD as a ritual with fixed predetermined paths of development. It might be argued that this local moral order corresponded to values embedded within an instrumental interest (Habermas 1971): values which could be counted and hence measured through CPD points collected within a fixed time frame. This particular type of moral order brought about both practical and emotive

effects whilst balancing the professional role with the realities of practice and the values practitioners held for their own practice. Consequently, future strategies for professional development could be bound to the construct of the professional role and the work that needs to be undertaken to negotiate the practical and emotive effects produced, whether that means riding out the conflicts produced to become fully engaged in public spaces, or negotiating between restrictions and limitations. However, in terms of future strategies, the meanings the participants gave to their own learning spaces and practice also emerged strongly, albeit less definably, through past and present experiences. Another type of local moral order emerged in which values were embedded in intrinsic entities, "qualities of the encounter" and "intrinsic goods". However, those entities were difficult to capture and would be difficult to measure as they were bound to less definable paths of development. Therefore, there may be less to say about what a future strategy may look like and any future strategy on those terms may be even harder to describe. While intentions to undertake professional development may be clear, the effect professional development might have or the intended impact on practice may be difficult for many practitioners to pin down.

In the light of the data from chapter eight, the moral orders reflected from the professional role and practitioner were consistent, although not always explicit with respect to their effects. How the practitioners understood and were reacting to professional development and ICT was less "voiced" but could be seen through "coping strategies" that the participants created to navigate towards professional development. Here the official line was also able to mobilise participants in different ways, while the concerns and possibilities from the unfolding narratives of the previous chapters re-emerged (see developing a professional instinct in chapter six and developing a practice instinct in chapter seven). Those mobilisations showed practitioners developing strategies to cope with information overload, retracting from 'spaces of enclosure' (Lankshear et al. 1996, p.171), and marking boundaries to define where the professional role might find a "safe haven". Those participants who did venture out, as seen through the "going bush" narratives, in seeking those same qualities of the encounter embedded in the practice performances, came across possibilities for engagement that were 'both harmonious and alien' (Gergen 1991, p.6) with meanings bound to external representations through ICT. Those participants were confronted with new challenges of meanings and means of expression in the face of the representations found through more abstract communities (Anderson 1991; Taylor 2004). Accordingly, future strategies for professional

development in and out of ICT may also be bound to the constructions of both the professional role and the meanings held by practitioners along with the meanings bound to external representations through ICT.

In returning to the central question for this study, how dental practitioners understand and react to professional development and ICT, the previous chapters, drawing from positioning theory (Davies and Harré 1990) have revealed insights in terms of the contradictions and negotiations taking place on a practice level as well as an increased understanding as to how practitioners are coping with professional development and ICT. However, the broader terrain has yet to be explored, that is, the "what" with which practitioners are coping. As discussed in chapter four, drawing on critical theory to explore the broader terrain of discursive practices, questions of education and identity take a central place (Kincheloe and McLaren 2005). As Kincheloe and McLaren (2005) argue, the intersection of the individual within the wider terrain is central to the work that goes on in the name of education and the development of subjectivities. Education in this sense is taken to be formally grounded through institutional practices as well as informally transmitted through individuals and groups via institutionalised common language, symbols and representations. Furthermore, as Kincheloe and McLaren (2005) suggest, cultural productions have the power to generate knowledge, form and embed values that seek to educate and form identities in specific ways. Edwards and Usher (2000) further point out that the intensification of globalisation processes and, in particular, the space-time compression produced through ICT, serves as a vast educational resource and information channel. ICT and its multiple and dynamic representations present a challenge in terms of assumptions held for previously defined notions of education and indeed the educated person. Those perspectives also throw a spotlight on the wider terrain of education and identity within this study. What those conditions mean for education and identity are important considerations, in the light of the practical and emotive effects of the professional role in the face of other practitioner identities which emerged. In addition, questions need to be asked about the nature of professional development and education and the different discursive practices in the light of the local moral orders which emerged from this study.

Drawing from critical theory, as described in chapter four, there is a need to question how discursive practices may produce cultural codes which in themselves serve to create a

'habitus' (Bourdieux 1990) and consequently construct identities (Kincheloe and McLaren 2005). As the education that is received, whether formal or informal, is closely linked with identity, this is especially important in light of the above discussed conclusions in relation to professional development and ICT. Educational processes removed from familiar locations have the power to frame subjectivity in ways that 'unsettle[s] education as the pre-existing object of knowledge/reference' (Edwards and Usher 2000, p.98). As the data from the previous chapters illustrate, the values embedded in the unfolding narratives situated participants from and in their chosen vantage points and hence their respective positionings (Davies and Harré 1990). Those positionings and vantage points were further reflected in strategies, coping and otherwise, that the participants carried out while putting meaning to professional development both in and out of ICT. What this points to, in terms of the vantage points taken between both local and macro moral orders, is where questions of education and identity lie.

Hall (1996) suggests our identities represents a 'meeting point'. Drawing on Stephen Heath's[21] notion essay on `Suture' , he calls it a 'point of *suture*' (p.5, original emphasis), 'a 'narrativization of the self' (p.3) and a showcase embedded in social relations from which our eventual 'vantage point can be 'spoken' (p.5-6). McLaren (2002) notes that in applying a critical lens to a field of inquiry 'cultural questions help us understand who has power and how it is reproduced and manifested in social relations that link … to the wider social order' (p.176). It is this liminal space[22], as a 'historically, unprecedented amalgam of new practices and institutional forms,' (Turner 1975, p.1) I now want to view through a critical lens and, in the light of this study, the positions taken on and the changing conditions we face, explore questions of education and identity.

9.4 A question of education

In asking questions of culture (McLaren 2002), we must also consider knowledge with respect to its form, function and location (Edwards and Usher 2000). The critical issue for education and its relation to knowledge may be understood through recourse to the works

[21] Heath, S. (1981) Questions of Cinema, Basingstoke: Macmillan.

[22] I am using the term liminal space as described by Turner (1975), that is, a space where ritual and performance creates an in between or "betwixt and between" state. Those sites may become ones of transformation or ones of limbo where identities try to balance and negotiate meaning and tensions.

of Lyotard (1984). For Lyotard (1984), knowledge has become performative, that is, its acquisition is no longer valued for its own sake (educational or otherwise), but more for its use and efficiency. ICT has undoubtedly increased the efficiency with which knowledge can be produced (Lyotard 1984) but, as Bauer (1994) has contended, 'the science being done at any given time will largely be discarded, even in the short space of a few years, as unsuccessful' (p.11). This has been an issue within dentistry in dealing with guidelines that are based on a synthesis of ever-increasing research results. For instance, supportive prophylaxis for rheumatic fever[23] has been a case in point. There is new doubt amongst the cardiologists whether the latest guidelines should be updated or change or whether new research should be included (Weaver et al. 2008).

For Taylor and some of the other participants, knowledge and its performativity may be seen in terms of limitations of the ability to cope with an increasing influx and recognizing its validity or "truth". Although Taylor had found a solution through ICT itself to cope with *'the chaos of the net'*, there still remains a question of, as Taylor went on to say, *'the order of its importance or how accurate it is'*. There is a difference between being able to produce and access information and how we might deal with that information. Furthermore, there is a question of relevance of what this might mean for practice. As one participant said:

> *The Internet is a great way to access my journals and keep up-to-date (.1) eh but I find a lot of information is simply not relevant (.2) I mean a lot of the journal articles don't apply to general practice* [Appendix H: Extracts 8.3]

Relevance was a constant theme throughout the narratives, not only in terms of information accessed, but also in terms of the courses and the need to impact on practice. Those were also very personal images of relevancy as Sandy had said, *'I personally need to have the feeling a course is worth taking'*. Relevance was different for each practitioner and despite suggestions being made, for example, '*if I can put that forward it might be more relevant to what I need'* [Appendix F: Extracts 6.5] relevance related to a more local perspective and was quite specific to each and every participant [Appendix F: Extracts 6.5]. The tensions this produced were clearly displayed within the narratives in attempting to

[23] After years of routine prescribing, within dentistry, for at-risk patients, a report from the Cochrane Collaboration (Oliver et al. 2008) produced new research with the conclusion that there is no evidence that penicillin prophylaxis is effective or ineffective against people at risk e.g. previous rheumatic fever history and undergoing invasive dental procedures. There is also a question whether evidence supports the guidelines or whether the potential harms and costs can be balanced against any benefits of prescribing (Weaver et al. 2008).

accommodate to those influences. Dale's sense of loss (Knorr-Cetina 2001) and open proclamation, '*I can't honestly say that I learnt anything of great impact from any of those courses'*, reflected a battle which featured throughout the narratives. While the performativity of knowledge raises questions as to its worth and relevance, as our learning spaces have diversified, so too has the influx of lifelong learning imperatives which appear to dictate what education is and indeed what it can achieve. In dentistry, our own "verifiable" CPD as lifelong learning is inscribed in terms such as outcomes, competencies and keeping up-to-date, while being driven through mechanisms of rituals and artefacts as CPD points. This was highlighted well by one participant who said quite directly *'it's become a bit of ritual hasn't it? (.3) collecting CPD points (.1) and waiting for the list'* [Appendix F: Extracts 6.4].

In view of the concern for relevancy, whether this relates to information found or CPD taken, there is still a question as to the purpose and rationale for the 5 year cycle of collecting CPD points. As Lyotard (1984) warned, in terms of efficiency, knowledge in this form represents a 'vast market for competence in operational skills' (p.53). This has not gone unnoticed as one participant said, '*it's become a racket with the private courses too (.2) I´ve never seen so many (.2) and some of them cost a fortune'* [Appendix F: Extracts 6.4]. In contrast, Drew's account in searching for a solution to a more unusual practice problem displayed a different type of knowledge and one which was hard to pin down to any particular point in time or relate to any particular CPD course. Here it was an '*intuition*' and a local knowledge, in Dreyfus' (2002) terms a kind of 'skillful coping' (p.380) that had played a part. That is, it was a product of experience; what Drew brought into practice had resulted in a personal and practice knowledge (Eraut 1994). In the name of efficiency, CPD points are no doubt easier to count than any accounts of personal knowledge, but the tension is that this idea of a technical competence ignores any traces of personal or practice knowledge as a "true" cognitive base of practice (Eraut 1994; Montgomery 2006; Groopman 2007).

9.5 A question of identity, a local perspective

Abbott (1988) suggests that there is a general feeling that professionals have come to 'dominate our world. They heal our bodies, measure our profits and save our souls' (p.1). This perception of the dental profession has created many spheres of unease both amongst

the public and within the General Dental Council where a feeling of distrust reigns. Within this framework, there is perhaps a good argument for regulation and control. Yet, it is a curious, although unsurprising, detail that many of our reforms occurred after several well publicized medical errors such as, the Bristol Royal Infirmary Inquiry, the Shipman Inquiry and the Alder Hey inquiry (see Bristol Royal Infirmary Inquiry 2001; Smith 2002; Battie 2005). According to some, however, such errors were taken to be a timely move to legitimate increased regulation. As Pollock et al. (2006) point out, those high profile cases became an 'excuse in waiting' for government to influence professional roles, making it possible to 'introduce more binding guidelines on clinical practice' (p.80). At the same time, we have seen an exponential increase in public complaints and fitness for practice processes. However, as the General Dental Council actively encourage complaints as a public response (General Dental Council website[24]), whether this reflects the true picture of misconduct is questionable.

Edwards and Usher (2001), drawing on Foucault's notion of the confession, argue that the ritual which now exists within education unfolds within a power relationship. The emphasis is on a notion of identity where an 'externally imposed discipline has given way to the self-discipline of an autonomous subjectivity' (pp.12-13). Such disciplines are narrated throughout Department of Health policy in terms of "progress", "capacity building", "change" and "realising potential" (Department of Health 2000a, 2000b, 2001a, 2002, 2009) and further within General Dental Council documents, as a need to be competent and through audit and appraisal mechanisms (General Dental Council 2005: 2010). Those 'self-disciplines' (Edwards and Usher 2001, p.61) were reflected strongly as the "official voices" of the professional narratives. Sandy's response probably being the most prominent in announcing, '*patients need to know we are competent'*. Professional development and CPD in its present form has become a question of survival and "keeping up-to-date". As Field (2006) describes it:

> As the discourse of permanent lifelong learning has spread, and worked itself into the language and practices of continuing professional development and constant updating, so a degree of coercion has also emerged , often gaining widespread acceptance as people come to see lifelong learning as a basic survival mechanism.(pp.130-131)

Whilst the concept of lifelong learning is presented as progressive and future orientated to

[24] http://www.gdc.org

meet future risks and challenges (Department of Health 2004), those ideas might just as easily be seen as based on values of control, efficiency and accountability. An orientation to an increased demand for efficiency and a marketisation of services (Hoyle and Wallace 2007) may be seen as an attempt to provide an extension of neo-liberal terrains into both education and healthcare (Jessop 1994; Hoyle and Wallace 2007; Evans 2008). This may be the case on a national and local level. However, problematizing those as neo-liberal drives assumes they are starting points (Edwards and Usher 2000). Ball (1998), for example, suggests that the influences of globalization have taken multiple forms that include institutional, managerial and neo-liberal restructuring. The professional role must also be viewed from a global perspective and the broader workings of historical and institutional forces and those influences on identity (Ball 1998).

9.6 A question of identity: a global perspective

The location of the new professional must also be seen within the broader structure of a modernist framing, particularly when considering Beck's (1992) conceptualization of risk. It is also worth taking note of Eraut's (1994) description of professionalism as an ideology along with Larson's (1977) view of the forming of the professional as an ideological task. All such views are relevant as they co-exist and symbiotically reinforce each other through the influences of globalization. Firstly, in the endless production of knowledge and keeping up-to-date the professional in dentistry is positioned within an endless task of being regulated to prevent that risk. As Beck (2006) suggests, the narrative of risk is ever pervasive and has conditioned an unattainable task:

> The narrative of risk is a narrative of irony. This narrative deals with the involuntary satire, the optimistic futility, with which the highly developed institutions of modern society as science, state, business and military attempt to anticipate what cannot be anticipated. (p.329)

At the same time, more knowledge has to be produced in order to satisfy and legitimize the professional role (Larson 1977). Then there is the ideological task (Larson 1977), which has the professional as a "standardized" product in its sights, to be then offered out to the market. In an attempt to legitimate ourselves through an increasing knowledge base, the professional sits within an ideology (Eraut 1994) and is an ideological task, (Larson 1977). Those roles, which we take on, are both disciplinary roles (Edwards and Usher 2000) and professional reproductions (Larson 1977).

In this framework and in the liminal space we inhabit, a local-global interplay has changed our own previously held assumptions of what professional identity and development is all about. We are locked within the professional project while our regulatory body comes to terms with a demanding policy and a demanding public arena. The education that is put forward, however, is based on a constant demand to keep up-to-date with a self-perpetuating supply of knowledge and a constant drive to be a lifelong learner collecting CPD points. In explaining the contradictions taking place, it is worth quoting Edwards and Usher (2000) at length:

> Educational practices are primarily formulated within the universal legitimising discourses or grand narratives of modernity, narratives of individual and social betterment resulting from the development of scientific knowledge. They justify the work of producing bodies of knowledge, held to be universal in scope which transmitted through certain pedagogical forms within educational institutions provide a training in a particular form of rationality which is yet held to be universally applicable. (p.66)

As we are driven on a global level to produce more knowledge on a local level we are assign to a narrowly defined skills. We articulate ourselves within the representations given to us through the professional role in order to provide, as Wilson (2000) contended, 'demonstrable credibility' and 'enhance the protection of the public and its confidence in the profession' (p.469). Within this configuration we are, however, recast in other ways. While the profession of dentistry was once a service to the public, distinguishable from mere trade or business for personal gain (Parsons 1939), we are also to be re-branded to respond to "customers", embracing market demands of the new consumerisms. As I alluded to in chapter two, dentistry straddles both the public and the commercial sector. The commercial aspect has intensified in the light of an increase in TV makeover shows producing a dramatic upsurge in the call for cosmetic treatments. The tension is that our identification (Wenger 1998; Taylor 2004; Harvey 2006), as professionals, runs the risk of being bound to rules and rituals or, at the other extreme, bound to unstable ideological marketplaces (Giddens 1998). Nevertheless, the professional in this role is "prescribed" to respond to those demands through codes of conduct and standards for practice. From a policy perspective, we have a "new" moral narrative inscribed within our many documents (General Dental Council 2010) which purport to protect the public from incompetency and misuses of new areas of treatment.

Dentistry sits uneasily in the middle of this "Weltanschauung" as a spectator and because of the new roles that we might be 'hailed into' (Davies and Harré 1990). The conditions through which we move and seek professional development are becoming increasingly subject to a tension between the little autonomy that remains, that is, in choosing CPD, and the burdens of those choices in a consumerist society. A framing of ethics and codes of conduct to meet consumer interests will not necessarily provide the ethical background or deliberations to negotiate such tensions. As Blake said, an obligation to *'log up points'* does not necessarily secure that *'bad apples'* will be regulated out of existence or that *'malpractice'* [Blake] will be prevented. As Ball (2006) contends, rather than drawing upon any sense of a moral narrative embedded in historicity, policy works a system of incentive based rewards dislocated from those 'outdated niceties of professional ethics' (p.11). In this respect, Corless-Smith (2005), as a dental practitioner and lawyer, is right to suggest that it is unfortunate that the process of ethical decision making has been replaced with an 'exhortation to apply the principles' (p.1) through standards and codes of practice. In proposing that 'mistakes can be regulated out of existence' (Mawer 2010, p.6), artefacts as codes and standards and the ritual involved threaten to take on the characteristics of ethical and moral conduct. This "breaking down" of the professional status has its costs in that it also neglects a natural process and embedded culture that has provided for the "moral narrative" of our profession. Those reframings also fail to acknowledge the "internal goods" (MacIntyre 1984) which still exist in the practice of dentistry. Those were reflected in the narratives of care and such utterances as '*whatever you do it still comes down to your own professional values (.2) ehm putting your patient first'* [Drew]. In addition, those "internal goods" were reflected in the searches for meaning and choice for patient care rather than CPD points or as Blake had put it, *'what you have achieved for your patient should count not how many CPD points you can get'*. Those "internal goods" were reflected, further, in shared ways of coping and the potential for dialogue that Casey had portrayed within the study group that had formed, including *'the honesty[that] is great and we bring stuff along'* and notions of sharing, sameness and reciprocity (Wenger 1998). As "holders" of the professional role, from the narratives in this study it was clear that we hold certain values that are intrinsic to practice and important for our own development. Those were reflected most clearly in the practice narratives seeking relational others and from previous encounters. Drew had put those qualities, as longstanding traditions that take time to establish, in a nutshell in saying:

> *it's not something somebody has to tell me to do its part of the job (.4) I've always done it we were taught that way (.2) the importance was drummed into*

us[Drew]

Our new professional identity threatens to disturb the very foundations of and our values, beliefs and conditions for practice, not only in terms of the practitioner persona and their development, but in terms of what the new moral narrative brings or omits in face of the challenges and conditions of practice and what is expected from ICT.

