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2024 Have I Got a PhD for You! PhD by Portfolio Presentation

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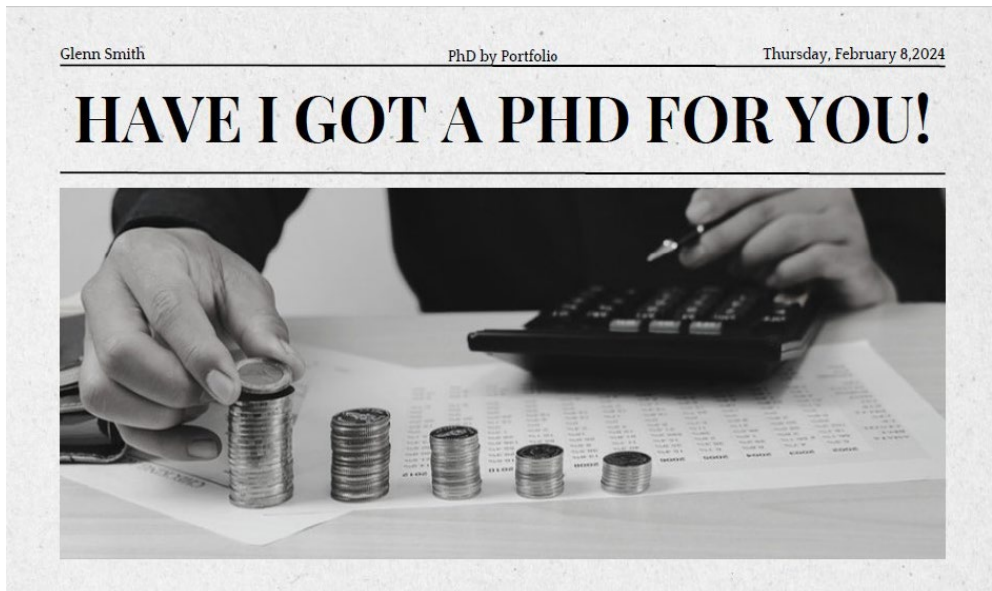
Glenn Smith¹, Clive Palmer² and Kenneth Young³

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Introduction

One's own story, and that of others, frames our cultural conversations. Shaped as they are by geography, history and personal origins, individuality and diversity is expected and normal. It is when one seeks to tie these disparate threads into a single cord to pull everyone along in the same direction, that challenges arise. Institutional change, particularly across nonaligned subcultures in organisations, suffers from this lack of coherence in direction, signalled, in my view, through their lack of a shared overarching story and narrative arc. My work seeks to demonstrate how applying such principles to the leadership of skin health pathways in an Island setting, literally 'getting under the skin' of the stories each subculture told itself and each other, and the lessons I learned from enculturating myself into these communities, enriches and informs the knowledge base of delivering institutional change in favour of those in the frontline, the closest to the patient for whom we all work.

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PhD by Portfolio Thesis Title:

‘Getting under the skin of skin’: an autoethnographic analysis of institutional change concerning skin health in an island population.

My portfolio research projects are couched in the language of skin care:

- **Project 1:** *‘Can you get me a mattress?’* [A retrospective] analysis of pressure ulcer care across an Island population.
- **Project 2:** *‘What bandages do I use?’* [A retrospective] analysis lower limb care across an Island population.
- **Project 3:** *‘What’s my lump?’* [A prospective investigation] of barriers and facilitators to change in the grassroots provision of tele-dermatology across an Island population.

Well, have I got news for you!

I called my presentation *‘Have I Got a PhD for you!’* as I am a long-time fan of the television programme and popular news quiz, in which viewers may recall the round in which four photographs or pictures are put up on the screen and the teams are asked to spot the odd one out. Shamelessly I borrowed this visual cue (figure 1) but repurposed it to highlight, situate and dare I say it enculturate my listeners into my PhD by portfolio research.



Figure 1: Isle of Wight: health care and island culturation

No prizes for guessing that it involves skin. That’s the first connection, the ‘linked’ element of my projects. They are ‘distinct’ by type of lesion, from which also identifies the NHS pathways that are required to treat or prevent them, and

further the subcultures who get involved in each touchpoint of the pathways and the health care professionals that are responsible for their care. Top left are pressure ulcers, top right a nasty looking suspected skin cancer, and bottom left is a typical leg ulcer. My retrospective projects cover my work with pressure ulcers and leg ulcers, as I was, back then, lead for the tissue viability service on the Isle of Wight. The third, prospective, project involves teledermatology, the implementation of a technological solution which gets photographs of suspicious lesions to a consultant, and an answer back to the patient, as efficiently as possible. In this case I am both poacher and gamekeeper, as I was part of the primary care teams involved in implementing it ‘at the coalface’ and now as Clinical Director of the team that runs the teledermatology system.

