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DOCTOR OF PHILOSOPHY

Retracing my steps

Taking an autoethnographic journey down the online interprofessional learning pathway

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Retracing my steps: Taking an autoethnographic journey down the online interprofessional learning pathway

By

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PhD

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Certificate of Ethical Approval

Applicant: Patricia Bluteau

Project Title: Retracing my steps: Taking an autoethnographic journey
                                        down the online interprofessional pathway

This is to certify that the above named applicant has completed the Coventry University Ethical
Approval process and their project has been confirmed and approved as Low Risk

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Retracing my steps: Taking an autoethnographic journey down the online interprofessional learning pathway

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To all of those along the way who have walked with me in this journey I thank you.

In particular huge thanks and gratitude for all the support and belief that I would complete the journey - to my family – Andre, Joshua & Raynette.

To Mum & Dad who would be very proud and have travelled with me in spirit – Irene & Cornelius.

To my supervisors for helping me to believe it was possible – Virginia & Rosie

Abstract

This work builds on a sustained and coherent research corpus which has been developed over the last twenty years, commencing in 2002. During this period, the focus of my research has been interprofessional learning (IPL) characterised by the interactions that occur between students of different professional groups (Barr, et al. 2005). This has been explored both in university and practice settings, and has included substantial team awards of £1,000,000 (2002-2005) and £5,000,000 (2005-2010). In the first decade (2002 onwards), I undertook extensive primary research thoroughly immersed in the field (Bluteau & Jackson, 2005; Jackson & Bluteau, 2007; Bluteau & Krumins, 2008; Bluteau & Jackson, 2009a; Jackson & Bluteau, 2009a; 2009b). The second decade (2012-present) has enriched, deepened and consolidated my role as a leader within this arena, and has produced a second wave of publications which form the basis of this critical overview and portfolio. My portfolio of research is highly original, with models and theory drawn from outside the studied domain (Bronfenbrenner (1979; 1986; 1995); Garrison & Archer (2000); Garrison, Anderson & Archer (2000); Mausse, 1954; Rogers (1951; 1957; 1974; 1980; 1983; Winnicott, 1971). These innovative articles have brought fresh insights into the studied context, redefining the concerns and challenges regarding the creation and implementation of sustainable online IPL. The portfolio has been explored by employing an autoethnographic approach, characterised by self–reflecting upon my personal journey and critically analysing how this experience has led me to understand the culture and influence of online IPL. This has illustrated the coherence of my work by retracing my steps through my journey as a leader in the field, and as a research apprentice, to re-examine the 'golden thread' of online IPL.

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Glossary

CAIPE – Centre for the Advancement of Interprofessional Education

CIPeL – Centre for Interprofessional eLearning

CETL – Centre for Excellence in Teaching and Learning

DoH – Department of Health

HE – Higher Education

HEI – Higher Education Institution

IPE – Interprofessional Education

IPL – Interprofessional Learning

IPLP – Interprofessional Learning Pathway

IPeLP – Interprofessional eLearning Pathway

WMS – Warwick Medical School

INTRODUCTION

Introduction

The purpose of this critical overview is to collate and appraise a selection of my recent publications in the context of my development as a researcher, and as my claim for PhD equivalence. This portfolio of evidence emerges from 20 years of scholarship, and constitutes a significant and original contribution to the field of online interprofessional learning (IPL) in health and social care, filling an empty gap in the evidence pertaining to online IPL.[1] IPL is used as the preferred term within this overview, as opposed to interprofessional education (IPE),[2] and refers to "learning arising from **interactions** between members (or students) of two or more professions" (Barr, et al., 2005 p.xxiii).

The portfolio of evidence consists of two peer blind-reviewed invited chapters and three peer blind-reviewed journal articles published between 2014 and 2022. In line with the ethos of IPL, much of the work is collaborative and developmental of others. One sole-authored exemplar is included. My portfolio of research is based upon a catalogue of the first successful, fully online delivery of IPL in the UK.[3] My work has impacted on higher education institutions globally and generated much interest and interaction including invitations to speak at multiple international conferences.[4]

I undertook the research contained in the portfolio based upon my previous work with the online interprofessional learning pathway (IPLP) within two Higher Education Institutions (HEI) in the United Kingdom (UK): my own institution, Coventry University, a post-92 modern university and the neighbouring Warwick Medical School (WMS) within the University of Warwick, a traditional red brick university. The parameters of the portfolio of evidence necessarily relate to the articles published in the last eight years, although my critical overview pays heed to the foundations of the work laid down in previous years of my research into IPL. The portfolio of published work offers an original phenomenological perspective and new knowledge through the connecting theme of *online IPL*. The critical overview explores research from 2014-2022 through a critical review of the five outputs,

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[1] The term online is used throughout this critical overview to refer to the space in which the IPLP was built and accessed. However, the term digital is used here in relation to the Social Media platforms discussed in Output 3 to identify the shift between a closed online group and the vast digital expanse of social media. The clarification of this linguistic difference is supported by the work of my collaborator for Output 3 (see: J. Bluteau, 2022a, p.8).

[2] Interprofessional education refers to the broad overarching concept that is characterised by "occasions where two or more professions learn from, with and about each other to improve collaboration and the quality of care" (Barr, et al., 2005 p.xxiii).

[3] The practical implementation of this field of online IPL for the purpose of this critical overview relates to the bounded online space of the interprofessional learning pathway in outputs 1, 2 & 4. Output 3 & 5 contribute up to date perspectives. Output 5 recognises how the IPL curriculum has matured whilst Output 3 considers the impact of digital engagement for health and social care professional education.

[4] Including a keynote at All Together Better Health conference in Sydney (Bluteau & Jackson, 2010a). For a full list of presentations, see: CV in Appendix 1.

guided by both my own experience as a research apprentice and a leader of IPL. My exploration is informed by the work of Lave (2011; 2019) and focuses on my experience of "*learning by doing*" (Lave and Wenger, 1991, p.31). I illustrate my involvement as I retrace my steps through an autoethnographic lens to analyse the five portfolio outputs, exploring online IPL, and demonstrating my evolution and progress within the field of online IPL as a leader and researcher. I am using autoethnography as my qualitative method sitting within a phenomenological methodology, this has allowed me to re-immerse myself within the online IPL culture that I inhabited (following: Ellis & Bochner, 2000). This notion of inhabiting online IPL lasts beyond the period when the IPLP was live, and continues to the present day to inform my ongoing thinking and understanding of IPL. My autoethnographic appraisal has enabled me to use my own experiences to appreciate the online IPL phenomena and its influence (following: Mendez, 2013) This process does not have an end point, it has been clear to me over the course of my doctoral journey that I continue to adopt new approaches by reviewing my earlier work. This has been facilitated by engaging critically with the passage of time using my research diaries and related images as a research tool,[5] which have enabled me to return to significant events and explore temporal snap shots within my diaries. In this way and through a critique of my portfolio publications, I evidence my position within the field of research and look forward to my next steps.

Ethical Approval

Ethical approval from Coventry University Ethics Committee was obtained to support this critical overview (see: ethics approval certificate). Outputs 1, 2, 4 & the case study component of Output 5 were covered by an expansive ethics approval from Coventry University and the University of Warwick's Ethics Committees that was sought in 2004 to support research into the IPLP and the subsequent development of IPL. This was initially submitted to support a PhD that I started in 2005. When I withdrew from this, I amended the ethics application, maintained ethical approval and continued to publish. Advice was sought from Coventry University Ethics Committee regarding Output 3 in which public facing social

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[5] My research diaries contain reflections and images across the years, detailing my thoughts, feelings and experiences through the last 20+ years and have become an ongoing important reflective element – see: Robson (2011) for more on research diaries. In this context, I am returning to them, using the content and the memories that are evoked as an autoethnographic resource to analyse the components of the portfolio. I started my research diaries alongside early periods of research and in preparation for early PhD study which I later abandoned due to my Dad's ill health and subsequent death, leaving Mum also in ill health, requiring care and support, taking precedence over a PhD. Equally my practice of keeping reflexive supervision diaries of my counselling and psychotherapy practice fed into this habit.

[6] To my knowledge, a common first year has never fully been embraced for all health and social care courses in the UK (although currently this is once more under discussion at Coventry University). A foundation year for health professional courses (level zero) is delivered at the University of the West of England which allows students who are successful to choose to enter their preferred health course.

media was explored in order to create a theoretical understanding of digital resilience. Guidance was received and the study was deemed by the University Ethics Committee and the Journal to be below the low risk threshold. As such, ethics was not required.

Overview of the research context

> *"Whenever professions may have first shared their expertise, interprofessional education – planned and structured opportunities for interprofessional learning – did not begin until the 1960s."* (Barr, 2018, p.7)

Whilst pockets of opportunity for interprofessional activity began to appear in the 1960s it took until early in the 21st century for IPL to be accepted as having enough relevance and importance to be included in health and social care professional courses within the United Kingdom (UK). Two key papers (DoH, 2000a; 2000b), concentrating on developing the NHS workforce, highlighted the importance of team working and collaboration. Key messages were directed at higher education institutions delivering health professional education regarding the need for professionals to be able to work flexibly, move between courses and implement a common first year.[6] This was in order to produce new types of roles to meet patients' needs (see: Bluteau & Jackson, 2009b, pp.24-36). In 2022, these aspirations remain.[7]

The response in 2000 from HEIs was tepid.[8] Janet Finch (2000, p.1138) the Vice Chancellor at Keele University responded with a willingness to work with the vision, however made it clear that HEIs "*require greater clarity about health service objectives*". The response from HEIs nationally was hesitant, reacting with concern to the proposition that HEIs needed to implement curricular changes with the key question – would IPL be situated in theory or practice modules? Finch (2000) indicated that the answer was probably in practice.[9]

First Steps

Looking back through my autoethnographic perspective,[10] my interest in interprofessional collaboration began when I was in practice. In 1986, I wrote my first article (Bluteau & Long,

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[6] To my knowledge, a common first year has never fully been embraced for all health and social care courses in the UK (although currently this is once more under discussion at Coventry University). A foundation year for health professional courses (level zero) is delivered at the University of the West of England which allows students who are successful to choose to enter their preferred health course.
[7] Today, in 2022, new roles have emerged – the first contact practitioner, and the advanced clinical practitioner are useful examples and starting to become important and valued workforce members.
[8] Skinner (2007, p.359) summed up one professions response to the NHS Plan (DoH, 2000b): "*the medical profession has become more sceptical of its agenda, concerned that interprofessional education seeks to equip cheaper generic health care workers and 'de-professionalise' medicine*".
[9] See: Bluteau & Jackson, (2005) and Jackson & Bluteau, (2007) for experiences on the difficulties of embedding interprofessional learning into practice.
[10] See: Part 1, 1.1 for further details on engaging with an autoethnographic approach.

1986) which described the interventions that had taken place in partnership with a client over a nine-month period of care, and offered new insights and hope in breaking the cycle of mental illness.   At that time, as a ward sister, I led a multi-faceted and multi-professional team of likeminded mental health professionals in a 28-bed acute psychiatric ward within the Coventry in-patient mental health trust. The team of inpatient and community mental health nurses, psychiatrists, occupational therapists, pharmacists, social workers and physiotherapists worked closely together to create an interprofessional synergy.

During the 1980s the term interprofessional was not in common usage. Barr's (2002, pp.9-13) review of this period points to pockets of interprofessional activity. However in reality, multidisciplinary team working was accepted as good practice and the linguistic subtlety of working interprofessionally had little currency.

Today, the process of working interprofessionally is recognised as an essential component of good client care, (see: Schot, et al., 2020), a rigorous systematic review of 64 articles on interprofessional collaboration which span the last two decades. This significant work charts the growth of interprofessional activity, tracing the development and relevance of interprofessional working in practice. Schot, et al. (2020) both confirm the importance of interprofessional working "*by bridging multiple types of gaps, by negotiating overlaps in roles and tasks, and by creating spaces to do so*" (p.339),[11] and suggest the need to engage students in IPL both online and face-to-face.

Making IPL work at Coventry

> *"Would it not be more effective to envisage a substantial amount of interprofessional learning taking place in clinical settings, where students are dealing with real life circumstances; where they can see the contributions of the different members of the team; where they can learn to work together and can indeed take over each other's roles where appropriate?...The organisational challenges would be considerable – but the gains could be enormous"* (Finch, 2000, p.1140)

The response from Finch (2000) still holds true, and it continues to be argued by many proponents of IPL that the ideal site for IPL is in practice. To this end, an important strand of my work has been in practice settings with Ann Jackson (Ann J) who led our practice strand, in which I supported every step (Jackson & Bluteau, 2009a; Jackson & Bluteau, 2009b; Jackson & Bluteau, 2011; Jackson, et al., 2011; Jackson, et al., 2013). Yet, embedding IPL in practice is not an easy solution, with particular difficulties in offering all students an

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[11] Barr (2018) also addresses this growth of interprofessional activities in more detail, indicating the advances that supported interprofessional education and the growth of interprofessional working in practice settings from 1966-1997. My ongoing concern is that IPL within the UK has stalled. Looking at recent articles, pilots are still occurring in practice settings, but the organisational constraints remain against engaging students in established and sustained IPL in practice.

equitable practice-based experience of IPL, due to local constraints such as staffing and a lack of enthusiasm for additional educational requirements. Fundamentally, my experience in this field has shown that it is difficult to arrange practice experiences that are sustainable and authentic (although possible with determination). It is difficult to negotiate time and space within professional curricula to work with other professions with "*many professionals still harbouring beliefs that IPE is no more than a covert method of deskilling professional groups and a threat to professional autonomy*" (Jackson & Bluteau, 2009a, p.191).

The Interprofessional Learning Pathway (IPLP)[12] was my response to the need to engage our health and social care student population with IPL. I led the online IPL strand of our activity, with Ann J as my unwavering support. I wanted students to be prepared to work interprofessionally in practice, to understand why it was important, and what it could offer the patients and other team members. This online asynchronous IPLP was created and embedded for Coventry University and Warwick Medical School (WMS) health and social care professional students (Bluteau & Jackson, 2009c, pp107-121). I described the IPLP as an "*e learning model of interprofessional education (IPE) which occurs virtually across four university sites, innumerable practice placements and on a plethora of computers across the homes of participating students and facilitators*" (Bluteau & Jackson, 2009c, p.107). In addition, I noted that it was "*an online model interwoven through a three year curriculum, which allows IPE activities to be undertaken asynchronously by large numbers of students (1000+) simultaneously*" (Bluteau & Jackson, 2009c, p.107). Colleagues across the world of IPE were starting to engage with IPL online but we were a small distinct group and the work of others tended to be less ambitious in terms of student numbers and longevity (Connor, 2003; Hughes, et al., 2004; Juntunen and Heikkinen, 2004; Moule, 2006; Miers, et al., 2007; Soloman et al., 2010). In later work, the IPLP described in Bluteau & Jackson (2009c) was seen as "*a refreshingly candid description of delivering e-IPE*" by Freeth (2013). More widely, important influencers in the interprofessional world (Thistlethwaite, 2012; Thomas & Quinney, 2011) drew upon our work to illustrate how IPL could be developed for large numbers of students and delivered online.

