

ANCHORING PREVENTIVE HEALTH CARE TO POSITIVE LEARNING: AN EXPLORATION OF LOCAL METHODS OF ORGANISING AND IMPROVING CLINICAL PRACTICES

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Description: Background: Public concern with clinician-caused harm, quality of care and patient safety is rising exponentially on the back of claims in the media and academic literature about occasions of sub-standard care. Our recent research suggests that rather than rank differentiation, top-down inspectorialism and heroic leadership, post bureaucratic approaches to work organization may be more effective in acknowledging ordinary clinicians work as the basis for producing the correctives to and improved outcomes of current health care practices.

Further underscoring the significance of this project, there is a dearth of research into the (dis) organization of practices leading to clinical harm, quality of care and patient safety.

This project explores interactions among different groups of professionals (clinicians) across two sites to assess the extent to which their activities display positive learning; that is, practical vigilance, mutual attentiveness, and innovative flexibility. The significance of the project is that it targets the Priority Goal Preventive Health Care by investigating clinical team processes and their impact on preventing harm and achieving quality of care and patient safety.

The methodology includes analysis and discourse analysis of clinicians' micro-interactions in situ, through participant observation, audio-taped transcripts and practitioner interview, as well as researcher/practitioner – negotiated accounts about how practitioners produce good care.

The project's outcomes include methods and approaches for achieving positive team learning that promotes safe, high quality, and improvement focused care, as well as researcher-practitioner co-authored accounts of the challenges of organizing and optimizing care.

The project's innovative contributions are threefold. First, it transcends conventional approaches to health care improvement that target medical-clinical fragments of the work, by opening up the micro-enactment of health care provision as the appropriate space for addressing quality and safety. Second, the project advances the knowledge base of health services research by leaving the well trodden path of 'behaviour modification' and forging a participatory approach to health organizational learning and improvement. Third, the project develops a research methodology that is both multi—method and multi-authorial: deploying observation, narrative interview, discourse analysis and clinical data analysis this project combines interpretive with formalist methods.

References:

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