Binding all of these pathways on the Isle of Wight is, as whole, another ‘linked’ element. The Isle of Wight is an isolated community with subcultures formed due to the nature of the geography (from 10 to 30 miles ferry crossing to UK major ports), and the pressures of providing health and social care services in such a setting. The pictures in the background (figure 1) highlight the seasonal nature of employment, with huge surges of holidaymakers who may visit the dinosaurs, attend Cowes week, or even come over for Christmas (hence ‘Turkey and Tinsel’ image).



Planning services for such a variable population challenges health and social care management structures, and pathways can be fractured as a result of the geographical isolation. A patient for instance requiring chemotherapy and radiotherapy combined would find their pathway straddling the Solent as they can have their chemotherapy delivered on the Island but their radiotherapy would need delivery in a mainland setting. This is a key consideration of care pathways / patient requirements that have multiple parts of treatment not all delivered on the Island. The Isle of Wight has high levels of sun, being located in the English channel the south of England (or as the Islanders call it, IoW the ‘south island’) and has proportionately one of the highest rates of skin cancer in the UK (which the islanders call the ‘north island’), hence the bottom right picture in figure 1 highlighting our sunny beaches, popular with tourists, provided they put their sunscreen on!

Reflecting on my professional career and how I got involved in each of these skin pathways in turn, I felt I had to get ‘under the skin’ of the subcultures with whom I had contact. I recognised that changes were required early on, and that, in my role, to create institutional change I would need to manage upwards, which I have termed ‘upward enculturation’, managing across my peers within and outside

the organisation, which I have called ‘lateral enculturation’ and most importantly to keep in mind the ‘coalface clinician’ with ‘coalface enculturation’.

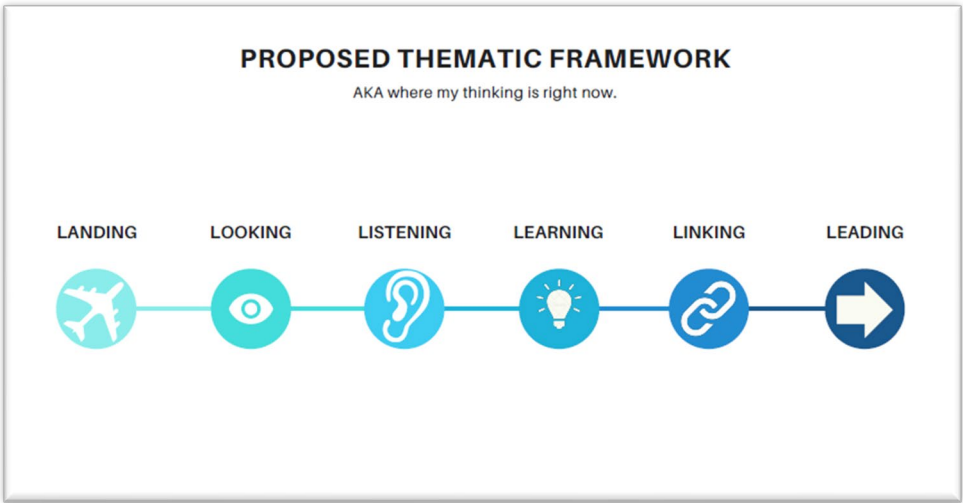


Figure 2: Proposed thematic framework for my PhD by Portfolio (2023/4)

My autobiographical work sets out my positionality as a researcher (Smith, Palmer, and Young, 2023), and demonstrates how my personal and professional life, to the point of becoming a tissue viability nurse, could be conceptualised as a series of forms of enculturation (figure 2). My reflection on my previous autobiographical writing led to my suggesting a proposed thematic framework, borrowed from the idea of ‘landing on an island’ (as a child with my parents) which I did literally although in a boat not a plane. My conceptual framework helps me to understand and appreciate my ‘situatedness’ as a health professional in an island setting, which similarly, for other practitioners promoting institutional change, may help them to appreciate the challenges and benefits of their research to coalface clinicians, whilst managing lateral and upward relationships productively.