The IPLP

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[12] In the early days, the IPLP was sometimes referred to as the IPeLP to highlight the fact that it was purely online, and in Bluteau and Jackson (2009a), it is referred to as the IPeLP. However the extra 'e' has not remained in popular use and IPLP has been more widely adopted.

[13] It is important to note that this portfolio of outputs does not focus on the digital infrastructure of the IPLP. This is worthy of discussion but beyond the scope of this critical overview.

Figure 1: An example front screen of IPLP Year One - taken from Bluteau & Jackson (2009c). NB. Image removed due to copyright.

The IPLP was an online space built initially on the platform WebCT Vista in 2005.[13] In this space a 'waiting room' was built, in which all students, facilitators and leads had access. This was set up to run at three preordained points throughout each course, with up to 1200 students per offering. Our (Ann J & I) initial thought was that once the groups had launched the waiting room would become redundant, however students and facilitators were seen to inhabit this space across the time period of each offering – dropping in to find a more social space, seeking synchronous conversation. The waiting room had a small number of prompts (which included encouragement to introduce yourself and connect with others in a social manner) but did not have any assessed activities -'etivities' (see: Salmon, 2002). Once in the waiting room students were given access to small mixed professional groups of up to 15 members and the associated patient case study, containing content, and etivities. Once they had entered their group the students engaged in the first etivity by introducing themselves

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[13] It is important to note that this portfolio of outputs does not focus on the digital infrastructure of the IPLP. This is worthy of discussion but beyond the scope of this critical overview.

and stating their profession. Each week, they were required to read the case study episode and post a response to each etivity.[14] They also had to post a minimum of two responses to posts of their fellow group members each week, in order to maximise engagement. The same case study ran for the whole period of engagement, but new episodes were released each week – an unfolding story with new dilemmas and new etivities.

Groupings of students and case studies changed across the three delivery points. Each group was facilitated by a trained facilitator,[15] and participants could access content "*anytime, anyplace, anywhere*" – an unusual approach for staff and students in 2005 (Coventry University, 2005, p.4). Students were summatively assessed on their postings to demonstrate meaningful engagement and interaction and marked by the facilitator. Early in the life of the IPL an extra summative piece of written work was required but later we moved to an assessment of postings, as it was apparent that the rich conversation was more than adequate and the extra piece of work was a distraction. Every run of the IPLP was evaluated using an online survey, and once students had completed the survey they were sent 'gifts' from Conrad, the learning technologist.[16]

This concludes the brief contextual overview. In the next section I set out the aims and objectives of this thesis and the chronology of the outputs.

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[14] Durations varied across the life of the IPLP, but generally Year 1 – 5 weeks, Year 2 – 4 weeks & Year 3 – 3 weeks
[15] I created a training course with colleagues named eSPIRE to prepare facilitators to engage online.
[16] Conrad was keen to encourage students to complete the online survey and to do this created a set of games that were released to students once they had completed it. He described these as gifts. Interestingly, this increased the online evaluation return considerably.

Aims and objectives of the critical overview

Aim

The aim of this critical overview is to provide an autoethnographic exploration of my evolution and progress within the field of online IPL, through a contextualised review of my portfolio publications within a temporally bounded research period.

Objectives

Table 1: Objectives mapped against the portfolio outputs.

Objectives mapped against outputs	1	2	3	4	5
Critically engage with the passage of time through case studies as temporal snap shots.	√		√		√
Create original perspectives that offer new knowledge to the delivery of online IPL	√	√	√	√	√
Reconstruct existing evidence to conceptualise novel approaches to IPL online communication		√	√	√	
Explore areas for potential future research into online IPL.	√	√	√	√	√

Table 2: Chronological list of portfolio outputs.

Output	Reference	Categorisation	Original contribution	Citations (Google Scholar)	Description & *Significant contribution to knowledge category*
1	**Bluteau, P.A.S.,** Jackson, J.A., Clouder, D.L., & Davies, B. (2014). Lessons in implementing IPE. In Barr, H., Helme, M & D'Avray, L. (Eds.), *Review of Interprofessional Education in the UK 1997-2003.* CAIPE. 48-55.	invited peer reviewed chapter	Original case study of innovative IPL	70 citations for whole publication	A case study of the creation, development and operationalisation of interprofessional education at Coventry University - *Add progressively to the understanding of online IPL, by a series of linked in-depth studies*
2	**Bluteau, P.,** Clouder, D. & Cureton, D. (2017). Developing interprofessional education online: an ecological systems theory analysis. *Journal of Interprofessional Care,* 31(41), 420-428.	peer-reviewed journal article	Original use of model in IPL context	63	An ecological systems theory analysis of online IPL in pre-registration health and social care students - *Extend model from one field to another and show how its use deepens understanding of online IPL*
3	Bluteau, J. & **Bluteau, P.** (2020). Call of interprofessional duty: an ethnographically informed discussion on preparing students to be digitally resilient. *Journal of Interprofessional Care,* 34(5), 662-667.	peer-reviewed journal article – Special Edition	Original collaboration between anthropology and health using methodological	7	Response to COVID-19 and digital gift-giving in a health context recommending increasing digital resilience in student healthcare professionals - *Develop a new methodological approach to open up the field of*

Output	Reference	Categorisation	Original contribution	Citations (Google Scholar)	Description & *Significant contribution to knowledge category*
			tool in new context		*online IPL to initiate further research*
4	**Bluteau, P.** (2020). The good enough facilitator: exploring online interprofessional therapeutic facilitation in times of COVID-19. *Journal of Interprofessional Care*, 34(5). 647-654.	peer-reviewed journal article - Special Edition	Original use of existing model in new context	8	Exploration of the notion of being 'good enough' from a therapeutic perspective and how this can be applied to the facilitation of online IPL - *Extend model from one field to another and show how its use deepens understanding of online IPL*
5	Pitt, R., **Bluteau, P**. & Hutchins, M. (2022). With, from and about - the evolution of the UK Centre for the Advancement of Interprofessional Education (CAIPE). In Khalili, H., & Joosten-Hagye, D. (Eds.), *Interprofessional education and collaborative practice: micro, meso, and macro approaches across the lifespan*. Cognella. 285-302	invited peer reviewed chapter	Original case study building on Output 1 returning to the field	0	A return to Output 1, documenting case study of the ongoing development and innovation of IPL at Coventry University - *Add progressively to the understanding of online IPL, by a series of linked in-depth studies*

Next Steps

In Part 1, I will explore my areas of research interest and the autoethnographic approach employed for this portfolio, before looking back and presenting a personal context for the portfolio of research outputs. I will also set the scene for the portfolio by putting my work at Coventry University into a more detailed context. In Part 2, I will present an evaluation and synthesis of the portfolio outputs. Finally, in Part 3, I reflect on my development as a researcher and look to my future research, before setting out my claims for PhD equivalence.

PART 1

Part 1 My areas of interest in research

My work represents a sustained and coherent research corpus developed over twenty years, commencing in 2002. The focus of my research is IPL both in university and practice settings. My work has been underpinned by substantial team awards of £1,000,000 (2002-2005) and £5,000,000 (2005-2010) which led to national recognition of my expertise. In the first decade (2002 onwards), I undertook extensive research thoroughly immersed in the field. The second decade (2012-present) has enriched, deepened and consolidated my role as a leader within this arena, and has produced a second wave of publications which form the basis of my critical overview.

1.1 Engaging with an autoethnographic approach

My autoethnographic approach employs my experience of nursing, counselling clients with mental illness, working as an academic, doctoral candidate, and being a mother, daughter, and wife – a multi layered identity (following: King et al., 2014; Smith, et al., 2020; Billot et al., 2021) – to analyse the phenomenological experience of inhabiting the online research site.[17] My research has been situated and influenced by the events that have, at times, taken over my life. My parents have both had significant periods of illness throughout the 20 years where I have been an active researcher, and as part of a close family and an only child, at times research has taken second place to their care.

Ontologically, my autoethnographic exploration necessarily intersects with my therapeutic self. This ontological understanding of researcher-as-therapist flavours my methodological approach and enriches my analysis. For over 30 years, working as a counsellor and later as a researcher, I have taken extensive notes and written diaries, maintaining the core conditions set out by Rogers (1957, p.241).[18] Autoethnographically I frame these as pieces of thick description (following: Geertz, 1975, pp.3-30), which allows a (re)examination of my experiences, thoughts, memories and feelings as research materials.[19] This allows my ontological positionality to (re)inscribe meaning on retracing my steps – I explore this further in Part 3 – a process which has shaped this critical overview and the analysis of the theme of *online IPL*.

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[17] The exploration of academic identity is touched on within this overview and worthy of greater discussion but is outside of the scope of this submission.

[18] The conditions that Rogers (1957) advocated related to a set of six conditions necessary for therapy to occur. These conditions included unconditional positive regard, congruence, engaging with the client's internal frame of reference and empathic understanding.

[19] Thick description in this case includes diary entries, images, catalogued research materials and new autoethnographic writing.

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Ellis (2004, p.37) identifies the importance of the personal story and cultural context for autoethnography. Chang (2008, p.46) contests this definition and argues that it "*follows the anthropological…approach rather than…performative storytelling*". Definitions are clearly debated, as Moors (2017) acknowledges, but I suggest that Chang's reticence towards storytelling misinterprets the value of thick description (see: Geertz, 1975, pp.3-30). The work of Ellis (1991; 2004) and Ellis and Bochner (2000; 2006) have influenced the approach I have taken, but my autoethnography also draws on Moors' (2017) discussion on what autoethnography is. Moors (2017, pp.387-388) argues that if one is "*part of a particular lifeworld*" then their "*point of departure*" will be different. This means that autoethnography only begins when one transitions from "*participating to reflecting…on one's experience*" (Moors 2017, p.388). This exemplifies the importance of autoethnography in retracting my steps, moving from conducting research to reflecting upon it.

There are critics of an autoethnographic approach. Mykhalovskiy (1997) suggests that reflexivity can be deeply self-indulgent if the person exploring does not have the capacity for criticality – mirroring Reed-Danahay's (2017, p.145) thoughts regarding Bourdieu on autoethnography, where she comments that he may have considered it "*a certain form of narcissism*". Chang (2008, pp.54-55) acknowledges these "*pitfalls*", and warns against an "*overreliance on memory*" to retain an objective analysis of cultural context.[20] In my work this is achieved by returning to rigorously recorded research diaries and images (following Stanley, 2022, pp.8-10), rather than a reliance on memories. In addition, Findlay (1998) asserts the importance of drawing attention to the experience of the researcher rather than dismissing it, in case the experience impacts on the research. I do this throughout employing different voices at different points in this critical overview to evoke my lived experience. Figure 2 is an example of a page in my diary an intersection of thoughts when the first episode of IPLP was about to launch and Dad was dying.

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[20] In this critical overview the cultural context is taken to be the interprofessional learning experience within a multi-layered world of health and social care professional courses situated within an HE setting. A complex cultural amalgam of different professional cultures, which collaborate to create the culture of interprofessionality, but which equally recognises the retreat of individuals and teams into siloed uniprofessional tribes. A cultural melee in which tensions are ever present due to the differing professional requirements and accepted professional hierarchies. Malinowski (1964, p.40) remarks that "*each culture owes its completeness and self-sufficiency to the fact that it satisfies the whole range of basic, instrumental and integrative needs*". In this sense, an interprofessional culture has to constantly assert and define itself, both as being worthwhile, and as it is in direct competition for time and space within the curriculum, as indispensable. Differing professional groups have clear cultural identities through distinct roles and knowledge which are attached to their profession. However, I would argue that professionals who are able to engage with an interprofessional understanding are able to strengthen their cultural identities, and improve the experience of the patients receiving care. The overriding issue within the development of a culture of interprofessionality, is perhaps not surprisingly, the consequence of IPL not being given equal value in comparison to the chosen uniprofessional culture.

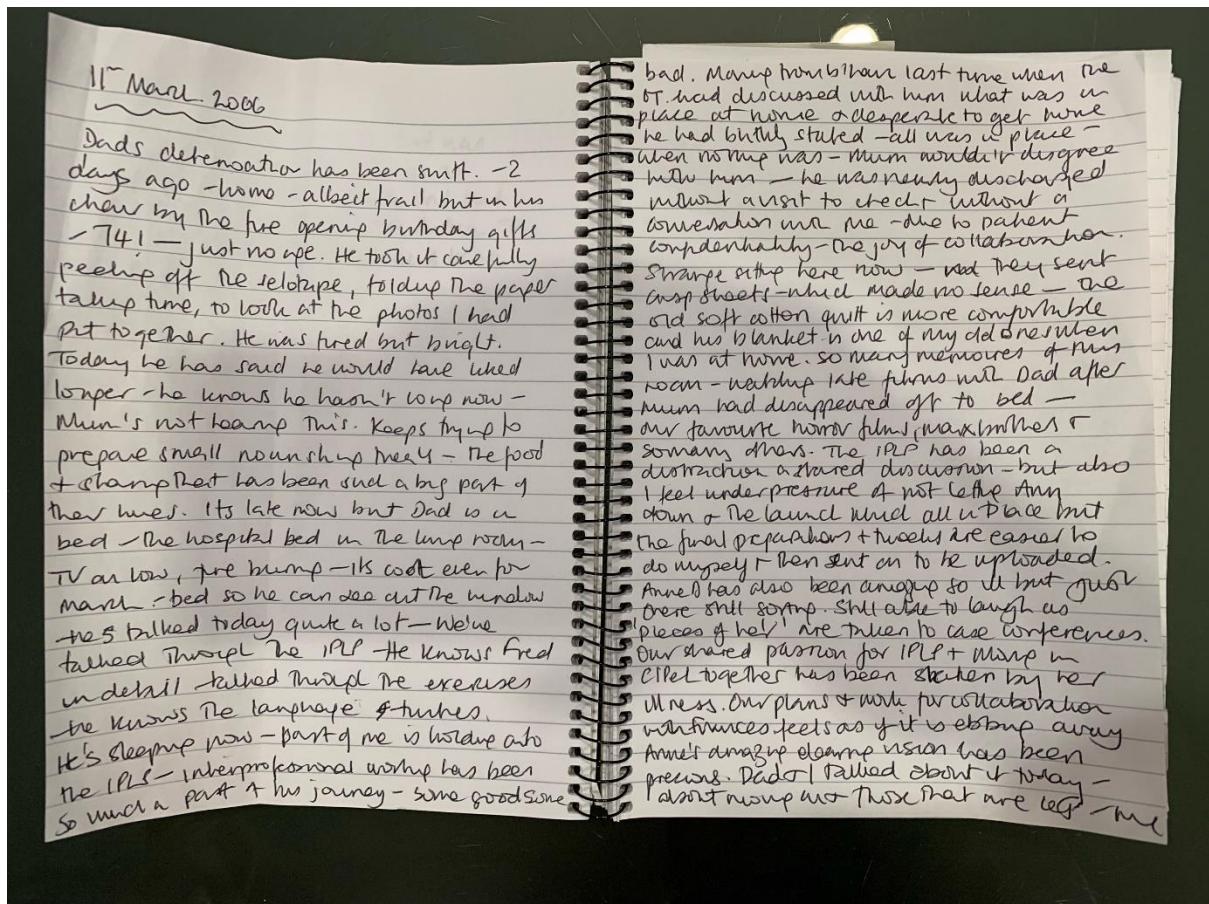**Figure 2: Research diary entry from 11ᵗʰ March 2006.**

