



THE UNIVERSITY OF  
NEW SOUTH WALES



CENTRE FOR CLINICAL GOVERNANCE RESEARCH IN HEALTH

# Annual Report 2004



Centre for Clinical Governance  
Research in Health

***The Centre for Clinical Governance Research in Health undertakes strategic research, evaluations and research-based projects of national and international standing with a core interest to investigate health sector issues of policy, culture, systems, governance and leadership.***

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## Centre Staff 2004



Selected Centre staff at a meeting in December, 2004.

Standing (left to right): Dr Christine Jorm, Dr Rick Iedema, Joanne Travaglia, Rowena Forsyth, Peter Nugus, Barbara Ulmer.

Seated (left to right): Nadine Mallock, Debbi Long, Associate Professor Jeffrey Braithwaite, Associate Professor Mary Westbrook.

The full complement of the Centre staff is listed in section five.

# Mission Statement

## MISSION

The Centre for Clinical Governance Research in Health is an international research capability in the Faculty of Medicine at the University of New South Wales. Its core focus and mission are to investigate and provide new knowledge about policy, governance, organisation, work and leadership in the health sector.

As a health research facility, the Centre strives to be theoretically and methodologically progressive and industry-relevant. To satisfy and achieve its mission the Centre draws on the unique expertise of the assembled researchers and undertakes exciting cross-disciplinary research with academic and industry collaborators. The researchers include staff members, visiting fellows, associates and partners. The Centre undertakes external collaborations within Australia and internationally, including with the:

- Centre for Health Informatics, University of New South Wales;
- Clinical Excellence Commission, New South Wales;
- Australian Council for Safety and Quality in Health Care;
- Australian Council on Healthcare Standards;
- NSW Health Department;
- Australian College of Health Service Executives;
- Australian Patient Safety Foundation, University of Adelaide;
- Institute for Health Research, New South Wales;
- Australian Health Alliance;
- World Health Organization in Kobe, Japan;
- Shanghai Municipal Health Bureau, People's Republic of China;
- Clinical Governance Support Team in the Modernisation Agency of the English National Health Service, United Kingdom;
- Health Communication Research Centre, Cardiff University, United Kingdom;
- International Centre for Research on Organisational Discourse, Strategy and Change;
- Harvard School of Public Health, United States of America;
- Intermountain Health Systems, Utah, United States of America
- Centre for Activity Theory and Developmental Work Research, University of Helsinki, Finland;

# Mission Statement

- Affinity Health Care;
- Ramsay Health Care; and,
- Australian Health Insurance Association.

Centre staff also have intellectual engagement with colleagues in the European Group of Organisation Studies (EGOS) and the European Association of Communication in Healthcare (EACH). Staff secure research funding from national and international sources and publish in international journals such as *British Medical Journal*, *The Lancet*, *Social Science & Medicine*, *Health Services Management Research*, *International Journal of Health Planning and Management*, *Journal of Health Services Research and Policy*, and *Organization Studies*.

## **OBJECTIVES**

The Centre has six main objectives. These are:

1. To be an internationally recognised reservoir of knowledge and expertise on clinical work management issues with a capacity to respond to requests for advice and consultation.
2. To undertake internationally recognised inter-disciplinary research and development projects on clinician led approaches to organising and managing clinical work across the full spectrum of care.
3. To provide a focal point for initiating and managing collaborative research and development projects on clinician led approaches to the organisation and management of clinical work involving partners drawn from other groups within the Faculty of Medicine, other departments within the University, Federal, State and Area health authorities and potential academic, policy and practitioner collaborators in other universities both within and external to Australia.
4. To provide a supportive environment for developing research skills of early health researchers from both clinical and social science disciplines.
5. To facilitate the development of education and training activities both within and outside the University in support of clinical governance.
6. To develop an international research reputation not simply in health but also in the base disciplines from which Centre members are drawn viz., policy studies, discourse analysis, sociology, organisational behaviour, social theory, anthropology, psychology, health informatics and clinical studies.

## **PRINCIPLES FOR STUDIES**

The Centre conducts internationally regarded research studies. We have designed six principles for our research projects. These are:

- Utility and usefulness
- Highest quality results
- Feasible and realistic aims
- Propriety – to conduct our work ethically
- Accurate reporting and faithful interpretation of results
- Pursuing inclusivity.

# Director's Message



**JEFFREY BRAITHWAITE**

*“Research centres are special spaces in Universities, which are in turn special places in society. University Centres facilitate a focus on a specific issue and encourage in-depth understanding of it. In our case we publish our work in three distinct domains, and target the top-rated journals in these: in general medical journals, the health services research literature, and organisational behaviour literature”.*

## **The year under review**

This year the focus of our work, continuing our efforts over the current triennium, has been on furthering our investigations into our core challenge – to demonstrate how clinical governance as a set of ideas and practical activities can help advance health care. No one could doubt how important this endeavour is. If we can help improve the way stakeholders in the health system work together more safely, more productively and, increasingly, more synergistically, we will have made a contribution of which we can be proud.

To this end, and as the rest of the *Annual Report 2004* shows, we have achieved a great deal this year. Amongst a range of projects, we have conducted ongoing research into safety and quality of care (with the Clinical Excellence Commission, NSW, formerly the Institute for Clinical Excellence, NSW) and other partners; knowledge management with the Quality Branch of the NSW Health Department; point of care clinical systems with our colleagues in the Centre for Health Informatics at UNSW, and the NSW Health Department; and team-based approaches to care with various colleagues at the Prince of Wales Hospital. These last two projects are supported by the Australian Research Council (ARC). We have also been successful in securing two new, very exciting ARC grants in 2004, to commence in 2005. One is looking at team process and communication in two children's hospitals (Sydney Children's Hospital and Westmead Children's Hospital). The other is examining accreditation and its effects on quality of care with our industry partners the Australian Council on Healthcare Standards, Ramsey Health Care, Affinity Health Care and the Australian Health Insurance Association.

Securing grants to do fascinating research is a privilege, and allows us to satisfy our own intellectual needs for discovery. But Centre researchers are acutely aware of

# Director's Message

the contributions we need to make to other research communities and, more broadly, to society. Thus we are equally interested in expressing results to inform people who need and can act on new information. One way of assessing our impact is to look at the range of conference, workshops and symposia presentations we have made. These total 32 in 2004. Refereed presentations were made at the British Medical Association (London), World Congress on Medical Informatics (San Francisco) and Organisational Discourse Conference (Amsterdam).

Another way of assessing our impact is by scrutinising our international publication profile, for it tells how our work is judged by our international peers. In total, in 2004 we published 11 refereed journal articles. The Centre's work is at the intersection of three knowledge domains, and we have high expectations of ourselves – to publish in the top-rated international journals in each. These domains are medicine, health services and organisational studies. Looking back over 2004, and then, a little further, over the past three years, this is exactly what we have done. We have published in the medical literature multiple times, including in the prestigious *British Medical Journal*, *Social Science & Medicine* and *The Lancet*. We have published frequently in the health services literature including in the highly regarded competitive journals *Health Services Management Research*, *Journal of Health Services Research and Policy*, and *Journal of the American Medical Informatics Association*. We have also published in the top organisational journal, *Organizational Studies*, as well having offered our organisational and social research findings to the peer-reviewed, key publications *Journal of Health Organization and Management*, *Qualitative Research Journal*, *Applied Linguistic* and *Text*.

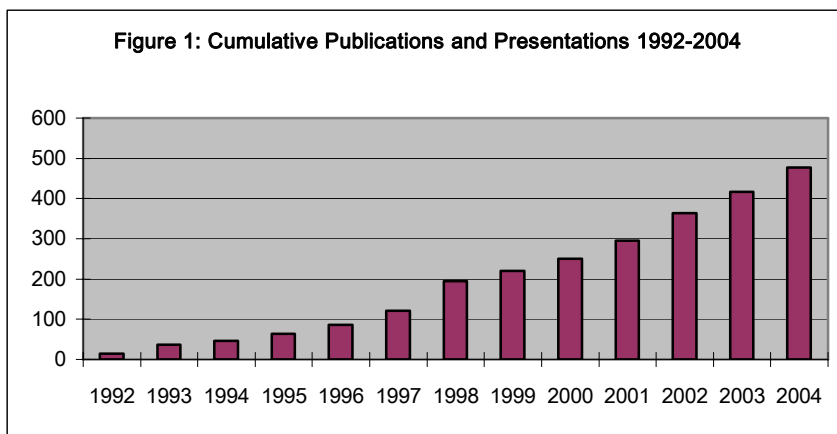
We welcomed our new colleagues in 2004. Christine Jorm, Debbi Long, Jo Travaglia, Peter Nugus and Barbara Ulmer brought their skills and energies to the Centre, and have already enriched our theoretical and empirical capabilities. We farewelled other colleagues, in particular Sue Christian-Hayes. Sue deserves a special mention. She served the Centre with distinction in various roles for almost eleven years, culminating in her job as Business Manager at the time of her departure. She is sorely missed.

## **Facts and figures**

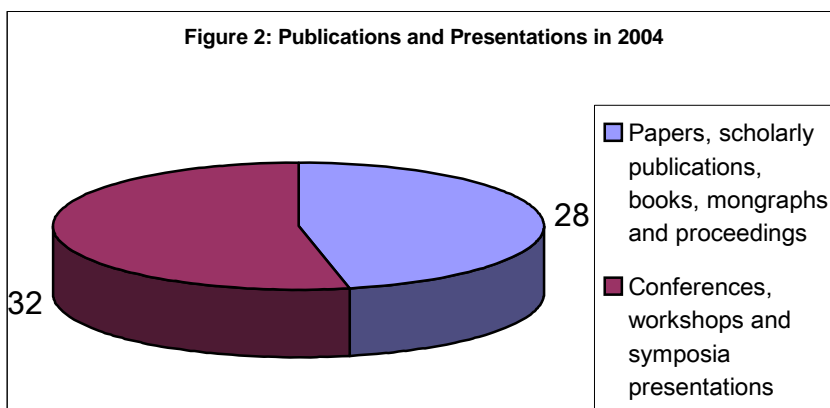
So, the Centre is yet again a busy, productive entity with an enviable track record in publishing and presenting scholarly work. The cumulative publications and presentations of the Centre over the past thirteen years are shown in *Figure 1*.