‘Landing’ was the stage of enculturation I first described as ‘landing in the culture’ which comes with all the connotations one might expect of landing with baggage, a hint to the idea that one comes with baggage into any new culture and one should be appreciative of and not ashamed to unpack one’s bag in another culture. By this I also wished to signify that enculturation is not a sanitised experience but one we approach with a history that we carry with us, and which if used wisely can add to and not detract from our incorporation into a new culture. Pushing the analogy of landing on an island further, if you were to land on a foreign island you had never been to before, your first step would be to orientate yourself, hence me nominating this stage as ‘looking’. Looking around, situating oneself in the geography of the new place, means soaking up the sights and colours. Actually

noticing, observing, the act of deliberately drinking in and immersing oneself in the environment you have landed in is, I propose, an active process which we engage in. We cannot marry ourselves to the cultures into whom we wish to enculturate ourselves without an active appreciation of their history, detail and situatedness.

A key element of my thesis is the proposal that subcultures are characterised by the stories people tell themselves and others, and it is the active appreciation of these stories that I signify when talk about ‘listening’. Listening in this framework refers to actively eliciting the stories of those subcultures, which helps in turn to deepen one’s appreciation of those who you are in contact with, and ultimately who you have to influence in the institution of change across an organisation. By this point if one has looked and listened enough, you quickly get a sense of the key groups who you will need to influence to get stuff done. This ‘learning’ phase is crucial as the looking and the listening informs you of how they see the world, how they see each other, their own roles, their own boundaries, and the sense of power or lack thereof. This learning informs the individual practitioner’s subsequent strategy, as it did mine, in order to create institutional change.

Finally, one ‘links’ these insights together in such a way as to achieve goal alignment between the disparate subcultures responsible for delivering these processes. This is the point where one starts acting outwardly to influence the subcultures you have encountered, through questioning their stories and offering new interpretations of their stories both to themselves and to others, and indeed linking them together like a matchmaker so that they are appreciative of the bigger story, or narrative arc, in which they as individuals and subcultures fit. This raising of awareness of the smaller subcultures and how they fit into the bigger story, is a key component of my thesis and how I see the practical application of this approach. All of these components I propose are essential to being someone who is ‘leading’ institutional change across subcultures. Reflecting on these key stages, I cannot conceptualise any change or improvement I made which did not involve these stages in this order, which leads me to believe that it has the validity I seek to test further in my prospective work.

Telling the story under the skin of skin

To begin with the end in mind, as Stephen Covey (2013) suggests, means in my mind to ask for what purpose we are here. In my case, it was to ensure a patient with a skin issue got the appropriate care. This necessitated setting the needs of the coalface clinician at the heart of any changes I needed to make, and informed how I prioritised who to talk to, how and why. To set this situation (and me) at the centre and then extrapolate outwards helped me to strategise my actions as a clinical manager and as a researcher. Also, it helped me to write the story which tied these things all together, which in this case began and ended with the patient, and with an

appreciation of the key supporting actors, the scenery, and finally the backstage crew that made it all happen. Conceiving of my research as the use of stories to institute change is I propose, an original contribution to the work on institutional change and a practical method that could be used by others to bring about changes of their own in their organisations and systems.

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Ethics statement: This research was conducted with ethical approval from UCLan

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Kenneth Young³ is a chiropractor with academic and clinical experience in the UK, Australia, and North America. Ken's areas of expertise include musculoskeletal health issues with an emphasis on diagnostic imaging, professionalism, and evidence-based practice.

Collegial Review

The use of storytelling is impactful inviting the reader to imagine landing on an island with excitement and trepidation about the challenges and opportunities that lay ahead. We are led from a nostalgic, storied theme of growing up on the island, to a rude awakening of the realities of inhabiting a place with a restricted means for supporting its population, i.e. where everything comes in and out by boat. By fully immersing himself in the island's culture, and then professionally through the lived experiences of dealing with acute injuries and skin diseases, this paper provides a unique insight to the evolution of an integrated health system that is fit for purpose for those it is intended to serve. The focus of the study is nicely linked across the projects, the PhD by Portfolio providing an important means to look back, listen and understand the social contexts that impact upon institutional change, whilst also looking forward to bringing the pieces of the island jigsaw together, to offer more effective solutions for their health care. This combination of sub-cultural stories, neatly link to complete the bigger picture of this impactful research.