

Emerging Health Policy Research Conference 2010

Abstract Submission

Presenter Details

Ms Jacqueline Milne*
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Biography of presenter: Ms Jacqueline Milne has a background in health, education and commerce. She has worked in clinical, administrative and academic capacities in health and university settings. Jacqueline is currently a PhD candidate at UNSW, supervised by Professor Jeffrey Braithwaite and Dr David Greenfield.

Presentation Details

Presentation Title: Interprofessional practice: what does it mean to doctors?

Keywords: Interprofessional practice, international medical graduates, collaboration, patient-centred care.

Research Details

Introduction/Background: Australian Government workforce policy recognises the need for both locally and internationally trained medical graduates to meet health care service demands. Interprofessional practice (IPP) is regarded as a cornerstone of quality and safety in delivering patient-centred care. The ability and willingness of the medical workforce to practice interprofessionally remains in question.

Research Question: Are doctors equipped to engage in collaborative IPP?

Methodology: A literature review was conducted to identify significant issues relating to doctors and their interprofessional practice. Four domains were identified: culture and acculturation; communication and interaction; collaboration and teams; and competency, quality and safety. These topics formed the basis for a survey questionnaire. The survey was administered to 30 doctors in three teaching hospitals; half were international medical graduates (IMGs) from 11 countries and half were Australian medical graduates (AMGs). A thematic analysis was conducted on the data.

Findings: Across the domains, significant variation in experience and ability was noted in the IMGs, who comprise a heterogeneous group. The AMGs were a homogenous group and more unified in their responses with some variation according to their postgraduate level of training. Collaborative IPP is perceived as optimal by both groups but culture and communication problems pose barriers for IMGs.

Policy Implications: Policy for the recruitment and preparation of doctors to practice in teaching hospitals needs to recognise their diversity of backgrounds, in particular of IMGs, and offer support with communication, language, cultural adaptation and ongoing learning. This will contribute much to achieving the ideals of IPP which lies at the heart of safer, patient-centred care.

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Abstract Submission

Presenter(s) Details

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Danny Hills

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Short Biography of presenter(s) (maximum 50 words):

Danny is a Registered Nurse with broad experience in mental health, health service improvement and education. Danny is undertaking PhD studies at Monash University with the NH&MRC-funded *Medicine in Australia: Balancing Employment and Life* (MABEL) longitudinal study. The focus of his research is workplace aggression in the clinical medical workforce.

Presentation Details

Presentation Title (up to 10 Words):

Workplace aggression in Australian clinical medical practice

Keywords: (up to 5 to assist organisers in streaming papers):

aggression, violence, medicine, workforce

Research Details (250 word limit)

Introduction/Background:

Workplace aggression is a significant problem in healthcare, including for the medical profession. The impact can extend beyond the consequences for individuals to broader effects on the profession and health service delivery. There is a paucity of Australian research on workplace aggression affecting doctors other than GPs or from sources other than patients. Much of the policy debate to date has been generated in response to high profile incidents, with the implementation of broad-scale responses often informed by limited evidence of effectiveness.

Research Question:

What is the prevalence and impact of workplace aggression experienced by Australian medical clinicians, and what are the implications for the profession, communities and governments?

Methodology:

Self-report, cross-sectional survey data from the Wave 3 (2010) of the annual MABEL survey (N≈10000) will be utilised to determine workplace aggression prevalence, risk and protective factors, and interrelationships

between these and other personal and work variables. Preliminary findings from the Wave 3 pilot (n≈300) are reported.

Findings:

Australian doctors appear to commonly experience verbal and physical aggression from a range of sources, with the highest rates experienced by Hospital Non-specialists and Specialists-in-training. For these primarily hospital-based groups, key aggression prevention and minimisation strategies seem to be better established, but GPs and Specialists have higher rates of implementation for other key strategies.

Policy Implications*:**

This study will provide important information about the extent and effects of workplace aggression in medical practice, including in relation to high risk groups and settings, and the uptake of existing prevention strategies, providing direction for future research and policy development.

*****All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.**

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Presenter(s) Details

Name of Author(s) – asterisk the presenting author(s):

Jennifer Plumb*

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Short Biography of presenter(s) (maximum 50 words):

Jennifer has a background in mental health policy, medical anthropology and knowledge management. She is undertaking her PhD at the Australian Institute of Health Innovation at UNSW.

Presentation Details

Presentation Title (up to 10 Words):

New approaches to patient safety in mental health care

Keywords: (up to 5 to assist organisers in streaming papers):

Patient safety; literature review; mental health; qualitative methods

Research Details (250 word limit)

Introduction/Background:

Patient safety in mental health care is an underexplored area with important implications for how health services manage context-specific risks.

Research Question:

What do we know about how patient safety is conceptualised and enacted in mental health services?

Methodology:

A simple four dimensional model was developed to structure interrogation of the literature.

