

Ref no	2011/01
Title	FUNDING WAS OBTAINED TO UNDERTAKE A MODULE ON EVIDENCE AND RESEARCH IN PRACTICE.
Author	Joanne NUTLEY
Abstract	<p>The module aims to provide the opportunities to develop knowledge and skills in the evaluation of research evidence in order to guide and inform professionals practice and policy decisions.</p> <p>The aims of the module are to</p> <ul style="list-style-type: none"> • The research process and the language of research • How to find research • How to appraise the quality of research • Applying research to practice <p>The purpose of the module was to choose a research paper, critically evaluate it and make recommendations. The research paper chosen related to my professional practice and was “Mixed Sex Wards and Patient Dignity: Nurses and Patients Perspectives.”</p> <p><u>LESSONS TO BE LEARNED FOR THE UK AND PLACE OF WORK</u></p> <p>This essay illustrates that mixed-sex accommodation is a factor that affects patient’s dignity. However, it also acknowledges that this is only one factor. As supported by Department of Health (2007), staff behaviour is also a “crucial factor” (Baille, 2008).</p> <p>The study illustrates the concerns of patients on mixed-sex wards with the risk of bodily exposure and embarrassing procedures being the main factor for threatened dignity even with single sex bays. If patients of the opposite sex can be seen this is classes as mixed-sex accommodation (supported by Help the Aged, 2007, cited Ballie, 2008).</p> <p>There are also concerns from UK nurses on difficulties managing mixed-sex wards with single sex bays (RCN, 2008).</p> <ul style="list-style-type: none"> • Pressures on beds/bed shortages • Increased government targets • Patients being moved around the hospital to accommodate other patients. <p>The study also shows that it is not just older people who feel threatened by dignity issues, but also younger age groups (40’s and 50’s). This illustrates that dignity is a concern for all age groups and sexes. (Baille, 2008).</p> <ul style="list-style-type: none"> • Main fears faced – bodily exposure

- Impact on dignity due to patients being dressed in hospital gowns and restricted by infusions and catheters.
- More men in this study but as explained more men may experience urological problems.
- The study did not have diverse ethnic group of people in the sample which could have shown more diverse perspectives.

RECOMMENDATIONS

- Dignity should be every ones responsibility. The above concerns should be considered in mixed-sex accommodation.
- Ward staff should attempt to organise the environment to manage mixed-sex accommodations and effectively communicate and apologise when appropriate to the patients when dignity issues arise.
- Management should be aware of mixed-sex accommodation and review the bed management processes.
- Ward staff to attempt assertiveness to be avoided when possible especially for the more vulnerable patients and those that require intimate procedures and personal care. However until some hospitals are refurbished/renovated this may not be structurally possible.
- Considerations to be taken into account for those patients with strict religious beliefs/faith/culture and those patients who have experienced emotionally events from those of the opposite sex. If a single room is available than these patients should be given priority (Health and Safety guidelines and infection control policies also to be adhered to).

Ref no	2011/02
Title	IMPLEMENTATION OF THE FAMILY NURSE PARTNERSHIP MODEL: NORTH AMERICAN CASE STUDIES
Author	Jean BAKER
Abstract	<p>The Nurse-Family Partnership (NFP) model was developed by Professor David Olds at the University of Colorado. It is an evidence-based nurse home visiting programme designed to improve the health and well-being of first-time parents targeted to women who are either teenagers, unmarried, or of low socioeconomic status. This programme has been running in the USA for many years but was started as a pilot scheme in the UK in 2007 including the team of which I was a part in Somerset. The aim of the study visit is to compare and contrast the delivery of this service in the USA with the UK at the Family Nurse and Supervisor levels. This report discusses my experiences and observations shadowing NFP teams in and around Altoona Pennsylvania and Denver Colorado. A second phase of the study included shadowing the NFP team in Hamilton Ontario, Canada. This follow-up visit to Canada was motivated by the fact that like the UK the NFP service is run as part of a National Health Care Programme so comparing and contrasting implementation across the three countries would be potentially more useful. The overriding conclusion from the study visits is that UK Family Nurse Partnership teams are implementing the programme to a high professional standard and quality when compared with their counterparts in the United States.</p>

Ref no	2011/03
Title	AN EXPLORATION OF CURRENT EDUCATIONAL AND PROFESSIONAL PREPARATION OF AUSTRALIAN NURSES FOR ASSESSING AND TREATING CHILDREN AND YOUNG PEOPLE (CYP) IN EMERGENCY DEPARTMENTS.
Author	Jane HUGHES
Abstract	<p>One of the aims of the study was to consider the key knowledge skills and attributes needed for supporting CYP in emergency departments, in particular those working in smaller departments. The findings of the study will be used to promote best practice and innovation in the support of those working with Children and Young people in Emergency Departments.</p> <p>I visited the two main children's hospitals in Sydney and Brisbane together with skills development centres and outreach units. I attended an Emergency Nursing Conference in Canberra and then completed the visit in Perth where I visited the main children's Hospital for Western Australia, a mixed Emergency Department and finally Curtin University.</p> <p>There are some distinct differences in the pre-registration education of nurses in Australia requiring a different approach to the preparation of graduate nurses in the form of graduate transition programmes. Good examples of these were evident in the children's tertiary centres for the generic preparation of children's nurses. Findings demonstrated examples of Emergency Departments in tertiary children's centres developing some specific preparation programmes for staff either following a graduate transition programme or for experienced staff new to working with children. Such centres had also developed their own competencies for those working with children. It was also observed that a number of tertiary children's centres have some good programmes for outreach and dissemination including, online support and simulation. This model could have some benefits in the UK.</p> <p>Australian mixed and small acute care/emergency facilities have similar problems to the UK with regard to providing consistent high quality care of children and young people although geography is an added factor for Australia in ensuring access to health care for rural and remote populations.</p>

Ref no	2001/04
Title	AN INTERNATIONAL EXAMINATION OF THE ENGAGEMENT AND IMPACT NURSING INTERVENTIONS WITHIN ASSERTIVE OUTREACH SERVICES HAVE ON WORKING AGE ADULTS WHO HAVE FAILED TO ENGAGE WITH MAIN STREAM COMMUNITY MENTAL HEALTH SERVICES.
Author	Timothy BENNETT
Abstract	<p>This is a report of an international examination of the engagement and impact Nursing Interventions within Assertive Outreach Services have on working age adults who have failed to engage with main stream community health services. It takes cognisance of what nursing interventions have been attempted and proved successful in helping individuals to engage with services in order to determine best practice. It explores the methods that are utilised, including the efforts made to overcome barriers to engagement with services, and to make an assessment of the effectiveness of the nursing interventions that assist with that engagement.</p> <p>Visits to Assertive Teams in Sydney and Melbourne in Australia, Edmonton and Vancouver in Canada and San Francisco in the US allowed for service comparisons. These were opportunities to generate discussion about the differing methods of engagement to help inform decision making process about the local development of Assertive Outreach Services. There emerged a clear demonstration and a definitive link between bodies of evidence of how an Assertive Outreach team needs to function, the core skills needed, the delivery of care and its application into practise. There was clear evidence that the core values of Assertive Outreach, nursing and nurses were universally shared.</p> <p>This study, from its inception one year ago, through the challenging and inspiring international visits and throughout this period of personal reflection has reinforced a conviction that there has to be high fidelity to the recognised recovery focused model of established and tested Assertive Outreach evidence.</p>

Ref no	2011/05
Title	PROPOSAL FOR THE PROGRESSION OF A NURSE-LED FOCUSED SIMULATION PROGRAMME IN PAEDIATRIC INTENSIVE/HIGH DEPENDENCY CARE IN SOUTH WEST ENGLAND.
Author	Caroline HAINES
Abstract	<p>This report presents the findings of a travel scholarship to centres in the United Kingdom, Australia and the United States of America (USA), to examine the possibility of progressing and developing a nurse-led and nurse focused simulation programme in paediatric intensive/high dependency care in South West England.</p> <p>The focus for this proposal emanated from a personal and professional interest and a desire to increase knowledge and understanding, and potentially improve the care for children in hospital, through the use of simulation in paediatric nursing.</p> <p>The use of simulation (low and high technology) in medical education has been evident within the literature for several years (Steadman et al 2006, Birkhoff et al 2010) and to a lesser degree has been integrated into pre-registration nurse training (Hawkins et al 2008, Rothgeb 2008). However, the use of 'on-site' simulation in intensive and high dependency clinical ward areas to assist developing paediatric nursing practice, remains in its infancy.</p> <p>The aims of the professional study were therefore:</p> <ol style="list-style-type: none"> 1. To identify how best to integrate 'on-site' computer simulation into existing nurse education programmes in paediatric intensive and high dependency care in South West England. This would require redesigning education programmes and establishing robust processes for their evaluation. 2. To improve paediatric patient safety through learning how to develop simulation-based crisis resource management (CRM) programme for paediatric nursing staff within Bristol Royal Hospital for Children. 3. To review and understand how e-learning simulation programs can be developed to assist in paediatric nurse education. 4. To identify how other centres have developed multi-disciplinary paediatric simulation training, to ensure learning-outcomes for nursing staff as well as medical staff are achieved. 5. To assess the potential for developing a collaborative, international research study looking at the use of simulation in paediatric nursing. <p>Over several months, centres were visited and liaised within the United Kingdom (UK), United States (US) and Australia and all</p>

visits focused around the study aims.

The visits included 'discussion with', 'observation of' and 'participation in running courses' with nursing and medical personnel working in both in-situ simulator facilities in paediatric intensive care units and in stand-alone simulator centres. All aspects linking to developing the use of simulation in nurse education.

Information accumulated on the visits included information on:

- How to optimise the use of simulation in post registration paediatric nurse education programmes.
- How to commence curriculum development in paediatric nursing.
- Setting up a simulation session – moulage.
- How to evaluate simulation sessions/teaching.
- How to debrief simulation sessions.
- How e-learning programmes are being used in nurse education.
- How centres are implementing multi-disciplinary paediatric simulation training.
- How collaborative research in paediatric nursing might be able to be progressed.

Dissemination of this information has and will include:

- Adaptation and extension of implementing simulation into the paediatric intensive and high dependency care development programmes in Bristol and South West England.
- Developing a conceptual framework for the use of paediatric nurse simulation within BRHC and South West England.
- Presentation of work through conference presentations and poster displays.
- Implementation of a paediatric critical care simulation day into the SW Paediatric High Dependency Course – May 2011.
- Running a National Paediatric Nurse Simulation & Perinatal Simulation Symposium in France – October 2011.

Discussion continues regarding potential paediatric nursing research projects to be undertaken jointly between Bristol, Sydney and Brisbane centres.

Ref no	2011/06
Title	A STUDY OF CURRENT PRACTICE OF PHARMACOLOGICAL AND NON PHARMACOLOGICAL APPROACHES TO PAIN MANAGEMENT IN PALLIATIVE CARE
Author	Amanda JAIMON
Abstract	<p>This report presents the key findings of a travel scholarship undertaken at palliative care settings in South Africa.</p> <p>The study undertaken at three hospices provides an outline of palliative nursing practice and management of pain, in an emerging and developing country.</p> <p>Nurses are key professionals in the assessing and management of pain and as such for the purposes of the study it is appropriate to establish nurses' knowledge and practise in order to gain an understanding of current practice. The data collection includes knowledge and attitudes survey regarding pain adapted from Ferrell and McCaffery, revised edition (2008). This was completed by twenty nine palliative care nurses, who are registered and care for patients with terminal illness on a daily basis either in the patients own home or within an in patient unit.</p> <p>The spectrum of approaches in controlling pain and moreover complex pain interventions in palliative care in the UK are increasing. The public and patients have in recent years shown an expectation of medical advances and a willingness to try alternative approaches in their symptom management. The use of pharmacological and non pharmacological approaches to pain management is an established palliative care practice in UK hospices. For the purposes of this study the author sought to gain insight and explore alternative symptom management strategies used in South Africa that have the validity to be transferable to other hospice settings.</p> <p>There will be implementation of the strategies used by the South African hospices to maintain the services and free care delivery whilst operating as a low resource setting and the impact this has on the delivery of care. These issues are relevant and important to explore at a time of current financial uncertainty and cut backs of services which are being experienced by hospices. There has been a notable downturn of charitable donation felt by many and varied charity organisations that may be in part attributed to an unstable financial climate. In the UK, this has impacted on hospices of charitable status.</p>

Ref no	2011/07
Title	HOW DO NURSES ASSESS PRESSURE ULCERS AND MAKE DECISIONS ABOUT TREATMENT FOR THE PRESSURE ULCER? A QUALITATIVE MIXED METHODS STUDY.
Author	Heather HODGSON
Abstract	<p>Nurses' decision making is of great importance for delivery of safe and efficient care. One aspect of nursing care which is complex is wound assessment; however there is a lack of research which examines wound assessment and the clinical decision making behind treatment for a wound.</p> <p>The most common wounds that nurses assess and treat are pressure ulcers. Pressure ulcers are defined by EPUAP-NPUAP (2009) as</p> <p>'A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated.'</p> <p>Pressure ulcers are found in every health care setting. In Europe and the UK pressure ulcers are common affecting up to 20% of patients in acute care setting (Vanderwee, Clark, Dealy, Gunningberg, Defloor, 2007). This figure is reflected locally with 50% of referrals to the tissue viability service relating to pressure ulcers.</p> <p>Pressure ulcers affect quality of life and general wellbeing, and create significant difficulties for patients, their careers and families. Pressure ulcers are associated with morbidity and mortality and prove costly for healthcare providers (Ousey, 2010). As much as 4% of the NHS spending is consumed by pressure ulcer care, with an estimated cost of £2 billion pounds annually (Clark, 2007).</p> <p>Therefore, if pressure ulcers are not assessed and treated effectively this will have a detrimental impact on the patient and NHS resources (Clark, 2007). Clark (2007) acknowledged that while pressure ulcers remain common and costly the research effort directed at these wounds has been sparse and the methodology poor. The focus for this study will therefore be pressure ulcers.</p> <p>The aim of this study is to examine the clinical decision making of nurses as they undertake pressure ulcer assessment and subsequent treatment choice. A qualitative design using mixed methods has been chosen to do this.</p> <p>The study will be undertaken in an acute trust in Scotland. The aim is to recruit eight registered nurses who undertake assessment and treatment of pressure ulcers.</p> <p>Data will be generated concurrently and retrospectively:</p>

	<p>concurrently using a think aloud technique whilst the nurse is undertaking assessment of a pressure ulcer and retrospectively using a follow up semi-structured interview. Both sets of data will be analysed and merged to gain a deeper understanding of the clinical reasoning of the nurses whilst undertaking pressure ulcer assessment and deciding on a treatment option for the pressure ulcer.</p>
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Ref no	2011/08
Title	An Interim Report: EXPLORING THE IMPACT OF BREASTFEEDING ON THE IDENTITY CHANGE FOR MOTHERS TREATED WITH METHADONE FOR AN OPIATE ADDICTION.
Author	Rosemary JAMBERT-GRAY
Abstract	This qualitative and phenomenological PhD study explores the effect of breastfeeding on the identities of methadone treated mothers. The results will add to the evidence base and used to improve compassion and tolerance of all healthcare professionals working with this client group. The project aims to inform and extend understanding of these vulnerable mothers and the issues they face in the early days of motherhood.

