



Technical Report

Explaining Change Laboratory to research funding and ethical review panels: Examples from studies in palliative care and healthcare

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Abstract: This is a collection of ‘starter documents’ that I hope will be useful to others as they navigate funding and ethical review processes for studies that seek to draw on Activity Theory and Change Laboratory approaches. The documents are drawn from two different research studies: in both cases working up the content helped me to create a framework to (a) help people unfamiliar with Activity Theory understand the principles of the work and (b) provide me with ‘scaffolding’ for putting the theory into practical actions. They are not intended to be taken as the ‘right’ way to go about all research projects – rather to provide examples to help others think through where to start, particularly if new to using these methodologies and methods, after all it is often easier to react to something than be faced with a blank sheet from which to begin. There is some repetition between documents as I was required to present the information in different formats for different groups and purposes as noted in the document list below.

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1. Introduction

The Change Laboratory in my study referenced here was run entirely online – initially due to Covid-19 pandemic restrictions, and later by group consensus, as the majority felt the dynamic of ‘knowing each other’ online would be unhelpfully disrupted if we were to switch to



face-to-face in the final half of the study. Working online came with pros and cons. My top tips for others doing this, beyond things that would need to be considered in any format of running a Change Laboratory, include:

- A session 'zero' to help people set up their technology, and pre-session tech check-ins to familiarise people with online interactive tools were important as was an additional facilitator to look after the technology and do live trouble-shooting.
- If it is important for a whole group to understand where the conversations have got to regardless of attendance at a session or not then it helps if 'catch-up' sessions are offered. These can also be useful for the research team if integrated into the study design plans for data collection and analysis.

2. Background to studies

The two studies that I have used Activity Theory and Change Laboratory in most recently are:

2.1 Use of 'close-to-practice' methodologies to explain and change impact of interpersonal relationships in quality improvement

This is a healthcare improvement study of the impact of collegiate and therapeutic relationships on current and future care in two exemplar fields: palliative care and mental healthcare. The study aims to challenge current approaches to healthcare system design for mental healthcare and/or palliative care and stimulate dialogue about:

- Situations where successful care is critically and necessarily dependent on people;
- The work of relationships and hidden effort required to mitigate inadequate attention to people in system design;
- What good looks like, and how to get there.

If you'd like to know more about the findings and my reflections on the work do have a read of [this blog post](#) (Yardley, 2022).

2.2. Getting prescription medications right at home, in hospital & hospice: an activity theory analysis to improve patient safety and confidence in palliative care

This is a study examining the multi-step process of prescribing and medication use to understand how to use whole systems approaches to get prescription medications right at home, in hospital & hospice. Capturing the palliative medication activities and experiences of patients, informal carers and professionals, a model of current practice will be compared to an idealised model of what should happen. Process disturbances identified will be examined for their impact on patient safety and quality of care.

Dr Sally-Anne Francis and I share our joint reflections on this work in progress in [this blog post](#) (Francis & Yardley, 2022).



3. Further details

To find out more about the projects these documents were prepared for please see our project webpages:

- <https://www.thisinstitute.cam.ac.uk/about/people/dr-sarah-yardley/>
- <https://www.ucl.ac.uk/psychiatry/research/marie-curie-palliative-care-research-department/research/activity-theory-analysis>
- https://www.youtube.com/channel/UC95_Pp55gk2YmZADVmOqxaQ

Downloadable resources

It should be noted that not all the templates and plans worked in practice in the ways I anticipated, and some were found to be more useful to participants than others. As this is likely to be group and project specific I have refrained from changing these documents in the light of this but am happy to be contacted if people would like to know more.

- *Supplement 1.* Extracts from a study protocol submitted in funding application and to Ethics and Governance Committees.
- *Supplement 2.* Study protocol appendix provided to Funders, Ethics and Governance Committees to explain Change Laboratory methodology and methods.
- *Supplement 3.* Exemplar data collection guide for using Activity Theory in ethnographic work and exemplar data collection guide for running a Change Laboratory – these were submitted along with study protocols to Ethics and Governance Committees.
- *Supplement 4.* Exemplar recruitment call for a Change Laboratory.
- *Supplement 5.* Exemplar participant information sheet (PIS) for Change Laboratory work – this was used when recruiting patients, family/friends who are carers and professionals through UK healthcare services.
- *Supplement 6.* Exemplar Change Laboratory session planning sheet.
- *Supplement 7.* Exemplar diary for participants to use between CL workshops as a framework to capture their experiences.
- *Supplement 8.* Exemplar matrix for mapping historical change.
- *Supplement 9.* Exemplar log of changes and challenges for summarising Change Laboratory sessions.
- *Supplement 10.* Two posters created to present work from the studies at the Public Health Palliative Care International conference, Bruges, Sept 2022.



About the author

Sarah Yardley is a clinical academic undertaking ethnographic qualitative research across disciplinary and methodological boundaries. Sarah is particularly interested in working with people often excluded from research due to perceptions of 'vulnerability'. Ever curious about how sociocultural influences, informal learning and 'real world' practices shape healthcare, Sarah's research interests include how patients, families, carers, and healthcare professionals do the work of healthcare, making use of learning and meaning derived from experiences; specialist-generalist interfaces and care transitions, and; impact of human-dependent interventions such as collegiate and therapeutic relationships on current and future care.



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