

Book reviews

Iles, V. and Sutherland, K. 2001: *Organisational change: a review for health care managers, professionals and researchers*. London: National Coordinating Centre for NHS Service Delivery and Organisation. 101 pp. Free: Download from www.sdo.lshtm.ac.uk/whatsnew.htm (No ISBN).

This book is a review, commissioned as a result of *A First Class Service* (DOH, 1998), that summarizes the literature on change management and considers the evidence base behind the various approaches to change. It is a fascinating and useful read for two reasons. First, as a robust reference resource for interested learners in this field (and I will be recommending it as such to my students); secondly, as a ‘starter for ten’ in the debate about evidence-based management.

The core of the book contains an excellent run through of techniques, models, approaches and language of commonly used and cited change management theories. The format of this section is that of *description* and *use* of any particular theory, followed by an examination of *evidence* and a *commentary* on that theory. Within these four headings, the *description* and *use* sections are sound, concise and easily understandable. Readers will finish with a very good overview of the field, a fair idea of what tool or model to use and when, and enough follow-up reading to check this out before they use it in practice. For those reasons alone it deserves a place on any thinking manager’s bookshelf.

However, this slim volume begins to get really interesting when the issues of the evidence base for the models and techniques are discussed. I found it interesting, but not surprising, as I read the *evidence* and *commentary* sections for each theory how apparent it was that:

(1) the ‘scientific’ evidence for most cited theory is minimal. In spite of the authors’ declaring their criteria for the rigour of empirical studies to be ‘clarity of methodology, peer review, use of multiple case studies, and external evaluation’, the criteria frequently cited were those

of ubiquity and repeated citing in the literature, i.e., popularity.

(2) How little scientific evidence matters in practice. In fact, there is almost an inverse relationship between the accuracy of the model descriptively and the degree to which it ‘rings the bells’ of managers and practitioners in health. For example, the evidence for SWOT analysis pales besides that of Pettigrew and Whipp’s (1991) rigorous and detailed descriptive study of ‘receptive contexts for change’. However, SWOT is alive and well in most organizations, but little is heard of the use of Pettigrew’s model (indeed, the only time I have attempted to use it, I was told it was too ‘check-listy’, and full of managerial language).

So, it looks as if popularity butters the parsnips of management theory, and that popularity does not hinge on a robust evidence base. This seems to me to be at the root of the problem I have with this book. The book is predicated on the assumption that ‘*Change may be an imprecise science, but evidence is available for what works and what does not, and the NHS must make use of this*’ (DOH, 1998).

I would question whether successful change management is a science, in the authors’ sense of the word, and whether the robust evidence is available as explicit, codified knowledge. So many of the theories they cite have value mainly as ‘sense-making’ devices: SWOTs, force field analysis, process mapping, the ‘five whys’; all are simple, accessible models that facilitate people coming to some shared understanding of the complex organizational world and its problems. The authors themselves begin the book by introducing some sense-making categories of change: emergent vs planned, episodic vs continuous, without discussing their own evidence base for so doing. The evidence base for change theory as a way of socially constructing our world requires criteria very different than those used by the authors – and popularity may well be a proxy for some useful criteria, e.g., accessibility and personal and social resonance.

To be fair to the authors, the assumption quoted is that of the Department of Health, not theirs. They also acknowledge the problem that much of this perceived Holy Grail of an evidence base is locked in the heads of managers and their colleagues. However, they see the arguments about capturing this ‘*as reminiscent of early arguments against evidence-based medicine*’. No. At least not in the sense, that the problem is just that it is difficult to move tacit knowledge into the public domain but, once done, a rational scientific debate will be possible about the relative value of empirical evidence. Yes, in the sense that I hope we are at the beginning of a process that will broaden discussion about what *is* evidence in this context, and that this may be personal or socially constructed – it may not even be measurable. And, like the early arguments concerning evidence-based healthcare, this may not be welcomed by all those from the healthcare–scientific world.

Their prescription for the manager faced with a ‘change problem’ is also interesting: ‘What is needed above all in such situations is an expert resource’. While external advice can be helpful, this book provides a good summary of the many different approaches a manager might consider.

One last quibble. Throughout the book, the authors emphasize the complexity, non-linearity and unclear cause and effect in relationships and interactions within health services. They advocate a ‘whole system thinking’ approach, but the recent and significant development of ‘complexity theory’ did not come through from their search methodology. Their sample source of ‘fellow academics’ must be significantly different to mine.

In summary, a very interesting read. At one level, a succinct resource on change management theory and highly recommended. At another, it raises many interesting issues and is a major contribution to the debate about evidence in health. It is also free, so get your copy while stocks last or from the web address above.

Penny Lewis

*Lecturer in Health Service Management
Post Graduate Medical and Dental Education
School
University of Wales College of Medicine
Cardiff
Wales
UK*

Pietroni, R. 2001: *The toolbox for portfolio development: a practical guide for the primary healthcare team*. Oxford: Radcliffe Medical Press. 208 pp. £21.95. ISBN: 1 85775 444 1.

The purpose of this book is practical: to enable healthcare professionals to get on and build useful portfolios. Its principal audience appears to be GPs, though some sections are targeted at the primary care team and there is an appendix on teacher portfolios. Overwhelmingly it is devoted to tips, formats and techniques to advance practice-based learning, an essential, yet often ‘spontaneous and elusive’ (p. 15) component of continuing professional development (CPD). The relevance of portfolio evidence to the changing regulatory frameworks of CPD, clinical governance and revalidation is also established.

