

Reports 2010

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| Ref no | 2010/01 |
| Title | A CROSS COMPARISON OF EXPERIENCES IN RELATION TO EATING PROBLEMS FOR PATIENTS WITH CANCER AND THEIR FAMILIES. |
| Author | Dr. Joanne REID |
| Abstract | <p>The purpose of the travel award to Canada was to compare experiences in relation to eating problems for patients with cancer and their family members within Canada and Northern Ireland. The aims from the visit to Canada were to have gained explicit areas of increased knowledge and understanding for the purposes of informing nursing practice, education and future collaborative research into eating related distress for this client population. In order to achieve this, meetings were held with a number of key stakeholders at both the University of Toronto and Princess Margaret Hospital, Toronto. Additionally observed clinical practice was facilitated within the Princess Margaret Cancer Centre. This approach ensured that a range of perspectives were gained on how nursing addresses eating related changes for patients with cancer and their families within the Province of Ontario. The aim is to use the information gleaned to shape future education, policy and research direction regarding this distressing aspect of cancer care. The report provides a cross-comparison of the experiences of eating problems for this population, from research conducted within both Canada and Northern Ireland. Additionally, it highlights implications for patient care, nursing education and future research direction.</p> |

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| Ref no | 2010/02 |
| Title | MOTHERS' EXPERIENCE OF RECEIVING COUNSELLING/PSYCHOTHERAPY ON A NEONATAL INTENSIVE CARE UNIT (NICU). |
| Author | Lynn PARKER |
| Abstract | <p>Having a baby on a Neonatal Intensive Care Unit is a major life stressor which has the potential of impacting detrimentally on the mother's relationship with her infant, therefore appropriate psychological support is imperative in order to minimise the severe long-term consequences of this experience.</p> <p>Research as far back as the 1970's recommends counselling and psychotherapy as an effective intervention to provide appropriate psychological support for these families and the NICU in this study is now provide such a service. Research was needed to assess the</p> |

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| | <p>suitability of the service from the mothers' perspective to assess whether this does in fact meet their psychological needs during this traumatic time, and if there are improvements that can be made. Findings showed that other available support networks were often conditional, whereas the counselling service was viewed as a point of consistency and stability that provided unconditional psychological support at the time when needed.</p> |
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| Ref no | 2010/03 |
| Title | THE OBSERVATION AND EXAMINATION OF NUTRITIONAL CARE PROVISION IN PAEDIATRIC INTENSIVE CARE UNITS (PICU). |
| Author | Isobel MACLEOD |
| Abstract | <p>The aim of this study tour was to observe and examine nutritional care practices in paediatric intensive care units in two leading North American centres, in order to adapt and improve the nutritional care in our own unit.</p> <p>The prescription and delivery of nutrition in paediatric intensive care units (PICUs) has been found to be sub-optimal worldwide and is both a complex and challenging aspects of care provision. Children with congenital heart disease (CHD) are a particularly vulnerable patient group, often malnourished prior to surgery and subsequently present unique challenges within the intensive care unit with regard to nutrition related complications.</p> |

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| Ref no | 2010/04 |
| Title | AN INTERNATIONAL COMPARISON OF THE ORGANISATION OF CARE WITHIN PAEDIATRIC ORTHOPAEDIC SPINAL CENTRES. |
| Author | Katie STRAWBRIDGE |
| Abstract | <p>This comparative study evaluates the care of paediatric Scoliosis patients undergoing corrective surgery in Seattle, Basel, Cape Town and Southampton.</p> <p>The study focuses on the key elements surrounding the care of these children both pre-operatively and post-operatively. These include; pre-assessment, wound care, analgesia, physiotherapy and outpatient follow up. Comparisons will also be made of the length of stay in hospital post surgery and the role of the Nurse Specialist.</p> <p>Analysis of the findings identified lessons for own practice and recommendations for the future care of Scoliosis patients.</p> <p>This experience provided the opportunity to benchmark current practice and guide future developments and improvements within Southampton and the UK.</p> |