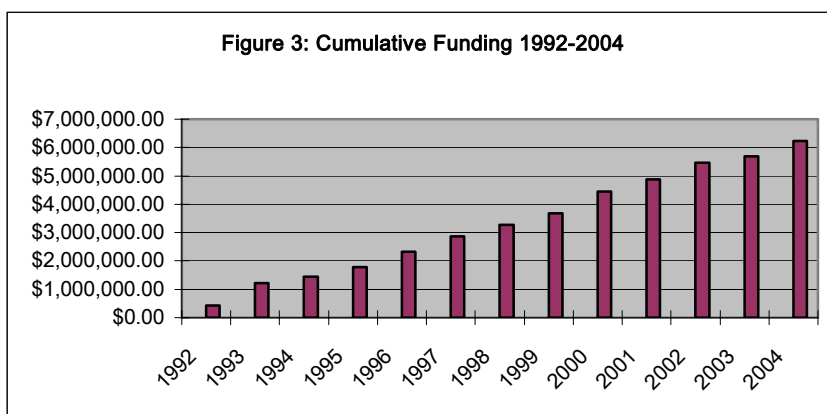
# Director's Message



The Centre's enviable output record was enhanced in 2004. There were 28 substantial pieces of scholarly written work produced (as articles in refereed journals, books or book chapters, reports or monographs, and refereed abstracts and conference proceedings). As mentioned above, staff made 32 presentations to conferences, workshops and symposia, as *Figure 2* shows.



Funding also continued on a clearly upward trajectory. *Figure 3* shows the cumulative funding received over the same period.



# Director's Message

## **Conclusion**

Our highlights for 2004 are that partnerships flourished, our work was recognised in a range of ways including in peer-reviewed international publications, new funding sources were opened up, new researchable questions were generated, and PhD work of research candidates under our supervision advanced considerably. In what follows, we discuss in more detail the Centre's exciting work and contributions in 2004.



Jeffrey Braithwaite  
**Director**  
April 2005

# Management Committee

It is a requirement of the University that a Management Committee be established for each Centre. The Management Committee, according to University guidelines, should consist mainly of University staff with a direct interest in the affairs of the Centre including the Dean of the relevant faculty as the chairperson.

**PROFESSOR RICHARD HENRY**  
*Chairperson*  
*Acting Dean, Faculty of Medicine*

**PROFESSOR RICHARD MATTICK**  
*Director, National Drug and*  
*Alcohol Research Centre*

**A/PROFESSOR JEFFREY BRAITHWAITE**  
*Director of the Centre*

**DR RICK IEDEMA**  
*Senior Research Fellow at the*  
*Centre*

**PROFESSOR ANTHONY ZWI**  
*Head, School of Public Health and*  
*Community Medicine*

The Centre's Management Committee met on three occasions during 2004: in April, August and December 2004. During the year Professor Bruce Dowton and Professor Elspeth McLachlan stood down and were replaced by Professor Richard Henry and Professor Richard Mattick. We thank the outgoing members for their contributions to the Centre. Broadly, the Committee monitored the progress of the Centre over the year. It affirmed the Centre's progress on its strategic plan 2002-2005, accepted the various reports and documents describing the Centre's work including the annual report, financial overview and publications, and noted the Centre's strengths and forward moving trajectory in grants, publications and collaborations.



Until November 2004, Professor Bruce Dowton, Dean, Faculty of Medicine (pictured with Associate Professor Jeffrey Braithwaite), was Chair of the Management Committee. From November 2004, Professor Richard Henry assumed the role of Chair..

# Staff Listing

## DIRECTOR

Associate Professor Jeffrey Braithwaite BA *UNE*, DipLabRelsandtheLaw *Syd*,  
MIR *Syd*, MBA *Macq*, PhD *UNSW*, FAIM, FCHSE

## BUSINESS MANAGER

Ms Sue Christian-Hayes

Barbara Ulmer BA *Mainz*, MA *Syd*, MA *UNSW*, PhD Cand *UNSW*

## SENIOR RESEARCHERS

Dr Rick Iedema MA *Syd*, PhD *Syd*

Dr Anna Whelan BA Hons *Woll*, PhD *Syd*, RN, SCM, FRCNA, AFCHSE

## RESEARCHERS

Debbi Long MA *Nijmegen*

Nadine Mallock Dipl.-Inform.Med. (BHI, MHI) *Heidelberg*

Joanne Travaglia BsocStuds(Hons) *Syd*, GradDipAdultEd *UTS*, , MEd *ACU*

## VISITING RESEARCH FELLOWS

Dr Bon San Bonne Lee MBBS, Grad Cert IT, M Med, MHA, FFAFRM

Professor Don Hindle BA Hons *Liverpool*, MS *Lancaster*, PhD *Lancaster*

Dr Philip Hoyle MBBS *UNSW*, MHA *UNSW*, FRACPA

Mr Brian Johnston BHA *UNSW*,. Dip. Pub. Admin *NSW Inst of Tech*

Dr Christine Jorm MBBS (Hons), MD *UNSW*, FANZCA (Conj Snr Lecturer)

Dr Marjorie Pawsey MBBS *Qld*, DPH *Syd*, FAFPHM

Ms Maureen Robinson Dip Pty, Grad Cert Paed Pty, Cert Mgt Ed, Cert HSM,  
MHA

Professor William Runciman BSc (Med), MBBCh, FANZCA, FJFICM,  
FHKCA, FRCA, PhD

Conjoint Associate Professor Mary Westbrook AM, BA, MA (Hons), PhD,  
FAPS

Professor Les White MBBS *Syd*, FRACP, DSc *UNSW*, MRACMA, MHA *UNSW*

## FULL TIME SCHOLARSHIP CANDIDATES

Ms Rowena Forsyth BAHons *Sydney*

Mr Peter Nugus MAHons *UNE*, Grad Dip Ed *UTS*

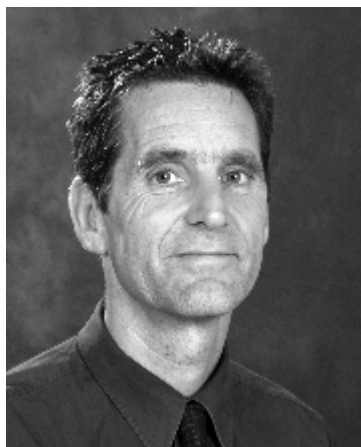


**JEFFREY BRAITHWAITE**

*Director*

Jeffrey Braithwaite is an Associate Professor in the School of Public Health and Community Medicine and Director of the Centre. He joined the Centre as a Commonwealth Casemix Research Fellow in 1994, and he was Head of the School of Health Services Management until it merged into the School of Public Health and Community Medicine in 2001. In 2003 Jeffrey was awarded a medal from the Uniting Church for *Services to Older People*. In 2004 he was a recipient of a *Vice-Chancellor's Award for Teaching Excellence*.

Prior to coming to the University Jeffrey held various executive positions in the health sector over a twenty-five year period. He has managed, consulted, taught and researched in Australia and a number of countries including the People's Republic of China, Papua New Guinea, Singapore, Hong Kong, Japan, Canada, the United States of America and the United Kingdom. His research interests include clinicians as managers, organisational theory, the future of the hospital, organisational design of hospitals, change management in health care, network theory, the evolutionary bases of human behaviour, and health policy development and implementation. He has published extensively in international journals in these fields.



**RICK IEDEMA**

*Senior Lecturer*

Dr Rick Iedema is Senior Lecturer in the School of Public Health and Community Medicine and Senior Researcher at the Centre. His work centres on discourse analytical and ethnographic investigations into the organisation and enactment of health care provision. Rick has presented over 70 national and international conference papers and has published (or in press) close to 60 papers in journals such as *Discourse and Society*, *Organization Studies*, *Social Science & Medicine*, *British Medical Journal*, *Health Services Management Research*, *Document Design*, *International Journal for the Semiotics of Law*, *Semiotica*, and *Visual Communication*. He published *The Discourses of Post-Bureaucratic Organization* in 2003, a book that addresses the ways in which (health) organisational arrangements are changing and what those changes mean for how people in organisations act and interact. Aside from being co-investigator on projects with health departmental bodies (NSW Health Department Quality Branch, NSW Clinical Excellence Commission), Rick is currently involved in four Australian Research Council funded projects: one four-year project focusing on the shift in clinical work from paper-based towards electronic information and communication media; the second focusing on hospital accreditation, the third a three-year 'video-ethnographic' project focusing on clinicians' identity as it is 'performed' in situated clinical interactions, and the fourth an organisational change project that investigates how clinicians are able to learn from adverse events.



**SUE CHRISTIAN-HAYES**

*Business Manager*

Sue was employed with the Centre from May 1995 until October 2004. Her primary role at the Centre was to provide administrative support to the Director of the Centre as well as the financial management for the Centre's projects. Sue has worked in both the private and public sector and has experience in a variety of software packages.



**BARBARA ULMER**

*Research and Business Manager*

Previously working for the Centre as a Senior Research Assistant, Barbara took over as Research and Business Manager when Sue Christian-Hayes left in October 2004. Her primary responsibility was for the financial management of the Centre's projects, and in providing administrative support to the researchers. Barbara submitted her PhD in Clinical Practice Improvement in 2004. We are deeply saddened by Barbara's tragic, accidental death in February 2005.



**DEBBI LONG**

*Research Fellow*

Debbi Long is a Research Fellow at the Centre for Clinical Governance Research in Health at the University of NSW engaged in an ARC project examining professional identities and boundaries among health care workers in multidisciplinary health care teams, using video ethnography to elicit reflective narrative. A medical anthropologist, Debbi has undertaken ethnographic research in Turkey, The Netherlands and Australia, and taught in anthropology and medical departments in The Netherlands and Australia.



**NADINE MALLOCK**

*Research Officer*

Nadine Mallock is a Research Officer in the Centre. She has a background in Informatics in Medicine with Bachelor and Masters qualifications from the University of Heidelberg, Germany. Her research interests include standardisation of clinical care, quality assessment as well as evaluation methods. Nadine is currently employed in the Centre to work collaboratively on projects within and outside the Centre's research streams. Nadine is involved in a wide range of projects including the investigation of how managers use their time and the evaluation of the impact of point of care clinical information systems. She teaches in the Graduate Management Programs in the School of Public Health and Community Medicine.





**JOANNE TRAVAGLIA**

*Research Fellow*

Jo Travaglia has been involved in health services education and research for over 20 years, actively inquiring into and promoting and developing the concept of diversity and cultural competence in health. She has led research/evaluation projects on range of topics relating to:

ageing and ethnicity; cultural competence and adult education; disability, ethnicity and health; gender and ethnicity; equity and the utilisation of home and community care services; place, space and health; and the impact of diversity on access to, and the provision of, quality health services. She is currently working in the Centre on an evaluation of the impact of the Clinical Excellence Commission programmes in NSW, and has enrolled in her PhD, exploring the field of patient safety from the perspectives of space, place and vulnerability.



**ANNA WHELAN**

*Senior Lecturer*

Anna Whelan has been an academic in the Faculty of Medicine since 1994 and has taught about the concepts of management in the context of a professional workforce. Anna has an Honours Bachelors degree in History and Philosophy of Science, and a PhD in Public Health and clinical background (nursing) in health services. Her academic interests are in public health and management, with special focus on reproductive health, diversity health and management, and models of working with communities. Anna is Senior Lecturer in the School of Public Health and Community Medicine and Senior Researcher in the Centre.



