DEVELOPING RELATIONAL WORK AS A DESIGN TOOL IN ACTIVITIES WITH HEALTH PROFESSIONALS

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Relational challenges in emerging professional practice
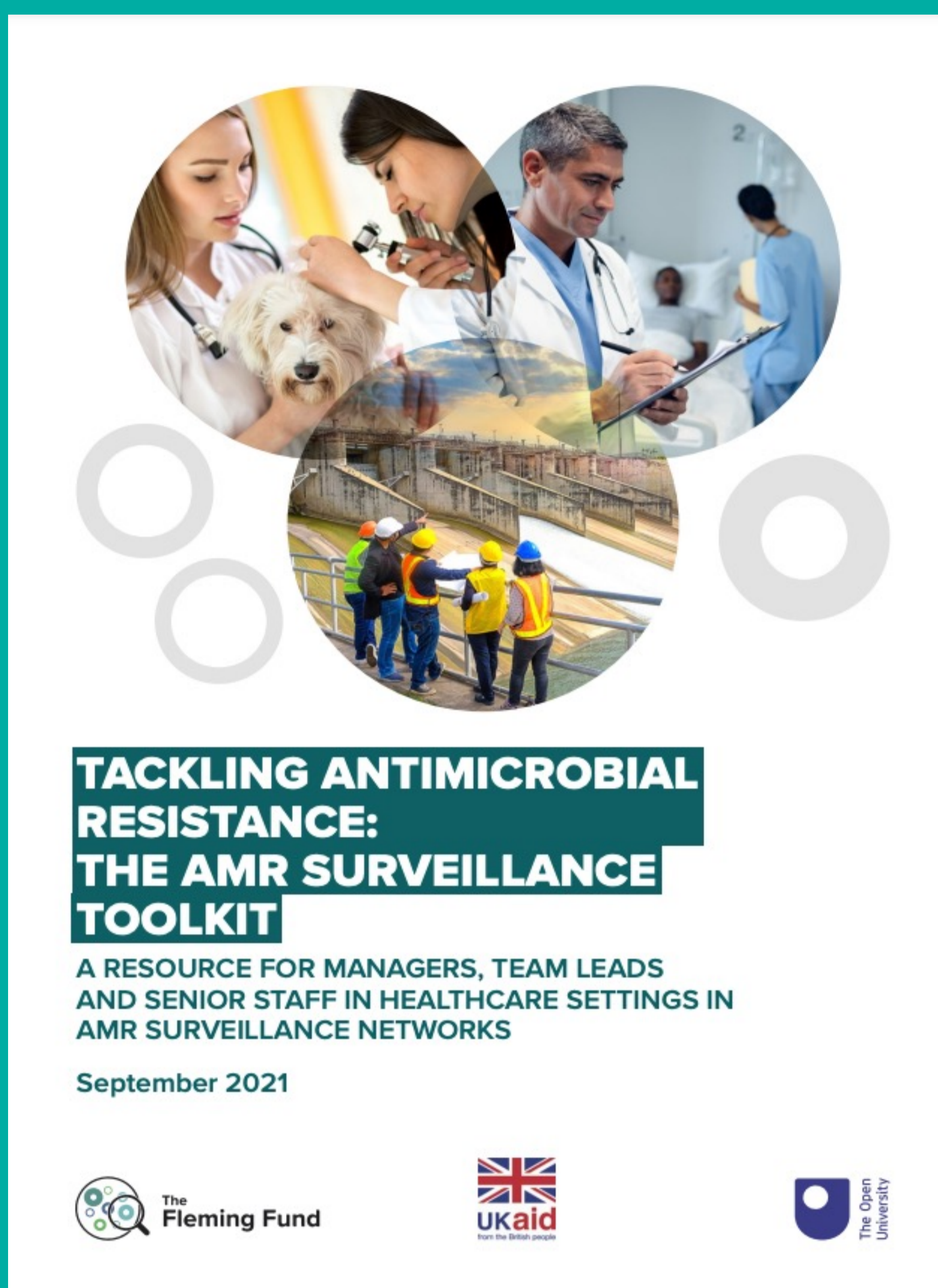
Workplaces are dynamic and evolving contexts for practice and are also environments where significant learning takes place. Many professional interactions involve relational work, "sometimes visibly and sometimes hidden" (Edwards, 2017: 1). Relational expertise is the ability "to recognise and respond to what others might offer in local systems of distributed expertise" (Edwards, 2011, p.33) while at the same time being confident to engage with "the knowledge that underpins one's own specialise practice" (ibid). Relational expertise is particularly relevant to work that evolves rapidly in response to ongoing global challenges.