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| Ref no | 2010/05 |
| Title | INTERNATIONAL PERSPECTIVES OF THE WARD SISTER ROLE AND LESSONS LEARNT FOR INNER LONDON. |
| Author | Jane MCLEAN and Catherine WALSH |
| Abstract | <p>This report includes an overview of the role of the ward sister at Barts and London Hospital and compares with the role in America, Sweden, Finland, and Scotland. A literature review as well as justifying the places visited helps obtain an international perspective of how the role compares in different environments. The key aim of this study was to increase knowledge and gain expertise into how the role of the ward sister is supported and developed in different countries. This will enable service development and benefit how we ensure the highest quality patient care is achieved in the inpatient ward.</p> <p>The hospitals chosen to visit were as a result of a literature search into the role of the ward sister. This literature search was extended to examine quality in nursing care and leadership in nursing. The different expectations and support structures helped us question what was the best model for the ward sister role. We asked this question to everyone we met. We also asked how was quality measured and ensured in the ward setting.</p> <p>Barts and London Hospital moves into a new building in 2012. It is perfect timing for a review of middle management nursing structures. This combined with a ward sister development plan, revision of the nursing dashboard and the creation of clinical trios could provide a sounds clinical nursing leading structure for the future.</p> <p>The Ward Sister role is crucial to the delivery of high quality care and need careful planning to get the best support and educational development to make it a rich contributor to the debate at executive level on the healthcare environment.</p> |

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| Ref no | 2010/06 |
| Title | A DETAILED EXPLORATION OF DEVELOPMENT AND FUNCTIONING OF FAMILY LEARNING CENTRES IN AMERICAN CHILDREN'S HOSPITALS: LESSONS FOR THE UK? |
| Author | Dr. Veronica SWALLOW |
| Abstract | <p>The aim of this study was to gain a detailed insight into the development and ongoing evaluation of hospital based Family Learning Centres in Philadelphia and Chicago, USA, and to use the findings to inform development/evaluation of family learning interventions in UK children's hospitals/departments. This is part of</p> |

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| | <p>a larger programme of work focussing on family learning in the management of long-term conditions of childhood. The centres visited were selected because of their good reputations for information provision to families living with long-term conditions. The functioning of Family Learning Centres was explored through discussions with a wide range of family members who use services, clinically focussed professionals who are US leaders in the area, and academic colleagues who are internationally recognised for their contribution to knowledge development in this area. These collective views and experiences will be used to inform future development and evaluation of UK family learning resources and facilities, and to help share the future direction of practice and research regarding child, young person and family learning in the NHS.</p> |
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| Ref no | 2010/07 |
| Title | COMMUNITY HEALTH NURSING- TACKLING DISADVANTAGE PROMOTING EQUITY. |
| Author | Fiona STUART |
| Abstract | <p>Community health nursing is undergoing a period of significant change. Although we maintain a universal health visiting service, within the UK there is an ever-increasing emphasis on the concept of progressive universalism, where services are necessarily targeted towards those most in need. This concept itself is no bad thing. We have to support the careful allocation of limited resources. However, in embracing this concept there is a danger that we loose the preventative approach; the ethos of health promotion that has always been so implicit within the health visiting service.</p> <p>The Family Nurse Partnership (FNP) programme (or the Nurse-Family Partnership as it is known in the USA) is an evidence-based, nurse home visiting programme that aims to improve the health, well-being and self-sufficiency of low income, first-time parents and their children. Developed in the USA by Professor David Olds, the FNP is based upon theories of human ecology, attachment theory and self-efficacy theory and has been developed following three decades of extensive and ongoing research. Three large-scale randomised controlled trials in the USA have shown that the regular, structured home visits from early pregnancy until age 2 years, provide proven benefits in terms of improved pregnancy outcomes, improved child health and development and improved economic self-sufficiency. FNP offers a valuable means of addressing the ongoing cycle of deprivation and inequality that is perpetuated in some of our most deprived communities. FNP also</p> |