1.2 A personal context for the portfolio of research outputs

> *"…there are always new thresholds to cross…summer and winter… birth,
> adolescence, maturity and old age."* (van Gennep, 1972, pp.189–190)

Timeline top markers:
- 1972–1979 — Bishop Bright Grammar School (Leamington Spa)
- 1981–1983 — Staff Nurse (acute psychiatry)
- 1984 — Married to André
- 1985-1987 — Leading & Developing Counselling Service (Coventry mental Health Unit)
- 1987-1993 — Part-time degree in Social Studies (University of Warwick)
- 1990-1991 — Psychotherapy Training (University of Warwick & Coventry Psychology Department)
- 1994-1996 — Postgraduate Certificate in Research and Evaluation (University of Warwick)

Timeline bottom markers:
- 1979-1981 — Nurse Training (Coventry School of Nursing)
- 1983-1984 — Counsellor Training (Birmingham Polytechnic)
- 1983–1985 — Ward Sister (acute psychiatry)
- 1987-1989 — Student Tutor & Teaching Training (Coventry School of Nursing & Wolverhampton Polytechnic)
- 1989-1996 — Nurse Tutor (Coventry School of Nursing)
- 1991 — Joshua born

Figure 3: Timeline of the early years.

1.2.1. School

My secondary years in education, (aged 11-18) shaped my desire to investigate and explore, within a specific 'enquiry-led' context. I attended Bishop Bright grammar school in Royal Leamington Spa. A period of change both as a developing adolescent but also through the 1970s, a period of socio-economic and socio-cultural upheaval. The school was new, not yet full when I arrived, but more importantly came with an unusual approach. The ethos was established to celebrate the community rather than the individual, competition was not encouraged – rather an environment that concentrated on the life and achievements of the community. The seeds of collaboration in an interprofessional education setting were being sown. Peter Hastings, the head teacher of Bishop Bright grammar school, discussed his approach in his text - *Educating the elephant's child* (Hastings, 2010). Much of the text stands out as a blueprint for collaboration and humanist engagement. He characterised his enquiry led approach by asserting that "*the school must stimulate the pupil to exercise his intelligence through the dynamics of understanding to attain clarity and inventiveness. It must help him to spell out the meaning of his experiences and their truths*" (Hastings, 2010, p.21).

A fundamental aspect of the Bishop Bright approach was the philosophical underpinning that "*encouraged co-operation and respect rather than competition and comparison, while respecting individuality*" (Hastings, 2010, p.40). Pupils were encouraged to engage in projects of their own making. While homework was banned for early secondary years, we were encouraged to read widely and discuss and explore areas that were of interest to us.

This was a person-centred[21] approach – person-centred in that those in the community were encouraged to value both themselves and others.

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Figure 4: School photo – early in the journey.

1.2.2. Nursing & Counselling

On leaving school I trained as a mental health nurse, and gained insights in supporting others with mental illness. Whilst doing this I trained and practised as a counsellor in the

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[21] Person-centred, humanistic approach in this context resonates with the work of Carl Rogers (1951; 1957; 1974; 1980) with the ethos of exploring the client's experience in the here and now.

humanist tradition, and soon after continued with psychotherapy training in a time-limited psychodynamic mode.[22]

The wards were unpredictable environments full of individuals with severe mental illnesses. In the early days, I worked closely with Dr Clive Long, Clinical Psychologist, and together we were able to move the team from the delivery of accepted care to understanding why we were carrying out certain regimes and to test out new ideas, reviewing interventions through clear plans of consistent care (Stuart & Sundeen, 1983, pp.136-138; Ward, 1985). Lave (2019) discusses apprenticeship in terms of the anthropologist working in the field alongside individuals learning their craft, but for me working with Clive, enabled me to enact this curiosity and to develop my early research skills working as research apprentice – a researcher learning the craft of research alongside an experienced researcher whilst immersed within the field – an acute psychiatric ward.[23]

During the recent COVID-19 pandemic, social media and the news media have shared images of interprofessional teams in hospitals coping with acute physical illness. The most striking of these images show teams, decked in scrubs with sticky labels to differentiate the profession, the expertise of each professional is offered through seamless teamwork (Output 3). This resonates with my experience leading a team in the 1980s. When the team needed to restrain a client from harming themselves or others, we worked as one, in therapeutic activities we would work together to all become competent to step into difficult situations. So I would confirm that interprofessional activity was the norm within this period, although rather than identifying this as interprofessional working, it was considered good team working. Stuart & Sundeen (1983) reinforcing the understanding of team working in that period.

> *"An essential part of nursing service is cooperation and collaboration with other health care providers. Nurses may be members of three different types of team - unidisciplinary, having all team members of the same discipline; multidisciplinary, having members of different disciplines who each provide specific services to the patient; and interdisciplinary, having members of different disciplines involved in a formal arrangements to provide patient services while maximising educational interchange"* (Stuart & Sundeen, pp.13-14)

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[22] The psychodynamic approach enables the counsellor to help the client gain insight into their psychological development and the impact this has had on their present (see: Malan, 1995)

[23] The "*field*" of the research is discussed in the discipline of anthropology, and clarified by Lewis (2003. p.380): "*the 'field' may now be such familiar home ground as a street corner, a neighbourhood, a factory or other workplace, a voluntary fire service, a psychiatric centre, a charismatic church or any other area of contemporary urban (as well as rural) activity where people interact intensively in a particular cultural style characterised by shared values and understandings*".

Figure 5: Ward Sister – leading a team and engaging in collaborative working.

1.2.3. Being an Apprentice

> *" [ethnographers]…painted pictures of circumstances in which apprentices, learning, might plausibly be viewed as actively part of social being/doing in the world and hence part of social relations more generally"* (Lave, 2019, p.51)

Whilst Lave concentrates on apprenticeship in terms of the ethnographer working alongside the people that they were studying, I suggest that there are close comparisons, in the new researcher working alongside the experienced researcher, the mental health nurse working alongside other mental health professionals learning their craft, and in turn working alongside the client to engage with their concerns. Lave's (2019, p.51) work is striking and recognisable in my experience of becoming a researcher both in psychiatry, face to face IPL, and later in online IPL, with her depiction of "*messily enmeshed social, economic, educational facets of everyday life around and in ongoing craft practices*".
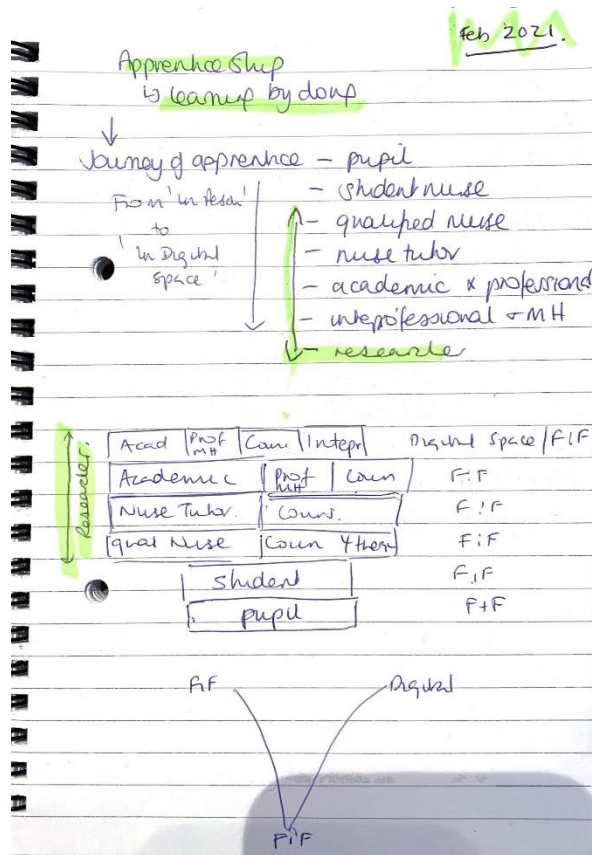
Figure 6: Diary entry – early thoughts on being an apprentice.

1.2.4 Nurse Tutor to Senior Lecturer

Today at Coventry University, and across the UK, mental health student nurses sit within the wider group of nursing fields to learn in university settings.[24] My practice as a nurse educator in mental health in the late 1980s and early 1990s would be thought radical today, in terms of the time given to learning about nursing people with a mental illness, taught in discrete, small intakes of eight students in a nursing school attached to a psychiatric unit. At that time, mental health nurses undertook a specialist course that focussed solely on individuals with mental illness. Other professionals were a key part of the education process, and seen as partners in the development of a portfolio of skills. The nursing school was on the site of the mental health unit, and strong partnerships with clinical colleagues allowed discussion to be responded to quickly and relevantly within the moment. Interprofessional discussions were commonplace – part of the fabric of nurse education.

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[24] Nursing has four fields of practice – adult, mental health, learning disabilities, children and young people - Nursing & Midwifery Council (NMC, 2019). Nurses and Midwives (Parts of and Entries in the Register) Order of Council 2004 (legislation.gov.uk)

In 1989, the nursing school joined the university, initially at distance and, in 1996, fully moving onto the university campus – following the advent of Project 2000 which moved nurse education into HEIs (UKCC, 1986). In my role as a senior lecturer and course director based in the university, we recruited larger intakes and moved to a common first year for all four branches of nursing. From 1996 to 2002 this continued, and the courses became embedded and more established within the structure and identity of the University.
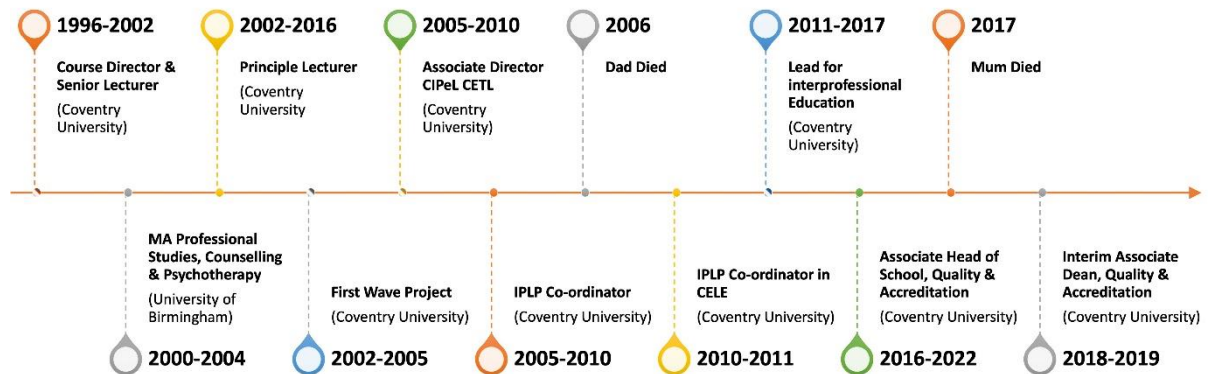
Figure 7: Timeline of the IPLP years.

1.3 Setting the scene for online IPL

In 2002, I seized an opportunity for a secondment to a Department of Health project which aimed to modernise Allied Health Professional education (2002-2005) by developing opportunities for interprofessional activity. The project enabled my collaboration with Dr Anne Davidson. Anne and I explored practice settings, shadowing patients and professionals to understand their experiences and those they interacted with. The role I undertook was to create opportunities for interprofessional education, and Anne's was to write original case studies on which the opportunities would focus. It was a symbiotic, mutualistic relationship in which innovation was fundamental.

The research submitted in this portfolio builds on this earlier research that began in 2002 and that would lead to the creation and delivery of the online IPLP in the Faculty of Health and Life Sciences at Coventry University. The IPLP was launched in 2005, and was the capstone of my contribution to the IPL strategy for 12 undergraduate professional groups. Building on this work, in 2005, our success in winning a national Higher Education Academy (HEA) grant led to the creation of a collaborative Centre for Excellence in Teaching and

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Learning (CETL) led by Anne at Coventry who sadly died in 2006, 2 weeks after Dad, leaving a large gap, and Professor Frances Gordon at Sheffield Hallam University. We were awarded £5,000,000 over five years to develop and build a centre which ran in parallel to the introduction of the IPLP. The IPLP was a faculty-wide health and social care curriculum which emerged directly from my work in the preceding first wave modernisation project which had been funded by the Department of Health (2000c) modernising allied health professional education agenda. I led the development of the IPLP both strategically and operationally in the early days, and combined this with the role as an Associate Director in the CETL – the Centre for Interprofessional eLearning (CIPeL) (2005-2010). This allowed me to support others in creating new online learning objects for utilisation in the IPLP, and to work creatively with the learning technologists to experiment with new ways of creating online interprofessional artefacts.

Figure 8: Hosting CAIPE regional forum at Coventry University 2007 - workshop activity.

Following the CIPeL years, I continued to lead interprofessional education in the faculty of Health and Life Sciences at Coventry University through the development of the Collaborative Curriculum in 2013. This was a new interprofessional curriculum in which blended learning became the focus and included the development of the Collaborative

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Capability Framework which continues to be an embedded part of the revised 2019 interprofessional health curriculum and is referenced in Outputs 3 & 5. Since 2013, I have also worked closely with the UK's Centre for the Advancement of Interprofessional Education (CAIPE) as an elected board member. In 2017, based upon my contribution to interprofessional education, I was invited to become an executive member of CAIPE. This appointment facilitated my influence on interprofessional education locally, nationally and globally. I have also been a key member of two recent CAIPE research projects to further understanding and push boundaries in the development of interprofessional education.[25]

1.4 Further steps

In part 2, I will review the links between the portfolio outputs followed by a review of the theme, before describing the outputs and detailing their influence.