Ref no	2011/09
Title	IN-PATIENT ENVIRONMENTS FOR THE END OF LIFE CARE OF OLDER PEOPLE IN SWEDEN, AUSTRALIA AND ENGLAND: A COMPARATIVE STUDY.
Author	Janet RIGBY
Abstract	<p>Aim: The aim of this project was to compare the physical environment of hospitals, care homes and hospices in three countries, Australia, Sweden and England, which provide care for older people (aged 65 years and over) in their last year of life. Observations and informal discussions with professional staff were carried out, in order to gain an understanding of the role of the physical environment in care provision.</p> <p>Background: Australia, Sweden and England all have an increasingly large proportion of older people in their populations, and currently the majority of their older people die in in-patient settings. Very little is known about how hospitals, care homes and hospices should be designed so that they meet the needs of dying older people, their families and professional staff.</p> <p>Method: Twenty-eight care homes, community hospitals, hospital palliative care units and hospices in England, Sweden and Australia were visited. Systematic observations were made of the physical environment in which older people receive end of life care. Informal discussions were held with 62 professional staff, to find out their views and experiences of providing care in these environments.</p> <p>Results: Some of the differences in building design and use of space could be accounted for by differing legal requirements and cultural factors in each country. However, in many cases, the design and use of space were influenced by the views of the organisation and the senior managers. Many clinical staff wanted to be more involved in decisions relating to the building in which they worked.</p> <p>Conclusions: In order that each building is used effectively, it would be helpful if staff, patients and visitors could jointly clarify their philosophy of care in relation to the environment. All those who use a health care building should be consulted over any potential new designs or alterations. Each health care building should undergo a regular environmental assessment, and each older patient's nursing care plan should include an assessment of their environmental needs.</p>

Ref no	2011/10
Title	AN EXPLORATION OF HOW CENTRES OF EXCELLENCE HAVE IMPLEMENTED GOOD PRACTICE FOR MENTAL HEALTH SERVICES, AIMED AT THE TRANSITIONAL PERIOD FROM ADOLESCENCE TO ADULTHOOD.
Author	Mervyn TOWNLEY
Abstract	<p>The aim of this study was to scope best practice in health organisations where specific age related services (16-25 or similar) have been developed to meet the needs of young people with mental health problems. Transition age services have been developed in a number of countries including America and Australia where most visits took place. Visits were arranged in October and November 2010 to two transition age youth services in Los Angeles and to Youth services in Adelaide, Melbourne and Sydney. There are a few services in the UK which also aim to meet the needs of this population and two of these were also visited (Torfaen, South Wales and Plymouth). A comprehensive report has been produced which outlines in depth the key features of these services visited and includes findings as well as a set of key recommendations. The author has concluded that developing Young Mental Health services throughout the UK is essential if we are to serve our young population in the most effective way. The study also explored a number of important aspects of service delivery which should be considered in any future young mental health service developments. Recommendations and findings will be disseminated at local and national strategic groups as well as in appropriate journals and professional fora.</p>

Ref no	2011/11
Title	IS MEASURING QUALITY OF LIFE OUTCOMES IN PATIENTS WITH VENOUS LEG ULCERS AS ESSENTIAL AS FOCUSING ON HEALING OUTCOMES.
Author	Wendy SIMMONDS
Abstract	<p>As much as 60%-90% of the care of patients with venous leg ulcers takes place within the community, and is undertaken by District Nurses. Healing outcomes of this chronic disease can be varied and it is worth considering whether it should not be the sole measurement of success. Health Related Quality of Life tools can provide clinicians with an important insight into symptoms that can affect Quality of Life. Ensuring the patients perspective is considered in managing this chronic condition.</p> <p>The focus of this assignment is to critically analyse and review the literature surrounding the care of Venous Leg Ulcers. Exploring whether measuring health related quality of life outcomes (HRQOL), is as essential as focusing on healing outcomes.</p>

Ref no	2011/12
Title	A PHENOMENOLOGICAL EXPLORATION OF USING A CHILDREN'S PICTURE BOOK IN THE CONTEXT OF BEREAVEMENT THERAPY.
Author	Helen DUDLEY
Abstract	<p>The principle aim of the study was to uncover and produce a phenomenological description of the experiences involved when reading and discussing with others, a book about death and dying. Although fictional literature is frequently used within bereavement services, there is a dearth of research to support evidence based practice. The methodological design was based on the work of Edmund Husserl, in particular his transcendental phenomenological approach to enquiry.</p> <p>The participants for the study consisted of eleven bereaved young people, four of whom had Down's syndrome. A therapeutic bereavement session was attended by the group, during which a member of staff read Michael Rosen's SAD BOOK (Rosen,2004). Afterwards a series of questions guided and stimulated discussion, gradually leading onto an exploration of their unique experiences. The participants listened, discussed, debated and shared stories, not only about reading the book but their own grief.</p> <p>The main therapeutic session was video recorded and provided data that included verbal and non-verbal language, together with details of the context in which the interactions took place. The analysis utilised phenomenological framework and uncovered findings that included:</p> <ul style="list-style-type: none"> • a connection to other bereaved people • discussion of crying and sadness • a focus on prose and illustrations, especially one page which read: <p style="text-align: center;"> This is me being sad Maybe you think I'm being happy in this picture Really I'm being sad but pretending to be happy I'm doing that because I think people won't Like me if I look sad </p> <p>The findings were transformed to produce a phenomenological description of the participant's experience. It is anticipated that this research will be of benefit to a wide range of multi-professional staff working with bereaved young people, some of whom may have a learning disability.</p>

Ref no	2011/13
Title	PREVENTION AND EARLY DETECTION OF SKIN CANCER – WHAT CAN WE LEARN FROM BRISBANE.
Author	Iona MCCORMACK
Abstract	<p>In Northern Ireland during the past twenty years Malignant Melanoma has trebled and Non Melanoma skin cancer has doubled (Gavin, 2007) and mortality rates are increasing. In contrast to Northern Ireland skin cancer rates in Queensland (the sunshine state) are on the decline (Queensland Skin Cancer Council, 2010). The author aims to improve prevention and early detection of skin cancer locally by experiencing from clinical settings in Brisbane how skin cancer Patients are managed in Public and Private Healthcare. Evidenced based literature will be reviewed and compared to experiences gained from clinical practice in Brisbane and in Northern Ireland, to assist the author to improve Patient outcomes by developing a teaching programme for colleagues. The author through the Northern Ireland Cancer Network will share knowledge gained on prevention of skin cancer which will hopefully influence future prevention strategies.</p>

Ref no	2011/14
Title	A QUALITATIVE STUDY EXPLORING RHEUMATOID ARTHRITIS PATIENT'S PERCEIVED BARRIERS TO EXERCISE.
Author	Anne MEADOWS
Abstract	<p>Introduction. Patients with rheumatoid arthritis (RA) are at greater risk of cardiovascular disease (CVD) than the general population. Lack of exercise may be a contributing factor.</p> <p>Objective. The objective of this qualitative study was to identify factors that patients with rheumatoid arthritis perceive to be barriers with regards to cardiovascular exercise.</p> <p>Method. A sample of 5 patients with RA were recruited using purposive sampling from a Rheumatology out-patient population. All those in the sample had admitted to doing little or no regular exercise. The participants were interviewed individually to identify perceived barriers to exercise.</p> <p>Results. Using Colaizzi's procedural steps, four main categories were identified. These were: (i) reasons why they did not exercise; (ii) how they attempted to participate in exercise; (iii) what influenced their decisions with regards exercise; and (iv) what the patients understanding was of cardiovascular disease and aerobic exercise. There were physical, psychological and social reasons given for not being able to exercise. Physical restraints such as pain were listed highly but not necessarily pain directly related to RA. Time constraints due to social and work commitments and poor motivation were identified. Regular aerobic exercise has been attempted but stopped due to outside influences. More guidance and information was seen as a need, as the participants understood what cardiovascular exercise meant , but some were unsure about what this entailed.</p>

Ref no	2011/15
Title	COMPREHENSIVE PRE-REGISTRATION NURSING PROGRAMMES: THE AUSTRALIAN EXPERIENCE.
Author	Mari BRANNIGAN
Abstract	<p>The aim of this study is to explore an alternative method of undergraduate nursing education to that of the current mental health branch programme employed within the UK. In order to do this the study examined the mental health content of comprehensive pre-registration nursing programmes within 3 eastern states of Australia;- New South Wales, Victoria, and Queensland. The perceptions of nurses, managers, nurse leaders and academics were explored in order to determine whether the comprehensive programme provided graduates with adequate preparation to work in mental health settings. A further aim of the study explored the impact of this type of education on the supply of appropriately trained mental health nurses, and the effect on health care delivery. The results suggest that comprehensive nurse education programmes have a negative impact on the supply of the mental health nursing workforce.</p>

Ref no	2011/16
Title	RELATIONSHIP BASED CARE-REFLECTING THE VIEW OF OLDER PEOPLE IN QUALITY MEASURES IN CARE HOMES.
Author	Christine BROWN WILSON
Abstract	<p>The aim of this scholarship was to explore how quality outcome measures might reflect the value of relationships in care homes. To achieve this aim, a number of quality improvement initiatives being implemented in care homes in Ontario, Vancouver Island and Missouri were investigated. This report describes the internal and external processes that facilitated these initiatives to enable the reader to consider how the findings might be transferred into the UK context. The analysis of these initiatives brings together areas of agreement in how quality improvement might be supported in care homes. The learning points and recommendations suggest ways we can use this information to promote a more cohesive quality improvement strategy for care homes in the UK.</p>

Ref no	2011/17
Title	AN OUTLINE OF PLANNED RESEARCH ASSESSING THE IMPACT PROFESSIONAL MULTI-AGENCY FEMALE GENITAL MULTILATION HAS ON SAFEGUARDING PRACTICE.
Author	Nicola LAWRENCE
Abstract	<p>The module enabled the development of knowledge and skills in relation to evaluating research evidence which should have a positive impact on professional practice and policy making decisions. The course examined several areas including the research process, locating relevant research and applying it to practice. The learning outcomes included the development of knowledge and understanding, intellectual skills, professional, subject and practical skills in relations to research evidence and the research process.</p> <p>More than 3000 multi-agency professionals have attended the FGM awareness raising raining in Bristol between 2007 and 2011. The purpose of this study will be to assess if the training has had a positive impact on professional practice in relation to safeguarding children who have experienced or are at risk of FGM. Early indications suggest that the training has improved professionals' confidence in recognising and managing cases of FGM. The research study needs to be completed but it is hoped that this education programme can be shared with other areas of the UK where FGM practicing communities exist.</p>

Ref no	2011/18
Title	EVIDENCE BASED DECISION MAKING IN HEALTHCARE – PUTTING AN MSc RESEARCH MODULE INTO PRACTICE.
Author	Zoe SHEPPARD
Abstract	Implementation of evidence based medicine in practice, centred on the development and delivery of 3 separate competency based education programmes that utilised current HIV research to develop nursing skills and knowledge and ultimately improve the quality of patient care. Introducing HIV anti retroviral therapies (ART) training for registered nurses led to improved knowledge, confidence and job satisfaction. Training registered nurses to provide HIV positive antibody and reactive HIV Point of Care Tests (POCT) results enabled a 50% improvement in the knowledge base of the learners. Introduction of a nurse led Asymptomatic Sexual health screening clinic in the HIV day ward enabled a 225% improvement in the numbers of patients being offered a screen in just over one year.

Ref no	2011/19
Title	ADVANCED QUALITATIVE RESEARCH METHODS AND ADVANCED QUANTITATIVE RESEARCH METHODS: AS PART OF MPhil/PHD PROGRAMME
Author	WLADYSLAWA CZUBER-DOCHAN
Abstract	<p>Part funding was obtained from the Band Trust Research Scholarship to undertake two advanced research modules training as part of my part-time PhD study. The Primary aim for undertaking the advanced research methods study was to enhance my knowledge and skills of research in order to prepare a high quality research proposal to apply for external funding. A mixed methods study utilizing the Medical Research Council (MRC) framework (2008) was developed. The aims of the study were to investigate the nature of inflammatory bowel disease (IBD) related fatigue (qualitative part of the study) and to develop IBD fatigue assessment scale (quantitative part of the study). In the United Kingdom some 240,000 people are affected by IBD, and more than 40% of them report fatigue to be the most troubling symptom. The nature and the causes of IBD related fatigue are not addressed in clinical consultation. There is an urgent need to develop a good understanding of experience of fatigue in people with IBD and the extent of impact of fatigue on people's lives. Also there is a need to develop fatigue assessment scale to enable patients and health practitioners and health practitioners alike to carryout timely assessment to diagnose the problem in order to implement and appropriate management strategy.</p>

Ref no	2011/20
Title	KINGS COLLEGE LONDON POST- GRADUATE CERTIFICATE RESEARCH METHODS FOR HEALTH AND SOCIAL SCIENCES (MASTERS LEVEL)
Author	CLAIRE LOUISE GIBBS
Abstract	<p>As a Critical Care Clinical Research Sister new to the world of research, I felt the need to undertake an educational qualification and widen my knowledge base. The Post Graduate Certificate in Research Methods was directed at healthcare professionals who wish to develop a sound understanding of research methods and processes and therefore met precisely my learning criteria. Three core modules entitled Quantitative Research Design, Qualitative Data Analysis and Researching Vulnerable Populations were completed within the first six months. In depth knowledge was obtained throughout these modules relating to philosophy of scientific methods and discussion of common research designs in both qualitative and quantitative research. An understanding of sampling, survey data collection, and questionnaire design was obtained through the quantitative module, and assessment for the qualitative module was problem and task focused requiring the conduct of short interviews which were transcribed and coded. Undertaking short self-written studies enabled me to utilise real data for critical analysis. The aim of the statistics module was to provide understanding of the concepts behind descriptive and inferential statistics and interpretation, the principles of correlation, t-tests, chi-square and various other statistical analyses. Data manipulation using SPSS was taught and competence in using various statistical analyses was tested. The fourth module (optional content) focused on Researching Vulnerable Populations. Fundamental ethical considerations and legal frameworks underpinning health and social research, ethical considerations arising throughout the research process from initial project concept to research governance and dissemination were discussed and challenged.</p> <p>Since commencing this course I have developed the confidence to write my own study entitled "Burnout in Critical Care Nursing Staff; The Impact of a New Multi-Trauma Centre on a large NHS Trust (A two-part study at baseline and 12 months)", which has gained ethical and Research and Development approvals and is now live. I attend to continue writing clinical nursing and patient based studies and this course has provided me with the intellectual tools to do so.</p>

Ref no	2011/21
Title	CRITICAL EVALUATION AND DISCUSSION OF MAJOR STRENGTHS AND WEAKNESSES OF THE RESEARCH METHODS IN THE ARTICLE: A QUALITATIVE INVESTIGATION OF FATHERS' EXPERIENCES OF LOOKING AFTER A CHILD WITH A LIFE-LIMITING ILLNESS, IN PROCESS AND IN THE RETROSPECT BY WARE J AND RAVAL H (2007).
Author	NILAY LAJUX
Abstract	The essay began justifying why the article A Qualitative investigation of Fathers' expectations of looking after a child with a life-limiting illness, in process and in the retrospect by Ware J and Raval H (2007) was chosen and how it was found through database. The essay critiques the research design method the sampling and the use of interviews. The ethics of the research article are examined and ethical principles are discussed with strengths and weaknesses identified. The data analysis process is describes and evaluated along with results presentation. The essay then summarises the strengths and weaknesses of the research article along with the findings and recommendations from the researchers.

Ref no	2011/22
Title	SUMMARY OF E-PORTFOLIO ON BORDERLINE PERSONALITY DISORDER AS DISSERTATION REQUIREMENT FOR MSC IN ADVANCING NURSING PRACTICE
Author	DANIEL LASCELLES
Abstract	<p>Borderline Personality Disorder (BPD) is one of the most controversial psychiatric diagnoses in existence today. It is a diagnosis which elicits fear, prejudice and misunderstanding, not only, from the general public but also the nursing staff who are responsible for delivering care to this group. Approximately 2% of the worldwide population are believed to be personally affected by it and it is a diagnosis which is more commonly given to women. The purpose of my e-portfolio was to explore the dynamics of the diagnosis, gain more insight into the reasons behind the prejudice it elicits, and offer recommendations to improve practice. In this respect the e-portfolio was a success. It has helped increase my awareness of the issues associated with the concept of the diagnosis. For example, the different classifications of the diagnosis from the International Classification of Diseases (ICD) and the Diagnostic & Statistical Manual of Mental Disorders (DSM) diagnostic bodies have led considerable confusion about what the disorder actually constitutes as both have different symptomatic criteria. Additionally, the use of the Trait theory by both the ICD and the DSM was found to be flawed as it gives a far too simplistic of what personality and BPD actually constitute. This is particularly true when you consider that many of the diagnostic criteria from either the ICD or the DSM cannot be defined as personality traits. Deliberate Self Harm and intense, yet unstable personal relationships are evidence of this as they represent behavioural patterns rather than personality traits.</p> <p>Other issues addressed in the e-portfolio surrounded treatment options. Traditionally the mainstream choice of treatment in psychiatric nursing is prescribed medications. However with regards to BPD their efficacy and effectiveness was found to be very limited. The National Institute for Clinical Excellence (NICE) guidelines advocate for the use of psychological treatments, particularly Dialectical Behavioural Therapy, as they offer the person an opportunity to talk about their issues, within a safe, supportive and therapeutic environment. However, there are issues here in that the evidence base for Psychological Treatment remains limited and is not subject to extensive scientific rigour. A fact which NICE openly admits.</p> <p>In any event, it was clear that there was a need for increased levels</p>

of support and training for staff to adequately enable them to care for people diagnosed with BPD.