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| | <p>offers the opportunity to maintain the prevention focus that is so central to successful outcomes for children and families. The aim of this travel scholarship was to learn about the development and delivery of the FNP model. This was to determine the relevance and potential value of developing the model within Scotland, but also to identify key points of learning that could be applied to universal services. I looked to achieve this aim by reviewing the research and literature relating to FNP, and by visiting implementation sites in England and the USA.</p> |
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| Ref no | 2010/08 |
| Title | FECAL INCONTINENCE: THE MANAGEMENT OF LOOSE CONSISTENCY STOOLS. |
| Author | Lorraine O'BRIEN |
| Abstract | <p>The purpose of this study is to find evidence to guide clinical practice in a changing a loose consistency stool. Improving the consistency of the stool is an important strategy in regaining continence. Loose consistency stools are more difficult to control and can result in incontinence and involuntary leakage. Within the biofeedback clinic differing management strategies are employed to improve the consistency of stools. There are three main options for treatment, recommending a low fibre diet, using antidiarrhoeals or alternatively taking a fibre supplement. This study aims to find evidence to support these treatment options which will guide clinical practice.</p> <p>A literature review was undertaken in order to find out what is known and unknown about the treatment options to improve a loose stool consistency. A search was made of the electronic databases; Medline, Cinahl and Cochrane Library. The articles were analysed and critiqued with 3 themes emerging, loperamide, dietary manipulation and fibre supplements. Only two studies closely resembled patients seen within the biofeedback clinic but they had conflicting results. There remains a gap in the knowledge to guide choice of soluble fibre supplements available in the UK. Therefore there is a need for a comparative study of the effectiveness of fybogel and normacol in the treatment of faecal incontinence.</p> <p>A quantitative research design will compare two fibre supplements at baseline and at the end of a 4 week treatment period. Participants will be randomised to either fybogel or normacol. Outcome data will measure, change in stool consistency, severity of faecal incontinence and quality of life.</p> <p>It is hoped that the evidence from this research will guide nurses in selecting the most effective fibre supplement as a strategy in</p> |

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| | treating faecal incontinence. |
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| Ref no | 2010/09 |
| Title | A FOUCAULDIAN APPROACH: CAN IT ASSIST US TO EXPLICATE THE INTERPLAY OF PHYSICIAN AND NURSE IN THE HOSPITAL SETTING? |
| Author | Carole WALFORD |
| Abstract | The work of French philosopher, Michel Foucault, offers an approach to gain insight into the roles adopted by the physician and nurse on a day to day basis in healthcare. Foucault concentrated his work on the interplay of the body, power and knowledge, surveillance and resistance (Burrell 1988). This paper offers that these core concepts are transferable and can be applied to unravel the interface of physician and nurse as they care for their patient. Sheridan states that's Foucault does not offer us "theory in a sense of a general statement of truth as Foucault sees it, but rather a tentative hypothesis, an invitation to discussion, which more often than not is startlingly at odds with received opinion." This gives us opportunity to put aside preconceived ideals and to gaze with fresh eyes upon the nurse physician view of their patient. |

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| Ref no | 2010/10 |
| Title | RESEARCH METHODS: AS PART OF AN MSC IN NURSING -QUALITATIVE RESEARCH METHODS -APPLIED RESEARCH METHODS AND STATISTICS |
| Author | Karen PARSONS |
| Abstract | The primary aim of these modules was to develop my understanding of the theory and practice of qualitative and quantitative research methods. These two modules are compulsory components of the MSc Nursing that I am currently undertaking. The completion of these modules has provided me with a good working knowledge of research methods and statistics, the application of this knowledge within health care will allow me to evaluate and conduct appropriate health care research. |

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| Ref no | 2010/11 |
| Title | AN INTERNATIONAL COMPARISON OF THE TREATMENT OF GAMBLING ADDICTION- AN ANALYSIS OF THE SUPPORT AND TREATMENTS AVAILABLE FOR PEOPLE WITH GAMBLING |

