Open Thanatology December 2022 Meeting

Presentation by Anne Butterworth

Topic: Reflecting on supportive ‘Palli-chat’

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Anne.Butterworth0:25

OK.

Thank you very much, Erica. Thank you. So yes.

This little photo here and that's me. And just exemplifying, I suppose my my multiple roles, so I'm I'm a nurse by background. I used to be a district nurse and at the moment I'm studying part time for my PhD at the Open University. And I'm also a part time staff member and as a senior electorate in advanced clinical practice. And the aim of the presentation today is a little bit of an update.

About my project and but focusing really and in on the adaptations that I've had to make.

And because of COVID COVID pandemic restrictions and that it occurred sort of part way through my my journey and I'm currently yeah, 5 just at the start of my year, five of a a potentially up to 8 year.

And pH. D pathway. And so that's where I'm I'm up to at the moment.

They're also, I think, has other benefits and so that it it provides a restorative or reflective space and within healthcare environments that are are often very stressful, very busy and practitioners are able to reflect. But also patients are able to reflect on their care as well.

And it does elevate, I believe the value and the status of the everyday practice and the things that are not currently highlighted or acknowledged and within the task orientated.

Uh web service and and of course it does provide new opportunities and skills development without being a massive time commitment for people.

And my question I suppose as well, which I can't answer at this point, is that it might offer a potential for, you know, slightly more rapid improvement to our care practice because the reflection is happening with practitioners on the ground at the time. So this might help to be a little bit more impactful for people or more meaningful. And one of the District Nurse Co researchers doing there.

And reflexive session and said you know. Ohh, I'd never thought of it in that way before and that was a real sort of light bulb moment I think.

So in terms of my, I guess summary of of my little journey and having to change things.

And I was at the beginning, very demoralized by having to, you know, rethink and face the prospect that I wouldn't be doing the project that I'd originally planned. And I was also frustrated that I had to go back to the drawing board. And, you know, was it wasted time that I'd, you know, done an upgrade report focusing on a, you know, particular methods? No, it wasn't at all.

And.

There was and I have experienced this from some colleagues presenting to some of the the PGR's and you know, does it still make my project ethnographic for some part? Possibly not. I've had that comment. Well, you're not there. You're not present. You can't feel it. You can't, you know, experience it in them, in, in, in situ, in in the moment. And no, I can't. But there are other benefits that I can see.

And and I would argue that this is still ethnographic research.

But yes, I was anxious that I would lose first sight and and in some way lose control of the study. And but as you can see from the other side, you know, the ability to think differently and and embrace new ideas and find new solutions and has been amazingly and you know kind of positive experience and it's enabled me to resolve some of the kind of concerns I might have had about.

And you know, AA study such as this and that could be classed as sensitive and and would I be able to get through Ethics Committee approval will. Yes I did and and they were very reassured by the balances and checks that were put in place.

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And it's exciting, it's new and I I'm not purely adhering to AA video, reflexive ethnographic approach, but I'm borrowing from it and and you know it's not widely known and it's it's very, very useful.

And to kind of use it in a different way.

And and I would argue that I've created a project that is now more inclusive and more ethical and is producing richer data than I could have done otherwise. And I think what started as a possible work around method asking district nurses to record their own visits so that I could look at that afterwards.

And it became so much more.

I've now got sort of extra layers to it and A and a better, more collaborative approach with added value really and getting the code, researchers and participants to be able to, you know, in a sense, validate their own recorded data is really, really helpful. And it it adds a little bit more.

And you know, scope from that point of view.

And so that's me. I'm very happy to take any questions that anyone may have.