9.7 ICT, challenges and conditions for practice

Participants' narratives reflected limitations to how ICT might contribute to professional development. For Phil this had been a choice of what could be achieved through ICT set against the technical limitations of "virtual" instruction. However, there were other stories where limitations had been encountered in different terms. Those accounts involved marking boundaries and related to the professional role as it has been described and prescribed. There was the sceptic as in Dale who retracted from bounded 'spaces of enclosure' (Lankshear et. al. 1996, p.171) and from a sense of being watched. There was also the suspicious practitioner who remained at a distance from uncharted landscapes of discussion forums. As Reece had put it, *'I would just be very careful what I posted (.2) I don't feel comfortable knowing information can be passed on'.* There was the participant who preferred to remain in what was thought to be safe within the authority of the professional role:

> *We are under a lot of pressure re compliance issues and that worries me……I'm tending to stick to the guidelines and standards (.2) ehm at least that way I know I can rely on the information I'm accessing* [Appendix H: Extracts 8.3]

Knowledge was in terms of what could be counted on within the larger community, for example , as one participant had put it, *´well journals are peer reviewed so they are my first choice*' [Appendix H: Extracts 8.3]. However, peer review as being a reliable measure of worth must also be put into the perspective of the myth of infallibility of this process highlighted across many disciplines (Goldacre 2010). As far as trust, validity and truth are concerned we still need to have the capabilities to discern the processes behind them. In addition, the professional role as it stands is an issue in considering when authority models do not exist or may no longer, for better or for worse, be seen as authoritative (Edwards and Usher 2000).

While some participants remained within safe havens, some struck out in various ways though ICT. It was evident that participants were seeking those same "qualities of the encounter" through the practice narratives (see chapter seven) through ICT. Other participants made attempts at making connections to practice knowledge (Eraut 1994) picking up from '*just reading about other people's experiences*' [Appendix H: Extracts 8.4] or looking for senses of connection in different ways even *'imagining what the avatars looked like'* [Phil]. I felt a sense of agency within those going Bush stories but at the same time a sense of disorientation with '*crazy ads popping up'* as Reece had said or the encounters with '*very commercially orientated'* [Phil] sites of connection.

The conditions for seeking out experiences or "qualities of the encounter" must be put in perspective when considering the identity of the practitioner and the education proposed. Dentistry is clearly a practice that demands an apprenticeship type of learning and a form of practical reasoning to consider values, make judgements, solve problems and deal with everyday realities. I recognized those qualities as a "moral narrative" where participants were seeking relational roles through more traditional routes through recognizing work that is *'top class'* or having a *'fantastic manner with people'* [Sandy] or recognizing that an *'approach just made sense (.2) you can just tell when someone knows their stuff'* [Phil]. The enthusiasm for such "qualities of the encounter" was evident throughout the narratives and not hard for the participants to recognize in those traditional routes. Developing a professional identity assumes a socialization of essential norms and values of the profession and an attitude of commitment (MacIntyre 1984; Sennett 2008). The notion of difference, however, brings with it other challenges. On the one side, we could quite simply ignore those challenges and assume our professional role as prescribed may have stronger identifications with the "official line" that it presents. On the other side, for better or for worse, there are other possibilities for imagined communities where "embedded' senses that we are part of the same exist (Anderson 1991). Accordingly, socialization of essential norms and values of the profession and an attitude of commitment cannot be seen as stable or predetermined. Furthermore, in seeking relational others through ICT *we* are increasingly bound to circumstances where there are few or weaker relational references on which to base choices. As our own traditional communities, I suggest, are becoming more fragmented we may indeed increasingly rely on externally based narratives. In Harvey's (2006) terms, those may be "ready-made" or "preconstructed" according to economic and market bindings. Economic bindings to be found in and out of ICT may even have stronger identifications than those of the traditional habitus. Communities whether found in or out

of ICT may be just as real as any traditional community where we feel a natural affiliation (Wenger et al. 2010). Consequently, they may be differentiated not by their 'falsity/genuineness, but by the style in which they are imagined' (Anderson (1991, p.7). This style may be just as much what is picked up through google searches as participants described or meetings with the "other".

On the other hand, those imaginings can be a source of new relational bindings, alterative histories, languages and experiences. However, the challenge of this for the dental professional was narrated by Dale who described the need to negotiate the claims found: *'I mean we wouldn't get away with (.2) with a lot of the things they are doing'* [Dale]. Many "out of zone treatments" are still questionable as to whether they should be part of dentistry. Accordingly, ICT also stretches the imaginations of the demands that are being brought into practice in that *'We <u>are</u> becoming more and more commercial as a profession (.2) dentistry is changing and patients are asking for all sorts of new cosmetic treatments'* [Sandy]. Edward and Usher (2000) words take on importance when considering the challenges for knowledge as 'goods' (p.133) in all imaginable forms and what that means for education of the dental practitioner As Edward and Usher (2000) describe we are:

> witnessing changes both in the nature of the 'goods' (that is, knowledge) being delivered and in the mode of delivery (pedagogy) whether this is on a face to face basis, over distance, or on-line (p.133)

What is happening, in terms of professional development in and out of ICT, is troublesome as the professional identity, as a production and role, faces a multitude of discourses and utterances, as we 'brush up against thousands of living dialogic threads, woven by socio-ideological consciousness around the given object of an utterance' (Bakhtin and Holquist 1982, p.276). As Gergen (1991) notes, not only are we becoming saturated with different representations, our identities are fluid and mouldable in the way we can and do portray. This presents a tension in the choices, affiliations and identifications that are made out with communities that are more traditional. Removed from the safe havens of our traditional encounters there are different capabilities required to navigate and travel (Gee 2008), where diverse histories, languages and experiences might even contradict more local practices. Put another way the act of communication involves a negotiation of values and a recognition of others' values and a balancing of both. Consequently, there is the challenge for any preconceived notion of identity and development of the dental practitioner in that we live in both and online and offline world where diverse cultures act and extend across

boundaries.

9.8 Reclaiming a professional identity, towards a professional narrative

As Vygotsky and others have shown, our internal conversations rely as much on the thoughts of others as they do on our own thinking (Bakhtin and Holquist 1982). As we cultivate our identities, it is only through the spoken or written word, and its intersections, that all of our senses, both external and internal, come to bear (Vygotsky. 1978). This is important as the narratives from this study reflect an experience that is also internalized (Vygotsky 1978). Those activities are embedded in tradition and different practices that are ever changing and evolving. It is through those traditions and different practices, and hence a particular narrative, that 'goods internal to that activity are realized' (MacIntyre 1984, p.175) and achieved. The question might be asked what does a professional narrative for our present conditions as dental practitioners look like? I suggest it takes on the appearance of the different stories that are embedded within our professional communities as "qualities of the encounter" and the relationships we build with our patients. Here I have used nine, including my own, ten stories that demonstrate a need to sustain the "internal goods" *and* the capabilities to recognize those in a contemporary world. Those 'sense(s) of activity' (Bourdieu 1990, p.vi), the "qualities of the encounters" and the stories told here in this study along with what future stories might hold, I suggest, are the very foundation of the "internal goods" of the professional narrative.

Despite the bad press and dissolving sense of trust, those same characteristics, I believe, are also worth holding on to and nurturing in a direction that allows for an authentic path towards realising potential (Department of Health 2002). However, my contention is that, in order to nurture those "internal goods", we require more than a vague indication that we will *adapt* to ICT (Eaton and Reynolds 2008). In addition, we require more than a vague hope that training and knowledge will be *transferred* into practice (Davis et al. 2003). Furthermore, we need to recognize that we cannot regulate those capabilities as something that can be confined in codes of conduct and an obligation to adhere to standards of practice (General Dental Council 2005). We live under the illusion that sanction based "ties" and affiliations of rituals and codes, can replace more deep-seated moral narratives that have previously been embedded in tradition (MacIntyre 1984). Turning back to MacIntyre (1984), who suggests that practice is the 'goods internal to that form of activity'

(p.187) and further that they might be strived for as part of 'trying to achieve those standards of excellence' (p.187), the irony of the professional "product"' now being presented, and the contradiction, is that in attempting to standardize and control the professional in this way, we may lose the very qualities that are important for the public good. The doubt of present CPD measures also resonated within the narratives, for example, as Blake had announced, *'I'm not sure logging up CPD points will stop malpractice'.* There is no doubt that part of the professional public relationship should be one of trust, but trust cannot be guaranteed by rituals and artefacts in the form of CPD points (Latour and Woolgar 1986; Knorr-Cetina 2007). In addition, substituting CPD points as a proxy for "trust" ignores the temporality of such relationships. This notion of trust was embedded in the narratives describing how it may in fact take years to build and sustain through coming to "know" patients. Moreover, trust and trustworthiness are in themselves elusive concepts to define and harder still to measure (O'Neil 2002). Ball (2004) highlights the paradox of this situation, in his analysis of the ways in which policy reforms may impact on a professional identity. Pointing to the new order of moral and social regulation which now exists within policy, this is a reconfiguration of the professional that 'bites deeply and immediately into the practice of state professionals' (Ball 2004, p.144). According to Ball, the problem is that new regulations not only reform in a political sense but also in an educational sense; they act through '"re-forming" meaning and identity, producing or making up new professional subjectivities' (2004, p.144).

In negotiating the complexity of contemporary times (Edwards and Usher 2000), there is a need to consider the capabilities that a professional pedagogy might demand including the 'ambivalence in the uncertain reconfigurations taking place under conditions of increased globalisation' (Edwards and Usher 2000, p.123). This raises the question whether the present vision of a professional identity in dentistry includes the capabilities to meet those challenges? I have deliberately used the idea of capability as a disposition to act (Bourdieu 1990). Thus, in Bourdieu´s (1990) terms dispositions and capabilities are those inbuilt tendencies that as part of a habitus can become imbedded and ingrained in the very substance of a professional identity. In the light of the (dis) location of knowledge and globalization (Lyotard 1984; Edwards and Usher 2000), the colonizing effects of science and consumerism (Habermas 2006) have gone a long way in disturbing previously strongly held traditions and, as previously discussed, it is not an either or ICT, but we the fact that we inhabit to a greater or lesser extend both online and offline spaces in a globalised

world. Those (dis)-locations (Edwards and Usher 2000), where professional development is located also takes on particular importance when considering identity and development. As Edwards and Usher (1997) highlight in referring to the terms (dis) -location:

> we have used the term '(dis)location' with the bracket signifying that location and dislocation are simultaneous moments that are always found together. It also points to the dynamics of (dis) location which both refuses a privileging of particular locations and voices and accepts the inherent power/knowledge dynamics of all pedagogic situations. (para.4)

The notions of professional identity in dentistry, development and ICT, I suggest, fall short of meeting those challenges in contemporary times and to become an 'active participant in social dialogue' (Bakhtin and Holquist 1982, p.276). In order to embrace all pedagogic conditions, it is also necessary to embrace the idea that our development as professionals is not only a matter of a professional role and what that might be, but rather 'in order to be, in any genuine or authentic sense, we must become' (Peters and Lankshear (1994, p.180). The question is therefore, not what "is" the professional but rather what the professional will become.

9.9 Returning to education and identity

Osberg et al. (2008) opine, 'because knowing is transactional, there will always necessarily be something that cannot make its appearance in the domain of representation' (p.214). The inability to represent "knowing" was reflected most noticeably in the practice narratives, and the struggles to name our practice. It was, therefore, no surprise to hear that *'just knowing'* [Casey] was as much as could be said about a particular course of action. Osberg et al. (2008) further suggest that this knowing is open ended and unending; 'there cannot be a notion of any final order' (p.214). This may also be as much to do with dentistry being '*more of a craft thing'* [Reece], that is, it may consist of theory and technical skills, but it is inherently more. Sennett (2008) suggests that a "head and hands" knowledge is embedded in craftsmanship gained through an interplay of skill and the continuous connections one makes; through the process of seeking out the problems and solutions of practice. In describing this interplay as a dialogue between those skills and realities of practice, Sennett (2008) puts forward the view that it is from those experiences that "habits" of craftsmanship may evolve: 'this dialogue evolves into sustaining habits, and these habits establish a rhythm between problem solving and problem finding' (p.9). Implicit in the acceptance of an evolving sense of craft, is that any change that might take place is

relational, temporal and built on a refinement of improvisations (Holland et al. 1998; Sennett 2008). Those improvisions were reflected in participants' comments such as '*it comes out in the day to day running of the practice' or ' well you just <u>have</u> to cope'* or *'after <u>so many</u> years I don't think about what I'm doing (.2) then again you can always get the odd case that sets you back thinking again*'[Appendix G: Extracts 7.2]. I recognized those choices throughout the narratives in such comments as, '*I'm <u>obviously</u> looking for someone more experienced than me'* [Appendix G: Extracts 7.3]. Those features of the practice narratives, in terms of embedded and situated knowledges, are important in their relation to intuition, ways of coping, trust relationships and the time required to build those (Dreyfus 2002; Sennet 2008).

It may be that remaining within saver havens as Sandy described *'that's <u>not</u> really my thing (.2) I enjoy going to courses and speaking with <u>real</u> people'* is a choice that may be well founded, but as the narratives show this was not a choice that everyone took. Indeed, from the practice stories, a picture emerged of seeking role models and others who sought time for development of the self. Importantly, such actions enter into a process of agency in the choices that are made (Holland et al. 1998) and the connections that are made be they offline or online through ICT. This implies, I suggest, a need to re-think the professional identity as it now stands and what might be necessary for any developmental path that is embedded in and out of ICT through expanded and undetermined paths of professional development.

MacIntyre (1984) describes such a development path as a quest:

> It is in the course of the quest and only through encountering and coping with the various particular harms, dangers, temptations and distractions which provide any quest with its episodes and incidents that the goal of the quest is finally to be understood. (p.219)

MacIntyre's path is a riskier one than previously defined within the present framing of the dental professional. Yet, there is a strength in MacIntyre's (1984) developmental path, not least in its centrality of identity and the education that is sought 'both as to the character of that which is sought and in self-knowledge' (p.219). However, this means accepting that it is the unpredictability, rather than risk, which formed a central role in practice stories, where 'skillful coping' (Drefyus 2002, p. 380) was achieved through deliberation and head and hands skills (Sennett 2008) or craft knowledge. It is this concept of education and

development that, I suggest, is the foundation of professional practice and is the foundation for different ways of coping (Drefyus 2002). As one participant put it:

> *there are different ways of doing things aren´t there (.2) no two dentists are the same in a practical sense (.2) and in a practical sense you've got to be on top of chair side skills (.) ehm take the demand for advanced dentistry (.2)OK there´s a fair bit of theory but you still need to be technically good (.1) it's a bit of both isn't it? (.2) theory and hands on* [Appendix G: Extracts 7.1]

In considering education and development, this also means accepting that communication and the ability to negotiate familiar and unfamiliar terrains is important. In this respect, Burbules (2006) describes the notion of 'third spaces'; a zone of communication one where 'semantic frames meet, conflict, and get attached with meanings neither original party intended' (p.114). Those third spaces demand capabilities to negotiate them, in particular when encountering the perils, harms, dangers, temptations and distractions of such developmental paths (MacIntyre 1984). In addition, it is worth considering Aronowitz and Giroux's (1987) assertion on education. For example, in order to be able to develop and transform through education, that education must be within reach. How, then, do we recognize that knowledge we encounter is in any educational sense liberatory (Giroux and McLaren 1994)? A sense of education that is liberatory is as much to do with, as Taylor had put it, how we come to know *'how information is processed', 'it's quality'* or *'validity'* [Taylor] and understanding what different representations might hold.

ICT has no doubt liberated many through its openness and access to knowledge, but there is still a need to negotiate knowledge in the light of ICT (Lyotard 1984; Aronowitz and Giroux 1987). This is an issue, not of the amount of information we need to "keep up-to-date", or even how we meet it, but more what we make of it, how we "deal with its validity", that is, its "truth value". It is also an issue as to how we acknowledge and negotiate differences where knowledge might be found in and between dental communities, public spaces with different cultures, values and desires. Accordingly, communities are no doubt an important part of our practice. Communities are not only an important source of craft knowledge, but they are important, as Kinghorn et al. (2007) have suggested, for 'professional virtues themselves as the products of particular moral community traditions' (p.41). Professional virtues 'require these traditions to establish them and undergird them' (Kinghorn et al. 2007, p. 41). However, the possibility for collaboration, communication with and through the symbolic artefacts of any activity, is

dependent on the position of that individual, an understanding of experiences, practices, histories and subjectivities *and* professional identities (Wenger 1998). Furthermore, it involves having the capabilities to know, particularly where meanings are subject to play, distortion, change, as Hall (1997) puts it, when meanings are subject to 'slippage' (p.32). Inherent in this process, is an agency which allows the development of dispositions needed for the professional to "grow" (Biesta 2006) in a globalized world. In terms of practice and what this means, Engeström (2007) suggests individuals face new challenges in becoming an 'agentive subject' (p .319), that is, having the means and capabilities to grow.

In considering those capabilities, this view of development points to a different conception of the new professional and 'professional subjectivities' Ball (2004, p.144) that assumes that credibility may be regulated into practice (Wilson 2000). It also means that a kind of deliberative and communicative action (Habermas 1987) within our profession is made possible, that is, it means the possibility to negotiate and communicate, including to and from our own professional body. Put simply there are possibilities that might and ought to be realized and can be realized when sensibilities and capabilities are present to be able to follow those possibilities. What then does this notion of communication and the capabilities required mean when we venture out from our practice chair-sides to seek development and when we meet others in other places, including public and private spaces? What does it mean for development when practitioners and ideas become (dis) located (Edwards and Usher 2000)?