These factors were addressed throughout the e-portfolio and, if nothing else, have facilitated my own learning on the subject of BPD. However, the purpose of the e-portfolio was also to reflect upon the format as a tool which staff could access and use to meet their own learning needs. This particular e-portfolio was found to have specific limitations. Post graduation I could no longer access it through the Pebblepad website freely. In order to do this I would have to pay subscription fees. However, the concept of e-portfolios to improve standards of learning was found to be beneficial. This was particularly the case for me as my own content knowledge on the subject of BPD and e-portfolios have increased dramatically. Overall, the aims of the e-portfolio were adequately met. An increased awareness of the issues surrounding BPD was achieved. Recommendations for strategies to improve standards of care were also found, for example, the implementation of more robust training programmes for staff and DBT being used as a treatment option. Finally, the e-portfolio format has been found to be a useful tool for facilitating learning for nursing staff. As a result, it is planned that e-learning tools will be implemented into the wards at the Royal Edinburgh Hospital.

Ref no	2011/23
Title	DEVELOPING A RESEARCH ETHOS WITHIN A MENTAL HEALTH TEAM THROUGH THE UNDERSTANDING OF RESEARCH AND EVALUATION PRACTICE
Author	JOANNE HUGHES
Abstract	Evidence-based practice remains a mainstay of contemporary healthcare provision. At its core are the practices of research, development, and evaluation. Through the Florence Nightingale Foundation, the author was afforded the opportunity to complete two master level modules in 'qualitative research' and 'evaluation in social research' respectively. As a direct result of this knowledge acquisition, she developed a better awareness of the issues surrounding evidenced-based practice implementation and the potential role that all nursing staff have in its development and execution. Subsequent to this, a number of changes were implemented by the Community Mental Health Team where the author was based with a decidedly more bottom up and needs led approach established as a result.

Ref no	2011/24
Title	AN INVESTIGATION INTO LEADERSHIP IN NURSING AND CHILDREN'S NURSING WITHIN CHILDREN'S PALLIATIVE CARE SOURCES
Author	ELIZABETH LEWINGTON
Abstract	<p>The aim of this research is to investigate leadership in Nursing within Children's Hospice Services, and to answer the question:-</p> <p>"How do senior nurses working within Children's Hospices construct the meaning of leadership within their working role"?</p> <p>Leadership within Children's Nursing (Myers 2005), has been acknowledged as a high "priority within health and social care", organisations and services, (Bennett 2004 p 28). This priority was re-enforced by two very important inquiry reports, namely The Inquiry into the Management of Care of Children Receiving Complex Heart Surgery at the Bristol Royal Infirmary, Kennedy (2001) and The Victoria Climbié Inquiry Report, Laming (2003). There has been technical advances in medical treatment, and the nursing care for sick children, Winter and Tear (2002), and this has led to the development of children's and young people's palliative care services. These developments have influenced the expansion of specialist charitable organisations providing children's palliative services within the United Kingdom.</p> <p>A review of current literature on leadership in nursing, children's nursing and children's community nursing concluded that nurses present numerous leadership traits and styles. During this literature review only several articles presented research in nursing leadership.</p> <p>The results from this research investigation showed that the Senior Nurses presented numerous numbers of leadership styles and traits with the majority presenting the most frequently used leadership style of being commanded. However there was no consensus demonstrated in leadership traits, the results showed, that being positive, supportive and influential were all important.</p>

Ref no	2011/25
Title	IMPLEMENTING INNOVATIVE ANTENATAL CARE
Author	JENNIFER MCNEILL
Abstract	<p>The pattern and content of antenatal care has remained consistent for several decades yet problematic areas persist in relation to access to services, offer and uptake of screening and attendance for care. Additional criticisms of antenatal care include long waiting times, lack of continuity and rushed appointments.</p> <p>CenteringPregnancy (CP) may be a timely antenatal care intervention which has the potential to address some of these issues through focusing in the development of relationships and provision of social support. CP was developed in the US in recognition of women's needs for support in both public and private settings (Schindler Rising <i>et al.</i> 2004 and includes the three usual components of antenatal care; effective clinical assessment, health education and professional support but is provided within an innovative group setting. Women are encouraged to assume responsibility for aspects of their care and are able to access information which aids development of skills to make appropriate choices throughout pregnancy and motherhood. The purpose of this trip was twofold; to generate knowledge and experience relevant to implementing an innovative model of antenatal care in NI called CenteringPregnancy (CP). The second aspect of the trip was to complete a research residency within a specialised Randomised Clinical Trials Unit to develop expertise in the planning, design, conduct of trials specifically related to nursing and midwifery interventions.</p>

Ref no	2011/26
Title	WHAT PATIENTSON THE KIDNEY TRANSPLANT WAITING LIST WANT AND NEED TO KNOW ABOUT TRANSPLANTATION
Author	ANN-MARIE O’SULLIVAN
Abstract	<p>This is a pilot questionnaire study to examine how well informed are patients on the kidney transplant waiting list about transplantation. Few studies have investigated this patient’s group’s ability to recall information given to them during the consent process or their understanding of the risks associated with transplantation. This study is relevant following recent media reports which have highlighted the transplant associated risks and the publication this year of a Joint NHS Blood and Transplant and British Transplantation Society ‘Solid Organs Consent Guidance’. This document states that potential transplant recipients should indicate to the transplant team if there are any characteristics of an organ or an organ donor that would be unacceptable to them. An objective of the questionnaire study is to assist the transplant team in reviewing the current consent form and the consent procedure to determine what patients would like to know (using typical scenarios), and whether they fully understand the information given to them often months or years before a suitable organ becomes available to them, and repeated when they are admitted for transplantation.</p> <p>Questionnaires have been used in other medical and surgical specialities to investigate patient recall of the consent process. However, a questionnaire was created for the purpose of this study because previously used questionnaires did not</p> <p>address the issues we wanted. These include the recall of verbal and written information given to patients at the transplant assessment clinics, understanding of the risks associated with transplantation, finding out if patients feel confident to state if there are donor/organs that they do not want to accept or do they want to leave all the decision making to the medical team. The questionnaire will be handed out to patients who are on the deceased kidney transplant waiting list when they visit the transplant assessment clinic or the dialysis unit at Addenbrooke’s Hospital a large teaching hospital in the UK.</p> <p>Descriptive statistics will be used; categorical outcome frequencies with percentages. There will also be association between variables and demographic data using appropriate statistical tests.</p>

Ref no	2011/27
Title	SOCIAL ADVERSITY AND PSYCHOSIS
Author	STEVEN WILLIAMS
Abstract	<p>In this report of my research scholarship I consider the appropriateness of the social determinants of health literature to psychosis and review some of the important studies concerning the social environment and psychosis. I briefly consider the implications of some of this literature for nurses in clinical, academic and research roles and outline a line of further research enquiry that I am have obtained funding for and am now following to further develop the knowledge base in this field.</p>

Ref no	2011/28
Title	Role Transition: a qualitative study of the process of implementing new nursing roles in the NHS.
Author	ELAINE MAXWELL
Abstract	<p><u>Background</u> Changing healthcare needs have resulted in constant role changes for registered nurses in the United Kingdom. Policy drivers and changes in regulation since 1992 have increased the breadth of tasks available for new nursing roles, making them discontinuous with previous roles and increasingly diverse. The literature demonstrates that the outcome of the introduction of new roles has can vary between organisation, even when standard role descriptions are employed. This suggests that the process of role implementation is critical in defining the role outcome and therefore role impact. The gaps in the understanding of role implementation processes led to the aims of this study, which were to explore what the drivers for the creation of new nursing roles are, how such roles are introduced into the work environment and how the organisational context affects the implementation process.</p> <p><u>Study design</u> A qualitative, multiple case study design was used to explore the factors that influence the shape of new nursing roles in practice. Four new roles were selected as embedded units of analysis across two cases (NHS Acute Trusts). The cases and the embedded units were selected purposively for maximum variation. Data were collected through interviews, non-participant observation of committees and the role holders' working day and analysis of organisational documents. The data were analysed using Ritchie and Spencer's (1994) Framework approach.</p> <p><u>Findings</u> Critical realist analyses revealed that there were pre-introduction factors (conditioning features) and post-introduction factors (role implementation mechanisms) that shaped all of the roles. Two themes emerged as pre-introduction factors: compliance and governance and these were largely determined by the drivers for the new role. The new nursing roles fell broadly into two 'ideal type' categories; fixer roles and niche roles, and rather than being dependent on the organisational culture. Fixer roles were created to address a specific operational problem and niche roles were created opportunistically when an individual demonstrated a particular set of skills. Role type interacted with organisational</p>

readiness for change to create the social identity of the role and therefore the level of mandate for developing a new practice jurisdiction.

Three themes emerged as post-introduction factors; firstly, the degree of discretion achieved by the role holder, secondly the social identity of the role and thirdly the level of organisational commitment to the role. Discretion is required to negotiate new work jurisdictions and this study extends knowledge by demonstrating that discretion is dependent on having both a licence and a mandate. The fixer roles in this study had clear licence but less well developed mandate, whereas the niche roles had less explicit licence but well development workplace mandate. Mandate was found to be conditional on group social identity, which was itself a new and fluctuating factor. Individuals have multiple group identities at any one time and gaining a mandate was seen to be dependent on establishing a shared social group identity with the relevant stakeholder. Profession was only one of a range of salient group identities and could be subordinate to others, notably shared speciality or relational identity. The uncertainty of the social identity and the mandate meant that ongoing organisational commitment was crucial to supporting the new role until a stable jurisdiction became embedded in the organisation's culture.

Recommendations for practice

Whilst this understanding cannot predict the exact outcome, it can steer the introduction of a new role in a direction of travel and reduce the potential for conflict. Understanding how different role drivers lead to different role journeys suggests that introduction processes are context dependent and therefore time should be spend developing licence and mandate appropriate to the specific role and organisational context, as opposed to following a nationally agreed definition and pathway.

Given the unpredictability, organisational commitment is needed to allow new roles too evolve, with managers anticipating and mitigating the contextual challenges rather than trying to impose a pre determined licence.

Conclusions

New nursing roles are a product of both pre-introduction factors, which set the licence and post-introduction factors that set and maintain the mandate for new practice jurisdiction. The current focus on national and international definitions of new roles, such as Advanced Practice or Nurse Practitioners, attempts to set a universal licence. Even if this universal licence were congruent with

	<p>the culture of the individual organisation, roles would still need to establish a local mandate for innovation. This study makes an original contribution to knowledge by describing how the mandate of each new role was found to have a unique set of influences, including the driver for the role creation, the social identity and the organisational commitment. The implications of these findings are that successful implementation of new roles needs to be localised and contextualised to each individual setting.</p>
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Ref no	2011/29
Title	A STUDY OF THE EXPERIENCE OF USING EARLY INTERVENTION IN PSYCHOSIS SERVICES, AS DESCRIBED BY THE CARERS OF YOUNG PEOPLE WITH SOCIAL COMMUNICATION DIFFICULTIES.
Author	ALISON SMITH
Abstract	<p>This brief report aims to describe the process of undertaking the first year of a Masters in Research by Mental Health, as funded by a Research Scholarship from the University College Nurses League. The report will include a description of the completed research protocol and a discussion of the journey towards completion in 2012.</p> <p>The modules in the course are designed to facilitate learning about the process of research within a health and social care setting. This has included qualitative and quantitative models, critical appraisals, literature reviews and modules in statistical analysis. It has also included the process of project planning, including health and safety, risk assessing, application for permissions from research bodies and intellectual property issues.</p> <p>The completion of the first year of the course has allowed the full development of a comprehensive research protocol in a key area of interest that emerged during the authors' employment within an Early Intervention in Psychosis Service as a Specialist Child and Adolescent Mental Health Practitioner.</p> <p>The incidence of referrals to adult mental health services of young people with social communication and mental health problems has seen a significant increase over recent years. The developments of new services such as those in Early Intervention in Psychosis (EIP) have not remained immune from this increase. The author noted during employment in such a team a surprisingly high number of young people and their families attending the service. The structure of EIP services is such that families are engaged in the service and it seemed to those who were working therapeutically with the families of young people with social communication disorders were finding the service particularly helpful. There were often negative comparisons made with other mental health services with whom the families had previously engaged.</p> <p>The author became curious about this difference as expressed by the carers and decided to undertake a qualitative exploration of the experience of this specific group. This was initially with a view to making improvements in our provision but also considering wider services within mental health in the local area. The funding of a</p>

	Research Scholarship from the University College Nurses League in order to begin this process has led to the resulting protocol with the aim of the project continuing to fruition.
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Ref no	2011/30
Title	Exploring the use of simulation and e-learning for clinical skills education in nursing: insights from the USA.
Author	JACQUELINE BLOOMFIELD
Abstract	<p>This report presents a detailed discussion of the learning that took place during visits to five Schools of Nursing in the United States of America. The tour was undertaken over three weeks in March and April 2011. The purpose of the visits, which were funded through the award of a Florence Nightingale Travel Scholarship, was to explore the use of simulation and technology-enhanced learning approaches for clinical skills education in nursing. Sites visited included: the University Of Pennsylvania School Of Nursing, the John Hopkins University School of Nursing, Georgetown University School of Nursing and Health Studies, New York University College of Nursing and the Hunter-Bellevue College School of Nursing.</p> <p>The primary impetus for the study originated from the author's personal and professional interest in clinical skills education and her current post as a nurse lecturer at King's College London. Previous doctoral research and on-going interest in e-learning and its utility for clinical skills education also provided motivation for exploring how this was used elsewhere in the world. The USA was of particular interest to the author as both strategies were well established there in nursing, health and other academic disciplines. The inspiration for the study was also driven by the author's commitment to ensuring that nursing students in the United Kingdom are taught vitally important clinical skills using the best available methods. This is imperative for the provision of high quality nursing and excellence in patient care.</p> <p>Learning occurred as a result of observation, discussion, and tours of teaching facilities and was highly beneficial for the author's professional development and to her current role. It will also enhance her contribution to the development of the nurses who are fit to practice within the profession in the United Kingdom.</p> <p>Knowledge and insights gained from the study have been used to inform individual teaching practices and has been shared with interested colleagues. More specifically, the development of a greater understanding of how simulation can be used with large student cohorts, an awareness of different models of debriefing and the identification of potential challenges and ways in which these can be overcome has been acquired. In terms of the author's current involvement in the planning and future introduction of simulation as part of pre-registration nursing curriculum at the School of Nursing where she works, this knowledge has been both timely and useful. Knowledge of innovative e-learning applications</p>

	<p>and new learning technologies have also facilitated a greater awareness of how these tools can be employed to promote the critical thinking and decision making abilities of nursing students. Importantly, the study has also enabled the establishment of valuable international links with nursing colleagues in the USA. It is anticipated that these relationships will enable future international collaboration from both an individual and organisational perspective on issues related to scholarship and research within the field of clinical skills education. The overall aim, of which is to improve the quality and safety of patient care and promote excellence in nursing practice.</p>
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Ref no	2011/31
Title	HOW DOES NON-INVASIVE VENTILATION (NIV) AFFECT QUALITY OF LIFE (QOL) IN THOSE LIVING WITH AMYOTROPHIC LATERAL SCLEROSIS (ALS): QUALITATIVE STUDY EXPLORING PATIENT EXPERIENCE, WITHOUT THE USE OF MEASUREMENT TOOLS.
Author	SUZANNE WALDON-SMITH
Abstract	<p>This research proposal aims to identify how Non Invasive Ventilation (NIV) improves quality of life (Qol) in Amyotrophic lateral sclerosis, a synonym for motor neurone disease. Qol relates to respiratory symptom control (RSC) by establishing qualitative patient experience.</p> <p>Background</p> <p>Almost all ALS patients develop respiratory symptoms of hypoventilation such as breathlessness during the course of disease (Dagmar, Kaub-Wittemer, et al 2003). Respiratory impairment is a major feature of MND, and is a strong predictor of Qol. NIV can improve the symptoms and signs related to respiratory impairment (NICE, 2010).</p> <p>Most research done previously has focused on quantitative methods to measure Qol; there is little evidence of qualitative analysis of the individuals experience without the use of measurement tools. A comprehensive search of 18 databases revealed a total of 25 studies that were relevant to Qol measurement, however all were quantitative using measurement tools to analyse Qol, 6 were random controlled trials looking at NIV and Motor neurone disease (MND).</p> <p>Method/Design</p> <p>The proposal was written in the spirit of phenomenology for the purpose of my MSc in Advanced Practice Research module but proposed the use of open-ended questionnaire design as opposed to interviews with individuals.</p> <p>It is recognised that true qualitative data collection in phenomenological studies consists of in depth interviews (Creswell, 2007). I anticipate that rich descriptive data will be collected by the identification of thematic analysis of data from questionnaires. Interviews have been identified as being ethically unacceptable in line with the physical and psychological burden of the disease. The focus is to search for the commonality of the living experience of those with ALS in relation to Qol in those receiving</p>

NIV.

