

Change Laboratories (CL): supplementary information

This document should be read alongside the main Participant Information Sheet for patients, informal carers and healthcare professionals who are taking part in:

A RESEARCH STUDY ABOUT HOW PATIENTS, FAMILY & FRIENDS (INFORMAL CARERS) AND HEALTHCARE PROFESSIONAL TEAMS WORK TOGETHER IN PALLIATIVE CARE (SYMPTOM CONTROL) AND PSYCHIATRY (MENTAL HEALTH)

Use of 'close-to-practice' methodologies to explain and change impact of interpersonal relationships in quality improvement (IRAS ID: 275651)

This study will explore whether a research model called Change Laboratory (CL) can be used to develop a good model for improvement work in palliative care and psychiatry. It recognises that in these two areas of healthcare so much depends on people talking and working together.

Change Laboratory (CL) sessions can be thought of as group workshops. Each session will bring together (remotely or in person, pending pandemic restrictions) different people from the frontline of healthcare - healthcare professionals, patients and carers - to think about what 'good' looks like. **If you decide to take part, we will ask you to commit to attending monthly sessions for 6 months, if at all possible but we will do our best to be flexible if your circumstances change. You will also need to be willing for the sessions to be audio-recorded and for the notes created during the sessions to be kept for the research team to use as part of their study.** You will have already completed a question about this when you consented to the study. If you would like to reconsider or discuss further with the research team please let us know.

We want to discuss how we can create a model to help make sure everyone gets the best possible care, while still making sure care takes into account individual priorities and preferences. This has been described in research terms as studying how we can make sure in healthcare we get to a point where there is:

***"...use of knowledge to offer standardised responses to common needs, customised responses to particular needs, and flexible responses to emergent needs."**¹*

This will something we unpack and reflect on during the sessions.

In a CL session, people work together to talk about the past (what has happened over time), present (how things happen now and what works or doesn't work) and possibilities (ideas for change and improvement) for the future. The research team will share anonymous data from observations and interviews already collected in this study with so that this can be discussed. Diagram 1 below shows an outline of how the sessions will be set up.

This study will use six sessions to take participants through discussions about:

- CL 1: Questioning what happens now, or what has been people's past experiences
- CL 2: Thinking together about challenges
- CL 3: Modelling new solutions – discussing what could be possible
- CL 4: Exploring ideas about how to try out different ways of doing things
- CL 5: What might be the challenges in changing things
- CL 6: What might help new ways of doing things?

Gradually a model of all the activities and efforts or work of healthcare professionals, patients and carers to make healthcare work and what we can learn from these will be pulled together. If participants want to discuss with the research team specific ideas they can try out in their practice or care, the research team will also support them in this but no one will be obliged to do so.

Sections of the transcripts from each session will be shared with participants in later sessions to help develop the discussions. If any participants want to see all of their contributions to the transcripts they should discuss this with the research team.

¹ Batalden Paul. Getting more health from healthcare: quality improvement must acknowledge patient coproduction—an essay by Paul Batalden BMJ 2018; 362 :k3617

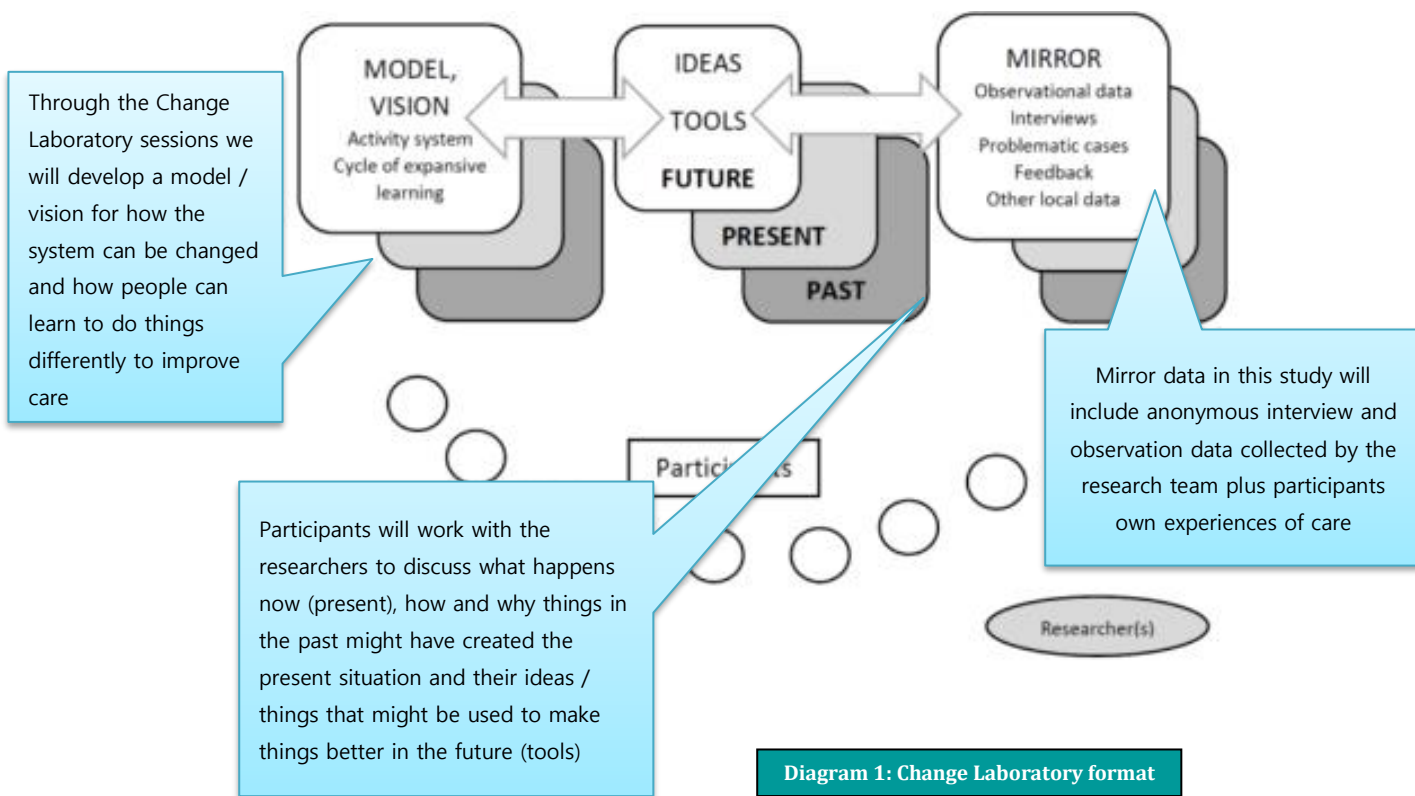


Diagram 1: Change Laboratory format