9.10 In consideration of possibilities, towards a professional literacy

What remained from those ICT narratives was a feeling of hope for communication and dialogue, albeit in different ways and different forms. Contemporary society might provide perils and dilemmas but, as other democratic forms and open source communities have shown, it also provides new democratic ways of being and becoming (Feenberg 1999; Habermas 2006; Engeström 2007; Sennett 2008). This may not be a natural ability, as Blake's narrative had made clear, there may be a need to *'know'* the conditions that are met let alone be able to negotiate online representations. In addition, the ability to communicate is, as Reece had commented, more difficult when meeting unknowns and depends on, amongst other things, being able to *'ask the right question'* [Reece]. Another possibility for the dental practitioner and was seen most strikingly from Phil's narrative as a way to

negotiate public trust by entering and participating in ICT public spaces. In taking an active part in such communities, there is a possibility to renegotiate that trust. As Phil had described this is most likely going on anyway in the safe environment of the practice, however, through ICT there is also a possibility to take a more active part in communication that may provide a renewed basis for credibility and trust.

Freire's notion of 'dialogue 'also introduces a new facet to this sense of communication in both private and public spaces and places (Burbules 2006). We may engage, establish divergent views, and have convergent opinions and even disruptions. Each may be dialogical in nature, but point to very different notions of what communication might be, including how democratic they might be. Although this notion of dialogue is important in physical places like the lecture theatre or other group activities in which we engage, it takes on a particular sense of urgency when extended to policy constructions, discourses and seeking development in and out of ICT (Burbules 2006). That is, we have not only a need to engage with external communities but also with our own professional bodies and protect our own in built narratives and the identities this produces. Kinghorn et al. (2007) put this well in saying 'professionalism must be openly pluralistic, listening and giving voice to the particular community traditions within which the virtues can flourish' (p.41).

We also have to be mindful that Sinatra's (in Suhor and Little 1988) original conceptualization of literacy as a purely visual affair, has given way to new conditions of representations and rich cultural-semiotic flows (Kress 2003) in contemporary society. Seeking and meeting "qualities of the encounter" and recognizing those within the ICT narratives was a challenge for the participants, not only for the role may that be taken on in its present form in "keeping up-to-date", but also for the sense of knowing in more public and chaotic spaces. In moving through ICT, we may meet other people with equally different constructions of desires and aspirations. However, therein lie the possibilities for exchange; in meeting diversity within expanding communities. Those different outlooks hold positives as well as negatives. It is those differences, the values and beliefs embedded in difference that require capabilities that are not yet included within our construction of the professional role within dentistry. As Edwards and Usher (2000) point out such capabilities involve:

> the ability to translate between different locations, to shift and move and negotiate the uncertainties and ambivalences of the contemporary condition,

an aspect of which is the very uncertainty of identity and location. (p.124)

In this respect, Gee (2008) has proposed that our perceptions of ‘talk and text' (p.155) need to expand to consider multiple representations, symbols and media forms. In negotiating professional development in and out of ICT, to understand “Discourse” with a capital ‘D’ Gee 2008, p.155), requires an extended view of communication and the meanings they hold . In negotiating communicative landscapes and the discourses they contain, there is a need to ‘engage in a particular sort of “dance” with words, values, feelings, other people, objects, tools, technologies, places and times’ (Gee 2008, p.155). In order to get a hold on the “who” and the “what” of such “Discourses”, there is also a need to understand those ‘dances’ (Gee 2008, p.155). In view of the challenges, Kellner (1998) and others (New London Group 1996; Cope and Kalantzis 2000; Alvermann 2002; Kress 2003; Lankshear and Knobel 2008; Leander and Vasudevan 2009), have proposed that education needs to extend the traditional concept of literacy, to include the idea of multiple literacies. This, I suggest, is what we might term a “professional literacy” together with a new professional narrative that is needed to understand what the “qualities of the encounters” in our liminal space might hold for us. As Freire (2000a) insists, in understanding such encounters we may come to understand our own social reality, its contradictions and how we might ‘deal critically and creatively with reality’ (p.34).

9.11 Conclusions and limitations

Using narrative as a method and phenomenon has illuminated several alternative representations of and for professional development in this inquiry. In placing the dental practitioner in a liminal space and undertaking a ‘diagnostic critique’ (Kellner 1995, p.116), I found that representations of the professional role, from policy, practice, and seeking development through ICT revealed many challenges for education, self-determination and development of that might “befit” the professional in present times. However, possibilities do exist, despite 'the inevitable consequences of certain economic, social and political processes' (Brookfield, 1995, p.36). In proposing a new professional narrative and a “professional literacy”, I have considered capabilities, dispositions and possibilities for dialogue which, in the light of our practice and advancing technology, might take account of expanded and undetermined paths of professional development.

However, the criticism could be made that the stories and resultant narratives here are solitary unconstrained products of those few participants I interviewed. In a positivist view, it would be limited by its lack of objectivity and predictive strength. In this respect, I did not aim to predict or establish laws of correspondence or to make claims for generalizability. Specifically my aim was to explore the experiences of those who are most affected by current reforms and to open up possibilities for the future of the dental professional and education. Kahn and Kellner (2007) put this well in saying:

> To speak of technology, politics and the reconstruction of education, then, is to historicize and critically challenge current trends in education towards using the tools at hand to create further openings for transformative and liberatory praxis. (p.431)

While identity, education and technology are intrinsically linked, those connections are becoming increasingly complex, in particular with regards to professional identity and development. In relation to what we may achieve and become, Engels´ quote at the beginning of this chapter is important. In negotiating positions, identity and difference, those entities cannot be thought of as fixed bodies in time. My own aspiration for education is to accept this complexity, uncertainty and accept that through this we might move to greater things as 'an uninterrupted process of becoming and of passing away, of endless ascendancy from the lower to the higher.' (Engels 1886, pp.10-12).This also highlights the limitations of this study in the face of the complexity of the world in which we live, practice and develop. In this sense, I propose that I have only "skimmed the surface" in debating the trends for our future in dentistry and there is a need to open up this debate further as a pluralistic community (Kinghorn et al. 2007).

Brookfield (1995) suggests that theory 'helps us "name" our practice by illuminating the general elements of what we think are idiosyncratic experiences' (p.36). This was my intention for this study. Nevertheless, in taking a narrative approach it could also be said that the study is limited by my own positioning and those of the participants. However, there is strength in providing a ground for reflection, not only in terms of the present conditions, but also as an acknowledgement of the tensions within policy and education. In naming the practice of education in dentistry, my aim for this study was to provide a thinking ground for our present policies and actions in dentistry as a profession. Yet, those consequences have left me with concerns for the future of professional development and its re-imagining for the future. In the next chapter, I discuss those concerns together with my

final reflections.

Chapter 10 Final Reflections

10.1 Introduction

In this final chapter, I reflect on how this research and its journey have impacted on me as both a researcher and a practitioner. It was a long journey, and it provided numerous points at which to think and reflect on my own practice as an educator and practitioner. It would have been impossible to write this dissertation without recognizing the part my own experiences have played. The stories challenged and changed me, as they revealed parts of me, and aspects of dentistry as a profession, that I had failed to glimpse before. I embarked on this research to explore and write a narrative of the experiences of dental practitioners and their professional development. As the research progressed and I engaged more and more with the stories of the practitioners, I realized that despite my renewed entry into the UK context, I was very much a part of the past, present and the future experiences of this context (McAdams 1988). After returning to a UK position, I had felt out of touch with what it meant to be a practitioner in my own profession but after only a few years back, I felt an affinity with much of what was spoken by the participants in this study. Yet, there were certain boundaries within the dental community with which I have not been able to identify in the light of this study. One such boundary was the “official line”. I am left feeling uneasy with the force, the conviction and the unity of professional discourses within the stories I heard, despite the plurality of voices that were also quite distinct. As I reflected on those, I asked how I would continue, what I would do with this new knowledge.

10.2 New knowledge

The results of the ICT narratives were enlightening, as they did seem to provide a possibility for dialogue within the public domain, despite restrictions in coping with representations and engagement within online spaces. This has changed the way I look at my own practice both as a practitioner and educator in seeing this as a possibility for development and, moreover, as a way to renegotiate public trust. In my own conclusions, I feel there is a need for a change in the way we have conceptualized professional identity and professional development. There is a need to consider both identity and development

through a new professional narrative and an education that might meet the challenges of contemporary times, what I called, in the previous chapter, a professional literacy. In order to bring about a change in those terms, there is also a need to re-frame the current state in which we find ourselves. However, there is a risk in re-framing any status quo, as Lyotard (1984) knew, many have 'seen their "move" ignored or repressed, sometimes for decades, because it too abruptly destabilized the accepted positions' (p.64). Reading Lyotard's words were unsettling as I thought about my new entry into the 'game' (Bourdieu 1990, p.66) and thoughts of disturbing the status quo even now, several years since I returned to the UK. It also highlighted the challenge for the future in terms of new knowledge gained and any changes that might be made. As dental professionals and as a community, there is a need to think ourselves out of the ideological boxes that frame and threaten to further enframe us (Habermas 1971). For this, I pull strength from Habermas (2006), who suggests that the intellectual skills that can stand us in good stead are the avant-gardism and an intuition for relevance (Habermas 2006). In a similar vein to Gramsci's notion of an organic intellectual, Habermas (2006), re-fashions this into a contemporary ideal for progress. The intellectual, he suggests, must possess the ability to respond to conditions when needed whilst others may be content with "business as usual". The challenge is the ability to create a counter narrative, even a counter hegemony, to meet the demands of our practice. However, this requires enormous capabilities and dispositions. The question is, are we up to reframing our current status quo as practitioners and dental professionals?

10.3 Room for dissent

In the course of carrying out this research, I tried in vain to communicate with the General Dental Council. Some of those communications can be seen in the introduction of chapter six and resulted in very little insight to the areas that were puzzling me. In this respect, there are two faces to the coin of community. One holds to an external degree of cohesion and unity, and in the case of dentistry this includes the cohesion formed through discipline. Through the General Dental Council, this discipline is maintained through a "fitness for practice" board. The other side of the coin is that of an internal cohesion which includes the possibility and opportunity for dissent. The idea of community within dentistry has been, to a certain extent, eroded through a sanctions based and narrowly defined idea of education and development. This erosion has been accompanied by a shift in power between regulation and opportunities for protest. This was most notably seen in a recent case where an 80-year-old dentist was reprimanded for misconduct. Misconduct in this

sense was speaking out against clinical issues and the General Dental Council's construction of informed consent (Pilgrim 2010). As the dentist involved protested:

> I'm disappointed and hurt that the General Dental Council should choose to label me unprofessional. This hearing did not assess the clinical issues and there is no suggestion that I did any harm to patients. It was merely a matter of control and my right to speak out (Pilgrim 2010)

I also recognized this shift in power in the participants' narratives as the tensions that were produced in light of complaints that could be and were passed on to the General Dental Council. The implications of "taking on" the role of the professional comes with a risk of being branded under the "unprofessional conduct" category and dealing with the repercussions that this can have for one's own practice and personal life.

10.4 A bargain to be struck?

I asked myself constantly throughout this research journey whether there was a bargain to be struck. In engaging in the conversations that took place, the guarding of positions within the official line and the tensions this produced, I was forced to ask if, in order to maintain registration, we comply to the need to "clock up CPD points" without showing our objections or signs of dissent. In this way, we are collaborators with our regulatory body and governmental policies in maintaining the status quo, whilst benefiting from the symbolic capitals (Bourdieu, 1990) of such a relationship. This, though, is the harsh view, for it is obvious that after many years of hard study, no one would be likely to give up the cultural and social capital derived from such a position. In this respect, I ask myself whether I should disturb the status quo. After all, my own journey has not been straightforward. It has meant reaching down and inwards, asking hard questions and struggling to piece the bits of the jigsaw together. In addition, the "power" of critical theory has revealed that as practitioners, 'what we thought were signs of our personal failings' (Brookfield 1995, p.36) can be understood as the 'inevitable consequence of certain economic, social, and political processes' (Brookfield 1995, p. 36). In viewing the results of the narratives through a critical lens, I also make a claim that the hegemonies that exist in our profession as a community have distorted our own perceptions and representations of a professional identity. People are not always aware of the ways culture and its power can shape thoughts and ways of being (Foucault 2007), but, rather, they may be unknowing participants.

10.5 What us, Ideological dupes?

The notion of a community of practitioners (Lave and Wenger 1991) being 'ideological dupes' (Brookfield 2005, p.77) is an uncomfortable one. It is something I have reflected on many times, trying to figure out where we are as a profession and why we act in certain ways as practitioners. Equally uncomfortable, is the idea of unwitting collusion (Brookfield 2005). This is perhaps the greater challenge to effecting any change in terms of a professional narrative and a professional literacy, albeit a limited change, in the light of the new knowledge gained from this study. The centrality of education and the challenge in preparing a "counter hegemony" to the prevailing "common sense", to overcome an imbibed consensus, is not an easy task. As Freidson (2001) notes, in the current climate the professions, in general, have not defended themselves well. Within the confines of this small study there were many stories articulated as counter hegemony. For example, the rational for counting points and recognition that the present professional narrative has a '*blame culture'* and '*big brother culture'* [Appendix G: Extracts 8.4] is something we need to question. However, from this study I have learnt that there is more to defending ourselves in view of dismantled trust. We have a need to defend ourselves in the way we have been represented and continue to be reproduced through a professional role that, I suggest, is misplaced. The way we have been constructed has been dictated from the outside while on the inside, that is, in practice, we ourselves struggle to maintain this. Some narratives illustrated the tensions this produced in the concerns of being "branded" unprofessional, of '*being guilty until proven innocent'* [Phil] and negotiating between the professional role and practice, between values and achievement for patients and '*how many CPD points you can get '*[Blake]. This distinction between patient care and the act of collecting points raised questions for me in the way we have been represented by our own professional body and how this might be seen from the outside. Ken Currie's painting at the beginning of this dissertation also raised those questions and the process of being represented within the media and our own dental community.

10.6 Being represented a personal view

Ken Curries' painting gave me much to contemplate on from the findings of this study, in particular in any battle for 'cultural capital' (Best and Kellner 2001, p.27). My reasons for including it were not only the distortion of representation I had felt when I first came across it, but also the implications of the power to represent. Through the painting, 'The

Three Oncologists", as a visual performance, Currie, as a respected artist, was able to produce and place his own interpretations of what his three professors should be. As the painting has been placed in a prominent place in the Edinburgh National Galleries, I suggest that Currie as an artist was able to claim legitimacy for this representation. This is important as it illustrates how it is possible to take hold of, aid a particular view as an accepted position, and claim legitimacy for that position. This is just as true for institutions and organisations as it is for individuals. As Weber (1978) contended, authority is present in so far that the 'particular claim to legitimacy is to a significant degree and according to its type treated as "valid" ' (p.214). That is, if an organisation can claim legitimacy in the eyes of the public, it can also claim authority. From this study, I also recognize the place that culture has in producing a taken for granted consensus and hence defining this legitimacy. For example, although we are more aware of the fallacies of the media, we cannot guarantee that this will be countered in a public space. There is still power in the representations and interpretations of any media, direct and indirect, as the conversations around the media coverage of the young dentist in chapter six illustrated. That representation had implications for the way the young dentist was seen within the public sphere as well as the effect it had on the participants of this study. Our own media, through the General Dental Council website and published documentation on CPD and standards, and the General Dental Council as a professional body have their own built in legitimacy. In this way, our own professional body can legitimise, structurally and culturally, the present representation of the dental professional. As a result, we 'make ourselves up within the information we provide and construct about ourselves' (Ball 2004 p.144) and in working through 'resistances and accommodations' (Ball 2004, p.143) we take on the official line and we negotiate positions and doubt.

The professional identity in dentistry, produced and placed within a public domain, I suggest, has changed not only in the way we are viewed and represented by others, but also in the way in which we view ourselves as professionals. Hall (1996) puts this well in saying that identities are 'constituted within, not outside representation' and they 'relate to the invention of tradition as much to the tradition itself' (p.4-5). We all have our own representations and many of them emerged through the narratives of this study as embodying a path for the "internal goods" (MacIntyre 1984) of our profession. The question is, perhaps, not how do we represent ourselves as a profession, but rather are we ready to defend the internal representations we already have, such as the values, beliefs that the narratives illustrated for patient care and trust relationships important to that care?

This also comes with a risk. As described in chapter one, just as much as Drewermann (1985), in defending his own representation as a priest, took the risk to be expelled as a dissenter, Wolf (1989) risked much by announcing her own representation for a different world through her "undercover" writings of the GDR. This defence also comes within our own professional community as a risk, as the 80-year-old dentist described earlier found out. So the question becomes, would I also use this new knowledge and take such a risk, albeit a much more modest one, one that would defend the representations of the "internal goods" of our profession and attempt to redefine our education as a professional literacy? Gramsci, who paid a high price for his continuous dissent, questioned the costs of risk from his prison confinement, asking if we should continue to think without a critical awareness of our environment or take an alternative path 'to work out consciously and critically one's own conception of the world' (quoted in Borg et al. 2002, p.251). The answer for me is, without a doubt, the latter, but this does not negate the challenges involved as Gramsci himself would have contended; 'if we are as I suggest a social group without the "appropriate attitudes", then we have unprecedented difficulties to overcome'(quoted in Borg et al. 2002, p.251).

10.7 Articulating the challenges

Since finishing this study and taking on board its implications, I travelled far to observe other visions and experience first-hand the way that a change of consciousness could impact on a society. Firstly, I was in Bolivia, where there is a deliberate attempt through politics and education to realise a counter narrative to a global hegemony. A resultant communicative space of negotiation has been led, in my mind, by Gramsci type organic intellectuals, in the form of the current president, Evo Morales and his vice president Alvaro Garcia Linera, drawing on a history of popular education. A pragmatic result is that democracy is practised on the street through the protests of a plurinational population[25], whom after being silenced for a long time, are now finding voices. This experience illustrated for me that communicative spaces are not always untroubled ones, but involve just as much "bantering" as one of the participants in this study described from practice meetings. It also highlighted the process and importance of dialogue and counter dialogue,

[25] In recognition of the plurality of economic and social organisations in Bolivia it is officially called the plurinational state of Bolivia.

a process that needs to continue until there is nothing left but the bare truth of a reality constructed through a consensus.