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[25] These projects are a 2020-2021 Scoping Interprofessional Education project within the ACP curricula. Health Education England (HEE) CAIPE £20,000, and a 2018 - 2019 project implementing the recommendations of an investigation to understand and evaluate the best ways to educate for and promote integrated working across health and care sectors Health Education England (HEE)– Joint Award Coventry University & CAIPE £30,000

PART 2

Part 2 Evaluation and Synthesis of the Portfolio Outputs

2.1 Synthesis of links between the portfolio outputs

The outputs are presented chronologically yet are inexorably entwined, drawn from my research, they demonstrate an organic progression of new ways of thinking about online IPL. These outputs are intended for academics, and aim to extend both their understanding and sense-making of a key question: why do students need to engage in IPL? In simplistic terms, it might seem obvious. Professional, statutory and regulatory bodies tell us so. Health and social care courses are driven by their standards, and these dictate that health and social care professionals should work together to improve the patient's experience. From an autoethnographic perspective, I have first-hand experience with the care of both my parents, and in working with students in practice that engaging with interprofessional working improves the patient's experience.

My previous work[26] and portfolio outputs 1-5, demonstrate that there is much to gain from IPL. The portfolio outputs concentrate on theoretical explanations (Output 2 & 4), an authentic account of the IPLP (Output 1) and an up to date review of IPL at Coventry in the context of the work of CAIPE (Output 5). Finally recommendations on the importance of digital resilience to support online engagement and interprofessional relationships (Output 3). My work interprets the effect of online IPL and its importance to academics. The point of IPL is to improve patient care and my work elucidates this by illustrating the value of engaging in IPL.

The main theme that flows through and underpins my outputs is online IPL. This is the key thematic trope and binds the outputs collected in this portfolio. Online IPL underpins all of my research within this portfolio, and is both the object of study and the thematic 'glue' that makes this portfolio cogent and coherent. This is supported by the placedness of myself as researcher, and my role as leader within the field. These elements underpin my outputs, and engage with both my experience as a research apprentice and leader, my lived-in-world (following: Lave, 1993, p.7).

My experience as an apprentice and leader is a significant part of my journey.[27] Learning whilst doing, and building upon these experiences to facilitate others, as a nurse, academic,

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[26] See: Appendix 1 - CV.

[27] My experience as an apprentice has also enabled me to consider the concept of becoming a master at different points in my journey – for instance as a nurse, a counsellor, an academic and a leader. It could be argued that mastery has allowed me to support others within their apprentice journey, yet fundamentally my apprentice role is an ongoing journey with always new elements to learn and develop. This recognises that in the role of master I am also always an apprentice with more to learn from others. Lave & Wenger (1991, p. 93) note

and researcher, has led to my development in these areas, and in turn has developed my understanding of my position as an insider researcher (Pike, 1954; Reed-Danahay, 2017) – I explore this further in Part 3. My experience as an apprentice and insider has allowed me to engage with the multiple realities of the IPLP.[28] This repeated immersion, and reworking of the pathway, has strengthened my ongoing work following Lave's (2011; 2019) understanding of being an apprentice in terms of "*learning by doing*".

I will now consider the key theme which links my outputs – online IPL. Following this, I will explore the substantive contribution and influence of each of the five outputs.

2.2 Theme: Online Interprofessional Learning

IPL (see: Barr, et al., 2005, p.xxiii) can take place face-to-face or online. Looking back across my outputs it is evident that the online interactions between students are the key focus here, manifested through the meaningful exchanges that were evident within the IPLP groups. The most innocuous of comments had considerable influence on students' learning and students documented their working practices and knowledge of their profession in their IPLP posts. In doing so, they were able to share valuable insights and glimpses into their lived-in-world:

> *"you shouldn't give the tablets before breakfast because they will make her feel sick…"* (Pharmacy student joining IPLP as part of an international visit, 2008)

> *"Mrs *** is on this benefit (link removed) so we can't do that…"* (Social work student, 2006)

> *"...if you dress Mr *** he won't learn how to put his own cardigan on and then we will struggle at home – I know it takes longer..."* (Occupational Therapy student, 2010)

These moments are akin to the 'penny dropping' – that moment of realisation that would not have occurred without the interprofessional interaction between students. This ultimately creates the potential for a change in their thinking, and as a consequence, their practice.

One of the strengths of online IPL is that it overcomes some of the barriers that exist face-to-face. These barriers range from professional uniforms and their overt hegemonic visibility, to the practicalities of assembling large groups of students in one location. Students report that

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"*In apprenticeship opportunities for learning are, more often than not, given structure by work practices instead of by strongly asymmetrical master-apprentice relations*". This is also apparent both in the students discovering their profession, and facilitators as they are "*learning in doing"* online. In essence, this is by embracing situated learning (Lave & Wenger, 1991).
[28] This notion of multiple realities describes the different roles I took during this period including researcher, leader, facilitator, and participant.

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the anonymity afforded by the online space is freeing and allows for conversations to occur that they would not be comfortable to have face-to-face.[29]

2.3 Developing this theme

The comfort reported by students in engaging online can be theorised as a result of the site of affect (following: Edwards, 2015, p.236) – which I have tried to capture as the 'online atmosphere' in Figure 9.[30] This online space, which students inhabit and where IPL occurs, is temporally bounded and contains its own distinct atmosphere – the interactions, relationships and intangible occurrences that occur within the mechanics of the platform. Online IPL cannot succeed without this atmosphere. This is necessarily complex, but the atmosphere is conceived here as a liminal space (Van Gennep, 1961; see also: Meyer, Land & Baillie, 2010) where students transform into interprofessional thinkers and performers guided by facilitators.[31]

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[29] In my student interviews, carried out following practice based interprofessional learning weeks, students commented that the IPLP had allowed them to feel safe to share things that were much harder is class – reporting that they felt confident online, because they were not visible. Equally they also reported that by being able to talk online and getting to understand others' roles, they felt confident to approach other students in practice and ask questions about the care of patients – something that prior to engaging in IPLP they had not even thought of.

[30] While Edward's discussion of affect is in relation to photographs, my work extrapolated from this, drawing on human-technology interaction. This is useful here as, while the IPLP is not a photographic medium, there is something of the quality described by Edwards (2015) in the manner in which the sensation of using technology to capture and create content was seen by students from 2005 onwards.

[31] Meyer & Land (2005, p.21) describe liminality as a "conceptual transformation that students undergo".
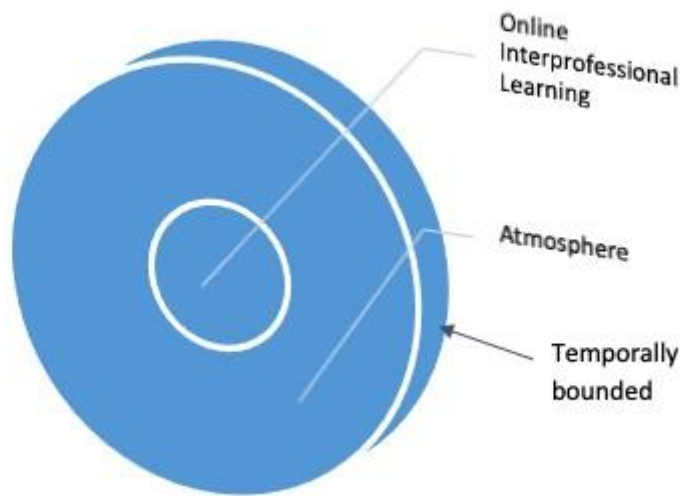
Figure 9: Representation of Online Interprofessional Learning occurring within a temporally bounded atmosphere.

Ingold (2015, p.76) discusses atmosphere within face-to-face settings, something he describes as "*the aura of a thing*". This recalls an emanating quality, surrounding an object that suggests atmosphere may be created or at least maintained by objects within a space. The atmosphere I describe is a sensorial and tangible affect that surrounds both the mechanics and participants in online groups. This is important, because it appears that synchronous interactions, developing relationships, and asynchronous occurrences that fall beyond the scope of the prescribed etivities are more powerfully transformative for students than simply engaging with the etivity.

Essentially, it is the discussions and informal rhetoric that occur in the digital space-between-things – the online atmosphere – that increase the liminal effect. I contend that the presence of the atmosphere was necessary to create the best potential for transformation in our students.

2.3.1 Atmospheric effects

One of my co-authors (J. Bluteau, 2022b), uses Ingold's (2015) concept in his work on social media to identify a digital atmosphere, where users are "*affected by an atmosphere…akin to 'ocean currents'…invisible to the eye, yet one can feel their movement*" (J. Bluteau, 2022b, p.37). This inspired me to consider this concept to my work as it is resonated with the atmosphere that was evident within the social media space of Output 3, but the online space

of the IPLP appears to combine this idea with Ingold's (2015. p.76) aura, meaning that students affected the atmosphere and the atmosphere in turn affected the students.

The atmosphere lent itself to confession, and participants appeared to be beguiled by the online space, leading to 'leakage'. Edwards argues that photographs can "*spring leaks*" (Edwards 2001, p.12), and in the same way I would argue that the group discussions and social media postings discussed in the Outputs sprang leaks.[32] This 'leakage' could be defined as the unexpected, unprovoked or inappropriate postings that were out of keeping with the professional discussion that would be found in an offline classroom.

> *"I can remember times when I just wanted to walk away and end it all after I had lost patients – it was all too much"* (Facilitator, late night posting. Spring 2006)

Often only the group members were aware of these 'leaks', and depending on the 'health' of the group – whether they were supportive, resilient and self-contained, or not – depended on whether such 'leaks' would be reported to me. This resonates with the Rogerian aspect (Rogers, 1957) of my ontological framework which allows for these confessions to be conceptualised within an online space that is quasi-therapeutic and perceived to be safe. Analysis conducted following the conclusion of the groups indicated that groups in which many leakages occurred were more effectively transformed and more resilient. As a response to this, Output 3 was written and considers this need to develop digital resilience.

An additional element to consider is that the atmosphere was temporally bounded. The nature of the groups that worked together for 3-, 4- or 5-week periods led to an intensity that reduced inhibitions. Edwards suggests that "*the photographic medium itself carries an intensity that…has a heightening effect on the subject-matter*" (Edwards, 2001, p.18). For the IPLP the time-bounded nature of the delivery is comparable to Edwards' (2001, p.18) "*nexus of the historical moment*". This temporal nexus is the 3, 4 or 5 weeks, for the groups described above, in which participants are affected by the intensity of the experience. This, in addition to the beguiling nature of the online space, and the perceived anonymity it afforded, led to an increase in the leakage described above. This combination of atmosphere, temporality and anonymity appeared to elevate the potential for transformation.

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[32] Whilst there is naturally a difference between Edward's (2001) photographs and the postings I am discussing, the leakage in both contexts is a description of capturing unexpected information. For Edwards this may be the shadow of the photographer, but for me it is the unprovoked digital confession – posts that proffer information that are not a response to the etivity, but something more personal. Information that would not usually be shared, but the atmosphere of the online space appears to encourage these leaks.

Students displayed greater confidence in their postings, enabling them to be vulnerable but also to challenge themselves and others more assertively.[33]

Many of the inappropriate postings I observed were made at night, leading me to consider the night space, which appeared to increase the propensity for leakage within the groups.[34] It is interesting to reflect in 2022, that when we launched the IPLP in 2005 there was an expectation that although the platform could be accessed 24/7 the vast majority of access would occur in a 9am-5pm window.[35] We expected that most online discussion would mirror a '*working day'*. However, this was not the case and many discussions extended through the evening into early morning hours.[36]

> *"Feeling out of my depth right now, not sure I can say more, someone died on the ward tonight can't stop crying"* (Autumn, 2007, late night posting by first year student in practice)

This student proceeded to say more about the situation on the ward in an outpouring that didn't relate to the discussion but remained for the group to see the following morning. This 'leak' led me to question the power of the online space and the student's confessional post, something I am currently exploring as part of an ongoing research study (see: Part 3, 3.2). In 2022, the impact of digital confession is gathering pace, with Lachance (2020) drawing on Foucault (1978) to discuss digital confession in social media spaces (see also: J. Bluteau, 2018). However in the early years of IPLP, the online space was clearly evident as a new platform for offloading concerns and feelings.

It was also apparent to me at the time that not only students were subject to digital confession, but facilitators too became seduced by the perceived anonymity.[37] This was observed when I was engaged in moderating the discussion across the groups. Facilitators that were 'known' in a terrestrial world to be very professional and contained, had the potential to present themselves very differently online:

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[33] There is a synergy here with the work of Howarth et al. (2012, p.493) in looking at interprofessional teams in practice, the development of "*collective efficacy, negotiated space and team maturity…relat[ing] to how a team used space, time and trust to develop the conditional partnership[s]*".

[34] There may be other factors to consider too, including sleep deprivation for students working night shifts, or those who may be engaging in recreational activities outside traditional work hours which influence their posts.

[35] Miller (2011, p.78) comments on the idea of "time suck" to discuss time that ebbs away when engaging online with Facebook. The IPLP was launched six years before in 2005, yet even in 2005, with the iPhone yet to be released, pre-Facebook, and with texting a relatively new practice, this sensorial phenomenon identified by later commentators was already tangible. Some students who engaged with the IPLP identified a similar occurrence commenting that there was not enough time to engage despite their very high numbers of posts.

[36] Whilst this is not unusual today in 2022, with many individuals sleeping beside their phones, and the work-life divide increasingly blurred by digital technologies. In the early years of IPLP, the world was considerably different and engaging with education or work in the middle of the night was seen as very unusual behaviour.

[37] Searles (1955) articulated the concept of 'parallel process' in terms of psychotherapy supervision. I suggest one could use the term parallel process in this context to refer to the experience of facilitators supporting students and the resonance for the facilitator of the student experiences led the facilitator to disclose their feelings.

"Difficult conversation and follow up today – Conversation with student led to the difficult conversation with (facilitator**) – not well, [they have been] discussing personal issues with group – had to remove and replace [them]" (My research diary entry, Spring 2008)

This episode, in which a facilitator was found to be depressed, demonstrates the power of the online space in precipitating leakage. The person was mentally ill but had been functioning in face-to-face classroom settings and in general conversation with colleagues and students. However, in the atmosphere of the online space they had felt able to overstep boundaries to confess how they were really feeling.

Having explored the underpinning ideas that have emerged in considering the theme of online IPL, I now move on to examine each of my portfolio outputs in turn.

2.4 Evaluative description of the portfolio outputs

This following section addresses the five portfolio outputs which can all be viewed in full in Appendix 2. As required for this critical overview, each output is listed below alongside a description of the author's contribution, research questions, and description of substantive contribution, influence, and further development. Confirmation of my contributions by co-authors is included following each output within the Appendices.