Objectives of the study

Research around the potential for emerging complex global problems to trigger new relationships and design tools for more situated forms of professional learning remains relatively unexplored. This study explored whether a designed artefact, the AMR Toolkit, supports professionals in relating to people in diverse job roles and negotiating new objects of activity.

Conceptual framework

Learning in professional settings cannot be viewed narrowly as a an individual's acquisition of knowledge and skills. This study takes the view that learning is positioned as a situated, social practice. In this study we argue that we need to think about the ways in which inter- and intra-professional relationships may inform work activities and contexts for professional learning.

TACKLING ANTIMICROBIAL RESISTANCE: THE AMR SURVEILLANCE TOOLKIT

A RESOURCE FOR MANAGERS, TEAM LEADS AND SENIOR STAFF IN HEALTHCARE SETTINGS IN AMR SURVEILLANCE NETWORKS

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The Fleming Fund   UKaid   The Open University

Tool 1: Your role in an AMR surveillance network	Tool 2: Dealing with AMR data	Tool 3: Reflecting on your work and changing your workplace
This tool includes tasks that can help you reflect on your own roles and responsibilities, as well as the roles of other people in the AMR network.	The second tool helps you and your colleagues understand their contribution to data collection and management within AMR surveillance systems.	The third and final tool encourages you and your colleagues to develop strategies to apply your learning to day-to-day work and to overcome barriers that delay or stop you from doing this.

Methodology and participants

The AMR Toolkit was drafted iteratively using **participatory co-design methodology**. **12 health facilities** in Nepal and Ghana participated in the process (Figure 1). In each facility, a team lead and a small group of staff (n=5 to 8) were engaged in transformative change projects within their own workplace with minimal external facilitation utilising the toolkit. Qualitative data were generated from team leads through written proformas (n=12) and semi-structured online interviews (n=11), as well as a virtual participatory co-design workshop in each country. Data were analysed thematically.
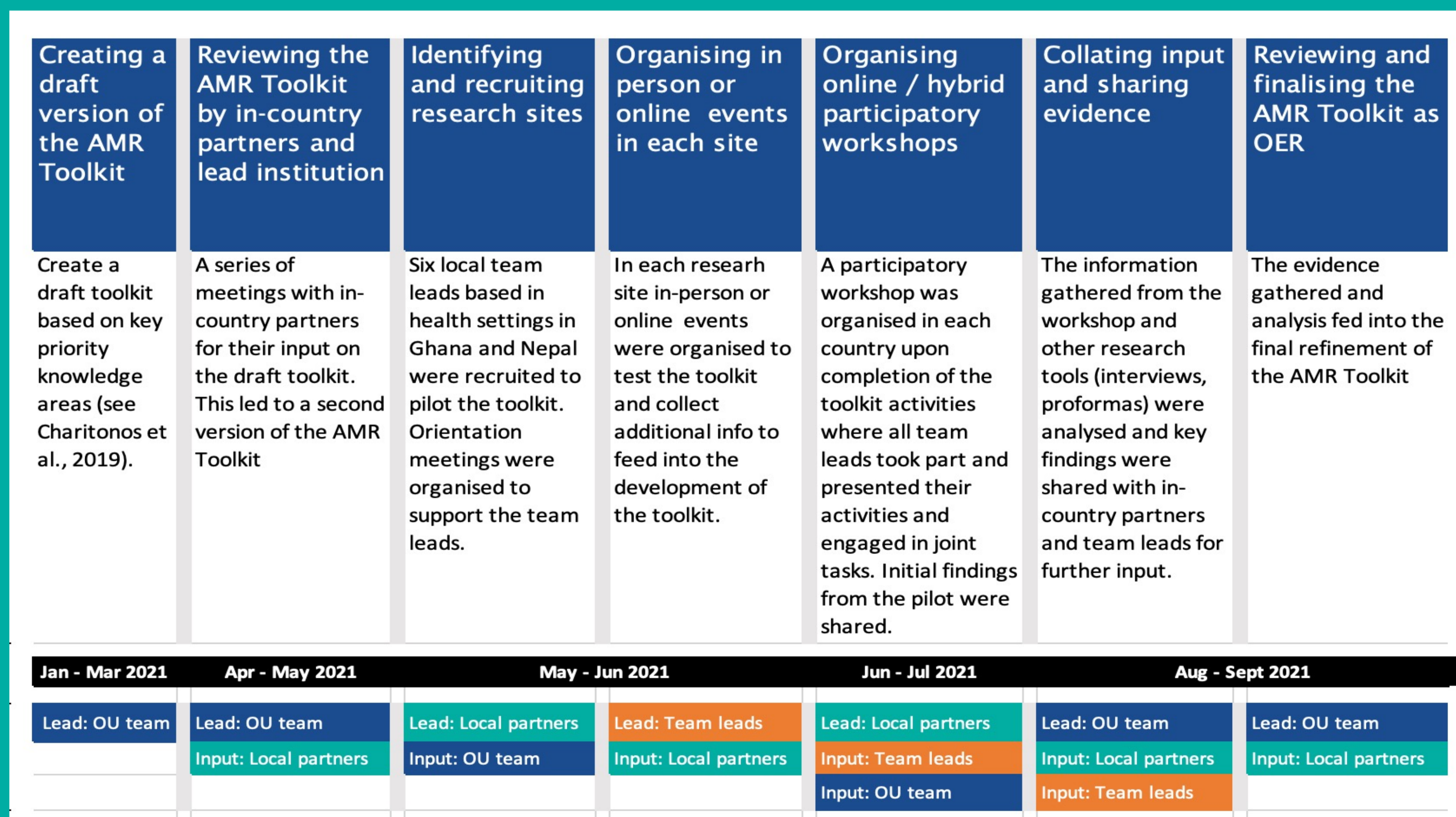
AMR - a Global Health Challenge