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| | ADDICTIONS IN LAS VEGAS AND LONDON |
| Author | Victoria SHARMAN |
| Abstract | <p>Problem gambling is a hidden addiction that receives little attention in psychiatry and attracts little public sympathy. If left untreated problem gambling is detrimental to the person's health and social circumstances and has a significant impact on family, friends, colleagues and employers.</p> <p>This study aims to identify and analyse the treatments and support available for people with gambling addictions in Las Vegas and London. Las Vegas and London have been selected as they are both the gambling capitals of their countries and will make for interesting comparisons due to their differences in availability of treatments.</p> <p>The study findings have found that treatment does work and that a combination of professional and peer support is best. Improvement in healthcare professional's knowledge of problem gambling warning signs, diagnosis and treatment is required.</p> |

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| Ref no | 2010/12 |
| Title | STUDY TOUR TO WASHINGTON D.C. TO LOOK AT COMMUNITY CARE AND SUPPORT FOR PATIENTS LIVING WITH HIV/AIDS |
| Author | Charlotte BROUGHTON |
| Abstract | <p>The author Charlotte Broughton was awarded a Florence Nightingale Foundation Travel Scholarship which was made possible by the generosity of The Department of Health (UK). The award enabled the author to undertake a study tour to Washington DC where she looked at "Community Care and Support for Patients living with HIV/AIDS."</p> <p>On returning to the UK the author has had the opportunity to assimilate her data and findings into a depth report which compares services in DC with the services provided in her Health Authority; Surrey Community Health Services.</p> <p>Initially the author felt that the services provided in Surrey were fairly limited in comparison to those offered to people in DC with HIV, but she soon began to realise that the epidemic in Washington DC far exceeded that of the HIV figures in Surrey and as a result services matched what was necessary and needed in a country where there were 600 people with HIV which hugely contrasted the 16,000+ people with HIV in Washington DC.</p> <p>In conclusion to this study the author felt that we in Surrey and the UK were confronted HIV and HIV services with the facilities and budget available to us, BUT the author did point out that she felt that a new HIV awareness campaign was well overdue and an area of health promotion the Government was choosing to ignore</p> |

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| Ref no | 2010/13 |
| Title | UNDERSTANDING RESEARCH & CRITICAL APPRAISAL IN HEALTH CARE |
| Author | Wendy STURT |
| Abstract | Understanding Research and Critical Appraisal is one of the core modules required to obtain a Masters in Health Sciences (Palliative Care). The assignment for this module is principally designed to show that I can demonstrate an in-depth understanding of critically appraising evidence from relevant literature. It was necessary to indentify the highest level of evidence possible such as systematic reviews of randomised controlled trials. |

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| Ref no | 2010/14 |
| Title | REVIEW OF RESEARCH METHODS AND APPROACHES USED IN THE STUDY OF POLYPHARMACY IN THE ELDERLY |
| Author | Henrietta MARRIOTT |
| Abstract | <p>Objective: To develop understanding of the approaches and methods used to study the effects of polypharmacy in elderly patients; and to identify gaps in the current knowledge base and areas for the potential future study.</p> <p>Design: Literature review.</p> <p>Setting: Clinical Decisions Unit in Accident and Emergency Department of District General Hospital.</p> <p>Method: Structured search of databases using PICO analysis to define a focussed question and search terms.</p> <p>Results: 22 papers were identified, all quantitative in approach – 2 systematic reviews, 13 cohort studies (retrospective and prospective), 1 critical literature review, 3 literature reviews and 3 commentaries. Themes of polypharmacy, classes of drugs, comorbidities, gender, cognitive status and age emerged as predictive risk factors for adverse drug reactions and negative health outcomes in elderly patients. Medication review, education of patients and clinicians, computer decision support systems and electronic prescribing were found to be effective strategies for reducing risk. No qualitative research was found, or studies into quality of life of older individuals with polypharmacy or on patient compliance with medication regimes.</p> <p>Conclusion: A more rigorous and detailed literature search is required to clarify gaps in the literature. There is a clear need for further research, from both medical and nursing perspectives, into the area of polypharmacy on quality of life and factors affecting compliance with pharmacotherapy. Advanced nurse practitioners</p> |