I then witnessed a more restricted uprising in the student protests for educational equality in Chile. This time I myself was a part of those protests, tear gas and water cannons included. The resultant negotiating space and the right to banter took on a different form, the back and forwards negotiating platform that I discovered in Bolivia, so far, has not made an appearance[26]. This is also the case in my own practice and profession. The way to the bare truth of the matter also remains a challenge in effecting any change. My experience from Bolivia reflects, I feel, a need for a deeper interpretation of Gramsci's work in preparing and supporting a change by natural consensus within dentistry as a community. My experience from Chile represents the challenges we also have on our own doorstep. At the time of writing, we see a new coalition government in the UK who, as we are told, will implement the biggest shake-up for decades at least for the NHS. Although we may be protected in Scotland against many of those changes, to isolate ourselves and accept this wholesale for others would also be a mistake. So far, in our own case, there has been little sign of dissent, protest or dialogue. The jury is out on what this holds for dental practitioners who remain straddling two markets, the public and the commercial, and we do not know what a new professional and their development will mean.

10.8 Final thoughts

This study also gave me an uneasy feeling that I was pulling between many dualities; the good and the bad practitioner, the competent and the incompetent practitioner; the professional who is portrayed as highly defined and fixed; the “expert” and the professional who is flexible and cyclic. It was while reading around these themes that it became clear why this liminal space we inhabit as professionals in dentistry had manifested itself. In Best and Kellner's (1997) terms, we sit in ‘parentheses’ (p.32), caught between modernity and the post-modern (Best and Kellner 2001). We are placed with many others in other professions betwixt and between the modern and the post-modern. Taking that line, Best and Kellner (2001) suggest the ‘emergence of a postmodern has as much to do with battles for cultural capital in the present age’ (p.27). This is a worrying

[26] Stand October 2011.

trend, in particular, where identities are at stake and their representations are embedded in those battles. While it is impossible to discount modernity, it is equally important not to discount post-modern threads as ways to illuminate those imbalances that exist (Best and Kellner 2001). This means to consider and build on the "shoulders of giants", going back to the old in order to provide for the new in different terms. For example, it means taking heed of Kierkegaard and his critique of mass media and the implications of the "wisdom of the crowds". In terms of Nietzsche, it means considering the need for a multiperspectival vision (Best and Kellner 1997).

What is important, as a final reflection, is that this study may have accounted for some points of reflection for the practitioners who took part. This in itself is a starting point to build for the future. For the future, there are possibilities for new narratives. It is too much to expect the changes that I have suggested for professionals and education within dentistry to take place by simply presenting these results. The results are limited, from a small group of participants and cannot be taken to be representative or generalizable. However, questions could now be asked in relation to how we should approach the development of being a professional in dentistry. As a professional, we could ask questions as to the purpose and intentions of professional development and CPD in its present form. We could ask how education relates to purposes and intentions of professional development. It is clear any changes to professional development and the education that might support it, such as a professional literacy that I have described in chapter nine, would not be immediate and change cannot be considered as an "adaptation"; it will involve an on-going and continuously changing process. Having learnt more about how and why we seek development and the challenges, I want to encourage discussion of changes in a way that will strengthen an idea of community where new (and old) narratives can be articulated and negotiated. Pragmatically this means engaging in the decisions that are being made, engaging in problems and challenges of being a professional in dentistry and working towards change through articulated aims. This is where I see my next steps from this study. However, although I still hold to the premise that lived practices are a source of authentic knowledge and the beliefs and practices to be found there are vital for creating our own professional narrative, in the spirit of a narrative study premised on integrity then, in the final analysis, I question the feasibility of insider-led change. Any changes, I suggest, require a (de)stereotyping of being a professional and a (re) normalisation of existing power relations. This may be best tackled with insider knowledge from the outside looking in.

Appendix A: Letter of approval from the University of Glasgow Faculty Of Education Ethics Committee

UNIVERSITY of GLASGOW

Faculty of Education

Ethics Committee for Non Clinical Research Involving Human Subjects

EAP2 NOTIFICATION OF ETHICS APPLICATION FORM APPROVAL

Application No. (Research Office use only)	EA1377 - 2
Period of Approval (Research Office use only)	15 May 2009 to 30 June 2010

Dear Julie,

I am writing to advise you that the Faculty of Education Ethics Committee has reviewed the amendments to your application reference EA1377 for 'Exploring the experiences of dental health professionals using ICT for professional development.'

I can confirm that the submitted amendments have been accepted, and all issues have been addressed.

As stated in the approval notification of 15 May 2009, you may proceed with your data collection.

You should retain this approval notification for future reference. If you have any queries please do not hesitate to contact me in the Research Office and I will refer them to the Faculty's Ethics Committee.

Regards,

Xxxxxxxx

Ethics and Research Secretary

Appendix B: Sample of plain language statement

The University of Glasgow, charity number SC004401

PLAIN LANGUAGE STATEMENT

May 2009

Dear

You have been invited to participate in a research study about dental health professionals' experiences using information and communication technologies (ICT) for professional development. The study will be carried out by myself, a general dental practitioner, CPD tutor and a postgraduate student at the University of Glasgow. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Your participation will involve an interview during which you will be asked questions about your experiences using ICT for your professional development. The time commitment for the interview will be between 45 and 60 minutes and will take place in May/June 2009 at a time and location convenient to you.

Your location was selected from a public list of general dental practices and your name was then selected under the guidance and approval of your practice manager/guide. Your participation in this study is entirely voluntary and you may withdraw your consent at any time without any consequences. Furthermore your decision to participate will not disadvantage you in any way with regards to any relationship which may exist between you and myself in my position as a dental CPD Tutor.

You name will be kept confidential during and after the study. Any information that is obtained in connection with this study that could be identified with you will remain confidential, will be disclosed only with your permission, and only in an anonymised form. All information will be kept in both a locked filing cabinet and a password-protected electronic file. I will ask you to read through the analysis of the transcript to comment on its correctness. Once the study is complete, all contact information and data collected from the interview will be destroyed (e.g., hard copies will be shredded and electronic data will be deleted). When the results of this study are published, your identity will be kept confidential. In addition, at your request, you are welcome to see a copy of the final written report.

If you have any questions or concerns about the research, please feel free to contact xxxxx at xxxxxx or xxxxxxxx. You may also contact xxxxx or 011-or xxxxxxxx(Faculty of Education Ethics Officer)at **XXXXXXXX**, all of whom are at the address below.

Thank you

Julie McDonald

Appendix C: Sample of consent form

The University of Glasgow, charity number SC004401

Consent Form

Title of Project: Exploring the experiences of dental health professionals using ICT for professional development.

Name of Researcher: Julie McDonald

1. I confirm that I have read and understand the Plain Language Statement for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw my consent at any time without giving any reason and without penalties. Furthermore I understand that a decision to participate in this study will not disadvantage me in any way regarding any relationship that exists between the researcher as a dental CPD tutor and myself.

3. I understand that I will be interviewed and that the interview will be audio-taped. I acknowledge that copies of interview transcripts will be shown to me for verification and that I may ask for information to be deleted and/or not quoted in the researcher's report or any resulting publications.

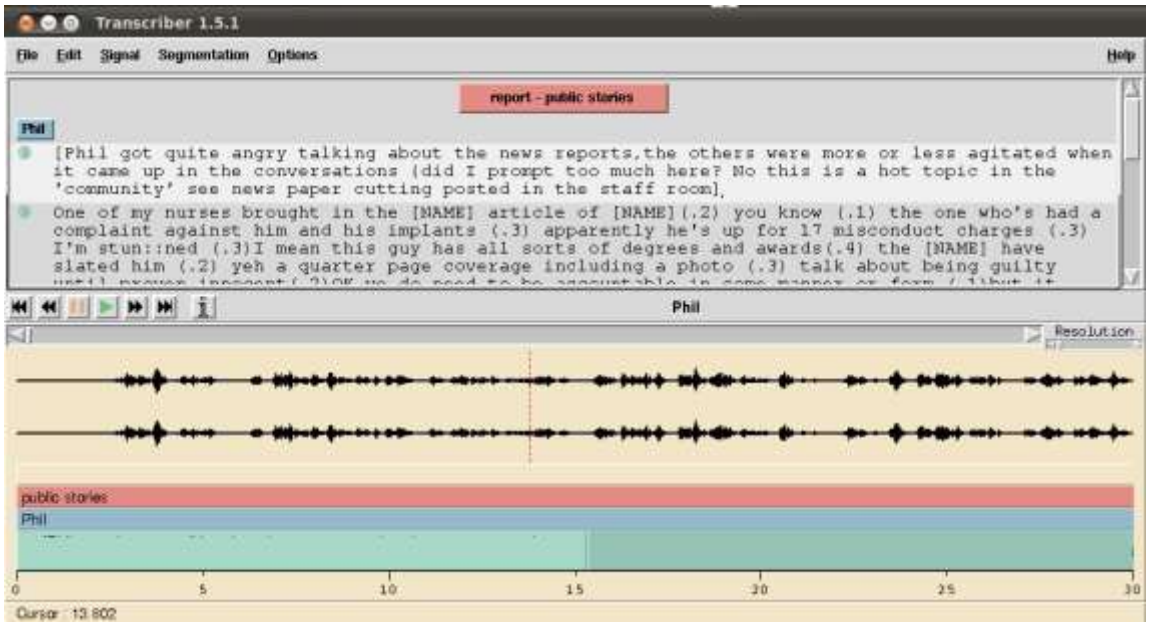
4. I understand that my identity will be keep confidential (e.g., I will be referred to by pseudonym in any publications arising from the research and my location will not be named).

5. I acknowledge that copies of the researcher's final report will be made available to me if requested by me.

6. I agree / do not agree (delete as applicable) to take part in the above study.

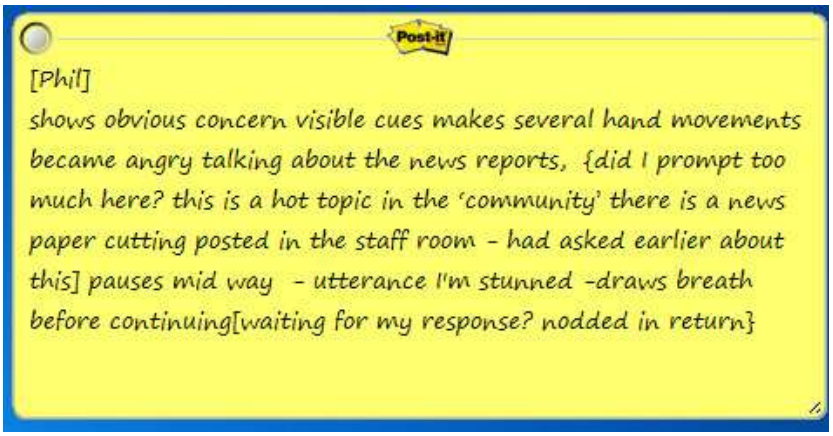
Name of Participant	**Date**	**Signature**
Researcher	**Date**	**Signature**

Appendix D: Sample analysis gossamer wall performing in public spaces

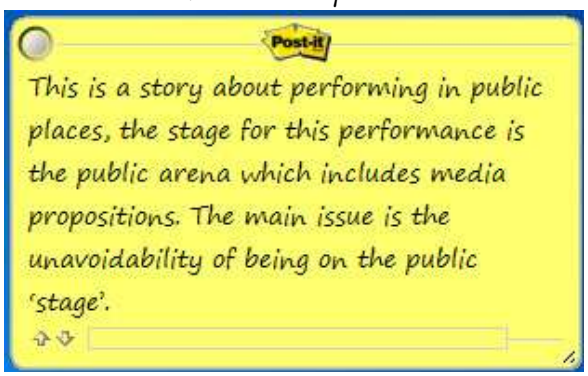


Appendix E: Sample analysis concept map and notes performing in public spaces

Gossamer Wall

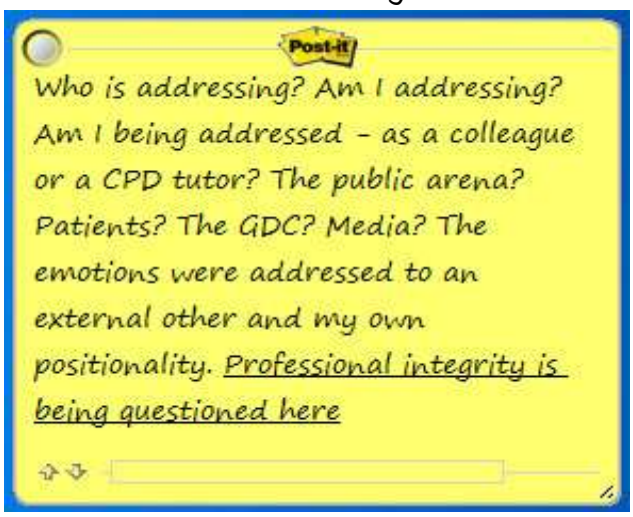


What is the plot?

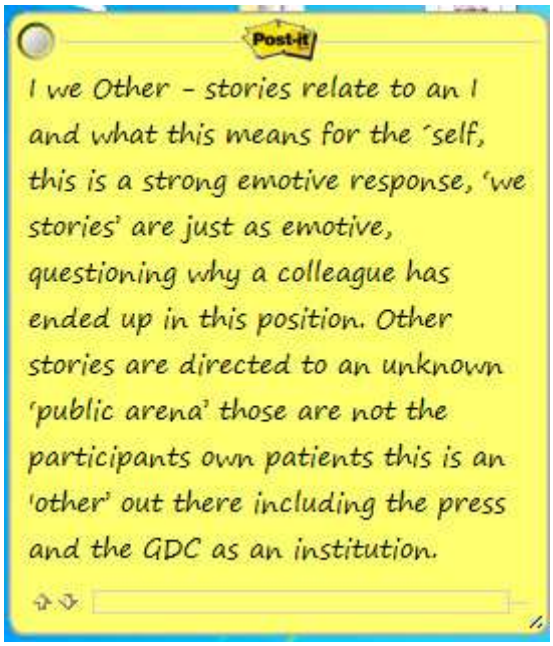


Appendix E: Sample Analysis note performing in public spaces

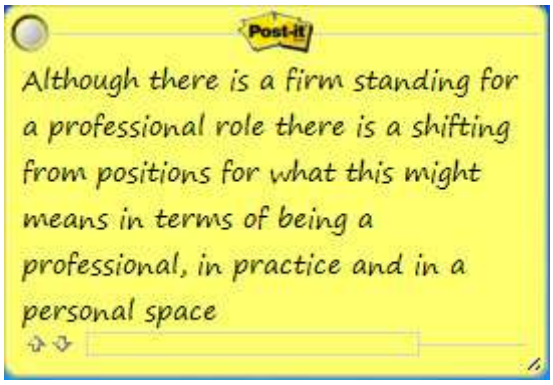
Addressivity



Relational links: I we other

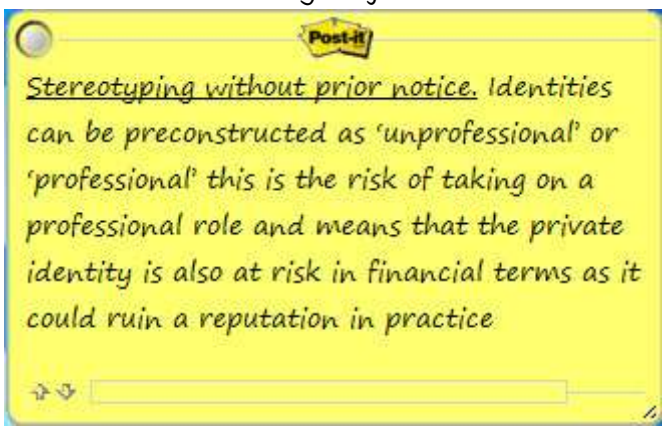


Shifts

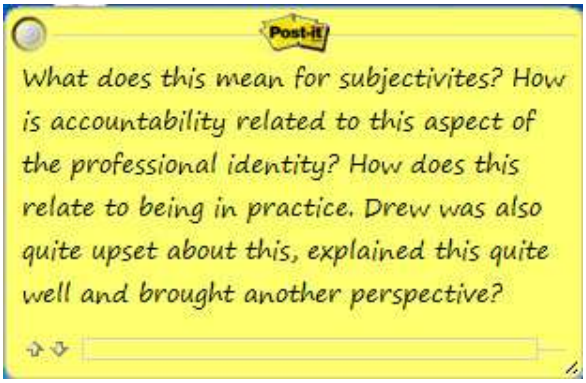


Appendix E: Sample Analysis notes performing in public spaces

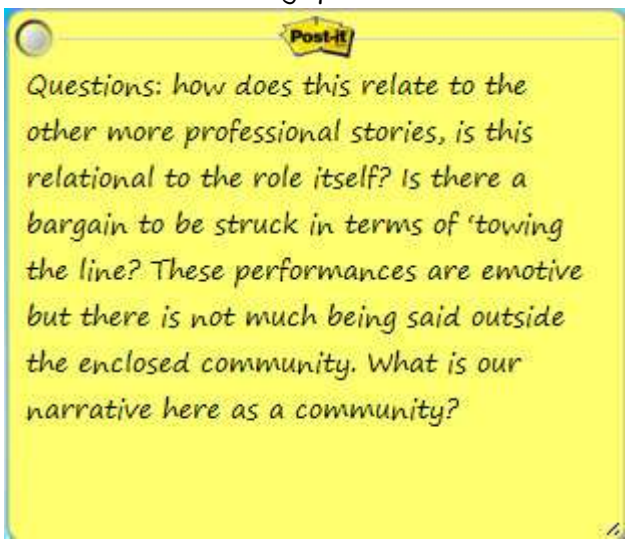
Positioning subjectivities



Continuity or temporality?