The sample size will be small between 3 to 6 participants. The sampling strategy will be Non- probability sampling using the method of purposive-targeted sample i.e. those with a diagnosis of possible, probable or definite ALS, those receiving NIV. Patients will be recruited from the MND clinic.

Findings

My report provides a proposal for my research dissertation, ethics approval has not been agreed yet but is anticipated as being approved. I currently work very closely with patients and carers with a diagnosis of ALS from diagnosis to death therefore my perceived and unperceived awareness of their expectations of the disease is valuable in terms of my expectations of my proposed research findings. The researcher has recognised the potential for bias as a result of bracketing of personal experience. This awareness is essential and supports credibility.

The motor neurone disease association (MNDA) are experts in producing patient satisfaction questionnaires in order to improve and maintain the standards of care set out by the MNDA. I anticipate they will be invaluable in assisting me with my research proposal.

Conclusion

Ethics approval has not yet been approved; my intended research proposal for my dissertation will be commenced in January 2013. The methodology of data collection will be challenging due to the emotional and physical disability of the clients. I believe however that the data collected will be rich and benefit those with a diagnosis of probable or definite ALS and those health care professionals who are privileged to care for those with this disease. I anticipate that qualitative data will enhance a better understanding of how we can further improve QoL in ALS.

Ref no	2011/32
Title	A TRAVEL PROJECT EXPLORING THE CONCEPT OF PERSONALISATION AND THE COMPLEX HEALTHCARE NEEDS OF VULNERABLE PEOPLE RESIDING IN INNER CITY AND RURAL CANADIAN SECURE SERVICES.
Author	CAROLINE TARLING
Abstract	<p>Correctional programmes delivered in Canada have had a long and respected history of developing and delivering programmes that work. The programmes are evidence based and are proven to help offenders change their behaviours that contribute to their offending behaviour.</p> <p>It has over the years been identified that people who suffer with learning disabilities have little or no say in the treatment they receive. Over the years dependant on the dominant government party leads to differing manifestoes within the health department. The lead within the health sector for the past decade has been around patient focused care with the development of NICE guidelines, and Patient Charter. One them which appears evident are the lack of specialist services for people with a learning disability.</p> <p>For this reason the author has undertaken a travel scholarship to explore the concept of personalisation and the complex health care needs of vulnerable people residing in inner city and rural Canadian secure/prison services.</p>

Ref no	2011/33
Title	HOW DO COMMUNITY TREATMENT ORDERS INFLUENCE SERVICE –USERS? WHAT THE LITERATURE TELLS US.
Author	MR LEE MARKLEW
Abstract	<p>Community Treatment Orders (CTOs) were introduced in November 2008 with the use of CTOs exceeding original estimates by a factor of 10. Individuals on CTOs must adhere to community mental health care and failure to comply with CTO conditions can mean an enforced return to hospital and treatment against their will. Although compulsory community treatment for people with severe mental disorders is used in many countries, the research to date has been characterised by conflicting evidence and ambivalent responses resulting in an overall picture that is still unclear. Studies suggest that this lack of clarity is amplified by a paucity of theoretical direction at macro and micro levels, the need for high quality empirical data and the scarcity of detailed qualitative analysis. This review examines the worldwide literature published since compulsory community treatment was first established in the US over 30 years ago. History and background is summarised together with an overview of the clinical literature as well as international experiences and a special emphasis on service-user perceptions. Theoretical perspectives are considered together with ethical viewpoints before conclusions and recommendations are made that could inform future practice. Six areas for investigation are identified that will form the basis of further in-depth qualitative research to identify in what ways and by what means mental health service-users are influenced by their CTOs.</p>

Ref no	2011/34
Title	DOES THE OPINION AND EXPERIENCE OF BOTH PATIENTS AND HEALTH CARE PROVIDERS FORM AN ESSENTIAL, BUT OFTEN OVERLOOKED DIMENTION IN THE MANAGEMENT OF CYTOTOXIC DRUG EXTRAVASATION?
Author	KAREN HARROLD
Abstract	<p>Cytotoxic drug extravasation has been documented in the literature as being 'a dreaded complication of chemotherapy' or 'a catastrophe' (Schrivers 2003, Thakur 2008) because if not managed effectively or early enough it has the potential to cause devastating consequences for the patient. Extravasation of cytotoxic drugs can result in blistering, ulceration, tissue necrosis, loss of tendon function, permanent disfigurement or even amputation of the affected limb (Rudolph 1976, Schulmeister 2007, Wengstrom 2008, Schulmeister 2009, Dionyssiou 2011).</p> <p>The appropriate management of extravasation is often controversial (Dougherty 2010) as treatment is based empirically on experience, from observational data and from uncontrolled non randomised trials (Kennedy et al 2003) Despite this, there has been very little independent research in the area of extravasation management resulting in extravasation management policies being largely based on historical practice within institutions. Nothing in the literature directly compares the two main management techniques Saline Washout Technique (SWOT) or antidotes neither are there any multi centre studies evaluating patient outcome following management using either technique.</p> <p>It was initially proposed to undertake a multicentre, non-randomised, controlled cohort study (version 1) in which the primary objective would be to directly compare the clinical effectiveness of two distinct management techniques, saline washout technique (SWOT) and the use of antidotes and determine if the choice of management strategy had an impact on the patient's clinical outcome. The secondary objective was to determine if there were any contributory factors that could impact on the success or failure of either management strategy. The overall aim was to increase the knowledge base regarding options for extravasation management and as such contribute towards the development of robust evidence based protocols for the management of cytotoxic drug extravasation.</p> <p>Much of this first year has been occupied in reviewing the literature related to the management of extravasation, identifying the research model and designing the study protocol (version 1) for submission to an ethics committee.</p> <p>However, following discussion with a statistician in May 2011, it was determined that in order to ensure the study's validity and reliability by accurately controlling the multiple extraneous variables, taking into account age, sex, extravasated drug, site of extravasation, volume of extravasation, drug concentration, various co-morbidities, time to</p>

intervention, the minimum sample size requirement would be 300 patients in each arm of the study. Given the relatively sporadic occurrence of extravasation, this sample size would be impossible to achieve without undertaking an international multi-centre study or collecting data over many years. Both of which are considered unfeasible and unrealistic within the restrictions of a PhD research thesis. This resulted in the focus of the research being altered from that of a quantitative research study with the objective of determining if there is any clinical difference between the two extravasation management techniques - use of antidotes or the use of SWOT, to a study utilizing qualitative research methodology aiming to explore the 'experience' of extravasation management.

In the current economic climate there is an increasing awareness of the need to improve understanding of the comparative clinical effectiveness of healthcare interventions, with the Department of Health (March 2010) focusing on the drive to maximize quality and improve patient experience with its QIPP philosophy of how the NHS must do business. It is also recognised that in some circumstances the strength of randomised controlled trials has limited applicability (Olsen et al 2010) and the use of alternative research strategies and sources to inform practice are more appropriate. The DOH white paper – Equity and Excellence: Liberating the NHS (2010) whilst acknowledging that doctors and nurses must be able to use their professional judgement about what is right for patients, also advocates that clinicians ensure shared decision making and consider the information patients can utilize in making an informed choice about the treatment they receive, the guiding principle being 'No decision about me, without me'.

Taking into account the ethical and practical limitations of randomised clinical trials, resulting in research studies being unable to demonstrate a clinical superiority of either management strategy plus the government's philosophy for healthcare provision, the focus of the redesigned study (version 2) will be to elicit the views of both patients and staff as to how well the 'event' of extravasation was managed and what the experience of having the extravasation managed was like. This will be achieved in part by exploring the patient's experience of extravasation and its subsequent management in relation to the clinical outcome.

Whilst the final research question will come from the concepts raised by the methodology used; the primary objective of this study is to determine if the patient's perspective is an essential dimension that has previously been overlooked when determining the strategy for extravasation management. Also to determine if patient's perspectives reflect those of health care providers and to identify the rationale that guides clinician's choice of management technique.

Ref no	2011/35
Title	EXPLORING IMPLEMENTATION FOR STROKE REHABILITATION IN CARE HOMES: A STUDY TOUR OF CANADIAN & UNITED KINGDOM CARE HOME SITES.
Author	JANE MONTGOMERY
Abstract	<p>This study tour explored stroke rehabilitation practices in a selection of Canadian long term care facilities and rehabilitation centres and United Kingdom(UK) Care Trusts, and sought to gain an understanding of the barriers and enablers to implementing stroke rehabilitation best practice guidelines for individuals living with stroke in long term care.</p> <p>In order to achieve this three Canadian long-term care facilities, two not for-profit and one for-profit, one rehabilitation unit, one stroke rehabilitation unit and one transitional care unit were visited.</p> <p>The results of this study indicate that effective interdisciplinary care in purpose built facilities, with appropriate government funding can have a positive influence upon the quality outcomes for residents living with stroke. The education of the front line staff caring and rehabilitating individuals living with stroke was seen as important and necessary. Leadership and co-ordination of rehabilitation and staff within stroke rehabilitation was seen as vital.</p> <p>Involving the resident and family in decisions about stroke rehabilitation and the consequent interventions was something that was highlighted as important but in need of further development. This provides a valuable insight of some of the barriers and enablers to effective stroke rehabilitation in UK care homes, and will consequently guide future implementation strategies.</p>

Ref no	2011/36
Title	THE PURSUIT OF EXCELLENCE AND INNOVATION IN THE IMPLEMENTATION OF SERVICE USER INVOLVEMENT IN NURSE EDUCATION PROGRAMMES
Author	JULIA TERRY
Abstract	<p>The involvement of service users and carers in nurse education is increasing, particularly with the new standards for pre-registration nurse education, which require nurse education providers to demonstrate how they are involving users and carers in the planning, delivery, teaching and evaluation of nursing curricula. This scholarship provided the opportunity to explore best practice in this area, focusing on identifying support systems and processes that enable user involvement.</p> <p>The scholarship was undertaken in the UK and Ireland during a 4 week study tour, during which I visited 15 universities, and met with nurse education staff, users and carers who were involved in nurse education programmes, and other academic staff with experience of user involvement.</p> <p>Findings from the scholarship visits showed a number of universities demonstrated innovation in user involvement, and whilst some acknowledged user involvement activities were on a relatively small scale, they were still reinforced by ethical and sensitive practices. Those with more established user involvement activities have much to share with academic colleagues who may be starting out on their user involvement journeys. The financial climate has changed significantly since the pioneers of user involvement in nurse education took their first steps some 10 years ago, and reduction in funding sources are certainly felt. However, no price can be put on the importance of values, enthusiasm and relationships, which are the cornerstones that strengthen user and carer involvement; and it is the commitment to these that often sustains such partnerships.</p>

Ref no	2011/37
Title	THE ROLE OF CHRISTIAN RELIGION FOR PEOPLE WITH DEMENTIA LIVING IN CARE HOMES.
Author	PATRICIA HIGGINS
Abstract	<p>The scholarship has funded my registration with the University of Greenwich to study for MPhil leading to PhD.</p> <p>Aim: The aim of the study is to gather information about the role of Christian religion for people with dementia living in care homes. The study will try to understand from the care home residents' perspective the impact that religion has on their lives in their present circumstances. The study will use this information to consider what actions and interventions would be required to meet the religious needs of people with dementia living in care homes more fully, so they remain connected to their religion. It will also explore the potential barriers to meeting the residents' religious needs and consider the ways that any difficulties could be overcome.</p> <p>Methodology: The study will adopt a phenomenological approach, Interpretive phenomenological analysis, to try to understand the situation from the perspective of the persons with dementia. Data will be collected using semi structured interviews. The sample will be purposely selected and consist of 10 people with dementia living in four care homes. Also using purposive sampling 5 key informants, people with knowledge and experience relating to the provision of religious care of people with dementia will be recruited to take part (for example, a consultant in old age psychiatry, an NHS chaplain a care home manager).</p> <p>Benefits of the study: The study will raise awareness of this area of holistic care through dissemination of the findings in journal articles and conference presentations. There is a lack of research into this area of dementia care and this information will help healthcare professionals and members of faith groups to gain a greater understanding of the needs of people with dementia and how to address these needs. This information can be drawn on in care planning and used when commissioning and redesigning services with a view to improving the quality of care provided.</p>

Progress so far:

As part of my studies I have completed two M level modules on quantitative and qualitative methods in health and social care. I have also completed several on line courses provided by the university relating to all aspects of the research process which will help me as I progress with my study. In my first year I have completed the literature review, devised a consent procedure, and prepared all the participant information documentation. I have obtained LREC and R&D approval and recruited the four homes where the study will take place. I am now ready to start the data collection phase of my study which will commence once I have registered with the degrees committee at the university.

Ref no	2011/38
Title	TRAUMA NURSING PRACTICE AND DEVELOPMENT IN THE UK AND SOUTH AFRICA: AN OBSERVATIONAL STUDY
Author	DONNA BARLEYCORN
Abstract	<p>Background: International comparisons show the UK lagging behind some other countries in treatment of trauma patients (NCEPOD 2007). The UK National Audit Office (NAO 2010) was critical of the progress made in trauma care in England & Wales. The National Confidential Enquiry into Patient Outcome & Death (NCEPOD 2007) concluded that more than 50% of patients with major trauma receive sub-standard care. Recently the London Trauma Office in guidelines for standards for designated trauma units (LTO 2010a) recommends the introduction of training in trauma for nurses; the first time this has appeared as a formal recommendation for trauma networks in England.</p> <p>Aim: The aim of this study was to demonstrate the benefits of improved trauma nurse training by focussing on potential professional development opportunities for nurses arising from a transfer of learning and practical nursing skills from South African trauma units into the London trauma networks. Observing trauma practice in South Africa, with high volumes of trauma patients and intense activity, despite significant cultural and contextual differences, was an essential component of this study.</p> <p>Objective: With such low incidence of trauma in the UK, but with such cost to society and the patient, the study addresses the question of how can nurses develop and retain trauma nursing skills particularly within the UK Trauma Unit (TU) environment where exposure to complex trauma is significantly less.</p> <p>Main report: Attaining a Florence Nightingale Travel Scholarship to Southern Africa facilitated the comparison; the contexts of trauma care in the UK and South Africa is described. In South Africa, trauma injury is responsible for up to 40% of hospital emergency centre attendances each year compared to less than 0.2% of major trauma in the UK. Despite South Africa's challenges on resources and social issues the legacy of South Africa's trauma leaders has worldwide reputation. The South African nursing profession is undergoing a revamp and the Emergency Nurses Society South Africa (ENSSA) is striving to promote emergency nursing, however in the face of such difficulties and diversities the typical trauma nurse is very experienced and efficient in trauma</p>

procedures due to the high volume of patients with wide ranging trauma presentations.