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| | are ideally placed to bring a holistic, nursing ethos to the detailed assessment and management of these patients. |
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| Ref no | 2010/15 |
| Title | WOMEN EXPOSED TO DOMESTIC ABUSE: IDENTIFICATION, EXPLORATION AND COMPARISON OF SERVICE PROVISION FOR WOMEN EXPOSED TO DOMESTIC ABUSE IN WALES AND CANADA. |
| Author | Olwen JONES |
| Abstract | <p>This report defines domestic abuse and discusses the extent of domestic abuse in our society, in particular, the abuse of women. The effects of abuse on a woman's health will be examined and, in turn, the implications for children within the family who witness this abuse. It discusses briefly the co-occurrence between domestic abuse and child abuse.</p> <p>Identifying women who are suffering domestic abuse is essential to enable a community to support and protect those women and any children who are involved.</p> <p>The report looks at how Routine Enquiry into Domestic Abuse was first introduced and how our practice as health professionals has developed regarding Routine Enquiry. It discusses the risk assessment process that is in place that enables professionals to work together to ensure the safety of women experiencing domestic abuse.</p> <p>It compares service provision between our own locality in Wales and London, Ontario, Canada. It identifies areas of good practice and innovative service provision as well as any areas of unmet need. It concludes by discussing the lessons learnt from the visit to Canada and the implications for my own practice, and wider service development in Wales.</p> <p>It is recommended that this report should be read in conjunction with the report entitled: Young Children Exposed to Domestic Abuse: exploration of a therapeutic support programme developed to help young children heal from the effects of violence in the home (Debra John, Florence Nightingale Travel Scholarship, 2010).</p> |

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| Ref no | 2010/16 |
| Title | YOUNG CHILDREN EXPOSED TO DOMESTIC ABUSE: EXPLORATION OF A THERAPEUTIC SUPPORT PROGRAMME DEVELOPED TO HELP YOUNG CHILDREN HEAL FROM THE EFFECTS OF VIOLENCE IN THE HOME. |

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| Author | Debra JOHN |
| Abstract | <p>This report will describe the outcomes of a travel scholarship to Canada to explore a specific therapeutic programme designed to support very young children who have lived with domestic abuse. The programme 'No Violence = Good Health' was first developed at the Merrymount Children's Centre over twelve years ago. The programme has been set up in our local community over the last two years to try and meet the unmet health needs of young children exposed to domestic abuse. The impact of domestic abuse on very young children has been little recognised. However, ongoing exposure to abuse in the home is a potential risk to young children's physical and physiological development and emotional well being. There may also be a negative impact on the mother/child relationship. If left unaddressed, all may have life-long implications, particularly in relation to later psychological health. Young children can show remarkable resilience in response to early sensitive interventions. Such interventions may help young children recover from the negative experiences they have encountered witnessing violence at home. Implications for practice development will be considered in light of the findings from the Canadian experience and their 'No Violence equals Good Health' programme.</p> <p>It is recommended that this report should be read in conjunction with the report entitled: Women Exposed to Domestic Abuse: Identification, exploration and comparison of service provision for women exposed to domestic abuse in Wales and Canada (Olwen Jones, Florence Nightingale Travel Scholarship, 2010).</p> |

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| Ref no | 2010/17 |
| Title | UK HEALTHCARE WORKERS ATTITUDES, BELIEFS AND PERCEPTIONS TOWARDS INFLUENZA VACCINATION: A REVIEW OF THE LITERATURE. |
| Author | Anika EAST |
| Abstract | <p>In the UK, since 2000, the Chief Medical Officer has included guidance on influenza vaccination for healthcare workers (HCWs) in the annual letter announcing influenza vaccination policy. It highlights the importance of immunisation against influenza for HCWs and has targeted providers in both hospitals and outpatient care settings as a high priority group (DOH, 2009a). The goals of this strategy are to reduce the risk of patient influenza exposure and to ensure continuity of health care services so that patient care is not disrupted. Nevertheless, in 2008/9 only 16.5% of HCWs in England were vaccinated (DOH, 2009). Using systematic</p> |