1. What are sociological and anthropological perspectives on patient safety?
2. How is the safety of patients conceptualised in the mental health context?
3. How are safety issues instantiated in mental health professionals' practice?
4. How do professionals acquire their understandings of safe practice?

Findings:

Qualitative approaches challenge orthodox thinking about patient safety by emphasising the role of cultural and contextual factors. Standard notions of 'patient safety' are rarely used in mental health research; instead, a conceptual framework centred on notions of risk and 'keeping order' dominates the literature. Wards are conceptualised as containers for disputed knowledge and for tensions between therapeutic work and containment of risk. The patient, not the system, is seen as the main locus of risk and its management, and 'keeping safe' as part of the process of treatment itself. Little research has been conducted into how notions of safe practice are negotiated and enacted, nor to how the mental health context presents a challenge to orthodox assumptions about patient safety.

Policy Implications*:**

In order for patient safety agenda to progress, policies intended to ensure the safety of all patients require a more mature and nuanced understanding of specific practice contexts.

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Abstract Submission

Presenter(s) Details

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Short Biography of presenter(s) (maximum 50 words):

Current PhD student UDRH

Academic Background: Bachelor of Nursing (University of Tasmania), Master of Nursing (Monash)

Clinical Background: RN, experience in various settings across public and private sector in Tasmania

Policy Experience: Industrial Organiser (HACSU), Electorate Officer for Federal MP

Lives: New Norfolk (Tasmania)

Works: Royal Hobart Hospital (casual)

Presentation Details

Presentation Title (up to 10 Words):

Method in the Madness: Qualitative Comparative Analysis (QCA) research design

Keywords: (up to 5 to assist organisers in streaming papers):

safety climate, medication error, methodology

Research Details (250 word limit)

Introduction/Background:

This presentation's aim is to outline a research proposal that utilises QCA research design. This method uses a matrix to analyse conditions (or variables) across a number of cases against the presence or absence of a particular outcome. Used for small-N studies the method may also assist in understanding complexity of data at a micro level. This research proposal has been developed to investigate the relationship between nurses' attitude to safety climate, error severity and their perception of error reporting.

Research Question(s):

How do safety climate and error severity relate to nurses' perceptions of reporting a hypothetical medication error?

How can QCA methods improve the understanding of this relationship?

Methodology:

The data collection tool developed is a confidential survey that encompasses an assessment of nurses' attitude to safety climate and their perception of reporting a hypothetical medication error with outcomes of variable severity. Whilst the data collection method allows for analysing the relationship using a traditional statistical approach the use of a QCA research design enables a more detailed case oriented analysis at a micro level.

Findings:

As this is a work in progress the focus of the “Findings” section of the presentation will be on how the initial QCA data analysis will be undertaken, and how results may potentially be used to contribute to both building theory and policy development.

Policy Implications*:**

The QCA research design has potential to add to current research methods through improving the understanding of the impact of policy at a micro level.

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Presenter(s) Details

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Short Biography of presenter(s) (maximum 50 words):

Su-yin Hor is a doctoral student in Health Communication, with a research background in Education and Psychology. Her PhD thesis explores the realm of patient safety in healthcare, using ethnographic methods to explore how clinicians act and interact at the local level to deliver safe and high quality patient care.

Presentation Details

Presentation Title (up to 10 Words):

Learning from incident reports: a study of local practices.

Keywords: (up to 5 to assist organisers in streaming papers):

Incident reporting, learning, improvement, patient safety, ethnography

Research Details (250 word limit)

Introduction/Background:

Incident reporting systems are designed as systematic approaches towards improving patient safety by encouraging learning from adverse events and near misses. In NSW, an incident reporting system was implemented five years ago. Since then, incident reports have been collated, aggregated and published, making visible the frequencies, types and distribution of safety events reported. This data has been used to develop state-wide safety recommendations and programs. What is missing, however, is an insight into how incident reports can lead to learning and improvement more locally, within individual hospitals and departments.

Research Question:

How does incident reporting engage clinicians locally in learning from safety incidents?

Methodology:

A multidisciplinary group of 72 clinicians in a NSW hospital participated in this study. Ethnographic data was collected through observations, field interviews, documentary evidence and feedback sessions. Data was analysed thematically using a grounded theory approach.

Findings:

Clinicians are creating and using incident reports primarily as triggers for investigation and discussion of safety incidents. Local learning from these incidents emerges primarily from the richness of contextual

information shared by clinicians, rather than the incident reports, which can be insufficient and misleading. The benefits of this discussion and learning however can be limited by local jurisdictions of influence or responsibility.

Policy Implications*:**

Incident reporting can prompt learning at multiple levels of the health care organisation. The value and limitations of local learning processes indicate that the broader state-wide program of learning from incident reports should not only complement, but also collaborate and engage with local learning initiatives.

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