

Dr Marion Lynch.



William

August 11 2000



Immaculate

September 2017



Margaret and Marion

September 2017


Developing an educational intervention to support system change with Tushinde In Mathare, Nairobi

- Policy – Sustainable Development Goals (2015), Nutrition plan (2007-2012)
- Services – shift in nutrition managements to local government
- Environment – Mathare – over crowded, unregistered births, 100% children stunted.
- Skills – lack of care givers ‘health literacy; knowledge
- Lack of evidence on what works in this context and why.
- Need for realist evaluation.

Three Types of Shifts

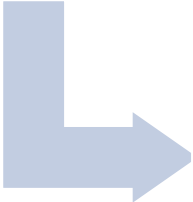
Identify
Shift;
structure
and agency

- New roles for community workers
- Power relationships – gender and generational
- Caring skills and attitudes and coping mechanisms – emotional labour relationships
- motivational forces.



Work shift;
structure and
agency

- New services and system – capability, governance, hierarchy, beliefs system (causes of sick babies)
- New culture of caring and prevention
- Parent relationships (transitional)



Channel shift;
structure and
agency

- Quantitative, capacity. economic, political.
 - Shifting demographics
 - Supply and demand of support in community
 - Shift in design and delivery of services
 - Provision of evidence based care

Approached information the model for evaluation

- Political
- Economic
- Social
- Psychological
- Emotional
- Spiritual

Identity Shift

Structure

Philosophical: Person centred care.

Sociological: Restructuring of multi disciplinary teams using narrative. Institute of Health Improvement Award (2010).

Epistemological: Realist Evaluation, Qualitative research, Body of Work book review.

Use of the Arts to Learn and to care.

Use of drama techniques to support development of person centred care capabilities (legislative theatre).

Channel of Care Shift

Structure

Philosophical: Person centred care.

Regulatory: Grounded Theory. Appraisal GMC (2009)
Discourse Analysis. Picker Institute (2010)

Economical: NHS demand & supply modelling (2017)

Political: 2030 there is no such thing as GPs. What would the public do? BMJ (2015 pulled)

Cultural: Current Quality. Non participant ward observation, cultural web themes, (2016)
Co production Interviews and focus groups with Somali women to improve maternity services (1997)

Work/ task shift for community workers

Identity Shift

Individual Agency

Textual analysis of all policy papers on revalidation to identify dominant discourses in doctor governance (2010). Picker Institute; patient, professional, system.

Constructs of professionalism and new modes of working in 21st Century health systems. Thematic Analysis (2016).

Work / task shift

Chanel of Care Shift

Support for Individual Agency

Educational:

Conceptual Framework. J Bruner's Cultural Competence

Define, test and deliver new educational approach for all GPs (Holistic Care Domain RCGP 2009).

Creating core competencies.

Person centred care (Health Education England 2017) Quality Improvement (Health Foundation 2016)

Leadership National Leadership Academy (2014)

Designed original Post Graduate modules for Masters in Clinical Education (2015).

Methods. Literature Reviews, delphi surveys, NVIVO.

Realist Evaluation. Plan A. What works where and why and for whom?



Context.

Fi Day Care.
Mathare.

Three
hungry
severely
stunted
children,
no
electricity
and one
spoon.



Johnson and Scholes Cultural Web (1988)

Vision: Every Newborn action plan, a world in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential.

http://www.who.int/pmnch/about/governance/partnersforum/enap_exesummary_en.pdf?ua=1