Recent and considerable changes to the management pathways for trauma patients in London since the launch of the pan- London inclusive trauma networks in April 2010 have highlighted the need for trauma education and training. There are similar developmental proposals in South Africa to introduce a designated trauma system. The visit highlighted how despite the lack of education, exposure to trauma ensured nurses were competent to care for trauma patients.

An analysis of the current state of nurse trauma training in the UK shows existing trauma nurse courses in UK are of variable relevance and quality, are too generic, relatively inaccessible or high-cost; other training modes and professional development strategies may be required.

A survey of leading trauma education experts in the UK highlights current opportunities in trauma education such as ATNC, TNCC and HE courses; however gaps are identified in nurse trauma training; constraints are based on cost and accessibility. Recent training developments are noted from the LTO (2010b) and CFWI (2011) document highlighting nursing training needs in relation to the introduction of regional trauma networks.

Future practice and recommendation: At regional level recommendations proposed are improved accessibility to ATNC/TNCC and HE courses, abbreviated one day trauma course- ILS. Senior nurse leadership in trauma care, Masters level studies for senior nurses, national competency framework for the management of major trauma and trauma competencies for the network and E learning. Local recommendations being

implemented by the author includes strategies for refreshing knowledge, competencies and skills, in-house training, in-situ based simulations and rotations within the network to gain clinical exposure. Furthermore a development programme for trauma nurses for bands 5-8 is suggested.

An exchange programme between the local trauma network and trauma units and associated university departments in South Africa is proposed, to continue and extend the benefits of shared learning. International professional collaboration is illustrated, by exchanging the UK polices and governance for South Africa's expert clinical experience in challenging environments.

Ref no	2011/39
Title	DOCTORATE IN CLINICAL PRACTICE: CHYLOTHORAX IN INFANTS AND CHILDREN
Author	CAROLINE HAINES
Abstract	<p>Health professionals working in the National Health Service (NHS) strive to provide high quality, evidence-based care to those that access their services. In today's economic climate there is an additional need to optimise service delivery through reducing patient length of hospital stay, clinical complications and, or readmission rates. Achieving these expectations are of key importance in the paediatric setting.</p> <p>The development of a chylothorax is an uncommon but significant complication for particular groups of infants and children admitted to Neonatal and Paediatric Intensive Care Units. There is considerable morbidity, extended hospital stay and the potential for a substantial impact on both the child and their family's quality of life.</p> <p>A review of the literature identified a poor evidence-base around the incidence of chylothorax in infants and children in the United Kingdom (UK and Republic of Ireland (RoI)). For health professionals to optimise the care and outcome for these individuals and to assist in influencing and planning the future paediatric research agenda, there was a need to increase the knowledge around how many children were affected by the condition, and the evidence-base around any associated clinical features, the management strategies and the outcome for these children.</p> <p>The research study undertaken was a cross-sectional, observational, surveillance study that gathered data both prospectively and retrospectively from differing data sources. The prospective data collection was undertaken through a questionnaire design, administered via the British Paediatric Surveillance Unit (BPSU) at the Royal College of Paediatrics and Child Health (RCPCH). The retrospective data collection relied on health record analysis from three additional data sources; the Central Cardiac Audit Database (CCAD), the Hospital Episodes Statistics (HES) data – International Classification of Diseases 10th edition (ICD 10) and the Paediatric Intensive Care Audit Network (PICANet).</p> <p>Once all the study data have been collected and analysed it is hoped the findings will inform practice and have a positive impact on the clinical care and outcome for infants and children who develop a chylothorax.</p>

Ref no	2011/40
Title	EXPERIENCES OF NURSES STUDYING PROFESSIONAL DOCTORATES IN HEALTHCARE
Author	SHARIN BALDWIN
Abstract	<p>Background: In the last decade there has been a rapid increase in the number of professional doctorates within postgraduate education in the United Kingdom (UK), which is an alternative to the traditional PhD. As these nursing doctorates are relatively new to the UK, empirical and theoretical literature on the experiences of professional doctorate students is limited and under-researched, especially from a qualitative perspective. This report therefore aims to build on previous research in this area and contribute to the body of knowledge on professional nursing doctorate students in the UK.</p> <p>Aims/Objectives: To explore the experiences of nurses studying professional doctorates in healthcare within a UK university setting, using qualitative research methods. The main aims are:</p> <ul style="list-style-type: none"> - To identify and describe the main factors that influence nurses to undertake the taught professional doctorate programme. - To identify any problems/ challenges that nurses face when undertaking the taught professional doctorate programme. <p>Methodology: Grounded theory was the qualitative research approach applied to this study. Data was collected through semi-structured interviews. A purposeful sample of five nurses studying professional doctorates at a London University was selected from a total of twenty four postgraduate students, using a set inclusion criteria. Data was analysed using the grounded theory method. This involved coding, categorising and constant comparative analysis.</p> <p>Findings: The factors that influenced nurses to undertake the professional doctorate programme were: professional development, personal development and improved perception by others. Challenges included the act of balancing work, personal life and academic responsibilities; family and social commitments; and time pressures. Nurses used a number of coping mechanisms to overcome the challenges. These were: discipline, good organisational and planning skills, support and time. The three main themes that emerged from the findings in relation to nurses</p>

undertaking taught doctorate programmes were: Influences, Challenges and Coping Mechanisms. The main aim of grounded theory is to identify a basic social psychological process (BSP) that occurs in response to a problem. The basic social problem was 'nurses' desire to enhance professional and personal identity, while being faced with numerous challenges'. The core category emerging from the data was conceptualised as 'creating a system for enhancing professional and personal identity'.

Conclusion: The desire to enhance professional and personal identity was the core influential factor, while challenges included the balancing between family, social, work, and academic responsibilities. Nurses created a system through the use of a range of coping mechanisms to overcome those challenges. The professional doctorate, while enhancing professional and personal identity, seems to be the ideal programme where nurses can develop as expert clinicians, leaders and researchers in order to facilitate change and function effectively in the emerging health care service.

This study contributes to the body of knowledge in this area by building on previous research. Findings of this study can be informative for potential students thinking of undertaking the course; and for academic staff and other practitioners who are involved with nursing students on the doctorate programme. Furthermore this study could be used as a preliminary analysis and form the basis for larger scale research using theoretical sampling to explore this phenomenon in more detail.

This study has enabled the researcher to develop knowledge and skills in grounded theory. It has provided the opportunity to demonstrate the ability to understand, conceptualise, design, conduct and critically appraise qualitative health research. These advanced research skills and knowledge acquired are invaluable, and essential for nurse leaders in the current increasingly demanding healthcare environment in the UK.

Ref no	2011/41
Title	A WORFORCE ANALYSIS OF LARGE PAEDIATRIC INTENSIVE CARE UNITS- AN INTERNATIONAL PERSPECTIVE
Author	YVONNE HEWARD
Abstract	<p>Introduction and rationale</p> <p>The purpose of this paper is to disseminate the findings of a Florence Nightingale Travel Scholarship, sponsored by the Chief Nursing Officer, Department of Health, England. The aim of the project was to: examine the management and deployment of a large Paediatric Intensive Care (PIC) workforce in units with >30 beds; to examine the impact of expansion of rapid workforce increase in large PICUs and to compare practice in staff recruitment, profession, skill mix, case load distribution, training and education programmes and retention of staff with practice in the United Kingdom. The findings will be used to inform workforce development in an expanding UK PICU.</p> <p>Outline</p> <p>Large children's hospitals were visited: Toronto, Canada; Milwaukie, Chicago, Atlanta and Washington DC, United States of America (USA); Dublin, Ireland; Rotterdam, the Netherlands and Paris, France. Information was gathered through semi structured interviews, with nursing and medical team members and observation.</p> <p>Outcomes</p> <ul style="list-style-type: none"> • Themes gathered were categorised into the following: Nursing Education; Caring for staff and retention; Roles and professions; Cardiac education; Nursing research; Networking opportunities; Care of families; Rapid Response Teams; Good ideas! These were refined to: <ul style="list-style-type: none"> • Nursing education and recruitment <ul style="list-style-type: none"> • New Nurse orientation programmes • Education providers • Mandatory training • Staff development • Simulation training • Retention • Roles and professions <p>Nurse orientation programmes to PICU were very similar to the UK, but nurses had a staged supernumerary period for up to nine months in America and fourteen months in Rotterdam, making recruitment very expensive. In Dublin and Paris, nurses were supernumerary for 5 weeks only. Graduate level specialist education was available in Ireland and The Netherlands, as in the UK. In North America and France, there was no PIC specialism education. Funding and time for nurse education in the UK and in</p>

our institution particularly, is more generous. There were less nurses in the work force per bed in all centres compared to the UK, but in North America there was the same number of people and care appeared more task orientated and fragmented. In the Europe there were less nurses and the decrease was not compensated by other professions. The acuity level, was not as great as in the UK.

Care of families in North America, was more structured than in Europe and managed by a team not involved with patient care. All units in North America visited had a Rapid Response Team, using PICU staff. There were no such teams in Europe. Retention of staff in the UK is better than in North America, where there is 25% nurse loss in the first nine months. In Ireland and France 10% of nurses leave in the first year. Retention in Holland in the last year was 6%, compared to 9% per annum in Birmingham.

There was evaluation of good ideas. Seemingly small ideas had a high impact, such as a new starter gift/welcome presents, a new starter welcome notice board, weekly meetings with the support and environmental staff, the role of resource nurse on each shift and the involvement with all staff at all levels in ward changes and development – ‘Everyone is an asset’. Also, in 3 units simulation training was available with equipment and space ready to use at all times. Simulation training was central to education of staff in these units.

Beacon status

One centre visited held Beacon Status, with the American Critical Care Nurses Association. Our standard of service was comparable with the service offered in this centre.

Conclusion

The experiential learning gained through this Florence Nightingale Travel Scholarship opportunity has been valuable. Small details gained through observation and the opportunity of in depth face to face conversation enabled learning which would not have been gained via telephone or electronic networking. In the UK we are much more generous and supportive of study leave than in France, Ireland and North America. Reasons for this are financial and in Europe there are no published standards to be met and no mandatory training requirements, as there are in the UK and in some states in the US. While there were many similarities observed there were also differences from which we can learn. Nurse patient ratios for High Dependency patients in our home unit could be reviewed. Finally, adopting some ‘good ideas’, could make a positive and high impact in enhancing the development and retention of our own current expanding workforce.

Ref no	2011/42
Title	PUTTING SERVICE BACK INTO THE NHS; LEARNING LESSONS FROM LEADERS IN SERVICE EXCELLENCE
Author	MARGOT RUSSEL
Abstract	<p>The aim of the study was to examine service excellence as a means to improve our patients' experience of care, gaining insights from another service industry.</p> <p>With implementation of the National Quality Strategy and other associated work programmes it is clear that the NHS in Scotland needs to examine and improve both the quality and experience of care received by our patients – the service we provide. By examining the culture within a world leader of the service industry (Disney Corporation) it is anticipated that lessons can be identified which will assist in improving care and compassion, the quality of care and consequently improve patients' experience of care in NHS Lanarkshire</p> <p>Disney's unique philosophy and their approach to "guests" has often been written about as a "gold standard" approach to service delivery. Nevertheless, can this philosophy work in other sectors? Some health systems in the USA have adopted many of the "Disney principles" within healthcare. Reports indicate that their success today is attributed to the use of such principles. Yet the question remains, would this be transferable to the NHS in Scotland?</p> <p>Within the current climate, it can be easy to focus on financial issues to the detriment of the quality and experience of patient care. However, such challenges bring about an opportunity to review and revise existing organisational cultures and traditions.</p> <p>Central to such deliberations is the need to deliver the experience of care which our patients desire – respectful, dignified and compassionate care. This is best achieved through a compassionate and caring workforce. Therefore, the insights gained from centres of excellence, such as Disney, are invaluable in the supporting organisational change. Their approach is to ensure that robust leadership models a clearly defined organisational purpose, supported by a culture and values which contribute to its achievement, all of which assist in the provision of service excellent.</p>

If every system is designed to deliver the results it gets, Disney has ensured that from the culture it creates, through to its recruitment and selection and definition of quality standards, it is designed to deliver service excellence. The practices and techniques used by Disney are not unique to their organisation with many other businesses utilising aspects of theory and Disney business practice. Where Disney is different is that they are consistent in using the model of service excellence across the breadth of the organisation.

In examining the translation of these models within healthcare settings the benefits can clearly be identified. Not only could this improve the delivery of improved service and patient experience, the implementation of these service models can assist NHS Lanarkshire to deliver the objectives identified in the NHS Scotland Quality Strategy.

The study had intended to gain insight into Disney's service model through attending a 3 day educational seminar, run through the Disney Institute, and then travel to a healthcare system within the USA to see the application of theory to practice. Unfortunately the latter was unable to be achieved within the timeframes of the scholarship.

The lessons learned through undertaking the Disney Institute seminar on their approach to *Leadership Excellence, People Management and Quality Standards* have been examined. Whilst reflecting on this seminar, there is much which potentially could be translated into the healthcare context. These range from a review of the common purpose within the organisation, the selection and recruitment techniques to the consistent clearly defined quality standards. Although in early stages, work has commenced locally to begin to review existing practices in light of Disney's model of service excellence.