Guiding questions



Appendix F: Extracts chapter six illustrating "we" stories

Extracts 6.1 Performing in Public Spaces

Dentistry is a stressful job (.) anyone that enters dentistry needs to know that (.2) I said to my son…it's not a bad career (.2) but you need to know you're always in the public eye (.3) look [NAME] I said think about the long term (.) people are quick to label you as a "greedy dentist" (.3) actually I'm happy he didn't go for it… no one talks about the stress factor in dentistry (.3) someone needs to lay this out to new entries

I don't think the GDC should give out information on professional conduct cases (.1) it's not about transparency is it? (.) I mean someone's got to address this (.2) yeah well (.3) it's a double-wammy (.2) dentists gets hit from both sides (.1) the press and [NAME]

it makes me angry to think that anyone can accuse me of misconduct without good cause (.) huh (.2) before you know it your spread across the Daily Mail (.3) and something like that will ruin your professional reputation (.3) and the qcc shower are just as bad

we have to be more (.3) eh more aware of our professional obligations (.3) things have changed (.3) well I'm much more aware… our girls keep things running fine (.1) aye but things can go wrong … we had a complaint (.1) one of [NAME] lady patients was very unhappy with her final bill and went straight to the GDC…eh that's why we need good defence unions

I actually think there's plenty of decent dentists about (.3) of course there's the odd cowboy (.1) well you get that in any profession … the fear of litigation does concern me (.2) I think we need to be looking more at training and to how we can protect ourselves

as I said earlier (.) my issue with this is (.2) it's the fact that we're being judged outside of practice as well as in practice (.2) and who's to judge what's acceptable? (.2) that's the issue (.2) it's not just about appropriate behaviour is it?

***Extracts 6.2* Balancing acts**

at the end of the day I've a business to run (.3) eh if folks are asking for private treatment I'm quite happy to take the time away from practice and go on a few good courses (.2) it's a cost issue too (.2) especially if you're single handed

It makes a change to get away from the practice now and again (.1) that's why I go on courses …I was going to book the Alexander course and then thought (.1) well that's not going to bring much in the way of new patients (.3) well I don't think it's a waste of time (.2) ehm don't get me wrong I'd like to go on more courses like that (.3) but a lot of them don't make business sense

I've been on a quite a few advanced cons courses (.2) it's a huge investment in time but it does pay in the long run (.) mind you some of them are quite pricey…just now I'm financing new lab equipment (.2) and it's costing me an arm and a leg

I've been doing some implant training (.2) ehm I don't have any actual cases yet but the demand is definitely there

Those fillers look like fun [LAUGH] heh don't knock it some of my lady patients are asking for them (.3) yes so that's an option (.3)but I'll stay away from the Botox (.2) ehm no I'm not keen on that (.2) there's too much risk involved (.2) you know it's just not worth the hassle of training and everything

I like the look of hypnosis training (.2) yeah I'm quite keen to go on some courses (.)[NAME] has a good reputation but it means quite a lot of traveling (.2) ehm and to be honest I can't see my patients paying for it (.1) although it could be a good practice builder

CAD/CAM without a doubt (.1) that's a must for the future (.2) no practice will survive without getting on board (.2) I see [NAME] and [NAME] are running a few weekend courses (.1) they're free and your lunch is thrown in (.2) yeah of course the incentive is you're going to invest in their equipment (.3) but you can always do a deal with them (.1) and finance new equipment

Extracts 6.3 ***Official lines***

I really think standards have been falling (.3) you only need to see the number of fitness for practice complaints (.1) there's no excuse really… let's face it it's a lot easier now to take time out of practice (.2) and getting a guild rate has made a big difference

[NAME] says she'll do one course and I'll do the other (.1) it's a professional thing (.3)yes then it's about being professional and (.1) ehm we share the professional responsibility so to speak

It about credibility isn't it? (.1) I mean as a profession we need clear codes of conduct and standards (.1) there are certain obligations when you enter dentistry(.2) we're no different from medics … it's what we ought to do as professionals

I've still got a few points to get for this year (.1) ehm before the cycle ends (.3) and I still need to do an audit (.1) so I'll probably do an off the peg…I´m not that concerned there's plenty of options (.1) it's more the paperwork that's a hassle (.1) well as part of registration requirements it's an obligation really

we're not that different from any other profession (.3) and as long as you keep up standards no one can complain…eh in my experience the young ones seem to know what it's all about (.4) they seem to take it all in their stride (.2) to be honest as long as all the right boxes are ticked no one can complain

we all keep track of our points (.2) we´ve even got a list going with names and everyone's points (.3) our whole practice team is accountable in that way (.3) and then our audits are set out for the year (.3) well (.1) we've made it part of the job (.1) [NAME] is the only one who's been a bit slow keeping track (.3) she needs to toe the line now she' registered

the practice is set up according to standards of care… and they had a complete overhaul last year (.2) everyone took part (.1) eh well we all got together for the day (.2) dentists nurses (.) the hygienist (.1) everyone (.1) and we had an update for everyone …. so then they changed all the surgeries (.2) and put in a couple of extra basins (.2) they were badly needed (.1) yeah they just shut down for a week and got it all done

Extracts 6.4 The ritual

ehm I do a lot of reading to keep up-to-date (.3) I get the BDJ and I do the CPD (.2) and (.2) I can´t see a problem getting points (.) you can tot up a fair amount just doing the journals

I got a bit behind last year (.1) actually I was annoyed with myself as I missed out on some good courses (.1) well(.1) so in the end I went on the internet and did an all-nighter (.1) it was terrible and it was a re(hhh)al scr(hhh)amble looking for points

I wanted to grab a place on an endo course…but you know there was definitely a flaw in the system somewhere (.2) it took ages to get logged on and then it was oversubscribed (.1) no places left (.1) it wasn't so much for the points as I had enough anyway

it's become a bit of ritual hasn't it? (.3) collecting CPD points (.1) waiting for the list and (.1) to be honest it's become a racket with the private courses too (.2) I´ve never seen so many (.2) and some of them cost a fortune

everyone knows which courses will be coming up (.3) it's the same every year (.1) yeah there's not much new stuff (.1) at least by the time I got on to the [NAME] I was too late to get a place (.1) well you've really got to pay to go on good courses

The CPD calendar is sliding isn't it? … so if I accrue more than 15 points in one year I can carry them over yes? (.3) at least that's the way I read it

Extracts 6.5 Claiming voice and relevance

eh by the way those tick sheets are a pain…why don't you ask participants to choose from a list (.3) ehm that makes more sense than cherry picking courses (.2) you'll get better feedback that way (.2) ask the dentists themselves (.2) you're more likely to get useful information

I think if a course is going to be effective it will impact on practice (.3) well (.1) like updates (.1) I always find updates worthwhile (.2) and if the course is relevant it's more likely to be effective

I'm not going to waste a session on something I've done umpteen times before (.3) ehm we could really do with more advanced courses (.1) and I already put in a request for some endo and new techniques *(*.2) and if I can put that forward it might be more relevant to what I need

[NAME] course was no surprise (.) it was a bit of a waste of time (.1) I actually expected more on new materials (.2) and I wasn't the only one who was disappointed (.1) I did hear quite a few moans and groans

You definitely need an imaginative process to find out what might be useful (.2) courses need to be more relevant (.1) for dentists and DCPs (.1) the whole process needs to be less ad hoc…and you can have everybody knowing what we're doing for the next year

a systematic approach would help (.2) and a sensible questionnaire (.2) at least if you did that you could target good speakers

I don't think CPD is a waste of time (.1) but eh (.3) to be honest I've been going on courses for the last 20 years (.2) eh there aren't many courses I would take time out for… you could think about some decent courses on new products and materials

Extracts 6.6: These are the things we want

It's irritating when a hands on course is not long enough to get what I need out of it (.) [NAME] is far too short to get the practice in (.1) we can't get access to phantom heads (.1) well (.2) I need time to digest and process everything

You could cut out a lot of the [NAME] course (.1) ehm to be honest it's far too long [NAME] rambled on about class 2s for at least an hour [NAME] had to nudge me to stop me falling asleep [LAUGHS] well you could cut out the presentation and then you could have a longer practical session

You need to ask [NAME] (.2) it's a great course (.1) personally I'd like to see more advanced cons courses like that (.1) especially new techniques

I'd like to see more of [NAME] case studies (.2) you know (.1) actual cases from his practice … and you can get your head around prescribing

the updates are very useful (.2) it's the sort of thing you miss if you're not up to speed with your reading (.) and I don't get time to read everything right through (.2) yeah it's not easy to cover everything (.2) especially materials

Extracts 6.7 Staying on safe ground

I think standards are a good idea (1.) well (.1) GDPs need guidelines (.2) ehm take sedation (.2) no can expect it to be like before when you just sauntered in and gave an IV

ehm I think any CPD covering clinical guidelines is worthwhile taking (.2) medical emergencies (.2) IRMER you know (.1) core CPD (.2) and audits (.2) yeah doing an audit is useful (.1) you find out where your weak spots are

we´re all keeping our knowledge up-to-date (.2) ehm in fact we've just had CPR in practice (.2) and our practice manager is very good at checking we're all up on standards (.1) consent (.1) record keeping

now I've gotten into the swing of things it's not too bad(.1) huh (.) mind you it took me a while to get my head round the 5 year cycle thing (.2) to tell you the truth I'm not really doing anything different now (.2) ehm well I do make sure I cover the recommended CPD

Extracts 6.8 Improving practice improving care

I think the newer CAD/CAM technologies are excellent (.2) ehm when you think about the time saved at the chair side and the improvements (.1) and aesthetics (.1) and it's definitely better for patients (.2) especially the needle phobics (.2) I mean it's an obvious bonus not needing a second visit

I would love to get the time to take a masters in implantology (.2) yes it would be a such a good thing for our practice (.1) I've a long list of patients who could benefit from implants (.1) all those lower denture cases(.2) yes a lot of those would benefit

The value of CPD is got to be in how it improves patient care (.2) and there's no lack of opportunities to improve (.1)let's face it you can just trundle along with the same old stuff (.1) but anyone who's conscientious will want to improve

I'm changing over to digital radiography this year so I'll be taking some courses for that (.2) actually we could do in practice CPD (.2) well it's a practice improvement (.2) at the end of the day it's for all of us in the practice (.2) we'll all benefit and it's going to make the practice day much easier for everyone

Appendix G: Extracts chapter seven illustrating “we” stories

Extracts 7.1 It´s something to do with craft

Does professional development make a difference? (.1) that’s a difficult question (.2) ehm take endo (.1) I’ve been on tons of courses (.1) ehm well I’ve picked up a lot of good tips over the years (.2) ehm but you can´t really say if something has had an impact until you have a patient in the chair and it all goes smoothly

after a course I’ll write everything up and (.2) well if I get the chance to (.1) anyway I’ll grab a relative or someone to practice (.2) [LAUGH] to be honest it’s not that straightforward (.1) I mean the longer you’re in practice the easier it is (.2) you can tell ehm I know if things have gone well (.2) you notice certain things (.2) I feel more confident or I don’t have to think things through

I’m not thinking about what might go wrong or(.2) then I don’t need to think about the prep (.2) well my nurse sets everything out and I don’t feel any angst or (.2) yeah it’s a bit like that if you’re not sure about something (.2) it’s really all about practice and putting in the hours at the chair side.

dentistry is a hands on profession (.2) so practice is important (.1) yeah it’s a craft (.2) that’s not to say theory doesn´t come into it (.1) you do need theory (.2) ehm but it’s essential to be technically good (.2) and you should get technically better with experience (.1) and I suppose you know when you get quicker

there are different ways of doing things aren´t there (.2) no two dentists are the same in a practical sense (.2) and in a practical sense you’ve got to be on top of chair side skills (.)ehm take the demand for advanced dentistry (.2)OK there´s a fair bit of theory but you still need to be technically good (.1) it’s a bit of both isn’t it? (.2) theory and hands on

I think the more you do and courses do help (.1) it comes out in the day to day running of the practice (.1) well when I think what it was like when I started (.2) as a newly qualified (.2) well it takes a bit of time to get up speed

it’s about brain power (.) so you need to be up-to-date with new research (.1) at the same time dentists have to hone in on practical skills (.2) ehm well it’s a craft

Extracts 7.2 Revising everyday occurrences

Well a lot of my CPD is planned (.2) you know the run of the mill courses (.1) cons (.1) materials (.2) you know (.1) ehm (.1) and then something might need replaced (.2) or something breaks so I’ll look for an update course

I had a terrible job doing a molar root treatment (.2) and I had to stop and think (.1) something’s not quite right (.2) maybe it was a patient thing (.1) you know an anatomical anomaly (.2) so I think it is good to refresh your skills now and again

I had a real puzzle of a case recently(.2) I’m still not sure what happened (.1) I was extracting a lower six and had already given 2 blocks… she was a bit upset the poor lass (.1) ehm nothing was working and I was getting a bit uptight(.2) then I asked [NAME] and the same no response (.2)… well you just have to cope (.2) ehm it did make me think (.1) well maybe I need to rethink my approach

We've had a couple of critical incidents with one of the [NAME]… actually it's been an eye-opener for us all (.1) well there is a lack of experience (.2) ehm I mean the more experienced you are the less you need to think things through (.1) but when things like that happened it's time to go on some courses

the benefit of CPD is getting practice tips and knowing you're not the only one whose had trouble (.2) I think everyone has difficulties now and again (.2) but I think it also depends on how you approach CPD (.1) well you can either go for the points or try to improve on what your already doing

after so many years I don't think about what I'm doing (.2) then again you can always get the odd case that sets you back thinking again (.1) and when things don't go right…I often phone up a colleague to ask advice(.1*)* it's not only an experience thing (.2) it could be a bad batch of material

Extracts 7.3 Seeking relational others

I'm obviously looking for someone more experienced than me (.2) someone who can show me how to do things better or handle something differently (.1) if I had the choice I'd ask [NAME] (.1) his last course was so well presented and I learnt a lot just watching his demonstrations

I had to laugh at our [NAME] (.2) she's a smashing young dentist (.2 yeah it's obvious they look up to you (.2) like the other day she was watching me do a prep (.1) she said (.1) that's amazing (.2) then I got talking about copper rings (.2) which she'd never heard of of course [LAUGH](.1) when you think about it your a role model for the [NAME]

[NAME] is a fantastic clinician (.1) her endo courses are brilliant (.2) I always pick up a lot and they've really helped me improve my technique (.2) I've never come away disappointed

You need a good role model for practice and especially if you're presenting to a wide audience (.2) especially general practitioners (.2) I'm always a bit sceptical of some of the [NAMES] (.2) some of them are a bit out of touch with practice (.2) well it's not always easy to take what they say on face value because you can't always apply it in practice (.1) general practice is different

[NAME] gave me a good tip for a course in London run by [NAME] yeah the guy from [NAME] he's a specialist practitioner (.1) very capable with a lot of experience (.2) I changed a lot of the practice running after his course

I really enjoyed [NAME] lunch and learn (.1) I had to take the day off and travel up to [NAME]but it was worth it (.1) he gave us a lot of good tips on how to avoid litigation (.2) things I would never have thought about (.2) it stands to reason he's got a lot of experience

ehm I think you need an experienced presenter who has good insights into current practice (.1) when you think how advanced dentistry is now (.2) a lot of things have changed (.2) well when I started out there just weren´t the advances that we have now

Appendix H: Extracts chapter eight illustrating "we" stories

Extracts *8.1 personal-professional divides*

We've only got the one computer at home so I have to battle with my son first to even get on the Internet [LAUGH] (.1) he's always playing some online game or other (.1) and in the practice (.1) well if no one else is around sometimes I'll grab a sandwich and go online (.1) [NAME] complaining about the crumbs on the keyboard [LAUGH] seriously though (.1) there are too many other commitments in my life with work and family to be sitting in front of the computer for long

ehm I do use the practice computer for dental related information (.1) I don't do facebook (.1) or twitter or any of those sort of things (.1) well I have checked my email on occasions(.1) but not often I prefer to do that at home

The internet is a bit of a hobby for me so (.1) so yes I use it a lot (.1) at home and in the practice if there's time between patients …. I don't make much of a distinction between home and practice

I usually have a quick read of the journals first thing in the morning (.1) and if a patient fails I'll go online (.2) but I try not to do too much at home (.1) well I have to sometimes but I try not to

Do I use the practice computer? (.2) huh I (.1) I'm too busy seeing patients (.2) well maybe now and again if I need to look something up (.2) but not often

we have a strict rule in the practice (.2) the computers are for practice use only (.1) although I do bring in my own laptop to work on (.1) but there's no googling or facebook allowed on the practice computers (.2) there's too much sensitive information

Extracts 8.2 Information overload

there is a wealth of information you can tap on (.1) actually some of the content is excellent (.2) although I do think some people might find it a bit much

I do a lot of google searches (.1) I´ve found some valuable resources by just doing a google search (.1) the problem is finding the time to read through everything (.2) it's the same with my journals (.1) they pile up for months before I can get the time to sit down and read them

there's much too much to read (.2) there's tons on materials (.1) although the bulk of it is advertising so you need to discard that first (.2) I've become quite adept at sorting out the rubbish

I've got my own system for keeping up-to-date (.1) what I'll do is (.1) ehm I'll bookmark all the relevant articles and then I go back to them later and sift through the titles and abstracts (.1) anything that looks uninteresting gets deleted and (.1) and I'm left with just essential reading (.2) yeah and that might lie for a while until I get the time to go through it (.1) but I don't always get the time in the week so it turns out I'm doing that at the weekend(.2) otherwise it mounts up

E*xtracts *8.3 Truth and validity

I rarely use the internet for anything other than accessing journals (.1) I know some of the others in the practice are using it a lot (.2) but I stick to a few recommended sites because I know I can access quality information (.1) and there's not a lot of sense in reading everything (.2) ehm it's more sensible to stick to the journals (.2) at least you know if it's going to be of value

the Internet is a great way to access my journals and keep up-to-date (.1) but I find a lot of information is simply not relevant (.2) I mean a lot of the journal articles don't apply to general practice (.1) eh I'm reading this article just now about implants and I won't be doing any (.) not just now (.) anyway there are good resources for dentistry if you look for them but you do need to be careful what you access

I was looking for articles on diabetes management (.2) ehm and I did a google search and I came up with a huge list (.1) the problem is which source to take (.1) and how do you trust what you're getting

there's so much you can access (.1) but you your taking everything on the internet on trust (.1) you need to be sure it's a reliable source (.2) well journals are peer reviewed so they are my first choice (.1) yeah you need to be sure of where you're getting your information (.1) and it can have legal implications for practice

I'm very careful about what I take on board (.)BDJ (.) SIGN(.)elibrary (.1) and I've signed up for feeds on the main sites(.1) it saves time searching and they are the most reliable source…I wouldn't necessarily trust a google search (.1) there are too many untrustworthy sites

I take the whole thing with a pinch of salt (.1) there's a lot of rubbish out there(.1) and too much information to go through everything (.2) and I'll not spend much time finding out if an article is worth reading

we are under a lot of pressure re compliance issues and that worries me……I'm tending to stick to the guidelines and standards (.2) ehm at least that way I know I can rely on the information I'm accessing

Extracts 8.4 Marking boundaries

I'm a huge advocate for using computers but you need to have clear boundaries between professional and private use (.1) it's simply not appropriate to be in a public forum and discuss professional matters(.2) we need to consider what this means for our professional lives (.2) I mean any online community is a public domain

I think before online communication gets off the ground for professional use (.1) ehm we'll have to rid ourselves of the blame culture (.2) and we'll have to rid ourselves of the big brother culture because that's a real issue

one of the most important features for me is being able to access online CPD (.2) it's a very flexible way to get points (.2) I would perhaps join a group but I think it's a matter of personal preference whether people want to (.2) a lot of people won't want to discuss practice matters online

I've picked up a lot just reading about other people's experiences (.2) but that's as far as I've gone (.1) eh just reading (.1) I don't take part in the discussions (.1) I just read them out of interest

the easiest way to tackle privacy is to be anonymous (.2) take a pseudonym (.2) it's the norm in online communities (.2) ehm to be frank I would never give out my own name for fear of what could be passed on

well my experience is very limited and I've found it easier just to browse and read around… well I did hear that there's a list of people being investigated for misguided postings (.1) that would put me off taking part in discussions (.1) ehm then again it might have an important role to play in professional conduct

the problem is you can't be sure of any online communication (.2) privacy is a concern (.2) eh the trouble is (.1) when I see my daughters on facebook (.2) I actually worry about what they might reveal (.2) I've warned them not to give out any personal or practice information

References

Abbott, A. (1988) The system of professions: an essay on the division of expert labor, 1st ed., Chicago, University of Chicago Press.