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| | <p>methodology, this study aimed to review relevant UK literature to better understand the attitudes, beliefs and perceptions of HCWs towards influenza vaccine, identify barriers to vaccination and recommend strategies to improve uptake. Thirteen publications were extracted and reviewed. Two main barriers to vaccine uptake were constantly reported: (1) misinterpretation or lack of knowledge about influenza infection, its risks, the role of HCWs in its transmission and regarding the vaccine's effectiveness and safety, and (2) a lack of convenient access to influenza vaccine and lack of availability. It was concluded that vaccine uptake may be raised by adopting a multifaceted approach combining several occupational groups separately. These include easily accessible vaccination for doctors and education for non-medical staff. Research which uses qualitative methodologies is needed to explore and define what specific attitudes and beliefs undermine vaccination effort among HWCs.</p> |
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| Ref no | 2010/18 |
| Title | GOING HOME – DISCHARGING TECHNOLOGY DEPENDENT CHILDREN FROM HOSPITAL. |
| Author | Mary DURRANS |
| Abstract | <p>Increasing numbers of children who are technology dependent, particularly those who are ventilator dependent are often spending many months, if not years in hospital, often in Paediatric Intensive Care Units, whilst plans for discharge are made, and packages of care for the home are commissioned and implemented. The main focus of this study is the discharge of children who are ventilator dependent.</p> <p>Recent research suggests that in the United Kingdom, the average length of stay in hospital is fifteen months, in an environment which is certainly not optimum for a child who is medically stable and could be at home, and an environment which may have a detrimental effect on both child and family.</p> <p>Despite the best efforts of staff, children nursed on Intensive Care Units, and their families can be exposed to very distressing situations, such as other children dying and parental distress and grief. The situation is made more difficult, frustrating and challenging for these families if their child is medically stable, and could be at home but for the delays in the discharge process due to lack of funding, difficulties in commissioning care providers or unsuitable housing.</p> <p>Continued advances in the care of neonates, children and young people requiring intensive care have increased the number surviving extreme prematurity, chronic lung disease, congenital</p> |

abnormalities, complex illness and accidents. Advances in technology, particularly in the development of compact portable ventilators, have made care home for children who are ventilator dependent a realistic option.

However, whilst technology has advanced, and survival with complex needs now commonplace, there often appears to have been little forward planning to meet the needs of these patients. Certainly it is the author's experience that there has been little planning with regard to the discharge of ventilator dependent children, or planning for transition to adult services. Currently if a complex needs child is under the care of a Children's Community Nursing Service, the service will meet the majority of the nursing interventions, once transferred to adult services the family normally have to see a range of health professionals to access nursing interventions.

This study was undertaken in the United Kingdom and Ireland, where four Paediatric Units involved in the care and discharge of ventilator dependent children were visited. Two units in the UK were visited, and one in Ireland, Ireland was chosen because of the different health care system in place. Three visits were to Children's Hospitals and one to a specialist hospital in London. On all visits the author was fortunate to be able to spend time with the Specialist Nurse responsible for the discharge of ventilator dependent children.

This study identifies the common barriers to discharge, the importance of discharge pathways and the experiences of specialist staff, and seeks to make recommendations for practice in the author's workplace to try to improve the discharge process and the experience for the child and family.

The study concludes that the employment of a dedicated discharge planning nurse and, where economically viable, a Transitional Care Unit facility are key factors in achieving early discharge for ventilator dependent children.

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| Ref no | 2010/19 |
| 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>This Abstract is an interim report as part of an ongoing PhD Thesis. This summary therefore is part of a work in progress to be concluded in 2011/2012.</p> <p><u>Research Questions:</u></p> <p>In light of health plans to shift more acute care to the community, has the Early Response Service successfully achieved an</p> |