**DON HINDLE**

*Visiting Professor*

Don Hindle is a Visiting Professor in the Centre. He has a strong disciplinary background in operations research and over the last twenty years has built an international reputation for his research on health care financing and information systems.

Don has published widely in local and international journals and has acted as a consultant to private insurers, New South Wales Health, ACT Health, the Victorian Department of Community Services and Health and the South Australian Health Commission. He has also acted as a consultant in countries such as the USA, Portugal, Singapore, India, Germany, the UK, Slovenia and Mongolia and for international agencies including UNICEF, WHO and the World Bank with emphasis on primary health care including rural water supply and child growth monitoring. He has been undertaking workshops on organisation and professional cultures in several countries, with emphasis on building improved clinical teamwork.



**LES WHITE**

*Visiting Professor*

Les White joined the Centre in 2000 as partner-investigator on the study 'A Project to Enhance Clinician Managers' Capacities as Agents of Change in Health Reform'. Les is concurrently

the Executive Director at the Sydney Children's Hospital, a Professor at the University of New South Wales, and a Visiting Research Professor in the Centre. His research interests include paediatric cancer, cultural change in paediatric institutions, and the ways in which clinicians can balance both managerial and clinical interests.

## **BON SAN BONNE LEE**

### *Visiting Fellow*

Bon San is a specialist in spinal rehabilitation. He works with the Centre on the Arc Discovery grant: Preventive healthy care: are clinicians identities attuned to the requirements of health care reform? His work is at the intersection between the clinical – management interface, and he is interested in this intersection both in his clinical work and his research.

## **PHILIP HOYLE**

### *Visiting Fellow*

Philip joined the Centre in 2000 and is a partner investigator on the study 'A Project to Measure and Manage the Psychological Impact of Reform on Clinician Managers as Agents of Organisational Change'. Philip is the Director of Acute Services for the Northern Sydney Area Health Service and has an interest in evidence based medicine, evidence-based management and organisational change.

## **BRIAN JOHNSTON**

### *Visiting Fellow*

Brian is chief executive of the Australian Council on Healthcare Standards. He has extensive experience the health sector and has held a range of leadership positions. He works with the Centre on the accreditation project and provides high level strategy advice.

## **CHRISTINE JORM**

### *Visiting Fellow and Adjunct Senior Lecturer, Faculty of Medicine*

Christine Jorm has worked as an anaesthetist in Australia and the UK, including as a Staff Specialist in St George Public Hospital. Christine has considerable teaching and management experience, teaching in the Medical Education program at UNSW at St George Clinical School. Most recently, Christine was the Lead Clinician in the Quality Unit at St George Public Hospital.

## **MARJORIE PAWSEY**

### *Visiting Fellow*

Marjorie is the principal research consultant for the Australian Council on Healthcare Standards. She has interests in accreditation, standards development and the quality and safety of healthcare. She co-supervises the doctoral work of Kai Zhang and Lena Low, and co-leads the study of accreditation in health care.

## **MAUREEN ROBINSON**

### *Visiting Fellow*

Maureen is director of quality branch, NSW Health Department and chair of the State Quality Officials' Forum. She works with the Centre on several projects including the knowledge management project with NSW Health, the accreditation study and the Centre's work with the Clinical Excellence Commission. Maureen's interests centre on the quality and safety of healthcare, particularly from a policy perspective.

## **WILLIAM RUNCIMAN**

### *Visiting Professor*

Bill is the Foundation Professor of Anaesthesia and Intensive Care at the University of Adelaide and Head of Department at the Royal Adelaide Hospital. Bill has been President of the Australian Patient Safety Foundation since its inception in 1989.

## **MARY WESTBROOK**

### *Conjoint Associate Professor*

Mary is a psychologist with a keen interest in methodology and questionnaire design and works with the Centre on a range of projects. She is particularly involved with the survey work on clinical directorates and the study about how managers use their time in international contexts.

# Selected Professional Activities

**JEFFREY BRAITHWAITE**

## *Memberships*

- Australian Association for Quality Assurance in Health Care
- Australian College of Health Service Executives (Fellow)
- Australian Human Resource Institute
- Australian Institute of Management (Fellow)
- Industrial Relations Society of Australia
- NSW Health Department Nursing Workload Research Steering Committee
- NSW Health Department Baxter Award

## *Reviewer*

- Australian Journal of Public Administration
- Australian Journal of Public Health
- Australian and New Zealand Journal of Medicine
- Health Information Management
- Health Management Bulletin
- International Journal of Health Planning and Management
- Medical Journal of Australia
- Organisation Studies
- Social Science & Medicine

## *Consultancies*

- The Canberra Hospital, ACT
- Shanghai Municipal Health Bureau
- Various hospitals and Area Health Services
- World Health Organization

## *Committees*

- Catholic Commission for Employment Relations (Commissioner)
- Edina Aged Care (Non-executive Board Member)

# Selected Professional Activities

## RICK IEDEMA

### *Editorial Board Memberships*

- Communication and Medicine (Mouton de Gruyter, Berlin)
- Visual Communication (Sage Publications UK)
- Critical Discourse Studies (Routledge UK)

### *Memberships of Professional Associations*

- US Academy of Management
- European Group of Organization Studies
- European Association for Communication in Health Care
- International Union for Health Promotion and Education

### *Reviewer*

- Journal of Visual Communication
- Journal of Management Studies
- Communication and Medicine
- Text
- Functions of Language
- Journal of Social Policy
- Human Relations
- Document Design
- Critical Discourse Studies

## DON HINDLE

### *Reviewer*

- Medical Journal of Australia

### *Consultancies in 2003*

- Redesign of health care financing methods, Slovenia (2001-03)
- Reform of the drugs sector, Croatia (2002-03)
- Responding to health sector reforms in the UK (2002-03)
- Financial management of devolved health services, Indonesia (2003)
- Preparation of poverty reduction strategy for health sector, Mongolia (2002-03)
- The management of health care delivery, Germany (2001-03)

# Selected Professional Activities

ANNA WHELAN

## *Editorial Boards*

- Ethnicity and Health (UK)

## *Memberships*

- Associate Fellow Australian College of Health Service Executives
- Australian Health Promotion Association
- Fellow of Royal College of Nursing Australia (FRCNA)
- International Union of Health Promotion and Education (IUHPE)
- National Convenor of PHA International Health Special Interest Group
- Public Health Association of Australia

## *Reviewer*

- Australian Health Review
- Australian New Zealand Journal of Public Health
- Health Promotion Journal of Australia
- Journal of Advanced Nursing
- VicHealth
- WHO Bulletin
- Public Health
- Health Policy
- WHO Tropical Disease Research (TDR)

## *Research consultancies in 2003*

- United Nations Fund for Population Activities (global evaluation of reproductive health in refugee settings – Uganda, Congo and Yemen)
- Strengthening Primary Health Care Management Training in Vietnam (MoH; Netherlands Embassy)
- Leadership for Change – Hong Kong Hospital Authority – Senior management workshops
- Strategic People Management – Hong Kong Hospital Authority - Senior management workshops
- Diversity Leadership - South East Health, NSW Australia
- Women at Risk – ARC Linkages grant 3 years

# Full-time Scholarship Research Students



**ROWENA FORSYTH**

Supervisor: Dr Rick Iedema

Co-supervisor: A/Professor Jeffrey  
Braithwaite

**PhD:** *Clinical work practice change as a result of information and communication technology implementation.*

Rowena Forsyth joined the Centre in April 2003 to undertake research for a PhD. Rowena's background is in social science with academic qualifications of a Bachelor of Arts (Honours) in Sociology and Social Policy from the University of Sydney.

Rowena's PhD is located within a collaborative project between the Centre for Clinical Governance Research in Health and the Centre for Health Informatics. The project, entitled 'Evaluating the Impact of Information and Communication Technologies (ICT) on Organisational Processes and Outcomes', utilises a multi-disciplinary, multi-method approach to assess the ways in which work practices of individual clinicians change as a result of the implementation of computerised test ordering and drug prescribing within Area Health Services. Rowena's research focuses on using video ethnography from a practice perspective. It draws on theories such as ethnomethodology, activity theory and workplace studies to examine how the ritual practices of clinicians are altered as a result of the new technology.

The findings of this research reveal the way that doctors and laboratory workers communicate and informate with each other through different information technologies in the course of their daily work. Of particular interest, are not just the local interactions and information use that occurs between the doctors and the laboratory workers and their fellow professionals separately, but the intersection of the interactions between these two groups. A further set of findings looks at the way that the two different groups (doctors and laboratory workers) have engaged with the research process in contrasting ways and the implications of this engagement for the participants' ongoing work practices.



# Full-time Scholarship Research Students



PETER NUGUS

Supervisor: A/Professor Jeffrey Braithwaite

Co-supervisor: Dr Rick Iedema

**PhD: *Organisational identity of Emergency clinicians.***

Peter has a BAHons (Politics and Philosophy), MAHons (Sociology) and GradDipAdultEd. Peter's project is part of a program of research undertaken by the Centre on behalf of the NSW Department of Health's Clinical Excellence Commission. Peter's project investigates the structure and style of language used by Emergency doctors and nurses to interact with other clinical teams as an indicator of the organisational identity of Emergency clinicians. The context of the research is the recent explosion in the scale and clinical expertise of Emergency Medicine (EM). This has given rise to competing expectations about whether the Emergency Department (ED) is largely a point of triage (prioritising and categorising patients for referral to specialty teams) or a new site of specialised care. The objective of this research is to describe how those competing expectations map onto the interactive practices of Emergency clinicians. From an organisational perspective the ED is the point of unplanned admissions to the hospital. This gives the ED a unique role in organising and negotiating with other clinical teams the optimal clinical pathway of the patient through the hospital. This role places the ED, as a social location, at the fulcrum of health care stresses, patient life and death, and organisational failure and success. Very little research has focused on the organisational accomplishment of Emergency clinicians.

This research relies on the triangulation of focus groups of various stakeholders in the health system, ethnographic observation in two hospitals and interviews of Emergency doctors and nurses and clinicians and stakeholders from other teams, wards and organisations with whom they interact to organise patient care.

# Part-time/Off-campus Research Students



**JOANNE CALLEN**

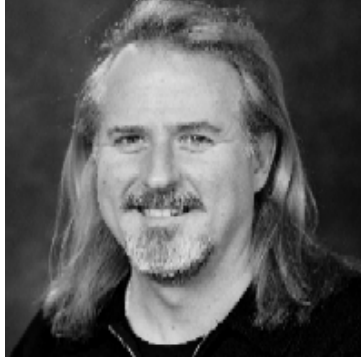
Supervisor: A/Professor Jeffrey Braithwaite

**PhD:** *An exploration of the impact of culture and work practices on the use of point of care clinical systems in hospital settings.*

Joanne is a Senior Lecturer in the School of Health Information Management, Faculty of Health Sciences, The University of Sydney and has professional and academic qualifications in health information management, education and public health. Her professional work experience has been in the public health sector, specifically major teaching hospitals. Joanne has also conducted consultancies in Singapore, Hong Kong and Cambodia and in the Australian private hospital sector and has been involved in the development and delivery of undergraduate and post-graduate academic programs in the School of Health Information Management for over ten years.