Alexander, J.C. (1985) *Neofunctionalism,* London, Sage.

Alvermann, D.E. (2002) Adolescents and literacies in a digital world, New York, Peter Lang Publishers.

Anderson, B. (1991) Imagined communities: reflections on the origin and spread of nationalism, London, Verso.

Andrews, M. (2004) The uses of narrative: explorations in sociology, psychology, and cultural studies, New Brunswick, NJ, Transaction Publishers.

Arendt, H. (1998) *The human condition,* 2nd ed., Chicago, University of Chicago Press.

Arnold, L.K., Alomran, H., Anantharaman, V., Halpern, P., Hauswald, M., Malmquist, P., Molyneux, E., Rajapakse, B., Ranne, M. and Razzak, J. (2007) 'Knowledge translation in international emergency medical care', *Academic Emergency Medicine*, 14(11), pp.1047-1051.

Aronowitz, S. and Giroux, H.A. (1987) Education under siege: the conservative, liberal and radical debate over schooling, London, Routledge and Kegan.

Asadoorian, J., Schönwetter, D.J. and Lavigne, S.E. (2011) 'Developing reflective health care practitioners: learning from experience in dental hygiene education', *Journal of Dental Education*, 75(4), pp.472-484.

Aspin, D.N. and Chapman J.D. (2007) 'Lifelong learning: concepts and conceptions', in D.N. Aspin (Ed.), *Philosophical perspectives on lifelong learning,* Dordrecht, Springer, pp.19-38.

Ayers, W. (1995) To become a teacher: making a difference in children's lives, New York, Teachers College Press.

Bakhtin, M.M. and Holquist, M. (1982) *The dialogic imagination: four essays,* Trans. Vern W. McGee, Austin, TX, University of Texas Press.

Bakhtin, M.M. (1986) *Speech genres and other late essays,* Austin, TX, University of Texas Press.

Ball, S.J. (1998) 'Big policies/small world: an introduction to international perspectives in education policy', *Comparative Education*, 34(2), pp.119-130.

Ball, S.J. (2004) The Routledge Falmer reader in sociology of education, London, Routledge.

Ball, S.J. (2006) Education policy and social class: the selected works of Stephen J. Ball, London, Routledge.

Bamberg, M.G.W. and Andrews, M. (Eds.) (2004) *Considering counter narratives: narrating, resisting, making sense*, Amsterdam, John Benjamins.

Battie, D. (2005) 'Alder Hey pathologist struck off', in *The Guardian*, 20 June 2005, from http://www.guardian.co.uk/society/2005/jun/20/health.lifeandhealth/ (last accessed 23/05/2011).

Baudrillard, J. (1994) *Simulacra and simulation*, Ann Arbor, University of Michigan Press.

Bauer, H.H. (1994) *Scientific literacy and the myth of the scientific method*, Urbana, University of Illinois Press.

Baumbusch, J.L., Kirkham, S.R., Khan, K.B., McDonald, H., Semeniuk, P., Tan, E. and Anderson, J.M. (2008) 'Pursuing common agendas: a collaborative model for knowledge translation between research and practice in clinical settings', *Research in Nursing and Health*, 31(2), pp.130-140.

Beck, U. (1986) Risikogesellschaft, Auf dem Weg in eine andere Moderne, Frankfurt am Main, Suhrkamp.

Beck, U. (1992) Risk society: towards a new modernity, London, Sage.

Beck, U. (2006) 'Living in the world risk society', *Economy and Society*, 35(3), pp.329-345.

Benner, P., Hooper-Kyriakidis, P. and Daphne, S. (1999) *Clinical wisdom and interventions in critical care: a thinking-in-action approach*, 1st ed., Philadelphia, Saunders.

Benner, P.E., Benner, P., Tanner, C.A. and Chesla, C.A. (2009) *Expertise in nursing practice: caring, clinical judgment, and ethics*, 2nd ed., New York, Springer.

Benson, P. (2001) Teaching and researching autonomy in language learning, Harlow, Longman.

Berger, P.L. and Luckmann, T. (1971) The social construction of reality: a treatise in the sociology of knowledge, Harmondsworth, Penguin.

Berliner, D.C. (2001) 'Learning about and learning from expert teachers', *International Journal of Educational Research*, 35(5), pp.463-482.

Bernstein, B.B. (2000) Pedagogy, symbolic control, and identity: theory, research, critique, Maryland, Rowman and Littlefield.

Best, S. and Kellner, D. (1997) *The postmodern turn*, New York and London, Guilford Press.

Best, S. and Kellner, D. (2001) The postmodern adventure: science, technology, and cultural studies at the third millennium, New York and London, Guilford Press.

Biesta, G. (2006) Beyond learning: democratic education for a human future, Boulder, CO, Paradigm Publishers.

Biesta, G. and Burbules, N.C. (2003) *Pragmatism and educational research*, Oxford, Rowman and Littlefield.

Billett, S., Fenwick, T. and Somerville, M. (Eds.) (2006) *Work, subjectivity and learning, understanding learning through working life*, Dordrecht, Netherlands, Springer.

Billett, S. (Ed.) (2010) *Learning through practice*, Dordrecht, Netherlands, Springer, from http://www.springerlink.com/content/978-90-481-3938-5#section=710114 andpage=1 (last accessed 15/06/2010).

Bishop, R. (2005) 'Freeing ourselves from neocolonial domination in research: a Kaupapa Māori approach to creating knowledge', in N.K. Denzin and Y.S. Lincoln (Eds.), *The Sage handbook of qualitative research*, 3rd ed., Thousand Oaks, CA, Sage, pp.109-138.

Blackshaw, T. (2005) *Zygmunt Bauman*, London, Routledge.

Bloom, B.S. (2005) 'Effects of continuing medical education on improving physician clinical care and patient health: a review of systematic reviews', *International Journal of Technology Assessment in Health Care*, 21(3), pp.380-385.

Boissel, J.P., Amsallem, E., Cucherat, M., Nony, P. and Haugh, M.C. (2004) 'Bridging the gap between therapeutic research results and physician prescribing decisions: knowledge transfer, a prerequisite to knowledge translation', *European Journal of Clinical Pharmacology*, 60(9), pp.609-616.

Bonetti, D., Johnston, M., Pitts, N.B., Deery, C., Ricketts, I., Bahrami, M. and Ramsay, C. (2003) 'Can psychological models bridge the gap between clinical guidelines and clinicians' behaviour? a randomised controlled trial of an intervention to influence dentists' intention to implement evidence-based practice', *British Dental Journal*, 195(7), pp.403-407.

Borg, C., Buttigieg, J.A. and Mayo, P. (Eds.) (2002*), Gramsci* & *education*, Lanham, MD, Rowman and Littlefield.

Boud, D., Keogh, R. and Walker, D. (1985) 'Promoting reflection in learning: a model', in D. Boud, R. Keogh and D. Walker (Eds.), *Reflection: turning experience into learning*, London, Kogan Page, pp.18-40.

Boulding, K.E. (1953) The organizational revolution: a study in the ethics of economic organization, New York, Harper and Brothers.

Bourdieu, P. (1990) *The logic of practice*, Stanford, CA, Stanford University Press.

Boyt, T.E., Lusch, R.F. and Naylor, G. (2001) 'The role of professionalism in determining job satisfaction in professional services', *Journal of Service Research*, 3(4), pp.321-330.

Bristol Royal Infirmary Inquiry. (2001) 'The inquiry into the management of care of children receiving complex heart surgery at the Bristol Royal Infirmary', Published by the Bristol Royal Infirmary Inquiry, July 2001, from http://www.bristol-inquiry.org.uk/ (last accessed 19/06/2011).

Broadbent, J., Dietrich, M. and Roberts, J. (1997) *The end of the professions?: the restructuring of professional work*, London, Routledge.

Brookfield, S. (1995) *Becoming a critically reflective teacher*, San Francisco, Jossey-Bass.

Brookfield, S. (2005) The power of critical theory for adult learning and teaching, Maidenhead, Open University Press.

Brown, J.S., Collins, A. and Dugiud, P. (1989) 'Situated cognition and the culture of learning', *Educational Researcher*, 18(1), pp.32-41.

Bruner, E.M. (1984) 'The opening up of anthropology', in E.M. Bruner (Ed.), *Text, play, and story: the construction and reconstruction of self and society*, Washington DC, The American Anthropological Association, pp.1-16.

Bruner, J.S. (1986) *Actual minds, possible worlds*, Cambridge, MA, Harvard University Press.

Bruner, J.S. (1996) *The culture of education*, Cambridge, MA, Harvard University Press.

Bruner, J.S. (2003) *Making stories: law, literature, life*, Cambridge, MA, Harvard University Press.

Buck, D. and Newton, T. (2002) 'Continuing professional development amongst dental practitioners in the United Kingdom: how far are we from lifelong learning targets?', *European Journal of Dental Education*, 6(1), pp.36-39.

Bullock, A., Firmstone, V., Frame, J. and Hywel, T. (2010) 'Using dentistry as a case study to examine continuing education and its impact on practice', *Oxford Review of Education*, 36(1), pp.79-95.

Burbules, N.C. (2002) 'The web as a rhetorical place', in I. Snyder (Ed.), *Silicon literacies: communication, innovation and education in the electronic age*, London, Routledge, pp.101-122.

Burbules, N.C. (2006) 'Rethinking dialogue in networked spaces', *Cultural Studies ↔ Critical Methodologies*, 6(1), pp.107-122.

Carr, W. (Ed.) (2005) The Routledge Falmer reader in philosophy of education, London, Routledge.

Castells, M (1996) *The rise of the network society*, Oxford, Blackwell.

Castells, M. (2000) *End of millennium*, Malden, MA, Wiley-Blackwell.

Castells, M. (2004a) *The power of identity*, Malden, MA, Wiley-Blackwell.

Castells, M. (2004b) The network society: a cross-cultural perspective, London, Edward Elgar.

Castells, M. (2009) *Communication power*, Oxford, Oxford University Press.

Chambers, D., Wilson, P.M., Thompson, C.A., Hanbury, A., Farley, K. and Light, K. (2011) 'Maximizing the impact of systematic reviews in health care decision making: a systematic scoping review of knowledge-translation resources', *The Milbank Quarterly*, 89(1), pp.131-156.

Chase, S.E. (2005) 'Narrative inquiry, multiple lenses, approaches, voices', in N.K. Denzin and Y.S. Lincoln (Eds.), *The Sage handbook of qualitative research*, 3rd ed., Thousand Oaks, CA, Sage, pp.651-679.

Clandinin, D.J. (1989) 'Developing rhythm in teaching: the narrative study of a beginning teacher's personal practical knowledge of classrooms', *Curriculum Inquiry*, 19(2), pp.121-141.

Clandinin, D.J. and Connelly, F.M. (2000) *Narrative inquiry: experience and story in qualitative research*, San Francisco, Jossey-Bass.

Clandinin, D.J. and Cave, M.T. (2008) 'Creating pedagogical spaces for developing doctor professional identity', *Medical Education*, 42(8), pp.755-770.

Clarkson, J.E., Ramsay, C.R., Eccles, M.P., Eldridge, S., Grimshaw, J.M, Johnston, M., Michie, S., Treweek, S., Walker, A., Young, L., Black, I., Bonetti, D., Cassie, H., Francis, J., Mackenzie, G,, Macpherson, L., McKee, L., Pitts, N., Rennie, J., Stirling, D., Tilley, C., Torgerson, C. and Vale, L. (2010) 'The translation research in a dental setting (TRiaDS) programme protocol', *Implementation Science*, 5(1), p.57, from http://www.implementationscience.com/content/5/1/57 (last accessed 27/02/2011).

Coffield, F. (Ed.) (1999) *Speaking truth to power*: *research and policy on lifelong learning*, The Learning Society Series 3, Bristol, The Policy Press.

Connelly, F.M. and Clandinin, D.J. (1990) 'Stories of experience and narrative inquiry', *Educational Researcher*, 19(5), pp.2-14.

Cope, B. and Kalantzis, M. (Eds.) (2000) *Multiliteracies*: *literacy learning and the design of social futures*, New York, Routledge.

Corless-Smith, D. (2005) 'Practising ethics', *The dental law partnership*, September 2005, from www.lawdent.com/documents/practisingethics.pdf (last accessed 19/06/2009).

Craig, C.J. (2007) 'Story constellations: a narrative approach to contextualizing teachers' knowledge of school reform', *Teaching and Teacher Education*, 23(2), pp.173-188.

Crites, S. and Wiggins, J.B. (1975) 'Angels we have heard', in J.B. Wiggin (Ed.), *Religion as story*, Lanham, University Press of America, pp.23-63.

Currie, K. (2009) 'Ken Currie talks about his first portrait commission', *The Three Oncologists*, National Galleries, Edinburgh, from http://www.nationalgalleries.org/play/media/10:18667/18683 (last accessed 19/03/2010).

Daley, B.J. (1999) 'Novice to expert: an exploration of how professionals learn', *Adult Education Quarterly*, 49(4), pp.133-147.

Dall'Alba, G. (2004) 'Understanding professional practice: investigations before and after an educational programme', *Studies in Higher Education*, 29(6), pp.679-692.

Dall'Alba, G. (2009) 'Phenomenology and education: an introduction', *Educational Philosophy and Theory*, 41(1), pp.7-9.

Dall'Alba, G. and Sandberg, J. (2006) 'Unveiling professional development: a critical review of stage models', *Review of Educational Research*, 76(3), pp.383-412.

Davies, B. and Harré, R. (1990) 'Positioning: the discursive production of selves', *Journal for the Theory of Social Behaviour*, 20(1), pp.44-63.

Davies, B. and Harré, R. (1999) 'Positioning and personhood', in R. Harre & L. van Langenhove (Eds.), *Positioning theory: moral contexts of intentional action*, Malden, MA, Blackwell, pp.32-52.

Davis, B. and Sumara, D.J. (2006) Complexity and education: inquiries into learning, teaching, and research, London, Routledge.

Davis, D.A., Thomson, M.A., Oxman, A.D. and Haynes, R.B. (1995) 'Changing physician performance: a systematic review of the effect of continuing medical education strategies', *The Journal of the American Medical Association*, 274(9), pp.700-705.

Davis, D., O'Brien, M.A., Freemantle, N., Wolf, F.M., Mazmanian, P. and Taylor-Vaisey, A. (1999) 'Impact of formal continuing medical education: do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or health care outcomes?', *The Journal of the American Medical Association*, 282(9), pp.867-874.

Davis, D., Evans, M., Jadad, A., Perrier, L., Rath, D., Ryan, D., Sibbald, G., Straus, S., Rappolt, S., Wowk, M. and Zwarenstein M. (2003) 'The case for knowledge translation: shortening the journey from evidence to effect', *British Medical Journal*, 327(7405), pp.33-35.

Debord, G. (1970) *Society of the spectacle*, (trans. unknown), Detroit, Black & Red.

Degner, L.F. (2005) 'Knowledge translation in palliative care: can theory help?', *The Canadian Journal of Nursing Research*, 37(2), pp.105-113.

Dekker, H., Driessen, E., Ter Braak, E., Scheele, F., Slaets, J., van Der Molen, T. and Cohen-Schotanus, J. (2009) 'Mentoring portfolio use in undergraduate and postgraduate medical education', *Medical Teacher*, 31(10), pp.903-909.

Delamothe, T. and Godlee, F. (2011) 'Dr Lansley's monster: too soon to let it out of the lab', editorial in *British Medical Journal*, 2011; 342:d408, from http://www.bmj.com/content/342/bmj.d408 (last accessed 27/09/2011).

Dent, M. and Whitehead, S. (Eds.) (2002) Managing professional identities: knowledge, performativity and the "new" professional, London, Routledge.

Dentistry.co.uk. (2008) 'Complaints against dentists rise', in *Dentistry.co.uk*, 29 January 2008, from http://www.dentistry.co.uk/news/963-Patient-payment-plans-Complaints-against-dentists-rise (last accessed 24/06/2009).

Denzin, N.K. (1989) *Interpretive biography*, Newbury Park, CA, Sage.

Denzin, N.K. (2001) *Interpretive interactionism*, Thousand Oaks, CA, Sage.

Denzin, N.K. and Lincoln, Y.S. (Eds.) (2005) *The Sage handbook of qualitative research*, 3rd ed., Thousand Oaks, CA, Sage.