2.4.1 Output 1 (peer reviewed book chapter)

Bluteau, P.A.S., Jackson, J.A., Clouder, D.L., & Davies, B. (2014). Lessons in implementing IPE. In Barr, H., Helme, M & D'Avray, L. (2014). *Review of Interprofessional Education in the UK 1997-2003*. CAIPE. 48-55.

Author's contribution: 50%
As lead author, I wrote and edited all sections, crafted the case study and contributed 50% of the chapter. Ann Jackson contributed 25%, through collaboration. This was an important part of how we had previously worked: taking a piece of writing and sitting side-by-side at the computer. Lynn Clouder contributed 20%, (the former Director of the CIPeL CETL – Coventry site), by offering a cross institution perspective and acting as a critical friend. Bernie Davies contributed 5%, in her role as an IPLP year lead.

Research questions

- How did the IPLP at Coventry University and Warwick Medical School develop between 2005 and 2013?

- What were the risks associated with developing an online interprofessional pathway?
- What challenges and opportunities were presented as the IPLP developed?

Description and substantive contribution

I position the interprofessional curriculum at Coventry University and WMS in an online space. I describe the logistics of organising 1,200 students and highlight the impact on facilitators and students of mandatory online engagement. This chapter contributes to and underpins the recommendations set out within the book.

The brief for this chapter was to write a "*candid*" case study, (Barr, et al., 2014, p.17) in order to capture authentic accounts.[38] I was asked to recount the journey of the IPLP at Coventry from 2005 as a leading innovation in interprofessional academic provision. The prescribed case study format limited my scope in terms of the theorisation of the IPLP, but led to later outputs (2 & 4), in which theorisation of key issues was presented.

Output 1 offers an original contribution to understanding the processes, procedures and challenges involved in developing a large scale online interprofessional experience. It is notably different to the other case studies within the book being concerned with purely online IPL. It builds on Bluteau & Jackson (2009c), in which directions for development of an online IPLP are presented. Bluteau and Jackson (2009a) provided a definitive 'how to' guide for online and practice-based interprofessional education. Output 1 built upon this work by reflecting upon the process of the development of the IPLP in addition to assessment and resources.

Influence

Written as a case study within Barr, Helme & D'Avray's (2014) edited collection and published by CAIPE. CAIPE has been responsible for publishing the key texts within the world of IPE and have had global influence on the design, delivery and innovation of IPE. The editors invited me to contribute to this text in recognition of my pioneering work within the field of online IPL and I gathered a team around me to contribute. Barr, et al. (2014) has become a seminal work in the world of IPE, recognised as a key reference for those developing IPE both within the UK and globally. A follow-up to this is currently under discussion, for which I have been approached to contribute.

The book comprises a collection of case studies, and has received 70citations for the publication as a whole. Significantly, Herath et al. (2017) acknowledge Barr, et al. (2014) in a rigorous comparative study of 65 global enquiries into IPE – which, itself, has 119 citations.

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[38]This was important. My involvement within the IPE community had led me to recognise that there was a definite pressure to report success and innovation rather than embracing the reality and sharing significant challenges.

Cornes (2015) reviewed Barr, et al. (2014) highlighting that the publication raised important points and should influence professional and regulatory bodies.

> *"this report will be a litmus test for the government's integration agenda as only acting on these recommendations …will the problems of the wider health and social care system be addressed"* (Cornes, 2015, p.85)

Further development

During the development of Output 1, I identified areas of interest which lay beyond the scope of the chapter. I was struck by students' development as health professionals and the manner in which facilitators dealt with this change. My thinking led to the development of a theoretical interpretation of student development, Output 2, and facilitator development, Output 4, which drew on the discourse analysis (see: Edwards & Potter, 1992; Weatherall, 2001; Weatherall, Taylor & Yates, 2001) of postings over a three year period.

2.4.2 Output 2 (peer-reviewed article)

Bluteau, P., Clouder, D., & Cureton, D. (2017). Developing interprofessional education online: an ecological systems theory analysis. *Journal of Interprofessional Care, 31*(41), 420-428.

Author's contribution: 60%

As lead author, I contributed 60% by drafting all sections and editing the final draft. I chose discourse analysis following mentoring with Dr Simon Goodman in the development of our previous co-publications (Clouder, et al., 2011; Dalley-Hewer, et al., 2012). Simon, a colleague at Coventry University had experience of this research methodology (see: Kirkwood, et al., 2016) and was able to guide a team that was new to this method. Following this I was confident to lead on this analysis. Lynn Clouder 30%, supported me as a critical friend and contributor. Debra Cureton 10% was the research assistant reviewing data but did not contribute to writing.

Research questions

- In what ways do students develop interprofessional understanding and development?
- What insights does an ecological systems theory approach bring to the IPLP?

Description and substantive contribution

I examine the IPLP through the lens of an ecological systems theory (Bronfenbrenner, 1979; 1986; 1995). This theory considers the life-course through spheres of influence (see: Figure 10), to comprehend the development between people and their socio-cultural positions, through layers of increasingly intricate reciprocal interactions.

Figure 10: Bronfenbrenner Spheres of Influence (1979) – taken from Output 2.

NB. Removed due to copyright.

This article was the first to use Bronfenbrenner's (1979; 1986; 1995) model to create an original understanding of online interprofessional activity. This model has previously been used to interpret other areas within HE, notably child development (Bronfenbrenner, 1979), but not IPL. Other methodologies were discussed by the team but Bronfenbrenner (1979) engaged with temporally bounded cultural context. Figure 11 illustrates how students engaged with the different spheres of influence.

Figure 11: Ecological systems in the IPLP – taken from Output 2.

NB. Removed due to copyright.

Influence

This publication has received 63 citations[39] to date some of which also cite the work of Bronfenbrenner (see: Jones, Fawns and Aitken, 2020; Almendingen, et al., 2021; Cox, et al., 2022). Jones, Vidal and Taylor (2020) apply our findings to strengthen and support their findings concurring that "*interprofessional identity is socially constructed"* (Bluteau, et al., 2017, in Jones et al., 2020, p.427).

Further development

I have subsequently further developed this model in an article relating to integrated care (Clouder, Bluteau, Jackson, Furlong, & Adefila, 2021). This relates to a Health Education

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[39] See: Patricia Bluteau - Google Scholar

England bid exploring how practitioners learn in integrated care practice settings. The project team led by Lynn Clouder, also continued my relationship with Ann Jackson, Jan Furlong and Arinola Adefila.

2.4.3 Output 3 (peer reviewed article)

Bluteau, J., & **Bluteau, P**. (2020). Call of interprofessional duty: an ethnographically informed discussion on preparing students to be digitally resilient. *Journal of Interprofessional Care, 34*(5), 662-667.

Author's contribution: 50%

I led on the conception of this article and drew on my own research interests in IPL to consider the influence of digital social media on the interprofessional team during the COVID-19 period. As joint authors we contributed equally, each enriching the other's contribution, and are listed alphabetically. Joshua Bluteau is recognised for his work as an academic in the field of social and digital anthropology and adds a different perspective to my background as an academic in health and interprofessional education. Establishing an anthropological focus, we methodologically positioned the article within a modified form of immersive cohabitation (following: J. Bluteau, 2021).[40] Joshua Bluteau provided an analytic structure and I was able to frame the digital content that we analysed within the field in which interprofessional learning and working occurred. This provided a space for us both to immerse ourselves, within the context of our own perspectives, and "*take a panoramic observation of the unfolding situation*" (J. Bluteau & Bluteau, 2020, p.664).

Research questions

- What role does social media play for IPL and working in a pandemic?
- How does digital gift-giving impact students and NHS staff?
- What will be the result of the decrease in digital gift-giving?

Description and substantive contribution

Inspired by our discussions on digital gift-giving (following: J. Bluteau 2022a, p.64), I realised that this concept could be applied to online interprofessional learning. In this article, I contend that academics need to prepare students within interprofessional discussions for the impact upon them of digital gift-giving.[41] This article creates a novel understanding of the

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[40] J. Bluteau's (2021) development of Immersive Cohabitation builds on ideas from Holy (1988), Bourdieu & Wacquant (1992) and Wacquant (2004) and "*suggest[s] a radical new approach to the gathering of digital ethnographic data*" (J. Bluteau 2021, p.156).
[41] This builds on the work of Mauss (1954) but is refined in terms of digital gift-giving in J. Bluteau (2022a, p.64), who discusses *"'likes', 'comments' and 'follows' being used as a currency of affirmation; a digital reciprocity- a contemporary form of Mauss's gift"*.

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impact of digital gifts and the importance of digital resilience of students. The anticipated and imagined reciprocity of digital gift-giving is explored, alongside the talismanic nature of digital symbols. This output used an ethnographic lens and a collaborative version of immersive cohabitation (J. Bluteau, 2021) to review the experience of digital gift-giving. I conclude the article by making recommendations concerning the education and preparation of students in a digitally saturated interprofessional practice environment, encouraging academics to embed our guidance within their teaching.

Influence

This is a recent publication which has already received 7 citations.[42] The most prominent of these (Sun, et al., 2022), conducted a rigorous scoping review of 22 articles, publishing a concept analysis of digital resilience. The authors extrapolated from our work and cited our article extensively to illustrate that our recommendations regarding the need to engage academics in addressing digital resilience was transferable from higher education into school settings. This illustrates the importance of this novel article. Castro, et al., (2022) reviewed digital resilience of students in higher education through a large quantitative study drawing on our work to highlight the vital importance of our mandate for intervention to enhance digital resilience. Output 3 is also notable in that it featured in a special edition of the *Journal of Interprofessional Care*, which concentrated on the impact of COVID-19 on interprofessional experiences and was cited by the journal editor (see: Xyrichis & Williams, 2020). The journal editor had been keen to include our article in the journal noting in his editorial that it was a very different perspective that was rarely explored.

Further development

The work for this article has contributed to our current study 'Exploring the landscapes of digital identity: social media, leadership, and wellbeing in a post-digital world'. This project has ongoing ethics approval. It commenced in autumn 2020 and, as an extended ethnographic study, is continuing the work of this article engaging with the digital landscape.

2.4.4 Output 4 (peer reviewed article)

Bluteau, P. (2020). The Good Enough Facilitator: Exploring Online Interprofessional Therapeutic Facilitation in times of COVID-19. *Journal of Interprofessional Care*, *34(5),* 647-654.

Author's contribution: 100%
Sole author.

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[42] Patricia Bluteau - Google Scholar

Research questions

- How does the role of the facilitator change over the life span of pre-registration education?
- What constitutes a good-enough facilitator?

Description and substantive contribution

I proposed an original and radical reworking of the Garrison and Archer Community of Inquiry model (Garrison, 1991; 2009; 2011; Garrison, Anderson & Archer, 2000; Garrison & Archer, 2000) to incorporate therapeutic presence. The therapeutic presence I proposed allowed facilitators to "*create the best possible environment for students to grow…by creating a safe and challenging space that enables students to be both vulnerable with each other and to test out their understanding of themselves ..* [with facilitators being*] successful in transitioning between the stages of being visible and engaging..*[and] *enabling confidence through holding back..."* (Bluteau, 2000, p.653).

This item has been removed due to third party copyright. The unabridged version of the thesis can be viewed at the Lanchester library, Coventry University

Figure 12: A model of therapeutic holism – embedding the community of inquiry model (Garrison & Archer, 2000) within a therapeutic presence – taken from Output 4. NB. Removed due to copyright.

This sole-authored article draws on Higher Education's focus on online learning during the COVID-19 pandemic. Discourse analysis is used to examine online discussion forums to illustrate the conversations between facilitator and student (Edwards & Potter, 1992). The facilitator is a crucial participant in guiding and facilitating online learning, and has a powerful influence on the outcome of the student experience. This output explores a sample of online asynchronous interprofessional discussion forums and explores the value of the 'good enough facilitator' in online learning. This research employs an original therapeutic lens, which, in this context, proposes the 'good enough facilitator' as a theoretical model (following Winnicott, 1971). Further, I employ person-centred therapy (building on Rogers, 1974; 1983) that places emphasis on the importance of the facilitator understanding when to engage with students, and when to remain invisible to facilitate the engagement of the students within the online space. I draw these insights together to propose my 'model of therapeutic facilitation'.

Influence

This recent publication has received 8 citations.[43] Engelmann, et al. (2021) cite my work within their recommendations and highlight the importance of facilitator engagement to promote appropriate communication. McKinlay, et al. (2021) also use my findings to strengthen their recommendations regarding student expectations, whilst Xyrichis & Williams (2020) feature this article in their editorial to highlight its importance.

Further development

The understanding from this article has reshaped thinking around facilitation in online interprofessional education, and has provided me with significant opportunities to disseminate this work within the CAIPE leadership forum to influence colleagues across HE. Furthermore, I am currently engaged in reviewing facilitation at Coventry University to establish how this article impacts on our current model of online facilitation.

2.4.5 Output 5 (peer reviewed book chapter)

Pitt, R., **Bluteau, P**., & Hutchins, M. (2022). With, From and About - The Evolution of the UK Centre for the Advancement of Interprofessional Education (CAIPE) in Khalili, H. & Joosten-Hagye, D. (eds.), *Interprofessional education and collaborative practice: micro, meso, and macro approaches across the lifespan*. Cognella Academic Publishing.

Author's contribution: 32.5%

I was a member of this collaborative team of writers and was the sole author of the Coventry University case study. In addition, I contributed to discussion on the shape of the chapter, added sections, edited and revised drafts, drawing on my IPL knowledge and experience as

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[43] Patricia Bluteau - Google Scholar

a long-term member of the Board of CAIPE. Richard Pitt (Chair - CAIPE) took the lead on the chapter. He worked with us to create the article, revising drafts and editing and submitted the final version 35%. Maggie Hutchins (Vice Chair, CAIPE) was the sole author of the Bournemouth University case study and worked to create the layout of the chapter, contributed to drafting and editing 32.5%. As leaders within CAIPE, we collaborated on the chapter to demonstrate the work and influence of CAIPE across the globe.

Research questions

- How has interprofessional education and interprofessional collaborative practice (IPECP) in UK health and social care been developed and implemented.
- How can the sustainability of a national organisation in promoting and developing interprofessional education and interprofessional collaborative practice be analysed.
- What are the factors that influence key stakeholders and enable support for embedding IPE/IPCP in academia, research and practice?

Description and substantive contribution

In Output 5, I present a case study of IPL at Coventry updated from Output 1 with a focus on the current innovations. Tables 3 and 4, taken from Output 5, illustrate the developments over time at Coventry University and the collaborative capabilities which were embedded into all health courses from 2013 onwards.