Joanne's research activities are focused on: the non-technical aspects of the integration of information technology into health care organisations; change management; the changing role of health information managers, and education in health informatics and health information management. Joanne's PhD entails a study exploring the people, organisational and work practice variables that impact on the diffusion of results ordering and reporting applications in two metropolitan teaching hospitals. She is due to complete her thesis in mid 2005.

# Part-time/Off-campus Research Students



**GREG FAIRBROTHER**

Supervisor: A/Professor Jeffrey Braithwaite

**PhD:** *Organising nursing care in the acute environment: Moving from individual to collective care models.*

Greg is the Nursing Research Officer at Prince of Wales Hospital. His brief in this role is to work with the range of Clinical Nurse Consultants and other active nurse thinkers on methodology, analysis and writing. He also researches independently in the drug and alcohol field. He holds a conjoint appointment as Research Fellow with University of Technology's Faculty of Nursing Midwifery and Health. He gained RN qualifications from the Hornsby & Ku Ring Gai Hospital in 1986 and worked as a medical nurse at Royal Prince Alfred Hospital. From the early 1990s, he has worked full time as a nurse researcher in South Eastern Sydney. He was awarded a BA (Applied Communication) from the University of Western Sydney in 1990 and a Master of Public Health from the University of Sydney in 1996.

His PhD topic is concerned with organising nursing care in the acute hospital. Social action and quasi experimental research designs are being employed to trial staff-generated care models at two Sydney hospital campuses. Nursing care models are receiving significant attention contemporarily – this project is particularly focused on the usefulness of collective practice-centred rather than individual practice-centred models of care. Included in Greg's doctoral research program is a post structuralist study – exploring collectivity/individualistic discourses underlying the talk of a sample of senior Sydney nurse executives. A statistical validation study of the author-designed workplace satisfaction questionnaire used as outcome measure in the quasi-experiment is also included.

# Part-time/Off-campus Research Students



DAVID GREENFIELD

Supervisor: Dr Rick Iedema

**PhD:** *Learning and Change within a (Nursing) Community of Practice: Enacting Self-Governance.*

David was awarded his PhD by the University in 2004. The research has used the community of practice theory and drawn upon the notions of immutable mobile, governmentality and governance. In doing so, the research has explored how within a community of practice discipline and expertise are enacted together in the process of pursuing innovation and change.

David's research explains how knowledge becomes formulated and thereby mobile, and also how practice has come to be established, visibilised and thereby sustained in a specific context. Exploring practice within a health service organisation, and in particular a public health service organisation, is a particular feature. Using an ethnographic approach, he explored how the practice of early childhood nursing in the South Western Sydney Area Health Service became a specialised expert undertaking. The research examined how change had occurred, whereby early childhood nursing was refined from being one part of the generalist community nursing practice to being a specialised practice through the increasing technologisation of practice. The technologisation of practice refers to the artefacts, conduct and the processes through which the conceptualisation and enactment of early childhood nursing has become increasingly standardised. Through the technologisation of practice explicit knowledge becomes distributed within the artefacts for practice and tacit knowing becomes distributed across, and is continually enacted by, the collaboration of the practice community. The research demonstrates how collaboration becomes necessitated under pressure of enacting increasingly complex work activities, an outcome being changing practices and extended accountability relationships which enacts discipline while realising expertise.

# Part-time/Off-campus Research Students



**FLEUR HILLIER**

Supervisor: A/Professor Jeffrey Braithwaite

**PhD:** *Managing Creative and Health Production Processes: Issues, Similarities and Differences.*

Fleur is currently working as a staff educator in a large public hospital in Melbourne. The research conducted in her study is qualitative and is modeled on what is commonly labeled as an interpretivist/constructivist approach. This approach is engendered by the standpoint that reality is socially derived. Espoused in this approach is the objective of hermeneutics, the formation of interpretive meaning. Fleur's objects of enquiry are directors of plays (managers of the creative process) and nurses in wards of hospitals (managers of the production process). Her study seeks to compare and contrast these two models of management practice. Fleur's key findings are:

- Managers in both the health and theatre environments (Nurse Managers, Directors) have high degrees of similarity in their roles
- These similarities in roles are enacted in environments that are very different. In turn the way in which Nurse Managers and Directors react to the responsibilities of their role is highly impacted by these environments
- Managers report that their predominant learning about management is “on the job” and experiential in orientation. This has relevancy for the way in which managers are educated
- Management is about self-denial and frequent assaults to the self-esteem
- In support of previous research management is found to be chaotic, random and predominantly devoid of forward planning.

Fleur has completed all her fieldwork and analysis. She is at the stage of writing her thesis.

# Part-time/Off-campus Research Students



**LENA LOW**

Supervisor: Dr Rick Iedema

Co Supervisors: Dr Anna Whelan  
Dr Marjorie Pawsey  
Dr Desmond Yen

**PhD:** *The impact of medical clinicians in their role of expert peer surveyors as change agents: navigating between inspection collaboration.*

Lena works as Business Manager managing Business Services and Business Development at the Australian Council on Healthcare Standards (ACHS). Her research topic is related to accreditation programs of health care organisations. As part of the accreditation program, survey teams are selected to review the health care organisations. These survey teams may comprise “expert peer” surveyors still working in the industry or “professional” surveyors who are no longer working in the industry and are paid as consultants for the survey.

Medical clinicians have been selected for this research as they are regarded as the most expert peers in surveyor groups. This research hopes to contribute to resolving the question on the effectiveness of the use of professional surveyors against expert peers in the accreditation process.

Lena believes that the study of medical clinicians pre and post surveying experience will provide invaluable information on the audit culture and the bureaucratisation of professional-managerial relationships in health. It will also study the impact of medical clinicians as surveyors and as change agents within their communities of practice and in the organisations they survey.

There is literature comparing inspectorial versus collaborative approaches to the accreditation process. This study further aims to determine if an inspectorial or collaborative approach stimulates positive change and the factors that are important.

# Part-time/Off-campus Research Students



**JAE WOLK**

Supervisors: A/Professor Jeffrey Braithwaite  
Professor Peter Baume

**PhD:** *Hospital Admission Policies – Can Theory Match Practice? An evaluation of the impact of government policy on the development of elective admission policies, in New South Wales public hospitals.*

This research aims to elucidate the extent to which a government can or cannot influence the practice of stakeholders in the public hospital system in relation to elective admissions. The process of policy implementation is generally thought to be one whereby governments address the concerns of the population by forming policies and then attempt to translate these general policies into specific methods of action. However, it has been suggested that there is often a discrepancy between government directives and bureaucratic implementation (Lipsky 1971, 1976). According to Lipsky, the extent to which government bureaucrats (in this case hospital managers and admission staff), will carry out these directives will be influenced by their interpretation of the directive and their interpretation of how the policy translates into practical activities. In this case, the general government concern was timely access by the population to elective procedures in the public hospital system. In this particular scenario, the NSW state government proposed to address these concerns specifically via its health portfolio, by increasing funding to public hospitals and by developing a set of guidelines regarding elective admissions for its public hospital manager employees. Specifically the research seeks to find out:

- The extent to which public hospitals implement government directives to form an admission policy (as reported by hospital stakeholders).
- The extent to which the developed policy reflects government directives.
- The extent to which the developed policies are implemented by hospital staff (as reported by hospital staff).
- Whether government is able to influence the development of hospital admission policy and the actual practice of elective admission hospital staff.

## Part-time/Off-campus Research Students



**KAI ZHANG**

Supervisor: A/Professor Jeffrey Braithwaite

Co Supervisor: Dr Marjorie Pawsey

**PhD:** *Clinical performance indicators for continuous clinical quality improvement: clinical pathway-based CPI benchmarking program.*

Kai has a Bachelor's degree in Medicine from Shanghai Medical University. He worked as a general surgeon in one of the biggest teaching hospitals in Shanghai for 8 years. Before he joined the Centre in 1999, he completed a Master of Health Administration degree in July 1999 through the School of Health Service Management at UNSW. During work in the Centre for various projects, he accumulated expertise in research methods and statistical analysis, which gave him the role of medical statistician in the Centre. He is fluent at using SPSS, Access, Excel and a series of statistical software packages. His research interest includes using statistical methods in the analysis of (a) clinical practice variations (b) clinical indicator benchmarking (c) professional subculture (d) comparative healthcare systems and health policies. He is now a data manager in a major teaching hospital in Sydney and also a PhD candidate. His PhD research is focused on developing a core clinical indicator set and examination of the interconnection between the clinical indicator data and standard survey data (EQuIP) in the ACHS health service accreditation program.



# Research Student Projects

In the following we list the names of students and their research topics which are or have recently been under Centre staff supervision.

<b>Student</b>	<b>Degree</b>	<b>Research Topic</b>	<b>Supervisor</b>
Sam Sisouvanth Raine	BSc Honours	Lao refugee experiences health services in Australia	Anna Whelan
Wolfgang Bender	Masters project	Analysing public health management: what do public health managers do?	Jeffrey Braithwaite
David Hill	Masters project	Topic to be defined	Anna Whelan
Sabine Luft	Masters project	Using Textsmart to examine case texts: a validation and evaluation	Jeffrey Braithwaite
Luc Betbeder	MHA project	Management and user perspectives on the use of email by clinical academic staff in a public hospital in New South Wales	Jeffrey Braithwaite
Stephen Brand	MHA project	A study to examine the role and purpose of the Special Care Suite for mental health patients in the Queanbeyan District Hospital, NSW	Jeffrey Braithwaite
Barbara Daly	MHA project	Access block at POW	Rick Iedema
Margaret Fitzgerald	MHA project	A case study of priority setting using program budgeting and marginal analysis in an Australian Division of General Practice	Jeffrey Braithwaite
Jim Higgins	MHA project	To close or not to close! What will be the reaction	Anna Whelan
Carol Horbury	MHA project	An empirical examination of the leadership and management perspectives of Nursing Practice Coordinators compared with the leadership framework of Queensland Health	Jeffrey Braithwaite
Steve Isbel	MHA project	Topic to be defined	Anna Whelan
Annette Kay de Mestre	MHA project	Medical Officer's Orientation Program	Anna Whelan