Ref no	2011/43
Title	EXPLORING THE DEVELOPMENT OF NURSE LED PEER SUPPORT GROUPS IN MENTAL HEALTH CARE
Author	MARJORIE LLOYD
Abstract	<p>Peer support within recovery-focused mental health care in the UK, has over the last decade become a major focus of service development and delivery. Given that mental health nurses deliver a large part of mental health services, their involvement in developing the philosophy and practice of recovery focused services is fundamental to their development as professional nurses.</p> <p>The philosophy of mental health recovery however is at risk of becoming absorbed within the rhetoric of policy development as a homogenous process within current care planning practices; particularly within practices that become too focused upon treatment and service delivery including bed usage and paper trails. While mental health nurses have traditionally become wholly embedded within the culture of care alongside the control of people who may at times be very distressed, we have not always been able to identify how we encourage empowerment and healing or recovery. Developing recovery focused care therefore can also expand mental health nursing practice that is focused upon the outcomes identified by peers and service users in recovering a meaningful life. This scholarship identifies and discusses established approaches towards such practices include recovery focused care planning, audit, education and training and the development and employment of peer support workers. Peer support in particular was the original focus of the scholarship but wider recommendations for practice are made to incorporate how peer support contributes towards developing a recovery focused service.</p>

Ref no	2011/44
Title	A REVIEW AND COMPARISON OF ADVANCED NURSE PRACTITIONER (ANP) PRACTICE IN PAEDIATRIC ORTHOPAEDICS
Author	JULIA JUDD
Abstract	<p>The aims of this study were to compare practice with midlevel providers in leading children's orthopaedic centres in North America. The focus was to identify areas of potential role development or expansion to improve or adapt service delivery for children with a musculoskeletal problem in my institution. The findings of the study will be used to promote best practice for this client group, through presentation and publication.</p> <p>In the USA midlevel providers (nurse practitioners (NP's) and physician assistants (PA's)) are being increasingly used to counteract the deficit in trainee paediatric orthopaedic doctors. The NP's/PA's assist in maintaining an efficient and quality service, reviewing outpatient and inpatients, working alongside a physician or independently. NP's have been in training in the USA since the late 1960's and more recently as a recognised profession are a mainstay of service delivery. Hence there is an accumulated wealth of expertise to be drawn on.</p> <p>In two separate trips, observation of nurse practitioners practice was undertaken in Philadelphia, Boston, Dallas and San Diego.</p> <p>My study tour of 3 weeks enabled me to meet with and shadow practice of midlevel providers working in clinic, on the ward and in the Emergency Department (ED). Whilst comparing practice I specifically aimed to focus on nurse led services, pre-assessment and satellite clinics, with the child's pathway through the hospital system as the focus. The nurse led ward and ED cover was in practice in Boston and Dallas Children's hospital, with the NP replacing the Registrar, freeing them to undergo training within theatres. Pre-assessment was routine in all the centres visited and satellite clinics were staffed by NP's who specifically worked in the outlying hospitals, facilitated by the networked documentation system (EPIC).</p> <p>Analysis of the findings identified areas of good practice, similarities and differences. Where possible, comparisons with the UK are made with recommendations for the future care of children with a musculoskeletal problem.</p> <p>Overall this experience has given me the opportunity to consider areas within my institution that may benefit from change but moreover it has confirmed to me the efficacy of my own role.</p>

Ref no	2011/45
Title	A COMPARISON OF “COMBINED STROKE UNITS” AND THEIR BENEFITS WITHIN EUROPE AND THE UNITED KINGDOM.
Author	GEORGINA BANKS
Abstract	<p>Stroke Services within the United Kingdom (UK) are currently undergoing a period of significant change, being challenged regarding the standards of care and Services available to their patient group, by having to meet strict national targets relating to all aspects of Services provided (Moloney, C, 2009).</p> <p>Therefore, the aim of this travel award was to gain a detailed insight into the Services provided by units both within the UK, looking at those performing within the highest percentages of national targets and also comparing these with the Services available to patients in other European countries.</p> <p>There is no single set format for stroke units (SUs) at present in the UK, the National Sentinel Audit, 2009, defines SUs as a multidisciplinary team (MDT) on a ward designated for stroke patients, this can include any of the following models:</p> <ul style="list-style-type: none"> • Acute stroke units (ASUs); • Rehabilitation Stroke Units (RSUs) and; • Combined Stroke Units (CSUs), providing acute and rehabilitation care. <p>CSUs geographically and clinically deliver the whole pathway for the stroke patient. If patients are to optimise their rehabilitation then it should be delivered in the optimum setting and promptly (Indredavik, B et al, 1999). These units often include an Early Supported Discharge (ESD) scheme which allows for transition from hospital to the community/home at a much earlier stage than those units without (Teasell, R et al, 2008). This model complements existing stroke skilled community Services, optimises resources at the point of most need and is cost effective by reducing hospital length of stay (LOS). Although Stroke Services have improved nationally over the last decade (National Sentinel Audit, 2009) there is still considerable variation in Service provision across the UK with the majority of SUs provide a disjointed care pathway which, can delay recovery and affect patient outcomes (Indredavik, B et al, 1991).</p> <p>Therefore this scholarship is an opportunity to ensure patients</p>

receive a seamless, timely transfer of care and rehabilitation, by reviewing the best Services available elsewhere in the UK and parts of Europe. The organisation of rehabilitation has been identified as a key consideration in stroke management. SUs that incorporate a rehabilitation model are found to be more effective in reducing death and long-term dependency. Focusing on rehabilitation and early mobilisation may reduce all “bed associated” complications i.e. Deep Vein Thrombosis (DVT), limb contractures, pressure ulcers and have important psychological effects (Indredavik, B et al, 1999) and the team at Southampton General Hospital (SGH) believe that a CSU could reduce their units LOS to a maximum of 20 days.

In terms of benefit to stroke patients/population as a whole, rehabilitation is believed to be more beneficial than setting up a Thrombolysis Service (National Sentinel Audit, 2009). However, it has been highlighted that 30% of RSUs are making the decision to exclude patients with “no rehabilitation potential” (Indredavik, B, 2009). Those undertaking the National Sentinel Audit, 2009 believe that in truth it is rarely the case that a patient cannot benefit from rehabilitation except where the decision has been made to provide palliative care. It is believed patients with no “rehabilitation potential” have more complex needs and a greater need for specialist RSUs to provide support to them and their families and that to “write them off” is unacceptable.

CSUs which focus on the whole pathway have been proven to achieve the national target ensuring that 70% of stroke patients spend 90% of their hospital stay on a SU in conjunction with timely diagnostics, early instigation of acute therapy and care planning for discharge back into the community/home (Griffin, M et al, 2010). Therefore, clearly the only way to manage these patients is in a combined setting addressing their needs from the onset of their stroke event, being in total control of their journey and providing the optimum care until discharge.

Therefore, the units based in the UK have been chosen because they are labelled as CSUs and were (at the time of writing) performing highly based on the National Sentinel Audit, 2009 and Vital Sign statistics (Department of Health, 2010c). The sites chosen included the Royal Berkshire Hospital; Solihull Hospital; the Royal London Hospital and; the Royal Bournemouth and Christchurch Hospitals.

All the European units were selected on the basis of the research undertaken at their respective sites, specifically looking at

rehabilitation within a CSU. In addition to this the statistics relating to outcome for stroke patients in the Scandinavian region were reviewed proving them to be one of the leaders in Europe for stroke care (Department of Health, 2010a and Weir, N,U et al, 2001). For example, the patients managed at Trondheim spend significantly more time engaged in moderate to high level therapeutic activities compared to those in other centres in other European countries (Bernhardt, J et al, 2008). The sites chosen across Europe included The Neurology Clinic, Bad Neustadt, Germany; Sahlgrenska University Hospital, Goteborg, Sweden and; St Olvas Hospital, Trondheim, Norway.

SUs in Europe have better reported outcomes than the UK, who compare poorly internationally, despite its Stroke Services being amongst the most expensive in the world, with unnecessarily long LOS and high levels of avoidable disability and mortality (Wittwer, J et al, 2000). This is why it has been important to examine the different experiences of other countries to aid the development of Stroke Services here in the UK.

Ref no	2011/46
Title	NON - PHARMACOLOGICAL CARE INTERVENTIONS TO IMPROVE QUALITY OF LIFE OF PEOPLE WITH DEMENTIA
Author	NATALIE YATES-BOLTON
Abstract	<p>In the UK there are 750,000 people with dementia (DAA, 2010). Living with dementia can result in challenges to quality of life due to agitation, anxiety, apathy and aggression (Zeisel, 2009). A recent audit of the prescribing of anti-psychotic medication for people with dementia in hospitals found anxiety and agitation to be the main reason for their use (HQIP, 2010). It has been suggested that up to two thirds of these prescriptions could be avoided if appropriate support were available to people with dementia, their carers and staff (DH, 2011).</p> <p>This study was undertaken to learn how non-pharmacological care interventions improve the quality of life of people with dementia. Six specialist dementia assisted-living centres, run by the Hearthstone organisation in the USA, were visited along with a visit to the research team of Hearthstone and the 'Ageing Brain' and geriatric assessment clinics at the Cleveland Clinic. The Hearthstone organisation was chosen as the location for the study tour as their approach to care carefully balances non-pharmacological with pharmacological interventions.</p> <p>The study was not undertaken as a research study but as an observational study, informed by an ethnographic methodology. The focus of the observations was to learn how people with dementia received care delivered using the Hearthstone approach and to learn what impact this approach to care had on their wellbeing and quality of life.</p> <p>Two of the features of the Hearthstone approach to care that were focused on in the study were: (a) the use of Montessori-based activities for people with dementia and (b) dementia specific design features of the built environment.</p> <p>The Montessori-based activities included daily Montessori reading groups and Montessori games based on matching photographs or words. The notable feature of these activities was that they were led by the staff in a way that enhanced communication, expression of feelings, humour and the personalities of the residents. The activities were not used to merely fill time.</p> <p>The design features of the built environment that appeared to enhance the sense of well being and independence of the</p>

residents were symbolised by the presence of the hearth throughout the care settings. The 'hearth' being a place of a fire, used for cooking or the focus of family life. This included the environment providing visual prompts for residents and staff, with meals being served in an open plan kitchen or communal time being spent in a room that had a fireplace; reinforcing the sense of home and family in each assisted living centre.

Meal times were prioritised by all staff as an important daily event. All staff were involved in ensuring that residents were provided with the assistance and support that they needed to eat and drink well. Each care setting manager and nurse took responsibility for serving the residents meals so that the care assistants could focus on supporting residents with their meals. Meal times were a highly social and interactive time, ensuring optimal nutrition and hydration for each resident.

The aspect of care that had the greatest impact on the wellbeing of the residents was the emotional intelligence of the staff. This was evident in the way that they interpreted the verbal and non-verbal communication of the residents and how they responded in a way that minimised the residents' levels of agitation, anxiety, apathy and aggression. The use of emotional intelligence by the staff then seemed to result in the residents being able to interact with emotional intelligence, further minimising the likelihood of agitation, anxiety, apathy and aggression.

The experience and knowledge gained as part of this study tour provides evidence to support the continued development of non-pharmacological care interventions in the care of people with dementia.

The findings of the study have been implemented in the establishment of a multi-disciplinary dementia design research group at the University of Salford to engage in research that will improve the quality of life of people with dementia through design related interventions.

A recommendation of the study is the development of training for staff that care for people with dementia in 'emotional intelligence'. This aim of such training would be to enhance the ability of staff to perceive emotion, use emotion to facilitate thought, understand emotional meanings and manage emotions in themselves and others (Mayer, 2006). The ability of the staff at Hearthstone to provide emotionally intelligent care was the central feature of every interaction observed in the study and was the feature of care that

had the greatest impact on the well being and quality of life of the residents.

The findings of this study add knowledge and evidence to the current context of dementia care in the UK that requires prioritisation of quality of care in care homes and workforce development (APPG, 2010). Effective support to care homes has been suggested as a way to help reduce the prescription of anti-psychotic medication, improve quality of care, reduce acute hospital admissions and reduce cost (APPG, 2010). The findings of this study are also relevant in the context of the acute hospital setting – the National Audit of Dementia interim report (HQIP, 2010) found that very few hospitals reported that training in awareness of dementia was mandatory for staff.

The findings of this study also support the commitment to the care of people with dementia that staff will be informed, skilled and have enough time to care. That care planning will be person-centred and responsive to individual needs and support nutrition, dignity, comfort, continence, rehabilitation, activity and palliative care and environments will be dementia friendly and support independence and wellbeing (RCN and DH, 2011).

Ref no	2011/47
Title	A STUDY IN DETERMINING SLOW-GROWING MELANOMAS AND CONCOMITANT FACTORS PERTAINING TO PATIENTS WITH ATYPICAL MOLE SYNDROME IN THE UNITED KINGDOM AND ITALY, BY VISITING THE MELANOMA SPECIALIST CENTRE OF PROFESSOR ARGENZIANO, REGGIO EMILIA, ITALY.
Author	CELIA ELLICOTT
Abstract	<p>The report will consider and discuss factors important to patients with Atypical Mole Syndrome and will provide observations, as well as recommendations and implications for future practice.</p> <p>The key aim of this study visit was to increase knowledge and gain expertise into how the role of screening Atypical Mole Syndrome patients using digital dermoscopy can be achieved more effectively and more efficiently. This will enable service development and how we ensure the highest quality patient care is achieved within mole screening.</p> <p>Additionally, to identify the clinical criteria of the Atypical Mole Syndrome patient, to better understand the type of patient more likely to develop a melanoma from an atypical naevus. Also, to have a better understanding and knowledge of the dermoscopic criteria to be able to identify and distinguish subtle features of slow-growing melanomas in this patient population.</p> <p>Reggio Emilia is a province of Italy with a population of approximately 170,000 people. The only public hospital is Arcispedale Santa Maria Nuova. The hospital chosen to visit was Reggio Emilia Public Hospital, as Professor Argenziano practices at this hospital. He is clinically focused and an academic colleague who is internationally recognised for his contribution to knowledge and development in this particular field, which is the use of dermoscopy to detect early melanoma in patients with Atypical Mole Syndrome. Since the specialist area of study I am interested in is also the area in which Professor Argenziano is a leading expert in and we already have an established working relationship, it seemed a natural choice to work alongside him for 4 weeks in his clinics and observe the clinical practices of the Professor and his Team for a concentrated period of time.</p> <p>Incidence rates of melanoma have increased more rapidly than any of the top ten cancers in males and females over the last 30 years. The statistics for Italy and United Kingdom are comparable within</p>

the European Union, which provides a similar foundation for the study visit. Reggio Emilia is in Northern Italy and northern Italians are fairer skinned than southern Italians, which provides a more comparable population group with that of the United Kingdom.

Atypical Mole Syndrome affects 2% of the caucasian population and people with atypical mole syndrome have a slightly higher risk than the general population of developing melanoma. Atypical Mole Syndrome criteria is having one or more first degree or second degree relative with malignant melanoma, a large number of naevi, some of which are atypical and naevi that are dysplastic on histopathology. With the increase incidence of melanoma, early detection is important in treating early, curable melanoma in the atypical mole syndrome patient group.

Dermoscopy is a non-invasive diagnostic technique for the observation of pigmented skin lesions, allowing a better visualization of surface and subsurface structures. This diagnostic tool permits the recognition of morphologic structures not visible by the naked eye, thus opening a new dimension of the clinical morphologic features of pigmented skin lesions.

From my time spent with Professor Argenziano and his Team in the various clinics, I have learned how to better identify patients at higher risk of developing melanoma and how to better provide on-going management for those patients. I was able to gain knowledge on the use of dermoscopy to improve my understanding of atypical naevi and the morphological variability of a naevus during its evolution. I learned the importance of sequential dermoscopy imaging in patients with atypical mole syndrome.

The study visit highlighted the importance of knowing current information about skin cancer, evidence-based practice and, as health professionals, disseminating information to patients, in order to educate them on sun protection, skin cancer, skin self examination and screening management.

The study visit to Italy and the time I spent with Professor Argenziano and his team was an invaluable experience. It has already enhanced my clinical skills, increased my dermoscopic knowledge and will continue to influence my practice in the UK. The study visit has been vital to my on-going learning, increased benefits to patient care and management and has strengthened the professional working relationship between myself and Professor Argenziano and his team.