Antimicrobial resistance (AMR) is a leading global health issue with 1.27M deaths globally in 2019 making it the 12th leading cause of death, above HIV and malaria (AMR collaborators, 2022), with both social and economic costs (O-Neill, 2016). Low resource settings are more vulnerable to AMR's impacts. It is expected that AMR will further widen global health inequalities. Addressing AMR requires inter-sectoral and multi-sectoral approaches, as well as intra-professional relations and collaborations. It requires professionals with different expertise to work together. The relational nature of this knowledge work is among the many challenges that professional face in this area, particularly in healthcare environments where systemic professional and cultural norms prevail (Charitonos & Littlejohn, 2021).

Findings

(1) The designed activities helped create teams and form relationships that were not governed by conventional hierarchies and power dynamics. (2) Participants self-organised informal spaces and gatherings that offered opportunity for personal and collective contributions to the evolution of AMR practice. (3) Participants could anticipate future AMR work activities, and recognise areas of change needed to allow new practices to evolve. (4) The AMR Toolkit helped to create an environment that encouraged relational agency—a "capacity for working with others to strengthen purposeful responses to complex problems" (Edwards, 2011:34). (5) The AMR Toolkit created the conditions in which forming a joint response and sharing of knowledge was made possible.

Creating a draft version of the AMR Toolkit	Reviewing the AMR Toolkit by in-country partners and lead institution	Identifying and recruiting research sites	Organising in person or online events in each site	Organising online / hybrid participatory workshops	Collating input and sharing evidence	Reviewing and finalising the AMR Toolkit as OER
Create a draft toolkit based on key priority knowledge areas (see Charitonos et al., 2019).	A series of meetings with in-country partners for their input on the draft toolkit. This led to a second version of the AMR Toolkit	Six local team leads based in health settings in Ghana and Nepal were recruited to pilot the toolkit. Orientation meetings were organised to support the team leads.	In each research site in-person or online events were organised to test the toolkit and collect additional info to feed into the development of the toolkit.	A participatory workshop was organised in each country upon completion of the toolkit activities where all team leads took part and presented their activities and engaged in joint tasks. Initial findings from the pilot were shared.	The information gathered from the workshop and other research tools (interviews, proformas) were analysed and key findings were shared with in-country partners and team leads for further input.	The evidence gathered and analysis fed into the final refinement of the AMR Toolkit
Jan - Mar 2021	**Apr - May 2021**	**May - Jun 2021**		**Jun - Jul 2021**		**Aug - Sept 2021**
Lead: OU team	Lead: OU team	Lead: Local partners	Lead: Team leads	Lead: Local partners	Lead: OU team	Lead: OU team
	Input: Local partners	Input: OU team	Input: Local partners	Input: Team leads	Input: Local partners	Input: Local partners
				Input: OU team	Input: Team leads	

Figure 1: The process of co-designing the AMR Toolkit