# Research Student Projects

<b>Student</b>	<b>Degree</b>	<b>Research Topic</b>	<b>Supervisor</b>
Bonne Lee	MHA project	Spinal plastics outpatient clinic at RNSH: analysis	Jeffrey Braithwaite
Peter Merrett	MHA project	Occupational Health and Safety in Health	Anna Whelan
Jennifer O'Connell	MHA project	An analysis of a major teaching hospital after thirty years: reflections with a mirror	Jeffrey Braithwaite
Gail O'Donnell	MHA project	The future of the hospital: perspectives and themes	Jeffrey Braithwaite
Ye Rong	MHA project	Attitudes, Beliefs and Barriers towards Mental Health Services amongst Chinese Migrants in Sydney	Anna Whelan
Tamsin Waterhouse	MHA project	Policy, practice and the technology imperative	Jeffrey Braithwaite
Asmah Bte Mohammed Noor	MHSM project	A study of job satisfaction among staff in intensive care. 2002	Jeffrey Braithwaite
Tony Austin	MPH project	Organisational design of a coordinated military health wing: issues of structure and structuring	Jeffrey Braithwaite
William Baguma Mbabazi	MPH project	Knowledge, Attitude and Practice of Male Partners of Postmenopausal Women	Anna Whelan
Graham Barrington	MPH project	Quality at a public hospital – initiatives and responsibilities of the medical directorate	Jeffrey Braithwaite
Wolfgang Bender	MPH project	Refugee clients in a specialised outpatient service: quality assurance analysis of the clinical services provided by the Refugee Health Service	Anna Whelan
Tushar Bhutta	MPH project	Systematic review for the Cochrane database	Jeffrey Braithwaite
Darren Carr	MPH project	An examination of the strategy of a Division of General Practice	Jeffrey Braithwaite

# Research Student Projects

<b>Student</b>	<b>Degree</b>	<b>Research Topic</b>	<b>Supervisor</b>
Julie Flood	MPH project	NES workers and understanding of blood borne occupational health risks	Anna Whelan
Jacinta Gallagher	MPH project	Participant observation of an information technology implementation	Jeffrey Braithwaite
Erica Grey	MPH project	Capacity building model in Cancer Care Centre	Anna Whelan
Sabine Luft	MPH project	Immune status in overseas born children of recently arrived refugees and migrants with refugee-like background: analysis of a pilot program at an Intensive English Language Centre	Anna Whelan
Ann Mehaffey	MPH project	Communication strategies and tools used by primary health care/community health care staff in involving consumers and stakeholders	Jeffrey Braithwaite
Shannon Meyerkort	MPH project	Representation of health issues in the media	Rick Iedema
Cecily Michaels	MPH project	Oral Health and Hazara Refugees: Attitudes, Practices and Beliefs	Anna Whelan
Annette Pantle	MPH project	An investigation into the implementation of hospital in the home programs	Jeffrey Braithwaite
Zou Pei	MPH project	Postnatal depression in Vietnamese migrant women in Australia and Vietnamese women in Vietnam	Anna Whelan
Susan Priest	MPH project	Mental Health after Childbirth	Anna Whelan
Camille Rayne-Greenow	MPH project	External Cephalic Version trial (RPA)	Anna Whelan
Alison Rutherford	MPH project	Audit of acupuncturists in CSAHS	Anna Whelan

# Research Student Projects

Student	Degree	Research Topic	Supervisor
Tomasina Stacey	MPH project	Describing Postnatal Care: A Qualitative Study	Anna Whelan
Lin Zhang	MPH project	Acupuncture – qualitative study	Anna Whelan
Joanne Callen	PhD	An exploration of the impact of culture and work practices on the use of point of care clinical systems	Jeffrey Braithwaite
Greg Fairbrother	PhD	Organising nursing care in the acute environment: moving from individual to collective care models	Jeffrey Braithwaite
Rowena Forsyth	PhD	Clinical work practice change as a result of information and communication technology implementation.	Rick Iedema and Jeffrey Braithwaite
Rod Freyer	PhD	A study of communication in the management of health services.	Jeffrey Braithwaite
David Greenfield	PhD	Learning and change within a (nursing) community of practice: enacting self governance.	Rick Iedema
Fleur Hillier	PhD	Managing creative and health production processes: issues, similarities and differences	Jeffrey Braithwaite
Christine Jorm	PhD	Interaction of medical speciality culture with patient safety and quality	Jeffrey Braithwaite
Linda Kurti	PhD	Where science and spirit meet - spiritual assessment in Australian general practice; Social Capital and the role of religious organisations	Anna Whelan
Lena Low	PhD	The impact of medical clinicians in their role of expert peer surveyors as change agents: navigating between inspection and collaboration	Rick Iedema, Anna Whelan and Marjorie Pawsey

# Research Student Projects

<b>Student</b>	<b>Degree</b>	<b>Research Topic</b>	<b>Supervisor</b>
Diana McCallum	PhD	The process of planning	Rick Iedema
Peter Nugus	PhD	The organisational identity of Emergency clinicians	Jeffrey Braithwaite and Rick Iedema
Rod Perkins	PhD	A study of health services management in New Zealand 1946-2000 – the meanings of managerial effectiveness	Pieter Degeling
Farhad Pourfazi	PhD	Gastro-intestinal cancer: cross cultural research	Anna Whelan
Shirley Shulz-Robinson	PhD	Community health management and practice	Anna Whelan
Hong Qiu Wang	PhD	Applying the health belief model to predict quitting attempts among male adult smokers in three workplaces in southern China	Anna Whelan
Jael Wolk	PhD	Hospital admission policies – can theory match practice? An evaluation of the impact of government policy on the development of elective admission policies, in New South Wales public hospitals	Jeffrey Braithwaite and Peter Baume
Kai Zhang	PhD	Clinical performance indicators for continuous clinical quality improvement: clinical pathway-based CPI benchmarking program	Jeffrey Braithwaite and Marjorie Pawsey

# Centre Projects

## A LONGITUDINAL PROGRAM TO CONCEPTUALISE, EMPIRICISE AND EVALUATE CLINICIAN-MANAGERS' ROLES, BEHAVIOURS AND ACTIVITIES

**Investigators:** Jeffrey Braithwaite, Mary Westbrook, Don Hindle, Rick Iedema, Terry Finnegan, Betsy Graham and Nadine Mallock

**Duration:** 1996 and ongoing

**Description:** Clinician managers have been drawn into leadership positions at various levels over the last three decades. Most past literature about them has been normative in that it has prescribed *a priori* roles and behaviours of clinician managers. This program of research has sought to examine clinician-managers' roles and behaviours *in situ*. Key findings include:

- Clinician-managers' work activity can be synthesised under fourteen headings, representing their chief interests and concerns
- Their work is busy, relentless, *ad hoc*, unpredictable and discontinuous
- While some aspects of health care management have changed with the emergence of clinician-managers, much of what is assumed to have changed remains the same or has intensified, such as the pressures and pace of work
- Management is enacted within rather than across professional divides.

The study findings have provided a body of information of relevance to practising clinician-managers, other scholars and management educators. They have helped strengthen our knowledge of clinician -managers and their roles and behaviour.

**Output:** A range of papers in international journals are in preparation or in press. Educational materials have been incorporated into various teaching programs for Masters by coursework programs.

### Selected Publications and Presentations

**Braithwaite J**, Finnegan TP, Graham EM, Degeling PJ, **Hindle D**, **Westbrook MT** (2004). How important are quality and safety for clinician managers? Evidence from triangulated studies. *Clinical Governance: An International Journal*. Vol 9 (1) pp.34-41.

# Centre Projects

## AN INTERNATIONAL CROSS-CULTURAL STUDY TO EXAMINE HOW CLINICIAN-MANAGERS AND HEALTH SERVICES MANAGERS USE THEIR TIME

**Investigators:** Jeffrey Braithwaite, Mary Westbrook, Nadine Mallock and Rick Iedema

**Duration:** 2002-2005

**Description:** While there are many claims about clinician-managers and health services managers in the literature, one recurring theme is that a key resource variable is the way in which managers use their time. Problematised, this issue raises questions about clinician-managers' and health services managers' perceptions of the time they spend on various management activities, the time they believe they should spend on these activities and the relevant importance of them.

A related set of issues concerns perceptions of pressure on clinician-managers and health services managers for them to perform effectively. This project seeks to examine this issue through the administration of a questionnaire in three countries: Australia, Singapore and the People's Republic of China in Hong Kong.

**Output:** The study will provide information and an evidence base on patterns of time allocation and the effective marshalling of time by managers across various managerial activities. It is likely to be of considerable use to practicing managers, and health services and clinician-management educators.

### Selected Publications and Presentations

**Braithwaite J** (2004). An empirically-based model for clinician-managers' behavioural routines. *Journal of Health Organisation and Management*, 18 (4), pp. 240-261.

# Centre Projects

## STREAMS OF CARE AND CLINICAL DIRECTORATES IN LARGE TEACHING HOSPITALS: EFFECTS AND IMPLICATIONS AND RELATIONSHIP TO ORGANISATIONAL PERFORMANCE

**Investigators:** Jeffrey Braithwaite, Mary Westbrook and Rick Iedema

**Duration:** 1999 - 2005

**Description:** Current received wisdom about health sector restructuring suggests that streams of care should be designed and institutionalised. Conceived broadly, streams of care are clinical groupings with population health responsibilities for defined sets of patients with relatively homogeneous disease profiles. At this point in time, there are no retrospective or prospective studies nationally or internationally on this phenomena and none so far as we are aware that is in an advanced design phase. We contemplate in this project a thoroughgoing investigation into streams of care across time.

In the meantime however, there is ongoing Centre research into clinical directorates. In many respects, these are precursors to streams of care in that clinical directorates establish clinical streams for management purposes *within* hospitals whereas streams of care as currently envisaged represent clinical streams for management purposes *across* populations, i.e. across hospitals and in the community.

The Centre's program of work on clinical directorates can therefore shed empirical light on the streaming phenomenon and act as a platform for our future research programs into streams of care. Key findings from the clinical directorate studies include:

- Claimed benefits of clinical directorates such as improved efficiency are not realised in practice
- There is no association between teaching hospital efficiency and clinical directorate type



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- Regardless of whether in any given year a teaching hospital is configured traditionally, in one of the two main clinical directorate types or involved in a major restructuring exercise from one of these models to another, there is no difference in performance efficiency.

This program of research is therefore important in its own right but it is also crucial as a precursor to a future program examining streams of care prospectively.

**Output:** Several papers are in press from the clinical directorate investigation. A range of presentations at conferences, workshops and symposia has been made. A future proposal to evaluate streams of care in real time and prospectively (formative and summative evaluation) is in train.

## Selected Publications and Presentations

**Braithwaite J, Westbrook MT** (2004). A survey of staff attitudes and comparative managerial and non-managerial views in a clinical directorate. *Journal of Health Services Management Research*. Vol 17, pp.141-166.

**Braithwaite J, Westbrook MT** (2005). Rethinking clinical organisational structures: an attitude survey of doctors, nurses and allied health staff in clinical directorates. *Journal of Health Services Research and Policy*, Vol 10 (1), pp.10-17.