Department of Health. (1998a) *A review of continuing professional development in general practice: a report by the Chief Medical Officer, NHS*, London, NHS Executive, from http://www.dh.gov.uk/en/Publicationsandstatistics/ Publications/PublicationsPolicyAndGuidance/DH_4121565 (last accessed 10/06/2009).

Department of Health. (1998b) *Working together: securing a quality workforce*, London, NHS Executive, from http://www.dh.gov.uk/en/Publicationsandstatistics/ Publications/PublicationsPolicyAndGuidance/DH_4008565 (last accessed 10/06/2009).

Department of Health. (1999) *Continuing professional development. quality in the new NHS*, London, NHS Executive, from http://www.dh.gov.uk/ en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4002960 (last accessed 10/06/2009).

Department of Health. (2000a) *A health service of all the talents: developing the NHS workforce - consultation document on the review of workforce planning*, London, NHS Executive, from http://www.dh.gov.uk/en/Publicationsandstatistics/ Publications/PublicationsPolicyAndGuidance/DH_4007967 (last accessed 10/06/2009).

Department of Health. (2000b) *The NHS plan: a plan for investment, a plan for reform*, London, NHS Executive, from http://www.dh.gov.uk/en/Publicationsandstatistics/ Publications/PublicationsPolicyAndGuidance/DH4002960 (last accessed 10/06/2009).

Department of Health. (2001a) *Working together, learning together: a framework for lifelong learning for the NHS*, London, NHS Executive, from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009558 (last accessed 10/06/2009).

Department of Health. (2001b) *Investment and reform for NHS staff: taking forward the NHS plan*, London, NHS Executive, from http://www.dh.gov.uk/en/ Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009369 (last accessed 10/06/2009).

Department of Health. (2001c) Modernising NHS dentistry-clinical audit and peer review in the GDS, London, NHS Executive.

Department of Health. (2004) *The NHS improvement plan*, London, NHS Executive, from http://www.dh.gov.uk/ en/Publicationsandstatistics/Publications/ PublicationsPolicyAndGuidance/DH_4084476 (last accessed 10/06/2009).

Department of Health. (2009) *Education commissioning for quality*, London, NHS Executive, from http://www.dh.gov.uk/en/Publicationsandstatistics/ Publications/PublicationsPolicyAndGuidance/DH_110774 (last accessed 10/06/2010).

Department of Health. (2010) *Equity and excellence: liberating the NHS*, London, NHS Executive, from http://www.dh.gov.uk/en/Publicationsandstatistics/ Publications/PublicationsPolicyAndGuidance/DH_4009558 (last accessed 10/06/2011).

Derrida, J. and Caputo, J.D. (1997) *Deconstruction in a nutshell: a conversation with Jacques Derrida*, New York, Fordham University Press.

Dobbins, M., Robeson, P., Ciliska, D., Hanna, S., Cameron, R., O'Mara, L., DeCorby, K. and Mercer, S. (2009) 'A description of a knowledge broker role implemented as part of a randomized controlled trial evaluating three knowledge translation strategies', *Implementation Science,* 4(23), pp.1-16, from http://www.implementationscience.com/content/4/1/23 (last accessed 22/04/2010).

Doucet, A. (2006) Do men mother? fathering, care, and domestic responsibility, Toronto, University of Toronto Press.

Drewermann, E. (1985) Tiefenpsychologie und exegese: die wahrheit der werke und der worte : wunder, vision, weissagung, apokalypse, geschichte, gleichnis, Band 1, Freiburg, Walter.

Dreyfus, H.L. (2002) 'Intelligence without representation - Merleau-Ponty's critique of mental representation', *Phenomenology and the Cognitive Sciences*, 1(4), pp.367-383.

Dreyfus, H.L. and Dreyfus, S.E. (1986) Mind over machine: The power of human intuition and expertise in the era of the computer, New York, Blackwell.

Driedger, M.S., Gallois, C., Sanders, C.B. and Santesso, N. (2006) 'Finding common ground in team-based qualitative research using the convergent interviewing method', *Qualitative Health Research,* 16(8), pp.1145-1157.

Duffy, A. (2007) 'A concept analysis of reflective practice: determining its value to nurses', *British Journal of Nursing,* 16(22), pp.1400-1407.

Duffy, J. (2009) Patient's nightmare over £6,000 treatment by award-winning dentist', in *The Express* 29 May 2009, from http://www.express.co.uk/ posts/view/104109/ (last accessed 27/08/2009).

Eaton, K.A. and Reynolds, P.A. (2008) 'Continuing professional development and ICT: target practice', *British Dental Journal*, 205(2), pp.89-93.

Eccles, M., Grimshaw, J., Walker, A., Johnston, M. and Pitts, N. (2005) 'Changing the behavior of healthcare professionals: the use of theory in promoting the uptake of research findings', *Journal of Clinical Epidemiology*, 58(2), pp.107-112.

Eccles, M.P., Hrisos, S., Francis, J., Kaner, E.F., Dickinson, H.O., Beyer, F. and Johnston, M. (2006) 'Do self- reported intentions predict clinicians' behaviour: a systematic review', *Implementation Science*, (1), p.28, from http://www.implementationscience.com/content/1/1/28 (last accessed 22/07/2009).

Edwards, R. and Nicoll, K. (2006) 'Expertise, competence and reflection in the rhetoric of professional development', *British Educational Research Journal*, 32(1), pp.115-131.

Edwards, R. and Usher, R. (1997) 'Globalisation and a pedagogy of (dis)location', paper presented at *27th Annual SCUTREA, Crossing borders, breaking boundaries 2007: research in the education of adults*, University of London, from http://www.leeds.ac.uk/educol/documents/000000225.htm (last accessed 10/08/2010).

Edwards, R. and Usher, R. (2000) *Globalisation and pedagogy: space, place and identity*, 1st ed., London, Routledge.

Edwards, R. and Usher, R. (2001) 'Lifelong learning: a postmodern condition of education?', *Adult Education Quarterly*, 51(4), pp.273-287.

Edwards, R., Ranson, S. and Strain, M. (2002) 'Reflexivity: towards a theory of lifelong learning', *International Journal of Lifelong Education*, 21(6), pp.523-536.

Ellul, J. (1990) *The technological bluff*, Grand Rapids, MI, W. B. Eerdmans Publishing.

Engels L. (1886) *Ludwig Feuerbach*, from http://www.marxists.org/archive/marx/works/1886/ludwig-feuerbach/index.htm (last accessed 03/04/2011).

Engeström, Y. (2004) 'New forms of learning in co-configuration work', *Journal of Workplace Learning*, 16(1/2), pp.11-21.

Engeström, Y. (2007) 'From communities of practice to mycorrhizae', in J. Hughes, N. Jewson, and L. Unwin (Eds.), *Communities of practice: critical perspectives*, London, Routledge, pp.41-54.

Engeström, Y. (2008) From teams to knots: activity-theoretical studies of collaboration and learning at work, Cambridge, Cambridge University Press.

Engeström, Y. (2009) 'The future of activity theory: a rough draft', in A. Sannino, H. Daniels, and K.D. Gutierrez (Eds.), *Learning and expanding with activity theory*, Cambridge, Cambridge University Press, pp.303-328.

Engeström, Y. and Middleton, D. (1998) *Cognition and communication at work*, Cambridge, Cambridge University Press.

Engeström, Y., Punamaki, R.L. and Miettinen, R. (Eds.) (1999) *Perspectives on activity theory,* London, Routledge.

Eraut, M. (1994) Developing professional knowledge and competence, London, Routledge.

Eraut, M. (2000) 'Non-formal learning and tacit knowledge in professional work', *British Journal of Educational Psychology*, 70(1), pp.113-136.

Eraut, M. (2004) 'Informal learning in the workplace', *Studies in Continuing Education*, 26(2), pp.247-272.

Eraut, M. (2007) 'Learning from other people in the workplace', *Oxford Review of Education*, 33(4), pp.403-422.

Evans, L. (2008) 'Professionalism, professionality and the development of education of professionals', *British Journal of Educational Studies*, 56(1), pp.20-38.

Fagermoen, M.S. (1997) 'Professional identity: values embedded in meaningful nursing practice', *Journal of Advanced Nursing*, 25(3), pp.434-441.

Fairclough, N. (2003) Analysing discourse: textual analysis for social research, London, Routledge.

Feenberg, A. (1999) *Questioning Technology*, London, Routledge.

Ferlie, E., Pettigrew, A., Ashburner, L. and Fitzgerald, L. (1996) *The new public management in action*. New York, Oxford University Press.

Field, J. (2006) Lifelong learning and the new educational order, Stoke, Trentham Books.

Flyvbjerg, B. (2001) Making social science matter: why social inquiry fails and how it can succeed again, Cambridge, Cambridge University Press.

Fook, J. (2002) 'Theorizing from practice', *Qualitative Social Work*, 1(1), pp.79-95.

Forneris, S.G. (2004) 'Exploring the attributes of critical thinking: a conceptual basis', *International Journal of Nursing Education Scholarship*, 1(1), pp.1-18.

Foucault, M. (1979) *Discipline and punish: the birth of the prison*, New York, Vintage Books.

Foucault, M. (2003) *The birth of the clinic*, London, Routledge.

Foucault, M. (2007) *Archaeology of knowledge*, London, Routledge.

Freidson, E. (1988) Profession of medicine: a study of the sociology of applied knowledge, Chicago, University of Chicago Press.

Freidson, E. (2001) *Professionalism: the third logic*, Chicago, University of Chicago Press.

Freire, P. (2000a) *Pedagogy of the oppressed*, New York, Continuum.

Freire, P. (2000b) *Cultural action for freedom*, Cambridge, MA, Harvard Educational Review.

Freire, P. and Freire, A.M.A. (2004) *Pedagogy of hope: reliving pedagogy of the oppressed*, London, Continuum.

Friedman, A., Phillips, M. and Davis, K. (2001) Continuing professional development in the UK: attitudes and experiences of practitioners, Bristol, PARN.

Friedman, A. and Phillips, M. (2004) 'Continuing professional development: developing a vision', *Journal of Education and Work*, 17(39), pp.361-376.

Gadamer, H.G. (2004) *Truth and method*, 2nd ed., New York, Continuum.

Gee, J.P. (1986) 'Units in the production of narrative discourse', *Discourse Processes*, 9(4), pp.391-422.

Gee, J.P. (2008) Social linguistics and literacies: ideology in discourses, London, Taylor and Francis.

Geertz, C. (1973) *The interpretation of cultures*, New York, Basic Books.

General Dental Council. (2000) *Lifelong learning*, London, General Dental Council.

General Dental Council. (2005) *Standards for dental professionals*, London, General Dental Council.

General Dental Council. (2010) *Continuing professional development (CPD) for dentists*, London, General Dental Council.

Gergen, K.J. (1991) The saturated self: dilemmas of identity in contemporary life, New York, Basic Books.

Gibbons, M., Limoges, C., Nowotny, H., Schwartzman, S., Scott, P. and Trow, M. (1994) *The new production of knowledge: the dynamics of science and research in contemporary societies*, Thousand Oaks, CA, Sage.

Giddens, A. (1971) Capitalism and modern social theory: an analysis of the writings of Marx, Durkheim and Max Weber, Cambridge, Cambridge University Press.

Giddens, A. (1991) Modernity and self-identity: self and society in the late modern age, Standford, Stanford University Press.

Giddens, A. (1998) The third way: the renewal of social democracy, Oxford, Wiley-Blackwell.

Giroux, H.A. (1983) Theory and resistance in education: a pedagogy for the opposition, Westport, CT, Bergin and Garvey.

Giroux, H.A. and McLaren, P. (1989) *Critical pedagogy, the state, and cultural struggle*, New York, SUNY Press.

Giroux, H.A. and McLaren, P. (1994) Between borders: pedagogy and the politics of cultural studies, New York, Routledge.

Goldacre, B. (2010) *Bad science: quacks, hacks, and big pharma flacks,* Kindle ed., New York, Faber and Faber.

Goode, W.J. (1957) 'Community within a community: the professions', *American Sociological Review*, 22(2), pp.194-200.

Graham, I.D. and Tetroe, J. (2007) 'How to translate health research knowledge into effective healthcare action', *Healthcare Quarterly,* 10(3), pp.20-22.

Grimshaw, J.M., Eccles, M.P., Walker, A.E. and Thomas, R.E. (2002) 'Changing physician's behaviour: what works and thoughts on getting more things to work', *Journal of Continuing Education for Health Professionals*, 22(4), pp.237-243.

Grimshaw, J., Eccles, M., Thomas, R., MacLennan, G., Ramsay, C., Fraser, C. and Vale, L. (2006) 'Toward evidence based quality improvement', Journal of General Internal Medicine, 21(2), pp.14-20.

Groopman, J.E. (2007) *How doctors think*, New York, Houghton Mifflin Harcourt.

Guzzetti, B.J. (2007) Literacy for the new millennium: early literacy, Westport, CT, Greenwood Publishing Group.

Habermas, J. (1971) *Knowledge and human interests,* Boston, Beacon Press.

Habermas, J. (1987) *The theory of communicative action*, Cambridge, Polity Press.

Habermas, J. (2006) 'Ein avantgardistischer spürsinn für relevanzen', in *Der Standard,* 10 March 2006, München, from http:derstandard.at/2372764 (last accessed 15/12/2009).

Hakken, D. (2003) *The knowledge landscapes of cyberspace*, New York, Routledge.

Hall, S. (1996) 'Who needs identity?' in *Questions of Cultural Identity*, S. Hall and P. Du Gay (Eds), London, Sage, pp.1-17.

Hall, S. (1997) Representation: cultural representations and signifying practices, London, Sage.

Harré, R. and van Lagenhove, L. (Eds.) (1999) *Positioning theory: moral contexts of intentional action*, Oxford, Blackwell.

Harvey, D. (1989) The condition of postmodernity: an enquiry into the origins of cultural change, Oxford, Blackwell.

Harvey, D. (2006) *Spaces of global capitalism*, London, Verso.

Heidegger, M. (1954) 'Die frage nach der technik', in M. Heidegger, *Vortrage und aufätze*, Pfullingen, Gunther Neske, pp.13-44.

Heylighen, F. (2000) 'Foundations and methodology for an evolutionary world view: a review of the principia cybernetica project', *Foundations of Science*, 5(4), pp.457-490.

Holland, D., Lachicotte, W., Skinner, D. and Cain, C. (1998) *Identity and agency in cultural worlds*, Cambridge, MA, Harvard University Press.

Holstein, J.A. & Gubrium, J.F. (2000) *The self we live by:Narrative identity in a postmodern world*, York, Oxford University Press.

Holstein, J.A. and Gubrium, J.F. (2008) *Handbook of constructionist research*, New York, Guilford Press.

Hoyle, E. and Wallace, M. (2007) 'Educational reform: an ironic perspective', *Educational Management Administration and Leadership*, 35(1), pp.9-25.

Ironside, P.M. (2006) 'Using narrative pedagogy: learning and practising interpretive thinking', *Journal of Advanced Nursing*, 55(4), pp.478-486.

Jarvis, P. (1983) *Professional education*, London, Croom Helm.

Jarvis, P., Holford, J. and Griffin, C. (Eds.) (2003) *The theory and practice of learning*, London, Kogan Page.

Jefferson, G. (2004) 'Glossary of transcript symbols with an introduction', in G. Lerner (Ed.), *Conversation analysis: studies from the first generation*, Amsterdam, John Benjamins, pp.13-31.

Jessop, B. (1994) ‘Post-Fordism and the state’, in A. Amin (Ed.), *Post-Fordism*, Oxford, Blackwell, pp.251-279.

Johns, C. (2004) *Becoming a reflective practitioner*, Oxford, Blackwell.

Kahn, R. and Kellner, D. (2007) ‘Technology, politics and the reconstruction of education’, *Policy Futures in Education*, 5(4), pp.430-439.

Kalantzis, M. and Cope, B. (2001) *New learning: a charter for Australian education*, Canberra, Australian Council of Deans of Education.

Kalantzis, M. and Cope, B. (2008) *New learning: elements of a science of education*, Cambridge, Cambridge University Press.

Kellner, D. (Ed.) (1994) *Baudrillard: a critical reader*, Oxford, Wiley-Blackwell.

Kellner, D. (1995) Media culture: cultural studies, identity, and politics between the modern and the postmodern, New York, Routledge.

Kellner, D. (1998) ‘Multiple literacies and critical pedagogy’, *Educational Theory*, 48(1), pp.103-122.

Kellner, D. (2003a) 'Karl Marx', in R.C. Solomon and D.L. Sherman (Eds.), *The Blackwell guide to continental philosophy*, New York, John Wiley and Sons, pp.62-89.

Kellner, D. (2003b) *Media spectacle*, London, Routledge.

Kincheloe, J.L. and McLaren, P. (2005) ‘Rethinking critical theory and qualitative research’, in N.K. Denzin and Y.S. Lincoln (Eds.), *The Sage handbook of qualitative research*, 3rd ed., Thousand Oaks, CA, Sage, pp.303-342.

Kinghorn, W.A., McEvoy, M.D., Michel, A. and Balboni, M. (2007) ‘Professionalism in modern medicine: does the emperor have any clothes?’, *Academic Medicine*, 82(1), pp.40-45.

Knorr-Cetina, K. (1999) *Epistemic cultures: how the sciences make knowledge*, Cambridge, MA, Harvard University Press.

Knorr-Cetina, K. (2001) ‘Postsocial relations: theorizing sociality in a postsocial environment’, in G. Ritzer and B. Smart (Eds.), *Handbook of social theory*, Thousand Oaks, CA, Sage, pp.520-537.

Knorr-Cetina, K. (2007) ‘Culture in global knowledge societies: knowledge cultures and epistemic cultures’, *Interdisciplinary Science Reviews*, 30(4), pp.365-379.

Koschatzky, W. (1986) *Friedensreich Hundertwasser*, New York, Rizzoli International Publications.

Koskinen, L., Mikkonen, I. and Jokinen, P. (2011) 'Learning from the world of mental health care: nursing students' narratives', *Journal of Psychiatric and Mental Health Nursing*, 18(7), pp. 622-628.

Kothari, A.R., Bickford, J.J., Edwards, N., Dobbins, M.J. and Meyer, M. (2011) 'Uncovering tacit knowledge: a pilot study to broaden the concept of knowledge in knowledge translation', *BMC Health Services Research*, 11(1), p.198, from http://www.biomedcentral.com/1472-6963/11/198 (last accessed 30.10.2011)

Kress, G. (2003) *Literacy in the new media age*, London, Routledge.

