

Social Dimensions of Health Institute - Seminar



Thursday 19th September, 2013 at 3pm

led by

Roger Dunston

Associate Professor
International Health Centre for Health
Communication (UTS)
Centre for Research in Learning and Change
University of Technology, Sydney

Why is significant practice change in health so difficult to achieve? Insights from practice theories and ethnographic research

This seminar (which is FREE to attend) will be held in

Room 1G06
Dalhousie Building
University of Dundee

ALL WELCOME

For catering purposes, if you would like to attend then please contact
Rosanne Bell, r.c.bell@dundee.ac.uk or
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Associate Professor Roger Dunston joined the Faculty of Arts and Social Sciences (FASS) in early 2007. He is a senior health services manager, educator and health policy analyst with over 30 years experience within the health sector.

Roger is primarily located as part of the Centre for Research in Learning and Change with a focus on the development of new forms of collaboration - engagement,

research and educational development - between FASS/UTS and the health sector. This work builds on already existing FASS research strengths.

His previous positions have spanned a broad range of practice areas - clinical practice – hospital and community health services; health services management – the tertiary health care context; service review and health policy development – NSW Department of Health; education provision and program design – involving work in a range of health and community service areas.

Prior to joining UTS, Roger was Director of Social Work at Royal North Shore Hospital, Sydney; foundation chairperson of Allied Health Services RNSH; Director of the Allied Health Division, Royal North and Ryde Hospitals; and Senior Research Fellow, Centre for Health Services Development, University of Wollongong. Roger also held an adjunct senior lecturer position in the Faculty of Medicine (Northern Clinical School), University of Sydney. For over ten years he was a part-time member of the Faculty of Community Medicine at the University of New South Wales, where he was involved in innovative approaches to professional learning for medical and psychology students. A central feature of Roger's practice is his strong involvement with professional learning, service re-design and improvement, consumer participation, and organisational and educational change.

Most recently Roger has been appointed as the coordinator of a new health research programme focusing on health within and external to the formal health system. In June of this year he was appointed as Associate Director (UTS) in a new UTS/Hong Kong Polytechnic University collaboration, the International Research Centre for Health Communication.

My presentation provides an overview of some current research being undertaken at the Centre for Research in Learning and Change, Faculty of Arts and Social Sciences, University of Technology Sydney. Whilst diverse in its practice foci — early childhood health services, integrated primary health care, a residential rehabilitation centre for mothers with chronic alcohol and drug and mental health issues, and the development of health professional education across all health disciplines in Australian higher education — a common focus is on the achievement and the difficulty of achieving significant service and practice change. A further commonality is the use within many of our studies of socio-material theories, in particular, practice theories, and the use of ethnographic methods to get close to and stay close to practice as this is occurring in the workplace.

I will briefly outline the different perspectives on practice, learning and change that are offered by socio-material theories when contrasted with more individually and cognitively focused approaches to practice, learning and change. Socio-material theories argue that professional 'practices' are deeply embedded historical and cultural formations, intimately entangled with identity, status and being in the world. Arguing for significant change is frequently seen and experienced as disturbing and distabilising. These issues are not well identified in many programs of service redesign. I will conclude by exploring some of these implications as we have seen them in our research.