# Centre Projects

## **THE HEALTH CARE GAME: DEVELOPMENT OF A HEURISTIC WEB BASED HEALTH CARE POLICY GAME FOR INTERACTIONS BETWEEN STUDENTS AND TO ENCOURAGE HEALTH SEEKING BEHAVIOURS**

**Investigators:** Johanna Westbrook and Jeffrey Braithwaite

**Funding Sources:** National Committee for the Advancement of University Teaching (CAUT), Department of Education, Employment, Training and Youth Affairs (DEETYA)

**Duration:** 1997 - 2004

**Description:** The Health Care Game is an exciting, new, web-based educational teaching tool centred on the health sector. It is suitable for a range of class sizes and comprises a broad range of events and policy issues faced by people in the community, and which involve all health professional groups.

The game is based upon a dynamic database of health events experienced by four families. Each event generates problems for the family members. Students are required to seek information - such as how the family will identify and access the services required and the different options available - to address the problems. Links to many health sites contained within the game support students' information seeking activities.

The Health Care Game is designed for Australian teachers and students involved with medical, health science or health services management curricula at secondary and tertiary undergraduate or postgraduate level. It may be used as the basis for an entire subject, a component of a subject, or in tutorials and provides teachers with a comprehensive teaching and assessment tool complete with researched answers. The events may be edited or new events added, ensuring that they are relevant, and allowing the game to be tailored to different health courses.

An evaluation of the game using pre and post questionnaires, focus groups with students and an analysis of game scores and exam results has been conducted. It

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demonstrated significant improvements in learning outcomes (Westbrook and Braithwaite, 2001).

The game includes a bulletin board and online discussion forum. Students submit their answers to health event questions online and feedback from the course co-ordinator is also sent back online.

[www.eng.unsw.edu.au/biomed/health](http://www.eng.unsw.edu.au/biomed/health) - Game site

[www.eng.unsw.edu.au/biomed/health/admin](http://www.eng.unsw.edu.au/biomed/health/admin) - Course co-ordinator site

(User Name: guest; Password: guest)

**Output:** A widely used web site, published evaluation papers, conference papers and presentations. Integration of the Game in the Faculty's new undergraduate medical program is another output.

## Selected Publications and Presentations

Westbrook JI, **Braithwaite J** (2001). The Health Care Game: An Evaluation of a Heuristic, Web-based Simulation. *Journal of Interactive Learning Research*, Vol 12 (1), pp.89-104.

# Centre Projects

## A PROJECT TO DEVELOP INTERVENTIONS TO OVERCOME THE LIMITS OF MEDICINE IN MANAGING THE DYING PROCESS IN ACUTE CARE HOSPITALS

**Funding Source:** Australian Research Council (SPIRT Grant Scheme) and South Western Sydney Area Health Service

**Investigators:** Rick Iedema, Liz Turnbull, Ken Hillman\*, Hugh Dickson\* and Arthas Flabouris\*  
[\* South Western Sydney Area Health Service]

**Duration:** 2000 - 2004

**Description:** This study comprises a number of action research strategies and has produced several outcomes to date. The first phase of research consisted of collecting data through ethnographic observation, formal interviews and informal discussions within the intensive care unit; 13 case studies of the trajectories of dying patients have been collected. Interviews have also been conducted with clinicians and allied health outside of ICU. Transcripts and field notes have been used for sense making and analysis by the research team and in collaboration with intensive care management staff in an ongoing series of research meetings. A high degree of concordance was reached between the research team and staff on the initial description of the data. In attending to the patterns of interaction, communication and storytelling, the researcher has developed a 'thick description' of the meanings that staff, patients and families give to the situation. A second phase of focus groups is underway with nurses and doctors within the unit. This second phase, by building on the thematic categories of the first allows for a more subtle and sharply focused questioning.

The emerging systemic analysis of the regularities and patterns of action identifies a complexity of intervening factors including case mix, staffing issues leading to discontinuities of care by staff to patient, tribal conflicts and ownership of patients, technological and heroic imperatives to pursue life saving treatment, and resource constraints. Ordering or mediating structures such as hierarchies of decision making, ward round rituals, diplomacy across teams, clinical nurse educator and team leader roles act to minimize and control for uncertainty, risk,

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conflict and threats to coherence of the system. Variance across the range of case studies in terms of management of the dying process is evident. Conflict between parties involved in the decision-making concerning pursuing or withdrawing treatment is common. It is particularly apparent between teams requiring negotiation and diplomatic maintenance across the boundary of intensive care. Cross-cultural confusion, varying levels of education and information and idiosyncratic or individualistic styles of decision-making and treatment withdrawal practices by intensivists are also determining factors in aggravating miscommunication and gaps in care. Misalignment between medical and nursing practices create gaps in communication and lead to fragmentation of care and confusion about best care.

**Output:** The project has so far produced two prize-winning posters (one national and one international), two international conference presentations, an invited article for the international journal *Communication and Medicine* and one in *Social Science and Medicine*.

## Selected Publications and Presentations

**Iedema R**, Sorensen R, **Braithwaite J**, Turnbull E (2004). Speaking about dying in the intensive care unit, and its implications for multi-disciplinary end-of-life care. *Communication and Medicine*, Vol 1 (1), pp.85-96.

**Iedema R**, Sorensen R, **Braithwaite J**, Flabouris A (2005). The teleo-affective limits of end-of-life care in the intensive care unit. *Social Science & Medicine*, Vol 20, pp.845-857.

Sorensen R, **Iedema R** (under review). Structuring communication as routine practice in end-of-life care. *Communication and Medicine*.

Turnbull E, Flabouris A, **Iedema R** (in press). An outsider's prespective of the lifeworld of ICU. *Australian Critical Care*.

# Centre Projects

## MANAGING CULTURAL DIVERSITY IN THE WORKPLACE SOUTH EAST HEALTH

**Funding source:** South Eastern Sydney Area Health Service

**Investigators:** Anna Whelan and Nadine Mallock

**Duration:** 2003 - 2005

**Description:** The aim of Phase I of this research is to utilise the American "Racial/Ethnic Diversity Management Survey" with some modification for the Australian system. This tool has been validated and is being used to create a climate of change within the participating hospitals in Pennsylvania. In Phase II, results and views expressed in the questionnaire will be discussed through semi-structured interviews with executive directors and diversity coordinators of the nine facilities involved.

The survey sought to answer the following questions:

- What is the attitude and experience of senior managers in South East Health to cultural and linguistic diversity?
- What is the current diversity profile of senior managers in South East Health?
- How effectively do managers feel their facilities operate in relation to diversity issues affecting planning, evaluation, training, human resources, health care delivery and progressiveness towards staff and clients of Aboriginal, Torres Strait Islander people and Culturally and Linguistically Diverse background?
- What types of ethnic diversity management policies and practices exist among hospitals?
- How do management activities of senior staff tie into their strategic orientation?

Diversity management is a strategically driven process with an emphasis on building skills and creating policies that address changing demographics and patient populations. Health care organisations concerned about diversity management need to engage in human resources and health care delivery practices aimed at recruiting, retaining and managing a diverse workforce and developing culturally appropriate systems of care.

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This study will assist South East Health to define its diversity management agenda and focus on key areas requiring action. It is essentially an organisational climate survey of senior staff and will require further validation through more intensive work with units. It will provide a baseline of management opinions and also a comparison with other Areas and overseas, that will allow the organisation to assess its position. Health services in New South Wales are seeing increasing numbers of patients from non-English speaking backgrounds. The need for health services to provide culturally and linguistically appropriate care will not diminish, and indeed, will increase over the next decade. South East Health has a high immigrant population (31.2%), the majority of which were born in a non-English speaking country. Meeting the needs of culturally and linguistically diverse clients, means ensuring culturally appropriate care, and ensuring equality of access and outcomes for all members of the South East Health community.

A more recent phenomenon in the health workplace is the increasing numbers of staff (professional and support) who are bilingual and/or bicultural. As workplaces become increasingly segmented along sociocultural and demographic dimensions, it is important to develop policies and practices aimed at recruitment, retention and management of a diverse workforce. Managers at all levels and health professionals must develop a greater understanding of human diversity and multicultural issues. This needs to go beyond being sensitive to or aware of such issues, to becoming competent in diversity management. Diversity management is the process or path leading to culturally competent organisations.

# Centre Projects

## ORGANISATIONAL RESTRUCTURING: OPTIONS FOR CHANGE

**Funding source:** Prince Henry/ Prince of Wales Hospital

**Investigators:** Jeffrey Braithwaite, Ros Sorensen, Rick Iedema, Nadine Mallock, Rowena Forsyth and Kai Zhang

**Duration:** 2003-2004

**Description:** This project examined the organisational structure of Prince Henry/Prince of Wales Hospital using a multi-method, randomised questionnaire survey, a round of focus group meetings, interviews with key stakeholders and open staff forums.

The project provided a digest to the Hospital of some key themes in the literature on clinical management structures. It looked at the original expectations expressed for the present structure in the original design, based on an analysis of documents prepared when the extant structure was first planned in the mid-to late 1990s, and then initiated in 1998.

The broad findings led the Centre in its contemporary analysis of the structure to suggest five structural options for change, and five potential program leadership models. The project also considered how within-program and across-program communication might be strengthened and advanced two models to help achieve this.

### Selected Publications and Presentations

**Braithwaite J, Sorensen R, Iedema R, Mallock N, Forsyth R, Zhang K (2003).** Report: *Prince Henry/Prince of Wales Options Paper on Clinical Organisational Structure*. Sydney: Centre for Clinical Governance Research in Health, University of New South Wales.



## **AIMS RETRIEVAL MEDICINE INCIDENT REPORTING: AN INVESTIGATION OF REPORTERS' EXPRESSIONS OF ATTITUDE AND FEELING**

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**Investigators:** Rick Iedema and Susan Grant

**Duration:** 2003 – 2004

**Description:** This project addresses the question of how writers of critical incident reports express their emotional responses to the events and problems they are confronted with during patient retrievals. The project focuses on the ways in which reporters' expressions of feelings, judgments and assessments about the events and problems confronted might impact on or complicate our coding of the reports in question.

The recent rise in interest in emotion in organisations and in emotive language more specifically has enabled us to devise an interpretive framework which also supplies the means to analyse the discourse of subjective evaluation and emotionality. Collectively, the discursive resources in question here have been systematised under the heading of 'appraisal'. Appraisal provides a framework. This discursive domain of 'appraisal' is detailed sufficiently in the report to support the analyses and to ground the findings.

In addition, the orientation of the research is informed by contextual issues of the current culture of incident reporting in health care. Prominent here is the rising concern with health organisations' progression towards a 'no-blame' culture by means of which they are to deal with issues of quality of care, patient safety and risk management.