Table 3: Summary of the Interprofessional Curriculum Developments – taken from Output 5. NB. Removed due to copyright.

Table 4: The Interprofessional Collaborative Capabilities – taken from Output 5. NB. Removed due to copyright.

My Coventry case study is positioned in contrast to the Bournemouth case study authored by Hutchins, and allows the reader to review lessons learnt from a long-term development of online IPL. The chapter also focusses collaboratively on a review of CAIPE's influence on the development and implementation of interprofessional education and IPECP (CAIPE, 2002; CAIPE, 2011; CAIPE, 2016; CAIPE, 2017). Drawing on this work we considered the importance of influencing key stakeholders and acquiring support for embedding IPE and interprofessional collaborative practice in academia, research and practice. It also analysed the sustainability of CAIPE in promoting and developing interprofessional education and interprofessional collaborative practice.

This chapter was written following an invitation from the editors (leaders of IPE within the USA) to select members of the CAIPE executive group – regarded as key influencers within the world of IPE. The editors appreciated the global influence of CAIPE and the work undertaken by senior members of the executive. They were keen that a chapter was included in this new text to showcase CAIPE as a leading agent of change within the world of IPE, with global influence.

Influence

This recent publication has not yet received citations but reviewers noted that this chapter highlighted the importance of the influence of CAIPE in the support and development of interprofessional curricula across the globe. In addition, they noted that this chapter demonstrated the spread of influence and activity in authoritative stakeholders in professional statutory and regulatory bodies. Within the CAIPE leadership team and board, we have discussed the chapter and are currently using the content to support the development of the new CAIPE strategy launched in November 2022.

2.5 Looking back and moving on

The five outputs that have been considered in Part 2 above, were products of my positionality as a researcher in each case. As I have returned to these outputs during the course of writing this critical review a number of questions have arisen as a result of my own reflexive practice. I have asked myself whether the approaches taken, both methodologically and collaboratively were sound. In the majority of cases I have determined that the way in which research was conducted was fit for purpose and that the analytical frameworks employed yielded interesting and insightful work. However, my relatively recent foray into ethnographic and autoethnographic approaches have prompted a reassessment of my work. I now wonder, as I now move into this new research phase, what different insights an ethnographic research method might have given over such a longitudinal research project. I suspect there would have been merit in this approach, and it is one that holds interest for me, but I still reflect that the variety of methodological approaches demonstrated in the critical review has allowed me to mature as a researcher (following an apprenticeship model) and gain a nuanced set of insights by engaging in multiple theoretical lenses.

Additionally, I have pondered my decision to write predominantly in collaborative teams. This has been a central tenet of my research ontology and has been prioritised as part of my ongoing epistemological practice. I am aware that this has not always been the easiest route and has resulted in challenges due to the need to compromise, with differing views not always being compatible. This has mirrored the difficulties of collaborating in practice and online, and has necessitated negotiation and intellectual debate to reach resolution. In the most severe of circumstances this had led to the halt or even total abandonment of a publication, which is disappointing. However, when it works, it really works and there is a tangible energy in the process and product created.

Finally, I have reflected on the pressure to write as a single author. This has come from the requirements of the PhD by publication process and the prestige of the sole-authored article. I am cognisant that, for me, writing a sole-authored articles can be an easier route. The

article I have single-authored, OUTPUT 4, was without doubt a more straightforward process, but I still see the value of collaborative writing.

In part 3, I will explore my development by situating myself as a researcher, discussing my experience as an apprentice, my chosen methods and reviewing my experience of collaboration. Finally I will give an insight into my future work.

PART 3

Part 3 Reflections on past and future research

3.1 My development as a researcher

> *"[A]s soon as people begin to no longer be able to think things the way they have been thinking them, transformation becomes at the same time very urgent, very difficult, and entirely possible"* (Foucault, 2000, p.161)

3.1.1 Introduction

My journey as a researcher has been long and eventful. In 2004 I completed my Masters and in 2005 moved on to start a traditional PhD, but it was not to be. Dad was ill when I started, but had battled cancer since 2000 so it had become part of the fabric of our lives. However, by 2006 he was seriously ill and in March he finally slipped away leaving Mum, also ill, needing more time, care and support for the next 11 years. I continued to write supported by close allies, in particular Ann Jackson. In 2014 I tried again, and submitted my first Prima Facia case for PhD by Publication. Although the three reviewers commended the work, one of them felt a single author paper would strengthen it – halting my progress. The experience of engaging in this mode of study has been challenging, juggling roles and life, and heavy work commitments (following: Smith et al., 2020; Billot, et al., 2021). There is much more to say here, about those who have supported and those who have produced barriers, and used 'collaborative' relationships to extend their own path, but this is tempered here, by an academic/professional reserve that acts as a filter (following: King et al., 2014). Equally the engagement in doctoral study has been challenging in terms of process and systems that function haphazardly. However, I have been fortunate in the support of my supervisors, both as supervisors of my progress and bureaucratic negotiators on the journey.

Collaboration has always sat at the centre of my research ontology and epistemological practice. Figure 13 shows where my portfolio of evidence fits within a wider body of publications. This has led me to explore different facets of the online and digital spaces in which IPL occurs. In the portfolio, I have presented case studies of the experience of leading IPL (Outputs 1& 5), interviewed students, analysed discourse (Outputs 2 & 4) and reframed theories (Outputs 2, 3, 4) with the purpose of seeking understanding and producing new knowledge. My aim through this research is to influence others to improve their practice and facilitate pedagogical decisions. This portfolio sits as the culmination of a wider set of scholarship, and I will examine how I situate myself as a researcher in the following section.
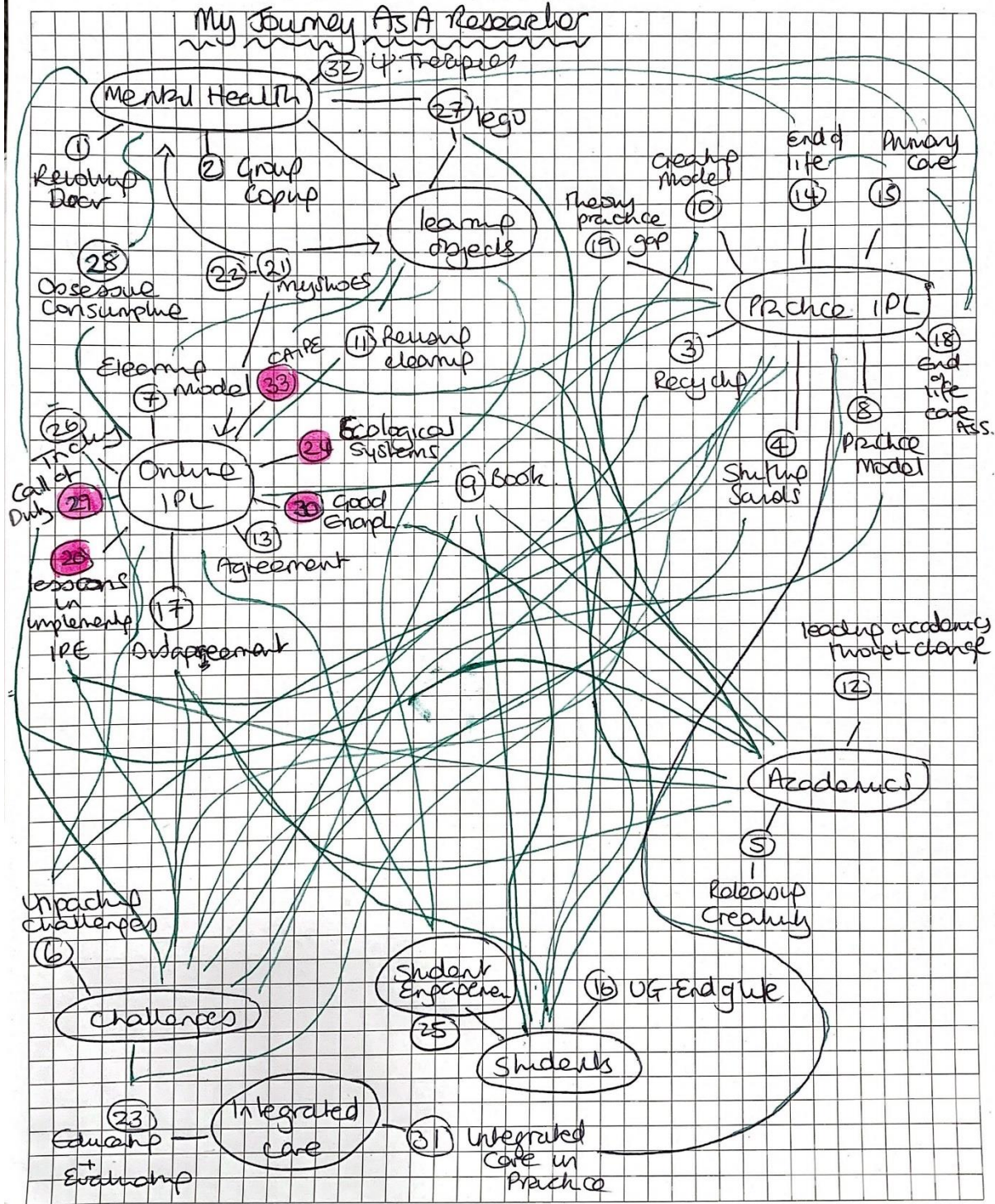
Figure 13: A diagram of my journey as a researcher taken from research diary – May 2022.
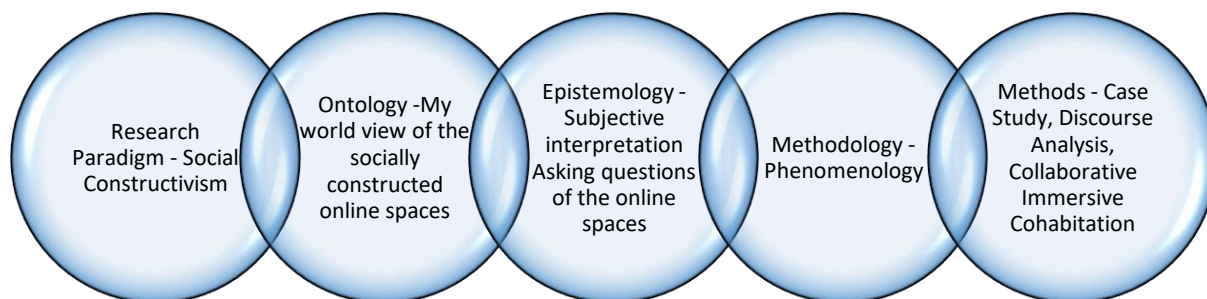
3.1.2 Situating myself as a researcher

Figure 14: My research process underpinning the exploration of online interprofessional learning in my outputs.

Situating myself as a researcher means articulating my understanding of what I know and how I come to know it within a social constructivist paradigm (see: Guba & Lincoln, 1994). This online space (Figure 14), an ontological frame for myself as insider,[44] allows me to understand the reality of the online spaces that I have inhabited (following: Lincoln, Lynham & Guba, 2018, p.115). Epistemologically, autoethnographic analysis, supported by thick description, allows me to explore and examine the online space and asks questions about its reality (following: Lincoln, Lynham & Guba, 2018, p.115).

My methodological approach, phenomenology, sits at the heart of this portfolio, and has enabled me to understand how academics and students see themselves and the world they inhabit (see: Robson, 2011, p.151). Finlay (2013, p.172) describes phenomenology as a "*rich description of phenomena as concretely lived".* In essence, the lived experience of being immersed in the online and digital space, something which has allowed me to study myself in the study of others (see: Preissle, 2006, p.691). Fundamentally, my outputs have involved exploring the lived experiences of those I have studied through case studies (following Stake 1995) and discourse analysis (following: Weatherall, et al., 2001; Edwards & Potter, 1992)*.* The later engagement with immersive cohabitation in Output 3 strengthened

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[44] An insider as opposed to an outsider. Pike (1954, p.8), a linguist, defined the terms etic and emic to be clearly understood as "*two basic standpoints from which a human observer can describe human behaviour*". The insider, or emic view focuses on the cultural clarity that is a shared value to a given community and the researcher. In contrast the outsider, or etic view, focuses on one who looks into a community but does not share an understanding of that community or the shared values. Instead observing and interpreting from an outside position. The etic approach is often valued by those who do not wish to influence a culture. This critical overview examines the journey from an emic perspective as one who was deeply enmeshed.

my understanding of my work, by explaining the importance of immersion within the culture studied (see: Robson, 2011, p.142).

Reed-Danahay (2017, p.145) reflects on how autoethnography "*provokes questions about the nature of ethnographic knowledge by troubling the persistent dichotomies of insider versus outsider, distance versus familiarity, objective observer versus participant, and individual versus culture*". I have used autoethnography to review my outputs, and have intentionally chosen a different approach than the methods used in the individual outputs. This has allowed me to analyse the holistic journey of this research and the lived experience of myself-as-researcher. In doing so, this has allowed me to look beyond the boundaries of the individual outputs, examine my development as a researcher and view the outputs holistically as part of my longer research journey to make new knowledge.

The field of online IPL explored by this critical overview has influenced, and been influenced by my research in practice-based IPL conducted prior to, and concurrent with, the submitted portfolio of evidence. My field, online spaces, has permeable boundaries and is not isolated from outside influences, but instead is enriched by my work in the interconnecting fields of practice, and face-to-face encounters.

In terms of my positionality as an insider within this field, I was immersed within the IPLP. I led the IPLP from its conception in 2005 and have remained engaged in the oversight of IPL until the present day. This still allowed me to choose to stand back at different points. The revised, collaborative 2013 curriculum described in Outputs 3 and 5 was a direct consequence of my early research and subsequently led to the 2018 interprofessional curriculum for health professionals at Coventry University and now influences my current work in developing the strategy for September 2025.

My knowledge of the field meant I could be both critic and insider. The work of Malinowski (1972, p.25) on participant observation within the field "*to grasp the native's point of view*" places emphasis on the importance of interaction with the people being studied. My insider position enabled this and has been consolidated by my research diaries. Throughout my journey I have had many roles; participant, leader, observer, innovator and all the while a researcher. Building on Malinowski's notion of participant observation, and acknowledging Wagner's (1986, p.131) concept of stereoscopic vision, I engaged with the online spaces from these multiple viewpoints. This "*binocular perspective…organises detail into significance*" and allows these multiple views (from different roles) to be consolidated by an autoethnographic method which retraces my steps as a researcher. This achieves a level of sense-making that would be difficult to realise from a single vantage point. In essence, this makes sense of the complexity by viewing online spaces through different lenses, looking at

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my research world in different ways, through case studies (Output 1 & 5), examining discourse (Output 2 & 4) and engaging in immersive cohabitation (Output 3).