Part One outlines principles of adult learning, drawing on Kolb’s experiential learning cycle. Explanatory chapters follow on identifying learning needs, personal education plans, mentoring, learning as a primary care team, time management, general portfolio tips and on clinical governance. These provide brief, succinct introductions on each topic, accounts of policy and organizational issues and helpful advice.

All this is so much preliminary framework-setting, however. Pietroni’s basic aim is to offer portfolio builders a variety of forms and templates for recording and reflecting. He argues that liberal or non-existent portfolio guidelines tend to confuse healthcare professionals rather than encourage reflection, personalising of content and use of flexible formats.

Part Two embarks on this venture by setting out forms to develop personal and practice profiles (they will probably initiate some analysis of practice too). Part Three, the bulk of the book, comprises a host of templates relating to learning activities that emanate from patients, colleagues, personal experience and clinical governance. No single template is prescribed, practitioners have to try the various options and discover which they wish to adopt or modify.

Templates to examine practice strengths and weaknesses, significant events, patient complaints, ‘mistakes’, patient logs, audit and prescribing data are set out as ways of learning from patients. ‘Learning from colleagues’ includes analytical

templates for critical reading, videos of consultations, appraisal, inter-professional learning, risk management, practice protocols and service frameworks.

Drawing on established principles and approaches across the health professions, the templates clearly set out:

- checklists of headings or guiding questions, e.g., on personal learning plans
- schedules, e.g., for video observation
- ratings scales, e.g., for appraisal.

Some templates are designed for the primary care team as a whole, others apply only to clinical members.

Advice on 'Learning from personal experiences' is, by comparison, slight and insubstantial, and 'Addressing clinical governance' mainly a set of checklists. Appendix 2 interestingly demonstrates the relevance of specific templates to criteria for revalidation.

This book offers useful organizers and signposts to those who are starting out on portfolio learning. Some templates, e.g., for reflecting on significant events, will probably gain a permanent place in their repertoire. Others will be adapted or discarded as experience and confidence with personal learning grows. Templates should be treated with caution: they will not 'do the reflecting for you'. The recording of activities and ticking off of learning points can easily become mechanistic – the very opposite of the reflective content that portfolios are designed to promote. Templates only offer limited formats: they cannot guarantee to enhance the quality of reflective writing, for example. Indeed, in the absence of any elaborated examples of how it works, reflection remains the 'ghost in the machine' in Pietroni's guide.

Stephen Brigley
Senior Lecturer
School of Postgraduate Medical
and Dental Education
University of Wales College of Medicine
Cardiff
Wales
UK

Chambers, R. and Wakley, G. 2000: *Making clinical governance work for you*. Oxford: Radcliffe Medical Press. 280 pp. £21.95. ISBN: 1 85775 413 1.

With a foreword by David Halsam that acknowledges the difficulties that hard-pressed clinicians have with making sense of the term 'clinical governance', this book sets out to be a work guide and friend to those charged with ensuring that the concept becomes a reality.

Both authors are GPs with significant experience in teaching and education, and it is this experience that is most clearly reflected in the style and content of the book. Indeed the book is a more comprehensive version of online learning materials by the same authors, who are mindful of the preferences of many to work from a book rather than a screen. The online resources are found at www.primarycareonline.co.uk.

The authors set out to assist individuals and teams to identify their own learning needs and then to draw up an action plan to ensure that they achieve the outcomes that have been identified. In seeking to do this, this book makes a valuable contribution to the overall culture that successful clinical governance requires, namely individual and team responsibility for ensuring the quality of service delivery.

The book is divided into three main parts. Part One introduces the concept of clinical governance for the individual, the team and the wider organization. From this the authors take us quickly to the 'how to do it' of understanding an assessment of service development needs and the learning needs that individuals and teams have in relation to key service developments.

By working your way systematically through Part One, the reader is supposed to move through identification of where they are now, to where they want to be in the future and how they want to get there. Along the way priorities will be set and comprehensive clinical governance plans developed. The main bulk of the book (Part Two) is then devoted to the 'now what?' question that is bound to loom large in the mind of the reader after the roller coaster ride of the first action-packed 26 pages of this book.

Part Two is made up of 14 modules based around the themes of clinical governance. The

content and style of the modules is comprehensive, accessible and excellent. Written from the perspective of clinicians working in a general practice setting, any clinical governance lead will find much to stimulate their thinking and support their role with colleagues. These materials could be used either to stimulate practice discussion, or alternatively, to form the basis of a practice-based workshop, whichever is more appropriate.

In Part Three, the authors attempt to pull together a short and sweet guide to the difficulties of defining quality in health care. As a subject it is impossible to do any justice to it in four and a half pages, so for this reader Part Three would have been better omitted altogether.

Between the covers of this book lies both despair and hope. Despair at the onerous task set out in Part One of the book, the depth and breadth of which is an educationalists reality rather than a

clinicians. I would preface this section with a warning – this is probably the right way to do it, certainly the logical way to do it, but adapt the process to both your circumstances and resources. However, in fairness, hope does follow quickly (only 26 pages of despair) in the shape of the excellent workshop style modules. These are high quality teaching materials which work at a number of levels, including the face value of simply reading them.

A recommended read for all clinical governance leads and managers.

Caroline Gilmartin
Head of Primary Care Development
Tower Hamlets PCT
London
UK