Our final report sets out its findings by illustrating how specific types of language or related sets of expressions support or are in tension with the ethos of 'locating sources of error' and instituting 'no blame'. Also, the report aims to help clarify and elaborate the basis for making coding judgments about the language used in critical incident reporting.

# Centre Projects

**Output:** The main findings of this study are as follows. The discourse of critical incident reporting shows that:

- Emotivity concerns not merely the expression of personal feelings, but draws on a number of linguistic domains. These domains include expressions about personal feeling and depersonalised or formalised sentiments; person-specific judgment and organisation-centred moralising, and aesthetic and functional assessments of artefacts and objects
- Emotive expressions do not principally target personal or internal feeling, but are about normative moralisations to do with (in)appropriacy and (in)sufficiency, and person-specific judgments about others' (in)capability
- There is a tension between formal (public, depersonalised, organisationalised) and informal (private, emotional, self-oriented) language
- Different domains of linguistic emotivity correlate; that is, if one domain of emotive expressions is drawn upon by the reporter, others will most likely be drawn upon too, creating a 'cumulative' or amplifying effect. For example, if claims about someone's causal responsibility are made, the intensity of these claims appears to correlate with the frequency of expressions that reference personal feeling
- Reports embody emotionality not merely at the level of individual expressions, but also at the level of how they unfold as 'text'. That is, emotive feeling is not merely inherent in singular words, terms or expressions, but also in the degree to which a report is either 'to the point' and linear, or iterative and circular. Being iterative and circular, a report accrues emotive meaning as a result of emotivity being 'piled up'
- The emotivity in incident reports cannot be dissociated from these reports' claims to factuality. Put differently, the factuality and objectivity of incident reports is *inevitably* attenuated by their emotivity.

## Selected Publications and Presentations

**Iedema R, Braithwaite J, Forsyth R, Nugus P, Jorm C, Travaglia J, Scheeres H** (2004). The intensification of communication in modern health care: where narrative meets accountability. Poster presented at *BMA/BMJ Narrative Research in Health and Illness Conference*. London, 9-10 September.

**Iedema R, Flabouris A, Grant S, Jorm C** (in press). Narrativizing errors of care: critical incident reporting in clinical care. *Social Science & Medicine*.

**Iedema R, Grant S** (2004). *AIMS retrieval medicine incident reporting: an investigation of reporters' expressions of attitude and feeling*. Sydney: Centre for Clinical Governance Research, UNSW.

# Centre Projects

## EXAMINATIONS OF THE RELATIONSHIP BETWEEN ACCREDITATION AND CLINICAL AND ORGANISATIONAL PERFORMANCE

**Funding Source:** The Australian Research Council  
Partners: Australian Council on Healthcare Standards; Affinity Health, Ramsay Health Care, Australian Health Insurance Association

**Investigators:** Jeffrey Braithwaite, Johanna Westbrook, Rick Iedema, Bill Runciman, Sally Redman, Marjorie Pawsey, Christine Jorm, ACHS staff

**Duration:** 2002 - 2007

**Description:** Accreditation of organisations is now commonplace. It involves assessing organisations against pre-defined standards. This is a highly significant issue because millions of dollars are invested in accreditation. We do not know if we achieve value for money or whether positive change is associated with accreditation. Few studies have examined this in detail. We aim to do so in this study. We will examine organisational and individual performance associated with accreditation status in order to illuminate the process and uncover any associations between accreditation and organisational culture, consumer participation and clinical (individual) performance indicators.

There are two aims of the project, each with two particular objectives:

Research Aim A examines the relationships between accreditation status and processes, and individual and organisational performance, notably clinical performance and organisational culture in hospitals. Objectives:

- Determine if there is a relationship between accreditation status (measured by EQuIP performance) and organisational cultural characteristics, performance on clinical indicators, and consumer participation.
- Evaluate the relative performance, on quality of care measures, of hospitals participating and not participating in accreditation.

Research Aim B assesses the reliability of the accreditation process and the organisational influence of accreditation surveyors.

# Centre Projects

## Objectives:

- Measure inter-rater reliability of accreditation teams.
- Examine relationships between accreditation status, clinical indicator performance, organisational cultural characteristics, and number, network influence and surveyors' characteristics.

Research methods: Twenty-five randomly selected accredited hospitals will be studied 6-12 months before re-accreditation, by observing managerial work, interviewing lay and clinician-managers, and surveying the relevance and effectiveness of accreditation measurements as defined under EQuIP. Hospitals subsequently undergo the ACHS accreditation process, including submission of clinical performance data. In a sub-sample, consumer participation will be assessed in more depth through purposeful discussion with key consumers and staff, in order to elicit more detail about consumer participation and processes. All non-accredited Australian hospitals (n=~20) will be invited to participate in the study. Their data will be compared to that of the accredited hospitals. Non-accredited hospitals will subsequently undergo the accreditation process. Inter-rater reliability will be tested on a random sub-sample of ten re-accrediting hospitals by two independent survey teams, assessing hospital performance against EQuIP standards. Surveyor performance will be addressed through open-ended interviews before, during and after surveys; interviews with clinicians and managers who have experienced accreditation, and formal comparison and analysis of surveyor-produced reports about different sites. Data from ACHS accredited hospitals in Australia will be analysed to determine whether the presence of multiple, experienced accreditation surveyors affects performance. An in-depth prospective case study of surveyor influence will focus on four randomly selected hospitals.

# Centre Projects

**A RESEARCH PROGRAM WITH THE CLINICAL EXCELLENCE COMMISSION, NSW TO PROSPECTIVELY STUDY THE COMMISSION'S PROGRAMS TO IMPROVE THE SAFETY AND QUALITY OF HEALTH CARE IN NEW SOUTH WALES**

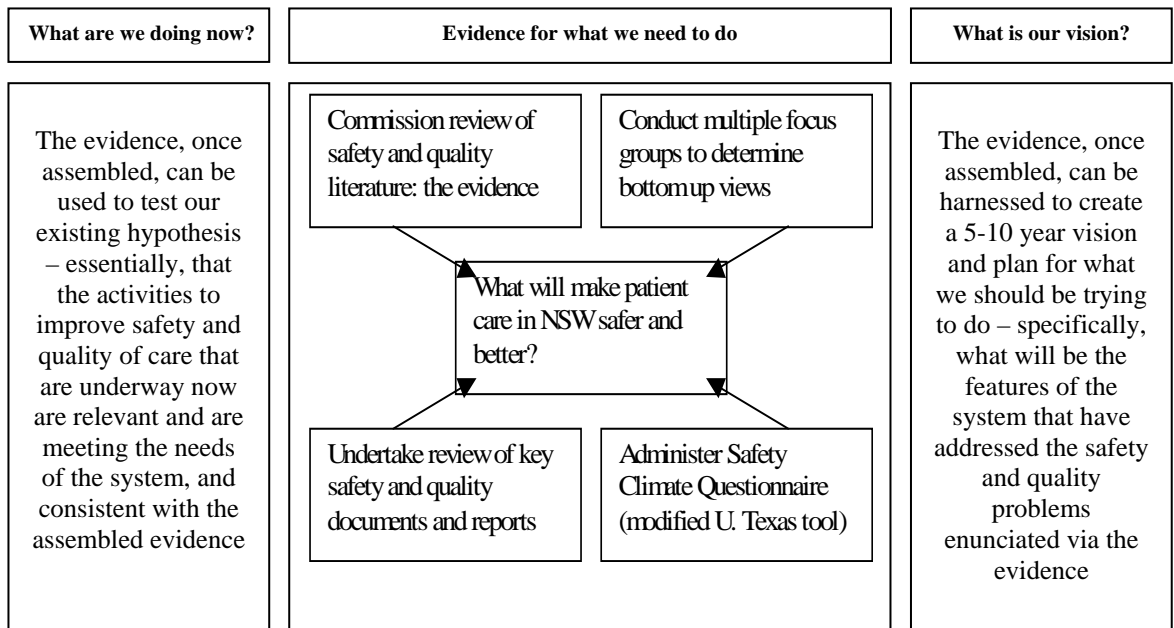
**Funding Source:** Clinical Excellence Commission, NSW

**Investigators:** Jeffrey Braithwaite, Rick Iedema, Mary Westbrook, Nadine Mallock, Joanne Travaglia, Johanna Westbrook, Peter Nugus, Christine Jorm

**Duration:** 2004-2007

**Description:** We are conducting two kinds of research with CEC. The first is to assemble evidence for what CEC needs to do prospectively, and to test CEC's existing hypothesis – ie, that its current program of work is resulting in (or supporting and enabling) improvements in the safety and quality of health care in NSW. Assembling evidence for what CEC needs to do will feed into the design of future activities. Diagrammed, the research framework looks like this:

**A framework for the CEC research project**



The second is to evaluate one of CEC's initiatives each year of the research program. The first evaluation is of the patient flow collaborative. Research with CEC will continue over the next few years.

## **IDENTIFY AND EVALUATE A KNOWLEDGE MANAGEMENT PROGRAM FOR THE QUALITY BRANCH OF THE NSW HEALTH DEPARTMENT**

**Funding Source:** NSW Health Department

**Investigators:** Jeffrey Braithwaite, Rick Iedema, Joanne Travaglia, Nadine Mallock, Maureen Robinson, Sarah Michael, Charles Pain, Jo Montgomery and Kathleen Ryan

**Duration:** 2003-2006

**Description:** Knowledge management aims to capture the expertise, and lessons learnt from the experience of teams in the health system in order to disseminate these to other teams across the system. The project uses evidence-based processes to ensure system-wide diffusion of good ideas and successes together with sharing lessons about failures as teams encounter them. This consists of two separate but integrated strategies:

- To provide high-level evaluation advice, and conduct in conjunction with departmental staff, one major evaluation in each of the three years of this contract. The determination of the strategies to be evaluated is made by the Quality Branch Knowledge Management Steering Committee. This committee meets quarterly
- To develop a process for capturing information, and for publicising and disseminating the work of the Quality Branch and other safety and quality initiatives across the state, to various stakeholder groups. The work takes the form of a multi-faceted strategy to distribute information and share knowledge about what works and what doesn't, and about successes and failures experienced by people in the system.

A knowledge management working party has been formed to give effect to these two strategies and to enable the work to be undertaken. Membership of the working party includes Quality Branch staff, Centre for Clinical Governance Research staff, Clinical Excellence Commission staff and nominated key stakeholders.

# Centre Projects

## EVALUATION OF THE IMPACT OF POINT OF CARE CLINICAL INFORMATION SYSTEMS ON STAFF AND CLINICAL WORK

**Funding Source:** ARC Linkage Projects

**Investigators:** Johanna Westbrook, Rick Iedema, Jeffrey Braithwaite, Margaret Williamson, Mandy Ampt, Andrew Georgiou, Nadine Mallock, Rowena Forsyth, Nerida Creswick, Geoff McDonnell, Toby Mathieson and Enrico Coiera

**Duration:** 2003-2006

**Description:** This project aims to evaluate the impact of point of care clinical systems (order entry/results reporting) on hospital organisational processes and outcomes. The research will be conducted before the order entry system is implemented in several hospitals, and at 6 and 18 months after implementation of the system.