3.1.3 My experience as an apprentice and collaborator

My journey as an apprentice has enabled my development as a researcher within the field of online IPL. This has been supported by the guidance of research mentors and collaborators.[45] Collaboration has been key to my work. In particular, Dr Ann Jackson collaborated on the evolution of IPL, as we created and developed new ways of working together. As a quantitative researcher, Ann has challenged my proposals for qualitative methods and thus strengthened my rationale for choosing particular approaches within the qualitative lexicon. More recently, collaboration with the digital and social anthropologist Dr Joshua Bluteau (my son), has led me to engage with an ethnographic approach. Our discussions and ongoing collaborative writing (Output 3) have increased my understanding of ethnography and are energising. A particular synergy has been present in these discussions, a unique collaboration based on a close personal relationship that has blossomed into writing and a shared intellectual discourse. These instances of collaboration have been fruitful, and it is also interesting to acknowledge the throughput of academic ideas that I have developed across my career have influenced other scholars (see: Thomas & Quinney, 2011; Thistlethwaite, 2012; Freeth, 2013; Comes, 2015; Engelmann, Phillips & Lindsay, 2021; Castro, et al., 2022; Sun, et al., 2022).

3.2 My methods – Case studies, discourse analysis & collaborative immersive cohabitation

I have employed specific methodologies to answer explicit research questions, in an effort to push the boundaries of how IPL is understood and reproduced within HE. The portfolio of evidence has been crafted as a corpus that elucidates the complexity of online IPL and the experience of inhabiting online spaces by utilising reflective case studies (Outputs 1 & 5), discourse analysis (Outputs 2 & 4), and collaborative immersive cohabitation (Output 3) as detailed below.

3.2.1 The Case Studies

Output 1 enabled me to write an invited retrospective case study (following Stake, 1995) of the journey of the IPLP. It was an important piece of work in terms of the detail and the picture I was able to paint of the stages of development and implementation that remains

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[45] Beginning with Dr Clive Long, as discussed on page 17. There have been many other significant collaborators since then throughout my research journey including Dr Anne Davidson and Professor Lynn Clouder.

relevant today. It was structured by discussing the main themes that had emerged from the qualitative element of the curriculum review. This included individual interviews and focus groups of students, facilitators and senior managers who had the opportunity to discuss their thoughts, feelings and experiences. In addition, online evaluations were reviewed alongside the face-to-face meetings for recurring themes. This built on the earlier publication regarding the IPLP which focussed on leading colleagues through change (Bluteau & Jackson, 2010b) and an invited keynote presentation at the international, interprofessional *Altogether Better Health* conference in Sydney (Bluteau & Jackson, 2010a). This case study of the IPLP was returned to in Output 5 with associated commentary, by which point further interviews and focus groups had been conducted, online evaluations critically reviewed, and curriculum developments progressed. In presenting the case studies, the chapter also reflected upon the support of CAIPE in influencing HEIs in the development of IPL.

3.2.2 Discourse Analysis

In Outputs 2 and 4, I led a discourse analysis of a random sample of IPLP discussion group threads. The selection of threads containing the written discourse was analysed following the methods proposed by Weatherall, et al. (2001) and Edwards and Potter (1992).

The findings in Outputs 2 and 4, relating to the influence of the pathway are outlined over the three time-bounded episodes of online activity. Each episode consists of a block of three to five weeks which occur at the same time for all professional groups over a three or four year period. The data extracted from the groups provided rich information which was examined and consequently interpreted. This was achieved by engaging with Brofenbrenner's ecological systems theory (1986) in Output 2, and Garrison and Archer's Community of Inquiry model (Garrison, 1991; 2009; 2011; Garrison, Anderson & Archer, 2000; Garrison & Archer, 2000) and the work of Winnicott (1971) and Rogers (1974; 1983) in Output 4.

3.2.3 Collaborative Immersive Cohabitation

In Output 3, an adapted form of J. Bluteau's (2021) immersive cohabitation was utilised to allow us to explore a fieldsite in which we were "already immersed and cohabiting" (J. Bluteau & Bluteau, 2020, p.664). This was an ethnographic exploration of digital social media spaces which allowed us, two researchers, to combine individual digital gazes to form a panoramic view of a particular digital network. This methodology was designed to explore how healthcare professionals utilised social media during the period of COVID-19 and how academics might use this knowledge to increase the digital resilience of students.

3.3 Future work

I am continuing my research, including a non-funded study which commenced in autumn 2020 - *Exploring the landscapes of digital identity: social media, leadership, and wellbeing in a post-digital world*. This is an ongoing project in collaboration with Dr Joshua Bluteau of Coventry University. This project engages with a range of digital platforms in higher education and beyond, to investigate the phenomenon of embedded social media use (and other forms of habitual digital usage) in the lives and lived experiences of a variety of interlocutors. This project is currently being conducted using a tryptic ethnographic methodology which we proposed as a new methodological approach at the Royal Anthropological Institute (RAI) Mobilising Methods conference in January 2022 (J. Bluteau & Bluteau, 2022).[46]

Digital platforms are now heavily enmeshed into many individual's day-to-day lives, yet there is still little ethnographic research that unpacks the phenomenological reality of individual lived experience across the full spectrum of digital spaces (an exception would be the work of Miller, 2011). This new project aims to develop understanding of these issues and create new knowledge of these hard-to-see spaces and the individuals that inhabit them. Early field notes and analysis indicate that this research study will have significant contribution regarding the engagement of both academics and students with digital usage.

Emerging from this overview there is much to write - my autoethnographic journey, atmosphere and online IPL, and my experience as a doctoral candidate and academic.

I am also currently working with the University of Lubeck to advise on the development of IPL in their curriculum. This a new venture for them, colleagues have no previous experience of IPL.

3.4 Claim for PhD equivalence

The work I have presented makes a significant and original contribution to the global discourse on online IPL. This critical overview builds on my previous work at Coventry University over the last 20 years and articulates my thinking through a series of published works in high-impact journals and publications. The publications selected for this portfolio

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[46] Tryptic ethnography as described in our conference paper included three ethnographically informed strands of innovative methodologies. The first builds on the method developed for Output 3 while the other two are drawn from Dr Joshua Bluteau's ongoing research and are a response to the challenges of conducting traditional ethnography during periods of lockdown.

concentrate on the engagement of academics and students within online spaces linked to online IPL.

This portfolio of research is highly original, with reworked models and theory drawn from outside the studied domain (building on: Spheres of influence - Bronfenbrenner 1979; 1986; 1995; Community of Inquiry - Garrison, 1991; 2009; 2011; Garrison, Anderson & Archer, 2000; Garrison & Archer, 2000; Gift giving - Mausse, 1954; Person centred therapy - Rogers (1951; 1957; 1974; 1980; 1983; Good enough mother - Winnicott, 1971). These innovations have brought fresh insights into the studied context, exploring the concerns regarding the creation and implementation of online IPL which has helped academics appreciate its value and impact.[47] It has also enabled academics to reflect (see: Freeth, 2013) on the effect that online IPL can have on student's development into healthcare professionals who are fit for practice and fit to deliver high quality patient care.

The five outputs in this critical overview demonstrate PhD equivalent due to their scope, impact and innovation. But this only tells part of the story. These outputs sit on 20 years of further scholarship and practice, offering a substantial academic corpus that is equivalent to the outputs of the most prominent academics within the field of online IPL.

Beyond the publications, conferences and invited presentations that constitute the bulk of the overt research detailed in my CV (see Appendix 1), my practice as a researcher serves as additional evidence. This practice contributes equally to my holistic self-as-researcher and has allowed me to disseminate findings and impact in both the academic institution where I work and within the wider global landscape of IPL. This practice ranges from the creation of online learning platforms and associated materials through to facilitator training, supporting student facilitators and consultancy. These more ephemeral activities are harder to quantify but serve both as outputs in their own right and part of my epistemological practice, adding richness to the world of IPL.

There are two fundamental facets to this claim for PhD equivalence. Firstly, there is the global reach of this corpus of work as evidenced in this critical overview. But what is also important to consider is the ongoing impact of this body of work on the ever-changing landscape of HE. As we emerge from a period post COVID-19 much of this work provides lessons and advice on how academics can work more effectively with students online. In many ways this work has never been more relevant. By drawing on my corpus, academics are enabled to plunder lessons learned from an intentional digital classroom: how to do it,

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[47] I am currently acting as a consultant for the University of Lubeck in the development of online IPL, who have asked for my expertise in this field to enhance the impact it can have.

when to do it and why we should do it. The ongoing hybridisation within HE means these insights continue to be highly relatable.

Secondly, there is the corpus itself. A body of original and innovative work, demonstrating critical thinking and a clear progression of ideas, which has spanned 20 years, culminating in the portfolio of outputs included here. This work has demonstrated the importance of online learning for health and social care students as a way of gaining increased confidence to work with other professionals in practice. This has the potential to have a huge impact on patient care, and the quality of the patient's experience.

My work has foregrounded, developed and extended understanding of online IPL. It contributes to the evidence base identifying specific barriers and countering with guidance and appreciation of the importance of online IPL. It has occupied a previously empty space offering original and unique insights into online IPL.

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APPENDICES

APPENDIX ONE

Selected Curriculum Vitae

in support of the portfolio

Selected Outputs

Pitt, R, **Bluteau, P.** & Hutchins, M. (2022). With, from, and about: the evolution of the UK Center for the Advancement of Interprofessional Education (CAIPE) in Khalili, H. & Joosten-Hagye, D. (eds.), *Interprofessional education and collaborative practice: micro, meso, and macro approaches across the lifespan*. Cognella. 285-302.

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Invited Presentations

19ᵗʰ January 2023. **Bluteau, P.** & Lindquist, S. IPE in the UK. University of Lubeck. Germany.

8 April 2019 **Bluteau, P.** & Jackson, A. (2019) Finding & Recommendations – Integrated Care Report – Moving forward, HEE Integrated Care Conference University of Wolverhampton

26 October 2018 **Bluteau, P.** & Jackson, A. (2018) Integrated Care - Recommendations for Practice, Higher Education & PSRBs   - HEE Integrated Care Report. CAIPE Corporate Forum, Keynote Speaker, University of Birmingham & Birmingham City University.

Bluteau, P. (2014) The Challenges of Implementing virtual IPE in HE. .University of Brighton. Held July 2014. Keynote Speaker.

Bluteau, P. & Clouder, D. (2014) The Collaborative Curriculum – a blended approach. Held January 2014 Coventry University - TAMK visit from Finland.

23 May 2011, Jackson, A., and **Bluteau, P**. (2011) 'State-of-the-science in interprofessional education'. Lebanese American university conference. Held May 2011 in Beirut, Lebanon, Keynote Speaker

01 Jul 2010, **Bluteau, P.A.S**., and Jackson, J.A. (2010) Assessing interprofessional education. Higher Education Academy - SIG - IPE, Warwick Medical School, UK

14 Apr 2010, **Bluteau, P**., and Jackson, A. (2010) 'Interprofessional Education (IPE) – Leading Academic Through Change'. All Together Better Health. Held Apr 2010 in Sydney, Australia, Keynote Speaker

15 Mar 2010, Gordon, F., Armitage, H., and **Bluteau, P**. (2010) 'E–enhancing the interprofessional curriculum'. CAIPE forum. Held Mar 2010 in Sheffield, UK, Keynote Speaker

Organised Conferences

Ball, S. **Bluteau, P**. Graham, S. Opie, J. & Adefila, A, (2016) Caring for HOLLIE – Case Study Prague 15th European Conference on e-Learning – ECEL 2016

Bluteau, P., Clouder, D. & Cureton, D. (2016) Developing [inter]professionalism: An ecological systems theory approach. Altogether Better Health (ATBH) VIII conference held at University of Oxford September 2016 Oral Presentation

Bluteau, P. Adefila, A, Ball, S. & Brown, Y. (2016) Working in Partnership with service users and carers to develop Values Based Recruitment e-resources. Altogether Better Health (ATBH) VIII conference held at University of Oxford September 2016 Oral Presentation

Adefila, A,. Ball, S., Clouder, D & **Bluteau, P**. (2016) Meet HOLLIE: A virtual patient supporting the development of collaborative skills. Altogether Better Health (ATBH) VIII conference held at University of Oxford September 2016 Oral Presentation

Furlong, J., **Bluteau, P**., Bluteau, J. & Brooks, A. (2016) Creating a patchwork approach: Developing sustainable interprofessional learning in practice. Altogether Better Health (ATBH) VIII conference held at University of Oxford September 2016 Poster Presentation & **Conference Poster Winner**

Brown, Y., **Bluteau, P**. & Adefila, A. (2016) Weaving the Patient and Carer voice into E-resources to shape Values Based Recruitment RCN Research conference Held at University of Edinburgh. April 2016. Oral Presentation

Bluteau, P. & Brown, Y (2016) Working in partnership with service users and carers to create innovative e-resources to support the development of a values-based workforce in health and social care. RCN Education conference Held in Telford, UK. March 2016 Oral Presentation.

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Graham, S., Ball, S., Adefila, A., **Bluteau, P.** & Clouder, D.L. (2015) Developing perceptions of living with dementia through Virtual Reality simulation ASPiH Conference Held in Brighton. November 2015. Oral Presentation.

Bluteau, P. Clouder, D.L., Adefila, A. Ball, S. & Graham, S. (2015) Creating empathic understanding through simulation; for professional students. International Dementia conference Held in Birmingham NEC November 2015 Oral Presentation.

Bluteau, P. & Brown, Y (2015) "Getting it Right at the Start?" Collaborating with Service Users and Carers to Recruit and Select Students with the "Right Skills and the Right Values" to Work in Health and Social Care. 2nd International Conference: Where's the Patient's Voice in Health Professional Education 10 Years On? Held November 2015 in Vancouver Canada. Oral Presentation.

Davies, B., Pengelly, T., Seedhouse, D., **Bluteau, P**. & Taylor, A. (2015) Exploring stakeholder values and decision making though the 'Values Exchange'. European Interprofessional Education Network Conference (EIPEN) conference. Held August 2015 in the Netherlands, (Oral Presentation)

Bluteau, P & Brown, Y. Unpacking the service user and carer voice to create a values-based workforce in health and social care European Interprofessional Education Network Conference (EIPEN) conference. Held August 2015 in the Netherlands, (Oral Presentation)

Ball, S., **Bluteau, P**., Clouder,D.L., Adefila, A. & Graham., S. (2015) myShoes – An Immersive Simulation of Dementia.10th International Conference on e-Learning (ICEL 2015).– June 2015 Bahamas (oral presentation)

Ball, S., **Bluteau, P**., Clouder,D.L., Adefila, A. & Graham., S. (2015) myShoes - Faculty Teaching & Learning Conference. Coventry University, Coventry UK, March 2015

Bluteau, P & Brown, Y. (2015) Developing e-resources to support Values Based Recruitment. Authenticity to Action 'Involve and Evolve' in Preston, UK. March 2015.(oral presentation)

Bluteau, P.A.S., Jackson, J.A., Mistry, P., Powell, C., and Bailey, J. (2014) 'Sustaining Interprofessional Learning in Practice – Working in Partnership'. The

National Association of Educators in Practice. Held Apr 2014 in Coventry, UK, Oral Presentation

Najar, S., and **Bluteau, P**. (2013) 'Service User and Patient Educator Workshop'. 3rd National CAIPE Student Conference. Held Nov 2013 in Coventry, UK, Oral Presentation.