Ref no	2011/48
Title	TO WHAT EXTENT DOES WORKING WITH VIOLENCE AND AGGRESSION IMPACT ON MENTAL HEALTH NURSES?
Author	HOLLY WHITELEY
Abstract	<p>Aim: This project aims to systematically review the literature to determine the lived experience of mental health nurses working in an environment with a threat of violence and aggression, with the aim of applying the findings to practice.</p> <p>Background: Some of the most challenging patients to nurse are those that are violent and aggressive. Violence and aggression is a long-standing problem for mental health nurses and this problem is evident within the National Health Service (NHS).</p> <p>Method: A systematic review of the literature was conducted using MEDLINE, CINAHL, PsychINFO, PsycARTICLES and Embase. Hand searching of three academic journals was also conducted and an internet search using Google Scholar. Articles published in English in 2000-2010, and those relating to nursing, patients aged 18-65 and patients receiving in-patient care, were selected.</p> <p>Findings: The selected articles were critically appraised and only the findings of the articles deemed robust enough were considered. Three main themes were identified, a sense and a belief that mental health nursing is a dangerous career, reports of identifiable effects on nurses following violent and aggressive incidents and a range of ways in which nurses identify ways to deal with the impact of working in this environment.</p> <p>Conclusion: The findings were considered in terms of the research question, the practice area, and local and national health and social care agendas. Four key recommendations for practice were identified including improving the support and safety systems for nurses, communicating the effects of violence to the staff team, and re-visiting personal preparation and the use of tangible devices. Recommendations for future research were also made, and a dissemination strategy discussed. Critical appraisal of the project is also undertaken with focus on reflection and reflexivity.</p>

Ref no	2011/49
Title	TRANS-CULTURAL PRESENTATIONS OF EATING DISORDERS AND THE ROLE OF THE NURSE WITHIN EATING DISORDER TREATMENT.
Author	EMMA WALTON
Abstract	<p>Eating Disorders have been increasing in incidence and in prevalence over time (Maj et al, 2003) with increased reports in clinical presentation both in the UK, and worldwide (Nasser et al, 2001). Within our outpatient service at the Maudsley Hospital, London, we are seeing annual increases in referrals, especially of Anorexia Nervosa. In the last 9 years, the number of referrals received have increased by 40%. The reasons for the increase in prevalence of Eating Disorders are unclear, but some potential reasons are outlined in the report. The aim of undertaking this Florence Nightingale Travel Scholarship was to visit clinical eating disorder settings in Brazil looking to explore trans-cultural presentations of eating disorders within clinical settings. Another principal aim of undertaking this study was to examine and evaluate the role of the nurse within treatment of eating disorders and how this role in particular contributes to patient care within in the wider multi-disciplinary care team.</p> <p>Historically, South American societies have reported fewer numbers of eating disorders, except in groups exposed to European and North American influences (Gordon, 2000). They are however, reporting increasing incidences of eating disorder presentations, Brazil is included in this increase, which is a principal reason for undertaking the study here. The role of the nurse in Brazil is a well-respected profession, with high academic standards and levels of professional practice. There is limited literature documenting the role of the nurse within the treatment of eating disorders (Brunner & Massel, 1990). -Both in the UK and Brazil. Yet the role of the nurse seems to feature throughout all aspects of treatment, in both countries, from the crisis point of entering hospital for an admission, to more independent care in the community (Robinson, 2006). It has been long documented that the nursing role can be a challenging one, both in-terms of longevity and duration of illness, managing the physical health risks involved as well as treating potential co-morbid symptoms (Maj et al, 2003).</p> <p>The report has highlighted a number of issues in relation to nursing practice on a local and national level, as well as the consideration of trans-cultural issues in clinical practice and makes specific recommendations in relation to addressing these. The report</p>

highlights several areas of concern for nurses and nursing in eating disorders services currently. These include; access to specialist education or formalized training courses on Eating Disorders for nurses, an under-subscription of nurses working within the profession and subsequently, difficulties with recruitment and retention within this clinical area. It also highlights specific recommendations for local clinical practice. These included:

- 1.) The need to increase the number of mentors for pre-registration students on placement within eating disorder clinical settings in particular our eating disorder service.
- 2.) The need to ensure that nursing practice is meeting the specific needs of our trans-cultural population.

Defining the role of the nurse within eating disorder treatment as a specialist role.

The presentations of eating disorders are complex in nature due to the psychological and physical components of the illness. (Treasure, 2002). Both Anorexia and Bulimia Nervosa share psychological aberrations and medical complications, the physical impairments of both pose life-threatening risks, which makes eating disorders have the highest mortality rate of all psychiatric illnesses. (Treasure et al, 2003)

At present, the eating disorder service is developing a specialist care pathways for patients with complex needs including eating disorders with diabetes mellitus also a care pathway for binge-eating disorder and patients who have received bariatric surgery. A registered nurse is ideally positioned to lead in this clinical work and develop a specialist role within this.

The study has highlighted some recommendations for clinical practice on both a local and national level and has highlighted the need for further research and development both in relation to the role of the nurse within eating disorders, but also into trans-cultural presentations of eating disorders and the implications on nursing practice.

Ref no	2011/50
Title	REDUCING RESTRICTIVE PRACTICES IN INTELLECTUAL DISABILITIES: AN EVIDENCE BASED APPROACH
Author	SHARON PALEY-WAKEFIELD
Abstract	<p>In recent years there have been a number of high profile investigations in the UK which have uncovered abuse of people with learning disabilities including the Cornwall Inquiry (2006) and the Investigation into the services provided by Sutton and Merton (2007). On 31st May 2011 the BBC broadcast a Panorama documentary entitled Undercover Care; the abuse uncovered. In all instances the abuse investigated was of people with severe intellectual disabilities, in all instances the abuse included some form of restrictive practice, whether this was unlawful seclusion, restricting movement with mechanical restraints or by way of using physical force or aggression towards people. Indeed in the recent documentary a disturbing sequence of abuse was shown, this included a significant amount of use of force and restriction; one scene showed a lady being pinned to the ground by a chair on which a carer sat to prevent her moving.</p> <p>It is a sad fact that the use of restrictive practices is common place in services for people who have an intellectual disability (Allen 2011). The investigations discussed above highlight that services need to do much more if restrictive practices are to be reduced in services for people with intellectual disability. In the UK the British Institute of Learning Disabilities (BILD), has undertaken a programme of work with the aim of highlighting the use of restrictive practices and reducing the use of them in services. This work started in 1996 with the publication of the first edition of Physical Intervention; a policy framework (Harris et al 1996, 2008). Between 1999 and 2001 BILD also consulted nationally on the topic of training in physical interventions and produced a Code of Practice for trainers working in the field of physical intervention. The code was used to underpin standards for accrediting training organisations to deliver curriculums of training that include physical skills. Much of the work undertaken by BILD and national guidance on restrictive physical interventions in the UK, referencing the field of intellectual disability has focused on the provision of training and to some extent improving the standards of policy frameworks and training in physical intervention skills.</p> <p>There has been a lack of regulation to ensure that the standards are adhered to, in other words while guidance might have done much to make the training in the field more 'ethical' little has been done to check on outcomes and impacts within services and more importantly on the lives of individuals who may be exposed to the use of such practices. It is not known how frequently restrictive</p>

practices are used, on whom they are used or what type of restrictive practice is used most commonly within services.

In the UK the legislative framework sets out the expectation regarding the use of restrictive practices, for example the Mental Capacity Act 2005 section 6 states:

'Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.'

Also the Deprivation of Liberty Safeguards are designed to protect the interests of extremely vulnerable group of service users and to:

- ensure people can be given the care they need in the least restrictive regimes
- prevent arbitrary decisions that deprive vulnerable people of their liberty
- provide safeguards for vulnerable people
- provide them with rights of challenge against unlawful detention

It is a fact that the principles of the Human Rights Act are enshrined within the above legislation; this is supported by the Equality Act 2010 within the UK.

This study concentrates on issues related to restrictive practices and people with disabilities. External to the UK it is important to be aware of the Convention of the Rights of Persons with Disabilities; article three of the convention outlines the general principles:

1. States Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. To this end, States Parties undertake:

(a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;

(b) Non-discrimination;

(c) Full and effective participation and inclusion in society;

(d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;

(e) Equality of opportunity;

(f) Accessibility;

(g) Equality between men and women;

(h) Respect for the evolving capacities of children with disabilities

and respect for the right of children with disabilities to preserve their identities

2. With regard to economic, social and cultural rights, each State Party undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of these rights, without prejudice to those obligations contained in the present Convention that are immediately applicable according to international law.

3. In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.

4. Nothing in the present Convention shall affect any provisions which are more conducive to the realisation of the rights of persons with disabilities and which may be contained in the law of a State Party or international law in force for that State. There shall be no restriction upon or derogation from any of the human rights and fundamental freedoms recognized or existing in any State Party to the present Convention pursuant to law, conventions, regulation or custom on the pretext that the present Convention does not recognize such rights or freedoms or that it recognizes them to a lesser extent.

5. The provisions of the present Convention shall extend to all parts of federal states without any limitations or exceptions.

This study will explore how frameworks can be implemented to monitor and reduce the use of restrictive practices. This report will discuss the approaches implemented in England and Wales and compare practice in Australia. The study focuses on the States of Victoria and Queensland enabling a comparative between two approaches implemented in Australia. The author will draw upon current research, evidence and literature to propose frameworks which might easily and usefully be implemented that will support organisations to reduce the use of restrictive practices.

Outcomes of the study will include:

- Defining terminology associated with restrictive practices
- A discussion on legislative frameworks and their effectiveness in reducing restrictive practices
- Reference to the current evidence base and literature in the

	<p>field of restrictive physical interventions</p>
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- A proposed framework for reducing restrictive practices in the field of intellectual disability

Ref no	2011/51
Title	DEVELOPMENT OF A STUDY TO INVESTIGATE THE POSSIBLE CONNECTION BETWEEN MILD - MODERATE DEPRESSION FOLLOWING CHILDBIRTH AND ANAEMIA.
Author	STEPHEN BRADFORD
Abstract	<p>The Florence Nightingale Foundation & General Nursing Council for England and Wales Trust provided a Research Scholarship funding year one of an MSc Psychiatric Research at the Institute of Psychiatry, King's College London. The aim of studying for the MSc psychiatric Research was to provide academic research knowledge and skills that can be implemented into clinical practice and develop my research knowledge to a level to pursue a research doctorate.</p> <p>The study took place in the academic year 2009-2010 and covered a number of area's of psychiatric research. The MSc Psychiatric Research provides training in the principles common to mental health research disciplines, together with skills in statistics, epidemiology methods and both biological and social methodology. The programme gives equal priority to social, epidemiological and emphasises the interface between these approaches. Being a modular course the opportunity to specialise or develop a particular research interest is possible. The course has a practical orientation, developing skills in the critical analysis of existing research, hypothesis formulation, study design, data gathering and data management, research management, data analysis, writing research reports and scientific publications.</p> <p>During the period of study I was able to work through a number of research ideas related to my area of clinical practice and within the new perinatal Mental Health Service currently in the process of setting up. The MSc Psychiatric Research gave me a number of insights into area's of research such as data collection and analysis, allowing the service to build robust data collection into the everyday clinical running of the team. Perinatal Mental Health is a relatively small area of psychiatry with sparse research to date. It was necessary in setting up the service that the model and data collection complimented research methods appropriate to this area of psychiatry.</p> <p>Through studying on this course I have been able to develop a high quality research idea that has allowed me to work with Canterbury Christ Church University and is leading to development of the research proposal with the intention of registration for a research Doctorate, for February 2012.</p>

	<p>The study allowed me to develop a clinical observation into a robust research idea looking at the possible role of Anaemia in the presentation of newly delivered mothers presenting with mild to moderate depressive symptoms. Within my clinical role I had noted a number of women being referred to the service who, following accurate history taking and assessment had either been treated for Anaemia previously but were no longer receiving treatment or were presenting with symptoms of Anaemia without specific depressive cognitions or symptomatology. The MSc Psychiatric research has provided the knowledge and skills to investigate Anaemia and develop a study to investigate the possible connection between Mild - Moderate Depression following childbirth and Anaemia.</p>
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Ref no	2011/52
Title	A COMPARISON OF IMMEDIATE ACCESS TO SPECIALIST ASSESSMENT, ADVICE AND INFORMATION PROVIDED TO PATIENTS AND THEIR FAMILIES FOLLOWING THE PRESENTATION OF A FIRST SEIZURE ACROSS THREE EPILEPSY CARE PROVIDERS
Author	MALISA PIERRI
Abstract	<p>The aim of the project was to compare access to advice and information given to patients and their families following a presentation of a suspected first seizure. Having a seizure or witnessing a loved one having a seizure for the first time is a frightening experience. Access to immediate specialist assessment advice and information following presentation is rarely available but can be invaluable in providing adjustment, routes to further investigation and if necessary treatment. This study compared the advice and information given in patients presenting to epilepsy tertiary referral centres in the United States, Australia and Wales. Each centre had very different catchment areas and comparison is made from those presenting from immediate areas to those presenting in geographically isolated areas. Some topics of analysis included how and when patients presented, how diagnosis and treatment was undertaken and what advice and information patients were given. Encouragingly the specialised client group was a treatment priority in all areas despite differences between the way in which this care is funded and the demographic of patients it is offered to. There were however some marked differences especially in access to specialist advice and information, co-ordination of patients throughout their assessments and home rescue medications and plans provided.</p> <p>Recommendations for practice following the study include better utilisation of access to care, providing multidisciplinary clinics so that patients can be seen by the most appropriate clinician (Nurse or Doctor), increased use of rescue medication plans and a single route of access to assessment.</p> <p>Dissemination of the work is ongoing via presentations at organisational local and national levels. Creation of material for publication is underway. Importantly work is already in progress to implement some recommendations from the project within the clinical environment to improve services within this client group.</p>

Ref no	2011/53
Title	NURSING – VALUE FOR MONEY IN AN AGE OF AUSTERITY?
Authors	KATHY FODEY & NICKI PATTERSON
Abstract	<p>There are close working relationships between health and social care organisations across Northern Ireland and it is the partnership approach to policy development and service provision that underpinned the joint application for this travel scholarship.</p> <p>Study visits to Iceland and California were undertaken to establish the degree to which, at a time of global economic downturn, different countries have addressed nursing workforce issues at a strategic level. The focus was on acute adult setting but where applicable the opportunity was taken to consider models of care that had been transferred to other settings.</p> <p>The visit to Iceland encompassed:</p> <ul style="list-style-type: none"> • Study visit to Landspítali University Hospital • Meetings with Directorate of Health and Ministry of Welfare • Meetings with Icelandic Nurses Association and Association of Practical Nurses <p>The California visit included the following:</p> <ul style="list-style-type: none"> • Meeting with senior nurse leaders from Kaiser Permanente • Study visit to Contra Costa Regional Medical Centre • Study visit to the University of California San Francisco (UCSF) <p>The four themes of the Northern Ireland Nursing Strategy were used as a framework to analyse the key learning points from the visits. These themes are:</p> <ul style="list-style-type: none"> • Developing Person Centred Cultures • Delivering Safe & Effective Care • Maximising Resources for Success • Supporting Learning & Development <p>To capture aspects of the visits which did not fall within the above themes, a fifth theme of ‘Culture, People and Places’ was added.</p> <p>Recommendations relating specifically to the Nursing Workforce elements which were the main focus of the Scholarship. They are described in the first instance at a strategic level and then on what action will be taken forward locally.</p>

Recommendation 1

Whilst nurse to bed/nurse to patient ratios can be helpful in nursing workforce planning they should be used **in conjunction with** robust ongoing analysis of patient acuity and dependency. Without the latter there is insufficient flexibility to respond adequately and appropriately to the fluctuating needs of patients.

Action: As a result of ongoing reform and modernisation, nursing workforce plans should be reviewed across N.I. to ensure that they match the emerging trends in acuity and dependency of patients.

Recommendation 2

Nurse Staffing levels and skill mix should be linked to nurse sensitive outcome measures. These should be monitored and used to demonstrate the value of investment in nursing. Monitoring should also flag where inadequate investment is resulting in less than positive outcomes for patients and/or staff with the subsequent financial and human cost of this.

Action: The establishment of normative nurse to bed ratios in N.I. should be linked to patient outcomes which should be measured by nurse sensitive indicators.

Recommendation 3

Nursing structures from Ward to Board should support the delivery of safe and effective care. This should include consideration of skill mix, role of the ward sister/charge nurse and their degree of autonomy, the layers of management between the Ward Sister/Charge Nurse and the Director of Nursing and the reporting structures and communication mechanisms.

Action: A proposal will be presented to the Chief Nursing Officer to make a presentation on the role of the Nurse Managers in Iceland and California to be presented at the next Ward Sister conference in March 2012.

Non Workforce Specific Recommendations

These recommendations arose from wider issues/observations as a result of the scholarship visits and have been themed under the four themes of the Northern Ireland Nursing Strategy, A Partnership for Care (DHSSPS 2010).

Recommendation 4: Promoting Person Centred Cultures

There is a need to ensure that in standardising processes and reducing variation, the importance and humanity of engaging with and communicating with people as individuals is not lost.

Action: At both strategic policy in DHSSPS and at organisational level in the Belfast Trust, a focus on the importance of good communication and customer care skills will be emphasised and

valued.

Recommendation 5: Delivering Safe & Effective Care

For information to drive improvement the data being gathered must be measuring the right things, being shared with the right people and in the right way that encourages ownership which drives change.

Action: The scholars will share their experience on the use of IT systems to drive outcomes and will provide support programmes of work around the use of information technology and data to drive improvements in patient outcomes

Recommendation 6: Maximising Resources for Success

In a global recession, every penny counts. We must ensure that efficiency savings are focussed on reducing waste which is evident upon doing things differently, rather than cutting back on resources simply because they can deliver savings quickly. The opportunity costs of a misplaced disinvestment are significant in both human and financial terms.

