Peter Carter Visits Warwick

The RCN RI were delighted to welcome Dr Peter Carter to the School of Health and Social Studies at the University of Warwick. The team discussed the current work of the RCN RI under the themes: Patient involvement; patient and nurses experiences of care; patient important outcomes of care and implementation of evidence into practice. Current studies exploring incontinence, musculoskeletal pain, recovery from injury, care of people with dementia and care of preterm infants were highlighted. Peter was very positive about the volume and quality of the work undertaken by the RCN RI.

Current national concerns regarding consistent quality of care across the countries was explored. Peter shared his recent experiences and strategies for ensuring high standards of patient centred care.

Contact: Kate Seers

NIHR Horizon Scanning Centre

National Institute of Health Research (NIHR) Horizon Scanning Centre

Dr Sue Simpson very kindly gave up her day off to give us a seminar on the work of the NIHR Horizon Scanning Centre. The aim of the centre is to provide advance notice to the Department of Health (DH) and health service policy making bodies of significant pharmaceutical drugs, diagnostics and devices.

The DH is therefore prepared for developments that might impact on practice and funding bodies are aware of health technologies that require further research. The centre has a wide remit and further aspects of their work can be found on the website www.hsc.nihr.ac.uk where they have briefings, in-depth reviews, research papers. The centre has a twitter account and an RSS feed which you can sign up to for news of these outputs. The breadth of their searches are broad, Euroscan cover world wide activities (http://www.euroscan.org.uk). Currently the centre has a data-base holding 8,000 technologies with around 1,000 new health technology entered each year.

Contact: nihrhsc@contacts.bham.ac.uk
Move to Warwick Medical School

We have had 5½ very productive years based in the School of Health and Social Studies (SHSS) at the University of Warwick. Changes within the University means the RCN Research Institute’s research and doctoral supervision will be maintained and developed from our new home in Warwick Medical School from 1st February 2013.

We are currently still in the SHSS building, but will move up to the Medical School during April 2013. We are really looking forward to new and continuing collaborations with colleagues in Warwick Medical School, and we have been made to feel very welcome. Our emails and phone numbers will remain unchanged, but from 9th April our new address will be:

RCN Research Institute, Division of Health Sciences, Warwick Medical School, Gibbet Hill, Coventry CV4 7AL

Contact: Kate Seers

University of Toronto

At the end of January, Kate was invited to a Paediatric Pain Consensus Conference hosted by SickKids Hospital and held at the University of Toronto.

This conference brought together leading experts in paediatric pain management and knowledge translation together with decision makers and knowledge users.

They discussed the innovative SickKids’ Paediatric Pain Knowledge Translation Toolkit and its implementation and evaluation.

This was an interesting two days, with a lively exchange of views from an international audience. It was good to hear a range of ideas and perspectives, and the developers of this evidence based toolkit are now working with the feedback.

Contact: Kate Seers

Monash-Warwick strategic initiative

The Universities of Warwick and Monash have a strategic initiative for joint research and education programmes. As part of this, Kate was part of a successful bid that funded her to visit colleagues at Monash in Melbourne to discuss joint research around complex interventions.

It was a very busy week, meeting a range of colleagues from Monash. Several research proposals are now in development, and Kate is leading one focusing on implementing a programme to improve pain relief.

Contact: Kate Seers
We are pleased to announce that Dr Julie Rasmussen has successfully passed her PhD viva with no corrections. She was supervised by Kate Seers and Gillian Hundt. Julie was interested in understanding the perceptions of hospital staff in relation to their use of protocols and guidelines to prevent the spread of Clostridium difficile infection. She used a qualitative case study on an acute medical ward within an NHS hospital which took place over 8 months.

Ethnographic methods were employed including 186 hours of non-participant observation and informal conversations, interviews with 40 ward-based staff and a document review. The findings were mapped onto a behavioural framework from psychology. These findings highlight that nurses and doctors were detached from infection control protocols and guidelines. Instead, practice tended to be informed by communities of practice, common sense knowledge, ‘mind-lines’ and intuition.

The complexity and difficulties that were experienced by staff with the implementation of their infection control practice was expressed through four themes ‘Ambiguity’, ‘Professional Frustrations’, ‘Organisational Constraints’, and ‘Perceptions of Contamination’. Protocols did not take account of how sense was being made of contextual difficulties which often resulted in best practice recommendations being ‘worked around’. Problems experienced were prevented from surfacing because of a lack of time to reflect and a feeling of being overwhelmed.

Culturally ingrained factors such as blame and a feeling that ‘nothing gets done’ appeared to contribute towards participants ‘staying silent’ rather than voicing or reporting their concerns about difficulties with their practice which had the potential to influence the safety of patients.
Developing a core outcome set for hip fracture trials: a consensus conference

Fragility fracture of the proximal femur (hip fracture) is a considerable cause of morbidity and mortality worldwide. One of the limitations of clinical trials of treatment for hip fracture is the variety of different outcomes reported. Currently, there are no accepted standards for measuring the impact of hip fracture, or defining improvement. This makes comparisons between studies very difficult and the synthesis of high quality evidence impossible.

To address these problems, core outcome sets (‘COS’) are increasingly recommended. COS seek to define ‘What’ should be assessed - for example, pain, functional ability, and quality of life - and ‘How’ this should be undertaken - by suggesting the most appropriate and relevant clinical or patient-reported outcome measures.

At the end of January a team from Warwick Medical School, including Dr Kirstie Haywood from the RCNRI, hosted a one-day consensus conference to define a COS for hip fracture clinical trials. Attendees included people who had experienced a hip fracture, carers, researchers, and members of the multi-disciplinary team involved in the management of patients with hip fracture. The day consisted of presentations of earlier research undertaken by the team, and several break-out sessions where participants were facilitated in wide-ranging and lively discussions about the ‘What’ and ‘How’ of assessment. The day ended with a final vote on the key aspects of the COS using a closed voting system. The developers of the COS are now working with the results of the day and the feedback to confirm the proposed COS.

During this process, the team liaised closely with the COMET-initiative (Core Outcome Measures in Effectiveness Trials). The study protocol is now available from the COMET website (http://www.comet-initiative.org/studies/searchresults).

Contact: Kirstie Haywood

The work of the RCNRI aims to:
► Produce high quality research that improves patient care and impacts on policy
► Increase research capacity within nursing by providing high quality research training
► Contribute towards the RCN delivering on its strategic objectives

Contact: Kate Seers