Labov, W. (1982) 'Speech actions and reactions in personal narrative', in D. Tannen (Ed.), *Analyzing discourse: text and talk*, Washington, DC, Georgetown University Press, pp.219-247.

Langellier, K. (1989) 'Personal narratives: perspectives on theory and research', *Text and Performance Quarterly*, 9(4), pp.243-276.

Lankshear, C. (1997) *Changing literacies*, Buckingham, Open University Press.

Lankshear, C. and Knobel, M. (2008) *Digital literacies*, New York, Peter Lang Publishing.

Lankshear, C., Peters, M.A. and Knobel M. (1996) 'Critical pedagogy and cyberspace', in H.A. Giroux (Ed.), *Counternarratives: cultural studies and critical pedagogies in postmodern spaces*, New York, Routledge, pp.149-189.

Larson, M.S. (1977) *The rise of professionalism: a sociological analysis*, Berkeley, University of California Press.

Latour, B. (1993) *We have never been modern*, London, Harvester Wheatsheaf.

Latour, B. (2005) Reassembling the social: an introduction to actor-network-theory, Oxford, Oxford University Press.

Latour, B. and Woolgar, S. (1986) *Laboratory life: the social construction of scientific facts*, Princeton, Princeton University Press.

Lave, J. and Wenger, E. (1991) *Situated learning: legitimate peripheral participation*, New York, Cambridge Press.

Law, J. and Hassard, J. (1999) *Actor network theory and after*, Oxford, Wiley-Blackwell.

Leander, K. and Vasudevan, L. (2009) 'Multimodality and mobile culture', in C. Jewitt (Ed.), *The Routledge handbook of multimodal analysis*, London, Routledge, pp.127-139.

Leathard, A. (2003) 'Policy overview', in A. Leathard (Ed.), *Interprofessional collaboration: from policy to practice in health and social care,* Hove, Bruner-Routledge, pp.12-43.

Leggate, M. and Russell, E. (2002) 'Attitudes and trends of primary care dentists to continuing professional development: a report from the Scottish dental practitioners survey', *British Dental Journal*, 193(8), pp.465-469.

Lyotard, J.F. (1984) *The postmodern condition*, from http://userwww.service.emory.edu/~mhalber/Research/1styrpapr/pci-lyotard.html (last accessed 05/10/2009).

Lyotard, J.F. (1991) *The inhuman: reflections on time,* Stanford, CA, Stanford University Press.

MacDermid, J.C. and Graham, I.D. (2009) 'Knowledge translation: putting the "practice" in evidence-based practice', *Hand Clinics*, 25(1), pp.125-143.

MacIntyre, A. (1984) *After virtue: a study in moral theory*, 2nd ed., Notre Dame, University of Notre Dame Press.

Malpas, S. (2003) *Jean-François Lyotard*, London and New York, Routledge.

Mawer, S.P. (2010) 'Ethics, trust and integrity', *The acturary profession*, from http://www.actuaries.org.uk/research-and-resources/documents/ethics-trust-and-integrity (last accessed 24/05/2011).

McAdams, D.P. (1988) Power, intimacy, and the life story: personological inquiries into identity, New York, Guilford Press.

McAndrew, M. (2010) 'Use of an action learning model to create a dental faculty development program', *Journal of Dental Education*, 74(5), pp.517-523.

McGinty, S. (2009) 'Top dentist charged £3,700 for implants that did not fit', in *The Scotsman*, 28 May 2009, from http://www.scotsman.com/news/scottish-news/edinburgh-east-fife/top_dentist_charged_163_3_700_for_implants_that_did_not_fit_1_1040207 (last accessed 05/08/2009).

McLaren, P. (2002) 'Critical pedagogy: a look at the major concepts' , in A. Darder and R. D. Torres (Eds.), *The critical pedagogy reader*, New York and London, Routledge, pp.69-96.

McPherson, G.E. (2005) 'From child to musician: skill development during the beginning stages of learning an instrument', *Psychology of Music*, 33(1), pp.5-35.

Meadows, L.M., Verdi, A.J. and Crabtree, B.F. (2003) 'Keeping up appearances: using qualitative methods in dental research', *Journal of Dental Education*, 67(9), pp.981-990.

Merton, R.K. (1968) *Social theory and social structure*, New York, Free Press.

Miller, G.E. (1990) 'The assessment of clinical skills/competence/performance', *Academic Medicine*, 65(9), pp.63-73.

Miller, W.L. and Crabtree, B.F. (2005) 'Clinical research', in N.K. Denzin and Y.S. Lincoln (Eds.), *The Sage handbook of qualitative research*, 3rd ed., Thousand Oaks, CA, Sage, pp.605-631.

Mishler, E.G. (1986) *Research interviewing: context and narrative*, Cambridge, MA, Harvard University Press.

Monrouxe, L.V. (2009) 'Negotiating professional identities: dominant and contesting narratives in medical students' longitudinal audio diaries', *Current Narratives*, (1), pp.44-59, from http://currentnarratives.com/issues/pdfs/Monrouxe.pdf (last accessed 24/06/2010).

Montgomery, K. (2006) How doctors think: clinical judgment and the practice of medicine, New York, Oxford University Press.

Moon, J.A. (1999) Reflection in learning and professional development: theory and practice, London, Kogan Page and Sterling.

Munby, H., Russell, T. and Martin, A.K. (2001) 'Teachers' knowledge and how it develops', in V. Richardson (Ed.), *Handbook of research on teaching*, Washington, DC, American Educational Research Association, pp.877-904.

National Galleries of Scotland. (2000) *Three Oncologists*, by Kenneth Currie, Edinburgh.

Nespor, J. (1994) Knowledge in motion: space, time and curriculum in undergraduate physics and management, Philadelphia, PA, Falmer Press.

New London Group. (1996) 'A pedagogy of multiliteracies: designing social futures', *Harvard Educational Review*, 66(1), pp.60-92.

NHS Education for Scotland (2006) From Knowing to Doing: Transforming Knowledge into Practice in NHS Scotland, NHS Education for Scotland.

NHS Education for Scotland. (2008) Exploiting the power of knowledge in NHS Scotland: a national strategy, NHS Education for Scotland.

Nichols, C.M. (2000) 'Primordial freedom: the authentic truth of dasein in Heidegger's being and time', *Thinking Fundamentals, IWM Junior Visiting Fellows Conferences*, 9(2), pp.1-14.

Norman, G. (2009) 'Evidence-based educational guidelines for continuing medical education interventions', *Chest*, 135(3), pp.834-837.

Nyström, S. (2008) 'The dynamics of professional identity formation: graduates' transitions from higher education to working life', *Vocations and Learning*, 2(1), pp.1-18.

Oliver, R., Roberts, G.J., Hooper, L. and Worthington, H.V. (2008) 'Antibiotics for the prophylaxis of bacterial endocarditis in dentistry', in R. Oliver, (Ed.), *The Cochrane collaboration, cochrane database of systematic reviews*, Chichester, John Wiley & Sons, Ltd., from http://www2.cochrane.org/reviews/en/ab003813.html (last accessed 05/12/2010).

Orner, M. (1996) 'Teaching for the moment: intervention projects as situated pedagogy', *Theory Into Practice*, 35(2), pp.72-78.

O'Neil, O. (2002) *A question of trust - the BBC Reith lectures 2002*, from http:www.bbc.co.uk/radio/reith2002.html (last accessed 29/10/2009).

Osberg, D., Biesta, G. and Cilliers, P. (2008) 'From representation to emergence: complexity's challenge to the epistemology of schooling', *Educational Philosophy and Theory*, 40(1), pp.213-227.

Oxford English Dictionary. (n.d.) 'definition of "develop", Oxford Dictionaries Online', June 15, 2009, from http://oxforddictionaries.com/definition/develop (last accessed 15/06/2009).

Parsons, T. (1939) 'The professions and social structure', *Social Forces*, 17(4), pp.457-467.

Pee, B., Woodman, T., Fry, H. and Davenport, E.S. (2002) 'Appraising and assessing reflection in students' writing on a structured worksheet', *Medical Education*, 36(6), pp.575-585.

Penney, W. and Warelow, P.J. (1999) 'Understanding the prattle of praxis', *Nursing Inquiry*, 6(4), pp.259-268.

Peters, M.A. and Lankshear, C. (1994) 'Education and hermeneutics. a Freirean interpretation', in P. McLaren and C. Lankshear (Eds.), *Politics of liberation: paths from Freire*, London, Routledge, pp.173-192.

Pickering, A. (1995) *The mangle of practice: time, agency, and science*, Chicago, University of Chicago Press.

Pilgrim, M. (2010) 'The case against jaw operations for children', in *The Telegraph*, 29 March, 2010, from http://www.telegraph.co.uk/health/children_shealth/7529002/The-case-against-jaw-operations-for-children.html (last accessed 10/05/2011).

Pitts, N. (2004) 'Understanding the jigsaw of evidence-based dentistry. implementation of research findings in clinical practice', *Evidence-based Dentistry*, 5(3), pp.60-64.

Polanyi, M. (1967) *The tacit dimension*, London, Routledge and Kegan Paul.

Polkinghorne, D.E. (1988) *Narrative knowing and the human sciences*, Albany, State University of New York Press.

Pollock, A.M., Leys, C. and Price, D. (2006) *NHS Plc: the privatisation of our health care*, London, Verso.

Postman, M. (1993) Technopoly: the surrender of culture to technology, New York, Vintage Books.

Pushor, D. and Murphy, B. (2004) 'Parent marginalization, marginalized parents: creating a place for parents on the school landscape', *Alberta Journal of Educational Research*, 50(3), pp.221-232.

Reynolds, N. (2004) Geographies of writing: inhabiting places and encountering difference, Carbondale, Southern Illinois University Press.

Richardson, L. and St. Pierre, E. (2005) 'Writing: a method of inquiry', in N.K. Denzin and Y.S. Lincoln (Eds.), *The Sage handbook of qualitative research*, 3rd ed., Thousand Oaks, CA, Sage, pp.959-978.

Riessman, C.K. (1993) *Narrative analysis*, Newbury Park, CA, Sage.

Riessman, C.K. (2002) 'Analysis of personal narratives', in J.F. Gubrium and J.A. Holstein (Eds.), *Handbook of interview research : context and method*, Thousand Oaks, CA, Sage, pp.695-710.

Riessman, C.K. (2008) *Narrative methods for the human sciences*, Thousand Oaks, CA, Sage.

Rogoff, B. (2003) *The cultural nature of human development*, New York, Oxford University Press.

Rughani, A., Franklin, C. and Dixon, S. (2003) Personal development plans for dentists: the new approach to continuing professional development, Oxford, Radcliffe Publishing.

Sacks, O.W. (1998) The man who mistook his wife for a hat and other clinical tales, New York, Simon and Schuster Macmillan.

Santesso, N., Maxwell, L., Tugwell, P.S., Wells, G.A., O'Connor, A.M., Judd, M. and Buchbinder, R. (2006) 'Knowledge transfer to clinicians and consumers by the Cochrane musculoskeletal group', *The Journal of Rheumatology*, 33(11), pp.2312-2318.

Schatzki, T.R. (2003) 'A new societist social ontology', *Philosophy of the Social Sciences*, 33(2), pp.174-202.

Schön, D.A. (1983) The reflective practitioner: how professionals think in action, New York, Basic Books.

Scottish Executive. (1999) Learning together – a strategy for education, training and lifelong learning for all staff in the national health service in Scotland, Edinburgh, The Stationery Office, from http://www.scottish.parliament.uk/business/committees/historic/x-enterprise/reports-99/elr99-06-01.htm (last accessed 01/08/09).

Scottish Executive. (2002) *Enterprise and lifelong learning committee: 9th report*, Edinburgh, The Stationery Office, from http://www.scottish.parliament.uk/business/committees/historic/x-enterprise/reports-02/elr02-09-01.htm (last accessed 01/08/09).

Scottish Executive. (2003) *Life through learning-learning through life: the lifelong learning strategy for Scotland, Edinburgh*, The Stationery Office, from http://www.scotland.gov.uk/Publications/2003/02/16308/17776 (last accessed 01/08/09).

Scottish Executive. (2005a) *Learning to improve: quality approaches for lifelong learning*, Edinburgh, The Stationery Office, from http://www.scotland.gov.uk/Publications/2005/12/0994621/46246 (last accessed 01/08/09).

Scottish Executive. (2005b) *An action plan for improving oral health and modernising NHS dental services in Scotland*, Edinburgh, The Stationery Office, from http://www.scotland.gov.uk/Publications/2005/12/0994621/46246 (last accessed 01/08/09).

Scottish Government. (2007) *Final report on lifelong learning skills for Scotland: a lifelong learning skills strategy*, Edinburgh, The Stationery Office, from http://www.scotland.gov.uk/Publications/2007/12/067/5632/5632 (last accessed 01/08/09).

Sennett, R. (1998) The corrosion of character: the personal consequences of work in the new capitalism, 1st ed., New York, W. W. Norton and Company.

Sennett, R. (2008) *The craftsman*, London, Allen Lane.

Shepherd, D.G. (1993) 'Bakhtin: carnival and other subjects', selected proceedings from the *Fifth International Bakhtin Conference,* University of Manchester, July 1991, Amsterdam, Rodopi.

Simons, M., Olssen, M. and Peters, M.A. (Eds.) (2009) *Re-reading education policies,* Rotterdam, Senese Publishers.

Smith, J. (2002) *The Shipman inquiry - reports (first report),* Dame Janet Smith DBE, London, Secretary of State for Health, from http://www.shipman-inquiry.org.uk/reports.asp (last accessed 22/09/2010).

Somerville, D. and Keeling, J. (2004) 'A practical approach to promote reflective practice within nursing', *Nursing Times*, 100(12), pp.42-45.

Strauss, R., Mofidi, M., Sandler, E.S., Williamson, R., McMurtry, B.A., Carl, L.S. and Neal, E.M. (2003) 'Reflective learning in community-based dental education', *Journal of Dental Education,* 67(11), pp.1234-1242.

Street, B. (1998) 'New literacies in theory and practice: what are the implications for language in education?', *Linguistics and Education*, 10(1), pp.1-24.

Suhor, C. and Little, D. (1988) 'Visual literacy and print literacy-theoretical consideration and points of contact', *Reading Psychology*, 9(4), pp.469-81.

Taylor, C. (2004) *Modern social imaginaries*, Durham, NC, Duke University Press.

Tennant, M. (1997) *Psychology and adult learning*, 2nd ed., London and New York, Routledge.

Thomas, D.C., Johnston, B., Dunn, K., Sullivan, G.M., Brett, B., Matzko, M. and Levine, S.A. (2006) 'Continuing medical education, continuing professional development, and knowledge translation: improving care of older patients by practicing physicians', *Journal of the American Geriatrics Society,* 54(10), pp.1610-1618.

Thorne, S. (2000) 'Data analysis in qualitative research', *Evidence-Based Nursing*, 3(3), pp.68-70.

Thornhill, C. (2006) 'Karl Jaspers', in E.N. Zalta (Ed.), *The stanford encyclopedia of philosophy,* Spring 2011 ed.,from http://plato.stanford.edu/entries/jaspers/ (last accessed 14/07/2009).

Tilly, C. (1996) *Citizenship, identity and social history,* Cambridge, Cambridge University Press.

Tolofari S. (2005) 'New public management and education', *Policy Futures in Education,* 3(1), pp.75-89.

Turner, V.W. (1975) *Dramas, fields, and metaphors: symbolic action in human society*, Ithaca, New York, Cornell University Press.

Turner, V.W. and Bruner, E.M. (1986) *The anthropology of experience*, Champaign, University of Illinois Press.

Usher, R., Bryant, I. and Johnston, R. (1997) Adult education and the postmodern challenge: learning beyond the limits, London, Routledge.

Vygotsky, L.S. (1978) Mind in society: the development of higher psychological processes, Cambridge, MA, Harvard University Press.

Warwicker, T. (1998) 'Managerialism and the British GP: the GP as manager and managed', *International Journal of Public Sector Management*, 11(2), pp.201-2018.

Weaver, W.D., Nishimura, R.A. and Warnes, C.A. (2008) 'President's page: antimicrobial prophylaxis to prevent infective endocarditis: why did the recommendations change?', *Journal of American College of Cardiology*, 52(6), pp.495-497.

Weber, M. (1978) *Economy and society: an outline of interpretive sociology*, Berkeley, University of California Press.

Weingart, P. (1982) 'The social assessment of science, or the de-institutionalization of the scientific profession', *Science, Technology, and Human Values*, 7(38), pp.53-55.

Welie, J.V.M. (2004) 'Is dentistry a profession?', *Journal of the Canadian Dental Association*, 70(8), pp.529-523.

Wenger, E. (1998) *Communities of practice: learning, meaning, and identity*, Cambridge, Cambridge University Press.

Wenger, E., White, N. and Smith, J.D. (2010) *Digital habitats; stewarding technology for communities*, Portland, OR, CPsquare.

Wengström, Y. and Ekedahl, M. (2006) 'The art of professional development and caring in cancer nursing', *Nursing & Health Sciences*, 8(1), pp.20-26.

Wetherell, J. and Mullins, G. (1996) 'The use of student journals in problem-based learning', *Medical Education*, 30(2), pp.105-111.

Wilenius, P. (2004) 'Enemies within: Thatcher and the unions', BBC archives, 5 March 2003, from http://news.bbc.co.uk/1/hi/3067563.stm (last accessed 06/10/2009).

Wilson, N. (2000) 'Lifelong learning', *British Dental Journal*, 188(9), pp.469-469.

Wilson, T.D. (2001) ‘Information overload: implications for healthcare services’, *Health Informatics Journal*, 7(2), pp.112-117.

Windmiller, N.W., von Bulow, J., Chaffin, C. and Lehrman, N. (Eds.) (2003) *The art and science of being a dentis*t: *leading dentists reveal the secrets to professional and personal success*, 1st ed., Baltimore, MD, Aspatore Books.

Wolf, C. (1989) Kassandra: vier vorlesungen : eine erzählung, Wiesbaden, Aufbau-Verlag.

Wynne, B. (1993) ‘Public uptake of science: a case for institutional reflexivity’, *Public Understanding of Science*, 2(4), pp.321-337.