Action: The scholars are engaged in the development of a methodology to evaluate the outcomes of the recent investment in N.I. to provide ward sisters with a support resource

Recommendation 7: Supporting Learning & Development

People are key to the delivery of care, compassion, quality and safety and they must be in possession of the rights knowledge and skills. This includes management and leadership skills both of which must have equal status if we are to develop our workforce for the future.

Action: The importance of management and leadership competence for ward sisters will be emphasised through the development of appropriate learning activities.

Ref no	2011/54
Title	UNDERSTANDING THE DIFFERENCES IN THE SUPPORT AND TREATMENT AVAILABLE FOR WOMEN WITH METASTATIC BREAST CANCER IN THE UNITED STATES COMPARED TO THE UNITED KINGDOM
Author	MARIA LEADBEATER
Abstract	<p>Metastatic breast cancer is a complex disease which to date cannot be cured but treatment for the disease aims to delay progression, extend survival and give as good a quality of life as possible. From my work as a Clinical nurse specialist I became interested in variations of both the treatment and care of women and in recent years there has been much debate over the cost of new anti-cancer drugs and the benefits they offer in the metastatic breast setting. My travel scholarship was to explore the issue of accessing newer medical treatments for women living with mbc in the US compared to current access for women in the UK and to investigate support services for women living with metastatic breast cancer and the development of advocacy in this patient group. From visiting The Memorial Sloan-Kettering Cancer Centre (MSKCC) New York and The Metastatic Breast Cancer Network (MBCN), comparisons and contrasts in the treatment and support became apparent and while there are major differences in health funding, the advocacy movement in metastatic breast cancer appears to be a very strong national voice with some different aims and opinions to UK patient organisations. However, there were some inspiring stories of perseverance and 'sisterhood' which considering the isolation this disease can bring may offer a unique peer support for some women. In addition visiting cancercare.org an organisation, which has for many years provided information and support by telephone and online, I was able to take the opportunity to find out how online services can bridge the geographical gaps in a large country to ensure provision of support to women and their families when diagnosed with metastatic breast cancer.</p>

Ref no	2011/55
Title	UNSCHEDULED PRESENTATION AT THE ACCIDENT AND EMERGENCY DEPARTMENT OF PATIENTS WITH CANCER, THE PRECIPITATING CAUSES AND SUBSEQUENT OUTCOMES
Author	KAREN PARSONS
Abstract	<p>This retrospective study aimed to gain an insight into the unscheduled presentation of patients with cancer to the emergency department (ED), by examining the precipitating causes and the subsequent outcomes of these attendances. The project was developed in response to the request of a number of health professionals who sought to gain an insight into the management of this patient group within the hospital. The study involved the measurement of practice against agreed standards.</p> <p>A quantitative descriptive methodology was used and 172 patients with a cancer diagnosis were identified as attending the emergency department of an urban university teaching hospital between 24th January and 6th March 2011. A data collection tool was developed for the purposes of the audit. Demographic data, information pertaining to attendance including diagnosis, last review appointment, last treatment, treatment intent, time reviewed by doctors and outcome were recorded. Descriptive statistics were then utilised to analyse data.</p> <p>The study established that the number of cancer patients attending the ED had risen since 2008 by 66 attendances over an equivalent 6 week period. The average age of the attenders was 66 years. Over one third of those attending the ED were from outside the hospital catchment area. The results demonstrate that there had been an increase in those being referred to the ED by the oncology/haematology helplines, and a decrease in those being referred by general practitioners. Of those attending the ED 33% waited over 4 hours in the department and 46% attended the ED between the hours of 9am and 5pm.</p> <p>The study acknowledged that the number of patients admitted from the ED who were over 12 months from diagnosis had risen. It demonstrated that the mean length of stay for these cancer patients is above the regional average for length of hospital stay. The results indicated that treatment intent was not accurately recorded in 42% of cases. It also highlighted that oncologist review of patients admitted with possible complications of treatment occurred within 24 hours in 75% of cases.</p>

	<p>The implications of these findings in relation to clinical practice were then discussed, recommendations for improving service delivery and informing practice are evident. The results demonstrate the need for investment in palliative care services and in community care. These patients have complex care needs and require support and a high standard of care. The results suggest that NCAG's (2009) recommendations for the development of an Acute Oncology Service would be beneficial to these cancer patients. However a detailed cost analysis of such a proposal would be necessary to determine if it is economically viable and addresses the need of the service and the patient. The study highlights areas where the standards of practice are not reaching a satisfactory level and could be further developed including the documentation of treatment intent, accurate documentation and enforcement of hospital policy.</p>
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Ref no	2011/56
Title	DEVELOPING A TELEPHONE INTERVENTION CASEWORK MODEL FOR DEMENTIA CARERS
Author	IAN WEATHERHEAD
Abstract	<p>In the UK it is estimated that 750,000 people currently suffer with dementia and this figure is likely to double in the next thirty years (Alzheimer's Society 2007). Admiral Nursing DIRECT is a specialist helpline for people affected by Dementia and is staffed by experienced Admiral Nurses (Mental Health nurses with expertise in caring for carers of people with dementia). The helpline is funded by the charity Dementia UK, and was launched in February 2007. Since July 2009 I have been in post as the first full time Lead Nurse to manage the service, including staffing, development of database, managing dementia information on website and future expansion of service and increased opening times. Since its commencement there has been no evaluation of the service.</p> <p>The aim of my work and study is to embark on a rigorous examination of Admiral Nursing DIRECT, including evaluating where we are at the present, what information we have in our current database, what current literature tells us about dementia helplines, and the planned development of a new telephone based casework model style of working. In collaboration with City University London as part of my MSc in Nursing, My studies will address the following questions:</p> <p>Why do people contact Admiral Nursing DIRECT?</p> <ul style="list-style-type: none"> • Does Admiral Nursing DIRECT provide effective information? • Does Admiral Nursing DIRECT meet the needs of callers? • Does Admiral Nursing DIRECT reduce the stress and the burden of caring? • Can psychosocial interventions using a helpline casework model provide an effective alternative to traditional face-to-face intervention? <p>To help better inform my plans for the helpline, a literature review of other similar services provided evidence to compare/contrast existing studies and that of my own.</p> <p>Little evidence exists on specialist dementia helplines, in the UK The Alzheimer's Society and Dementia UK, both charities, have national helplines, Alzheimer's Australia has developed a national</p>

helpline focusing principally on remote poorly serviced areas by statutory services.

In the USA Brown University and Rhode Island Hospital are developing a psychosocial intervention model for carers delivered purely via the telephone.

While methods of delivery are focussed solely on telephone contact, the service provider varies considerably, ranging from unqualified volunteers, to highly qualified practitioners such as nurses, therapists and psychologists.

To further explore an area bearing strong similarities to my proposed developments for a new casework style model, communication was developed between myself and Dr Geoffrey Tremont at Rhode Island Hospital and Brown University, the Principal Investigator of the Family Intervention Telephone Tracking (FITT) model undergoing trials in the state of Rhode Island.

Through discussion it was agreed by both that a trip to review and evaluate the FITT model was an excellent opportunity not just to save time and funding on re inventing the wheel where considerable work is already evidenced, but also an opportunity to develop international collaboration on future work.

A three-week travel timetable was developed between both parties, which included meeting and interviewing carers who have been part of the FITT programme, interviewing and working with the Therapists delivering the model, meeting other members of the investigative study team, site visits to other hospital and community based services both statutory and voluntary, meetings with heads of the State of Rhode Island Health Department, and presenting the work of Admiral Nurses and Admiral Nursing DIRECT at a formal lecture at Rhode Island Hospital organised by the hospitals Department of Neuro Psychology..

The trip proved very insightful and beneficial to both parties, with strong bonds developed and agreement on long-term collaboration on future developments and sharing of work, with analysis of findings planned for shared publication in the future.

Agreement was reached on utilising similar assessment tools and evaluation methods to enhance the evidence base and demonstrate the effectiveness or not of these, going from a strict clinical trial in the USA to a full Project study across the UK delivered by Admiral Nurses from Admiral Nursing DIRECT.

This new casework model will commence in January 2012.

Information gathered from my trip and my planned casework model have been presented at both at the UK Dementia Care Congress in November 2011, and also at the International Psychogeriatrics Association annual conference in The Hague in September 2011. An article for publication is also being written in collaboration and support from City University London.

Ref no	2011/57
Title	MAPPING UNKNOWN TERRITORY: THE NARRATIVES OF COUPLES IN HIV SERODISCORDANT RELATIONSHIPS AND THE IMPLICATIONS FOR POLICY AND LONG TERM SUPPORTIVE THERAPEUTIC PRACTICE. MPHIL/PHD IN NURSING
Author	MOHAMED KEMOH ROGERS
Abstract	<p>There have been impressive advances in the understanding of care and management of people living with the Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS). This, combined with the advent of the Highly Active Antiretroviral Therapy (HAART) hyped as “miraculous”, has significantly changed the course of HIV from a terminal disease to chronic illness. Where access to treatment is unconstrained and adherence maintained, HAART has greatly reduced the risk of opportunistic infections and immensely extended survival of people. These have facilitated recoveries even for those at advanced stages of the HIV disease (Nokes, 1991). In spite of these extraordinary advances in the field of HIV/AIDS, the risks of infecting the negative partner still exists in relationships where one partner is HIV positive and the other is HIV negative and are engaged in long term relationships (serodiscordant relationship) (Kalichman et al, 1998).</p> <p>Therefore, people rationally would “serosort” whereby HIV-negative people seek intimate partners who are also HIV-negative and, HIV-positive people would do the same. However, seroprevalence rates of HIV among both the young and older people in the UK continue to increase. A few factors might contribute to this. Firstly, the immense advances in the care and management mean that people with HIV are living longer and the disease has no remission. Secondly, HIV positive diagnosis in young adults is increasing and furthermore, children infected through their female parents (vertical transmission) and now becoming teenagers and young adults are adding to the pool of young people living with HIV (Green and Sobo, 2000; Ridge et al, 2007; The UK collaborative Group for HIV and STI Surveillance, 2005). Hence relationships containing HIV positive and negative individuals (serodiscordant relationships) may also increase.</p> <p>This research will be the first major study in the UK to seek to understand the personal lived everyday experiences of individuals and couples in intimate serodiscordant relationships.</p> <p>This research is a qualitative study of HIV-1 individuals and</p>

couples in serodiscordant relationships.

The research seeks to offer evidence that informs policy and develops professional practice on HIV serodiscordant relationships through systematic collection and analysis of narratives from the perspectives of “actors” for whom serodiscordance has symbolic meaning.

The research will generate an emergent integrated substantive theory of serodiscordant relationships that will be grounded in the data and supported by the data. The research has a psychosocial focus of serodiscordant relationships, with associated concern for gender, sexualities, ethnicity and the conduct of relationships in everyday life within the context of care and management of people living with and affected by HIV and AIDS in outpatient genitourinary medicine clinics. Because the participants in the proposed research are human subjects, extreme care will be taken to avoid any harm to them and protect their identity and the information they provide.

Ref no	2011/58
Title	A MULTIPLE CASE STUDY OF PATIENT JOURNEYS FROM A & E TO A HOSPITAL WARD OR TO HOME WITH THE SUPPORT OF THE EARLY RESPONSE SERVICE.
Author	SERA MANNING
Abstract	<p>OBJECTIVE - This research will discover the patients' experiences of the new and traditional routes of care and show the advantages and disadvantages of each within a chosen locality. It will inform on how a community service is delivering the new health agenda and most importantly how the patients feel and perceive their journeys through community based care and hospital based care.</p> <p>DESIGN - The research takes the form of qualitative interviews with open-ended questions to encourage discussion on the topic of their care journey from A & E to a hospital ward or to home with the help of the Early Response Service. Participant information sheets and consent forms are used. The anonymity of the participant was upheld and a number or letter used to refer to their contribution. All patients gave consent for the staff member who assessed them to be interviewed. Interviews were recorded and transcribed before being shredded to protect anonymity. Themes were searched for in the coding process. This research is deductive reasoning in that data generated will formulate recommendations for practice.</p> <p>SETTING - The patient interviews took place at the patients' home so that they had an opportunity to experience their care pathway. Staff interviews took place in a quiet room at their place of work.</p> <p>PARTICIPANTS - 10 patients and 10 staff were interviewed totalling 20 participant interviews. The patient group was split into 5 patients who attended A & E and received their subsequent care in hospital and 5 patients who attended A & E and were able to receive their subsequent care at home with the Early Response Service. The patients from each group were matched on the basis of same/similar injury. The age range of patient participants was 72-89 years old and the staff participants 39-58 years old. There were 8 females and 2 males in the patient group and 9 females and 1 male in the staff group.</p> <p>RESULTS – Data was analysed using the main headings from a holistic assessment namely physical, psychological and social themes. Qualitative data was grouped according to these themes. In addition, tabular analysis took place to examine if all hospital admissions were necessary, the reasons for admission, satisfaction with the service, positive and negative comments and results in relation to ageing. The results showed that according to both patients and staff that all the admissions were necessary. The reasons for admission were justified in that they were more serious</p>

or required medical/surgical intervention compared to the home care group. Both hospital and home patients were satisfied with the care they received on the whole.

CONCLUSION – The Early Response Service are correctly identifying the most suitable patients to receive care at home. An improvement in staff resources or skills such as intravenous drug administration would widen their referral criteria to be able to offer their service to more patients. There is still work to be done in respect of pulling patients out of hospital who are deemed medically stable but are waiting for care packages.

Ref no	2011/59
Title	CRITICAL APPRAISAL SKILLS AND GOOD CLINICAL PRACTICE: MODULES TOWARDS A MASTERS DEGREE IN CLINICAL RESEARCH AT THE UNIVERSITY OF THE WEST OF ENGLAND
Author	BRYONY KAY
Abstract	<p>Aim: To develop skills for searching and evaluating evidence and to improve my understanding of ethics and regulation in health research so that I can contribute to the nurse-led capacity to undertake research in healthcare.</p> <p>Conclusions and recommendations: I have learnt there is a need for more evidence-based care in nursing but I now appreciate that conducting research which is relevant and produces useful results for clinicians is not easy.</p> <p>The opportunity for recruiting in emergency departments is great but the environment also produces barriers to participation. I believe nurses with research skills are key to enabling high quality relevant research. Many nurses struggle to engage with published research through time constraints, limited understanding and lack of engagement with research staff. By combining my research skills with the children's emergency department nursing team I hope to reduce the gap between academia and patient care. As a research savvy nurse I can help to find the right balance between producing and using evidence and continuing to provide personalised care.</p> <p>This experience has improved my literature searching abilities. This has already proved useful in my clinical role as a paediatric emergency nurse and as a research nurse. I have gained confidence in my understanding of published research. I have improved the way I examine children with head injuries and give advice to parents of children who have had a febrile convulsion.</p> <p>I can perform a systematic search of literature available around a topic and identify where gaps in knowledge exist. I am now working on a systematic review of poisoning prevention and looking at improving the safety net provided to parents discharged from a children's emergency department.</p> <p>I ensure high quality recruitment of cases to the National Institute for Health 'Keeping Children Safe' research programme. This will</p>

provide information about the risk factors for young children being injured in the home. The study has expanded in the last year, while attending university I have met key people who have facilitated setting up this research in the other participating hospitals. The understanding and confidence I have gained enabled me to explain to others what is required.

I feel a duty as a research nurse with these new skills to share them with my colleagues. I have been able to bring up-to-date research to the attention of my colleagues, for example a recent study showing the over prescription of paracetamol to feverish children. I have also promoted the availability of funding for nurses through the Florence Nightingale Trust to undertake research projects of training by writing about my experience in the hospital magazine. I hope to become a research mentor for newly qualified nurses as part of a project to support and improve the visibility of research in the Trust. I am helping set up a research group in the Children's Emergency Department to encourage and facilitate research. I have also delivered a session to second year nurses about research in practice and hope to do so again. I am continuing the Masters degree and intend to conduct my own research project on giving advice to parents attending the Children's Emergency Department.