Bluteau, P., Astley-Cooper, J., Khanna, R., Opie, J., Lilley, P., Igo, S., Kneafsey, R., Goy, S., Taylor, A., Rushton, T., Horgan, T., Lowe, A., Williams, N., Epstein, L., Clouder, D., Phimister, D., and Davies, B. (2013) 'Collaborating to create an innovative IPE focused curriculum'. European Interprofessional Education Network Conference (EIPEN) conference. Held Sep 2013 in Slovenia, Oral Presentation

Taylor, A.G., Hopkinson, C., Hayes, E., **Bluteau, P**., and Davies, B. (2013) 'Unravelling, braiding, ducking and weaving: Post-theoretical leadership in IP education'. European Interprofessional Education Network (EIPEN) Conference. Held Sep 2013 in Slovenia, Oral Presentation

J. Astley-Cooper, **P. Bluteau,** D. Clouder, B. Davies, L. Epstein, S. Goy, T. Horgan, S. Igo, R. Khanna, R. Kneafsey, P.Lilley, A. Lowe, J. Opie, T. Rushton, A. Taylor, C. Webbe, N. Williams (2013)The Collaborative Curriculum Model and Capabilities Framework European Interprofessional Education Network (EIPEN) Conference. Held Sep 2013 in Slovenia. Poster presentation.

A. Jackson, **P. Bluteau,** J. Furlong (2013) Creating reality in end-of-life care: Engaging students in interprofessional learning. European Interprofessional Education Network (EIPEN) Conference. Held Sep 2013 in Slovenia Poster presentation.

Jackson, J.A., and **Bluteau, P.A.S**. (2012) 'Competently Caring: Working with Carers in the Home'. *End of Life Care Website Creative Review.* Held Mar 2012 in Birmingham, UK, Oral Presentation

Clouder, D.L., Davies, B., Jackson, A., **Bluteau, P**., Goodman, S., Dalley-Hewer, J., Green, L., Haywood-Grinnell, S., and Rakhra, S.. (2011) 'Fostering 'meaningful disagreement' for interprofessional learning: how easy or difficult is it to provoke?'. *EIPEN.* Held Sep 2011 in Ghent, Belgium, Oral Presentation

Davies, B., **Bluteau, P.,** Clouder, D.L., Jackson, A., Green, L., Haywood-Grinnell, S., and Rakhra, S. (2011) 'Students' experiences as assessors in IPE: what can we learn?'. *EIPEN.* Held Sep 2011 in Ghent, Belgium, Oral Presentation

Jackson, A., **Bluteau, P**., Furlong, J., Brydges, S., Clouder, D.L., and Brookes, A. (2011) 'Developing an innovative training module for delivery in a resource pressured environment'. *RCN education conference.* Held Jun 2011 in Belfast, N.Ireland, Oral Presentation

Furlong, J., Jackson, A., and **Bluteau, P.** (2011) 'Making learning accessible– the facilitator's perspective'. *RCN education conference.* Held Jun 2011 in Belfast, N. Ireland, Oral Presentation

Coad, J,. Clouder, D.L., Clay, C., Gaskin, K., Flint, R., Graham, S., Hammond, P., Ruparelia, D., **Bluteau, P.,** and Widdas, D. (2011) 'What was it like for us? Reflections from an innovative online programme for health professionals'. *HEA e-Learning conference.* Held Jun 2011 in Birmingham, UK, Oral Presentation

Thistlethwaite, J., Jackson, J., and **Bluteau, P**. (2011) 'Faculty development for successful interprofessional education (IPE) –preparing facilitators for IPE'. *1st international conference on faculty development in the health professions.* Held May 2011 in Toronto, Canada, Oral Presentation

Jackson, A., and **Bluteau, P**. (2010) 'Avoiding disaster building teams to deliver IPE'. *All Together Better Health.* Held Apr 2010 in Sydney, Australia, Poster

Bluteau, P., Clouder, D.L., Dales, R., Jackson, A., and Thistlethwaite, J. (2010) 'Developing a High Quality Long Term Conditions Workforce: An Interprofessional Elearning Approach'. *All Together Better Health.* Held Apr 2010 in Sydney, Australia, Oral Presentation

Davies, B., Webbe, C., Jackson, A., **Bluteau, P**., Brooks, A., and Brydges, S. (2010) 'Creating online communities: Educators and technologists learning from each other'. *Higher Education Academy, Health Science and Practice Subject Centre, Festival of Learning.* Held Mar 2010 in Edinburgh, Scotland, Workshop

Webbe, C., Brydges, S., Davies, S., Jackson, A., and **Bluteau, P**. (2010) 'Educators and technologists working together to build online communities'. *Higher Education*

Academy,Health Science and Practice Subject Centre, Festival of Learning. Held Mar 2010 in Edinburgh, Scotland, Workshop

Davies, B., **Bluteau, P**., Jackson, J.A., and Webbe, C. (2009) 'Developing integration in on-line Interprofessional learning materials and curriculum'. *Interprofessional Education Conference.* Held Jul 2009 in Lancashire, UK, Oral Presentation

Davies, B., **Bluteau, P**., Jackson, J.A., and Webbe, C. (2009) 'The Importance of the Learning Technologist in Interprofessional E-learning'. *Interprofessional Education Conference.* Held Jul 2009 in Lancashire, UK, Poster

Brooks, A., and **Bluteau, P**. (2009) 'Using templates to develop learning objects'. *TALC:Teaching and Learning Conference.* Held Jul 2009 in Coventry, UK, Workshop

Jackson, A., and **Bluteau, P.** (2009) 'Debating Gender in interprofessional education'. *Association for the Study of Medical Education Conference.* Held Jul 2009 in Edinburgh, Scotland, Poster

Bluteau, P., and Jackson, A. (2009) 'Learning about, discussing and interacting with,

colleagues: students and facilitators perspectives of an online interprofessional elearning medium'. *Association for the Study of Medical Education Conference.* Held Jul 2009 in Edinburgh, Scotland, Oral Presentation

Jackson, A., and **Bluteau, P**. (2009) *International digital lab seminar.* Held Feb 2009 in Coventry, UK, Poster

Jackson, J., **Bluteau, P.,** and Gilchrist, M. (2008) 'Does gender and profession affect student responses to RIPLS?'. *All Together Better Health.* Held Jun 2008 in Sweden, Oral Presentation

Jackson, J., **Bluteau, P**., Webb, C., and Brydges, S. (2008) 'Reusing and enriching an Interprofessional learning Object; a comparison of student evaluation when used in professional and in an Interprofessional context'. *All Together Better Health.* Held Jun 2008 in Sweden, Poster

Davies, B., Pettifer, A., Navarro, D., Krumins, M., Jackson, A., Webbe C, **Bluteau, P.,** and Brooks, A. (2008) 'Achieving and embedding Interprofessional outcomes

thorough e-learning'. *Solving the Puzzle?: CIPeL annual conference.* Held Apr 2008 in Coventry, UK, Poster

Gordon, F., and **Bluteau, P**. (2008) 'Using CIPeL as an institutional vehicle to improve interprofessional learning'. *Solving the Puzzle?: CIPeL annual conference.* Held Apr 2008 in Coventry, UK, Presentation

Bluteau, P., and Krumins, M. (2007) 'Bringing back space, time and creativity to higher education. Pipe dream or reality?'. *SRHE 2007 conference.* Held Dec 2007 in Brighton, UK, Oral Presentation

Bluteau, P., and Clarke, E. (2007) 'This is Interprofessional Learning, but not as you know it!'. *EIPEN 2007 conference.* Held Sep 2007 in Krakow, Poland, Workshop

Jackson, A., and **Bluteau, P**. (2007) 'The Collaborative Model: Moving IPL Forward'. *EIPEN 2007 conference.* Held Sep 2007 in Krakow, Poland, Oral Presentation

Bluteau, P., and Jackson, A. (2007) 'Key Themes in Virtual IPL'. *IPE Special Interest Group.* Held Jun 2007 in Sheffield, UK, Oral Presentation

Igo, S.V., and **Bluteau, P.** (2007) 'Implementing an inter-professional education strategy within an undergraduate physiotherapy programme: observations on the first year of a three year programme'. *World confederation for physical therapy 2007.* Held Jun 2007 in Vancouver, Canada, Oral Presentation

Bluteau, P., and Booth, K. (2007) 'What makes Interprofessional learning objects different?'. *Emerging Ideas for Enhancing the Curriculum CIPeL Conference.* Held Apr 2007 in Sheffield, UK, Oral Presentation

Bluteau, P., and Jackson, A. (2007) 'A Promising Start – Development, implementation and evaluation of an Interprofessional e-learning pathway'. *HEA Festival of Learning.* Held Mar 2007 in London, UK, Poster

Bywater, H., and **Bluteau, P**. (2007) 'Putting the Ease into e-Learning'. *HEA Festival of Learning.* Held Mar 2007 in London, UK, Workshop

Bluteau, P. (2007) 'Overcoming Barriers in Interprofessional Practice Learning through Innovative e-Approaches'. *Effective Practice Learning through Partnership West Midlands MH Educators Forum.* Held Jan 2007 in Birmingham, UK, Oral Presentation

Bluteau, P., and Jackson, A. (2006) 'Assessing IPeL – Challenges and Opportunities'. *IPL Special Interest Group.* Held Nov 2006 in Aberdeen, Scotland, Poster

Bluteau, P., Jackson, A., and Jones, I. (2006) 'Developing IPeL Portfolios'. *IPL Special Interest Group.* Held Nov 2006 in Aberdeen, Scotland, Workshop

Jackson, J.A., and **Bluteau, P.A.S**. (2006) 'When drowning isn't an option: finding a solution to shifting sands'. *All Together Better Health III Challenges in interprofessional education and practice.* Held Apr 2006 in London, UK, Oral Presentation

Allen, M., Blackburn, C., **Bluteau, P.A.S**., and Davidson, A. (2005) 'Using interprofessional learning to promote interprofessional working: an evaluation of a half day workshop'. *Association for the Study of Medical Education Conference.* Held Jul 2005 in Newcastle, UK, Poster

Bluteau, P.A.S., and Jackson, J.A. (2005) 'Using 'experts' to balance uni professional identity within an inter-professional practice based learning week'. *Association for the Study of Medical Education Conference.* Held Jul 2005 in Newcastle, UK, Poster

Bluteau, A.T., Powell, C., **Bluteau, P.A.S**., and Jackson, J.A. (2005) 'Equal voices and mutual respect in the clinical learning environment- the importance of the facilitators role in Interprofessional learning'. *Association for the Study of Medical Education Conference.* Held Jul 2005 in Newcastle, UK, Poster

Jackson, J.A., and **Bluteau, P.A.S**. (2005) ''At first it's like shifting sand…..' – setting up inter professional learning within a secondary care setting'. *Association for the Study of Medical Education Conference.* Held Jul 2005 in Newcastle, UK, Oral Presentation

Davidson, A., **Bluteau, P**., Langton, H., and Merriman L. (2005) 'Broadening the impact of inter-professional education : a virtual pathway approach. Poster

presentation'. *Association for the Study of Medical Education Conference.* Held Jul 2005 in Newcastle, UK, Poster

Bluteau, P.A.S., and Jackson, J.A. (2005) 'Building confidence, collaboration and cohesion:perspectives of delivering practice based Interprofessional education'. *Interprofessional Learning Conference.* Held Jun 2005 in Bradford, UK, Oral Presentation

Bluteau, A.T., Powell, C., **Bluteau, P.A.S.,** and Jackson, J.A. (2005) 'Equal voices and mutual respect in the clinical learning environment- the importance of the facilitators role in Interprofessional learning'. *Interprofessional Learning Conference.* Held Jun 2005 in Bradford, UK, Poster

Gordon, F., **Bluteau, P.A.S**., and Bywater, H. (2005) 'The centre for interprofessional elearning (CIPeL); breaking down barriers to IPL'. *Interprofessional Learning Conference.* Held Jun 2005 in Bradford, UK, Oral Presentation

Bluteau, P.A.S., and Jackson, J.A. (2005) 'Student-led multi disciplinary team meetings –a medium for delivering interprofessional learning and 'joined up' care within a work place setting?'. *RCN Partners in Practice- RCN Education Forum.* Held Feb 2005 in Harrogate, UK, Oral Presentation

Jackson, J.A., and **Bluteau, P.A.S**. (2005) ''It's like shifting sand' – setting up inter-professional learning within a secondary care setting'. *RCN Partners in Practice – RCN Education Forum.* Held Feb 2005 in Harrogate, UK, Oral Presentation

APPENDIX TWO

OUTPUT ONE

Output One (removed for copyright purposes):

Bluteau, P.A.S., Jackson, J.A., Clouder, D.L., and Davies, B. (2014) 'Lessons in Implementing IPE'. In Barr, H., Helme, M & D'Avray, L.(2014) *Review of Interprofessional Education in the UK 1997-2003.* London. CAIPE*.*

APPENDIX THREE

OUTPUT TWO

Output Two (removed for copyright purposes):

Bluteau, P., Clouder, L. & Cureton, D. (2017) Developing interprofessional education online: an ecological systems theory analysis. *Journal of Interprofessional Care* 31(4), 420-428.

APPENDIX FOUR

OUTPUT THREE

Output Three (removed for copyright purposes):

Bluteau, P. (2020). The Good Enough Facilitator: Exploring Online Interprofessional Therapeutic Facilitation in times of COVID-19. *Journal of Interprofessional Care*, *34(5),* 647-654. https://doi.org/10.1080/13561820.2020.1807919

APPENDIX FIVE

OUTPUT FOUR

Output Four (removed for copyright purposes):

Bluteau, J.M., & **Bluteau, P.** (2020). Call of interprofessional duty: an ethnographically informed discussion on preparing students to be digitally resilient. *Journal of Interprofessional Care*, *34(5),* 662-667. https://doi.org/10.1080/13561820.2020.1791807

APPENDIX SIX

OUTPUT FIVE