This is a joint project of the Centre for Health Informatics and the Centre for Clinical Governance Research in Health at the University of New South Wales. We are undertaking a range of studies to understand factors that help or hinder the uptake and use of the systems and the impact of the systems on staff and clinical work.

Pre-system implementation studies have been undertaken between February and May 2004 following negotiation with ward staff. These studies are described below.

### **Working in clinical teams**

Research evidence suggests that health care delivery is influenced by the way in which clinical teams work. We administer a short survey that takes around 5 minutes to complete to all clinical staff (doctors, nurses and allied health) on a ward. This survey provides an indication of how clinical teams are functioning and we are interested in examining how the introduction of an order entry system may influence the way clinical team members work together and vice versa.

# Centre Projects

## **Work sampling**

In order to understand how an order entry system changes doctors and nurses' work patterns we undertake work sampling studies. This study will provide a good overview of patterns of work. For example, the proportion of time spent writing and chasing up orders, or clarifying hand written orders.

## **Observational study**

We unobtrusively film individual clinicians as they are engaged in information activities related to the ordering process. This is important in obtaining a full picture of the way in which the ordering process occurs. Videoing this process often captures steps in the process that are left out when individuals provide verbal accounts. Participants can request that filming be ceased or data deleted at any time. Patients will not be filmed unless verbal consent is obtained. The researchers will be seeking 2 volunteer doctors and nurses to participate in this study. The identity of doctors and nurses who are filmed will be disguised within 24 hours of the filming process. This is undertaken using 'pixelation' software which, in essence, smudges faces and other distinguishing characteristics.

## **Safety attitudes questionnaire**

We also ask participants to complete a questionnaire about safety climate. On average, the survey takes 10 minutes to complete. This survey provides an indication of staff's views about how safety issues are handled in their clinical area.

## **Organisational profiling**

To develop a detailed profile of the hospital and to assess performance indicators, we analyse hospital data including budgets, staffing profiles and skill-mix, service profile, organisational structure, existing process indicators and current information technologies. The study will not be concerned with individual patient information or medical records.



# Centre Projects

## **Clinical indicator and performance data analyses**

Analyses of clinical indicator information, pre and post system implementation, will assist in assessing the impact of the system on work practices and overall organisational performance. Key performance outcome indicators will be used, such as rates of duplicate orders, transcription errors, lost orders, volume and type of orders, and costs for different groups of patients. This information is compiled by researchers liaising with hospital staff.

## **Interviews and focus groups**

To find out what staff think about the new order entry system, six months after implementation, staff will invite participants to discuss their experiences of using the order entry system and how its use has impacted upon work practices. These group discussions are tape recorded and analysed.

**Output:** The project will improve understanding of the ways that information technology influences clinical work and identify factors which influence its adoption and effective use in improving patient care. Results of the research will be made available to participants and will be disseminated widely. The research will result in an evaluation model for assessing the impact of point of care clinical systems on health care organisations, clinical work and patient outcomes.

## **Selected Publications and Presentations**

**Forsyth R, Iedema R** (2004) Video ethnography as a method for studying professional communication in healthcare. Paper given to *The Australian Sociological Association Conference*, 8-11 December.

**Iedema R, Forsyth R, Delaney G, Jacob S, Westbrook JI, Braithwaite J, Barton M.** (2004) Video ethnography as a methodology for studying the technologization of practice. *11<sup>th</sup> World Congress on Medical Informatics (Medinfo)* [Poster].

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**Westbrook JI, Braithwaite J, Iedema R, Coiera E** (2004) Evaluating the impact of information communication technologies on complex organizational systems: a multi-disciplinary, multi-method framework. *Proceedings of the 11<sup>th</sup> World Congress on Medical Informatics* (Editors Fieschi M, Coiera E, Yu-Chan J) Washington: IOS Press, p1323-1327.

# Collaborations

Over the last three years the Centre has established collaborative research projects with other research groups in both Australia and overseas. Within Australia these include projects with:

- The Sydney Children's Hospital
- Simpson Centre for Health Service Innovation
- C-Core Collaboration for Cancer Outcomes Research and Evaluation
- Liverpool Hospital
- Northern Sydney Area Health Service
- Centre for Health Informatics
- The Australian Council on Healthcare Standards
- The Clinical Excellence Commission
- NSW Health Department
- Prince of Wales/Prince Henry Hospital
- Australian Council for Safety and Quality in Health Care
- Australian College of Health Service Executives
- The Institute for Health Research
- The Australian Patient Safety Foundation
- South Eastern Sydney Area Health Service.

There are multiple international collaborative educational, research or learning exchange projects on topics such as medical subcultures, clinical work process control and hospital reform. These are undertaken with:

- Centre for Clinical Management Development, Durham University, UK
- Clinical Effectiveness Unit (HHS Wales) Cardiff
- Department of Community Medicine, Auckland, NZ
- Department of Social Policy, University of Newcastle upon Tyne, UK
- Health Policy Unit, Graduate School of Management, University of Durham
- Intermountain Health Care, Utah, USA
- Shandong Medical University, Jinan, People's Republic of China
- Centre for Communication in Health, University of Wales, Cardiff
- World Health Organization, Kobe Centre
- Clinical Governance Support Team, NHS
- National Health Services (NHS) Confederation

# Collaborations

- Shanghai Municipal Health Bureau, People's Republic of China
- Harvard School of Public Health
- International Centre for Research on Organisational Discourse, Strategy and Change, University of Sydney
- Health Communication Research Centre, Cardiff University, UK
- Center for Activity Theory and Development Work Research, Helsinki, Finland
- European Group of Organisation Studies
- European Association of Communication in Healthcare.



(From left to right) Rowena Forsyth, Dr Christine Jorm and Debbi Long working on one of the Centre's health service evaluation programs.

# Education and Extension Activities

The Centre's involvement extends beyond the limits of any one school or faculty. However, it is associated for teaching purposes with the School of Public Health and Community Medicine, and particularly with both the Graduate Management and Public Health Programs of the University of New South Wales, and the University of Sydney's Health Science Management and Public Health Programs.

During the last three years the Centre has maintained its commitment to developing educational materials and programs which draw on research findings into clinical governance. Among other initiatives Centre staff have:

- Taken the lead role in developing and delivering a Post Graduate Certificate in Clinical Management. This has involved developing teaching materials for three new subjects: Clinical Governance, Clinical Work Process Control and Evidence-based Clinical Management. The content of these subjects is based on research findings by the Centre, particularly its research on the work of clinician managers in the implementation of health reform
- Acted as a catalyst in developing and delivering a Post Graduate Certificate in Strategy and Change. This has created a certificate of particular relevance to clinician managers and health services managers facing a complex environment where high quality leadership skills are not just important, but essential
- Developed and delivered a workshop on Organisational Culture Change in conjunction with the Australia College of Health Service Executives
- Contributed to the conceptualisation of health scenarios which are part of the new Medical curriculum. Specifically, a 'Death and Dying with Dignity' health scenario, which was originally derived from preliminary research done for the Centre's recently funded SPIRT project on death and dying, has now been adopted into the curriculum innovation process
- Played a leadership role in teaching a range of core and elective courses in the Master of Health Administration and Master of Health Services Management program at University of New South Wales, and also in the Master of Public Health programs at both the University of New South Wales and University of Sydney
- Conducted invited guest lectures at the Universities of London and Aalborg, and at events in Washington DC, Cardiff, United Kingdom and Slovenia.
- Made presentations to various conferences in conjunction with or for the

# Education and Extension Activities

Clinical Excellence Commission, NSW, Australian College of Health Service Executives, Royal Australian College of Medical Administrators and NSW Health Department.

The relevance of these initiatives is evident from the interest that they have generated. For example, student participation in courses and teaching led by Centre staff has been in excess of expectations. Demand for the workshops on clinical pathway development and organisational culture change is such that we are considering adopting a 'train the trainer' methodology. In summary these initiatives together demonstrate the educational benefits that can derive from the Centre's strong research programs.

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# Financial Overview

## CENTRE FOR CLINICAL GOVERNANCE RESEARCH IN HEALTH

### Statement of Financial Performance for the Year Ended 31 December 2004

	2004 \$	2003 \$
<b>Income</b>		
External Funds (i)	536,917.88	206,832.51
UNSW Contribution	11,774.00	9,539.00
Total Income	<u>548,691.88</u>	<u>216,371.51</u>
<b>Expenses</b>		
Payroll	219,555.09	181,827.29
Equipment	12,655.84	126.32
Materials	62,955.63	30,197.67
Travel	25,035.88	53,144.81
Total Expenses	<u>320,202.44</u>	<u>265,296.09</u>
<b>Operating result</b>	228,489.44	-48,924.58
<b>Surplus(Deficit) Bfwd from Prior Year</b>	84,357.98	55,130.05
<b>Correction of Prior Year Accumulated Fund</b>	0.00	78,152.51
<b>Adjusted Brought Forward</b>	84,357.98	133,282.56
<b>Accumulated Funds Surplus(Deficit)</b>	<u><u>312,847.42</u></u>	<u><u>84,357.98</u></u>
 (i) Excludes debtors (unpaid invoices)	 42.35	 106,040.00

### Notes to the Statement of Financial Performance

# Financial Overview

## CENTRE FOR CLINICAL GOVERNANCE RESEARCH IN HEALTH

### GENERAL FUND

#### Statement of Financial Performance for the Year Ended 31 December 2004

	2004 \$
<b>Income</b>	
External Funds (i)	0.00
UNSW Contribution	11,774.00
Total Income	<u>11,774.00</u>
<b>Expenses</b>	
Payroll	13,593.76
Equipment	0.00
Materials	0.00
Travel	0.00
Total Expenses	<u>13,593.76</u>
<b>Operating result</b>	-1,819.76
<b>Surplus(Deficit) Bfwd from Prior Year</b>	-330.69
<b>Correction of Prior Year Accumulated Fund</b>	0.00
<b>Adjusted Brought Forward</b>	-330.69
<b>Accumulated Funds Surplus(Deficit)</b>	<u><u>-2,150.45</u></u>
(i) Excludes debtors (unpaid invoices)	0.00

#### Notes to the Statement of Financial Performance

**CENTRE FOR CLINICAL GOVERNANCE  
RESEARCH IN HEALTH**

**Faculty of Medicine  
University of New South Wales  
10 Arthur Street  
University of New South Wales  
Sydney NSW 2031**

**Telephone: (02) 9385 3861  
Facsimile: (02) 9663 4926  
Email: [clingov@unsw.edu.au](mailto:clingov@unsw.edu.au)**

**<http://clingov.med.unsw.edu.au>**