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| | <p>alternative type of care to available to patients in that they can be treated in their home instead of hospital?</p> <p>To find out how the patients feel about their care? Did they have a positive experience on the chosen care pathway?</p> <p>What factors influence the decision-making by staff? Are any changes needed to the criteria of who receives care at home?</p> <p><u>Research Aims:</u></p> <p>To discover the advantages and disadvantages of being cared for at home as opposed to in hospital and vice versa. To discover which specific factors determine staff decisions on choosing the care pathway that the patients follow. To discover the factors involved in length of recovery time and self-car ability like the importance of multi-disciplinary team input.</p> <p><u>Research Outcomes:</u></p> <p>To have successfully achieved the patients' view on care received in the community and in a hospital. Positive will portray the success of care received. Any negative comments that may occur are to be used as recommendations for practice to improve car systems.</p> <p>To have gained an understanding why 10 patients with the same injuries took different paths of care. This will give enlightenment to professional decision-making in the best interests of the patients and tighten the criteria of community care.</p> <p>Data collected will depict a holistic study including the patients' psychological, social and physical aspects of care. It is necessary to provoke empathy with the patients' journeys to better understand their experiences of systems of care from which professionals can learn.</p> <p>Themes from interviews will help construct a model of care excellence worthy of being benchmarked to other Intermediate Care teams who are also trying to prevent inappropriate admissions to hospitals.</p> |
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| Ref no | 2010/20 |
| Title | EXPLORING THE NUTRITIONAL CARE PATHWAY OF ADULT PATIENTS WITHIN THE HOSPITAL SETTING – A COMPARISON BETWEEN COUNTRIES. |
| Author | Claire BLACKWOOD |
| Abstract | <p>This report outlines the observational visits to Copenhagen, Denmark and Maastricht, The Netherlands in May 2010 by Claire Blackwood, RGN who works as Nutritional Care Lead in NHS Ayrshire & Arran in Scotland.</p> <p>The visits were to examine the nutritional care pathways in both countries, which involve aspects such as nutritional screening and care planning interventions.</p> <p>Other areas which were also explored and outlined include audit</p> |

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| | <p>processes and monitoring of malnutrition prevalence within the countries visited.</p> <p>Catering processes and patient involvement are also looked at and discussed within the report, along with examples of how these are implemented at ward level.</p> <p>There is also an explanation of a wonderful initiative in the children's cancer ward in Copenhagen, which illustrates how a flexible approach to hospital catering aims to optimise the dietary intake for this group of patients.</p> <p>Recommendations for local implementation and references to the International projects which have been discussed are at the end of this report.</p> |
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| Ref no | 2010/21 |
| Title | ESTABLISHING A CLEAR PROCESS FOR ENGAGEMENT OF SERVICE USERS AND CLINICAL STAFF IN PLANNING OF ENVIRONMENTS OF CARE WITHIN MENTAL HEALTH SERVICES |
| Author | Simone JOSLYN |
| Abstract | <p>The aim of this study is to improve the service user experience of adult in-patient mental health services/environments by providing a clear rationale and process that assists in ensuring that service users and clinical staff are fully engaged in the process of planning environments of care. Meaningful engagement has been overlooked and or undervalued in the past.</p> <p>The methods utilised in this paper were a literature search, undertaking visits to hospital/units in Glasgow, Boston and New York State where service user and staff views were identified as being pivotal in the design of environment of care. Use was made of local service user surveys and user stories to explore users' perceptions of inclusion in mental health service design, both environmental and strategic.</p> <p>Whilst this study reports on mental health care the principals could be utilised to any healthcare environment.</p> |

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| Ref no | 2010/22 |
| Title | EXPLORING GENDER-SENSITIVE NURSING INTERVENTIONS FOR HEALTH PROMOTION WORK WITH MEN IN CANADA |
| Author | Steve ROBERTSON |
| Abstract | <p>This Scholarship took place in September/October 2010 and entailed visits to academics, practitioners and projects in Vancouver, Toronto, Michigan and Quebec City. The aim of the visit was to exchange information and further develop understanding about what makes for effective nursing engagement</p> |

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| | <p>and interventions with men. From the various contacts made there are key findings of interest. First, what makes for successful engagement with men around health and well-being varies considerably by social context and particularly the setting in which engagement is attempted. Taking services to where men are (both physically and symbolically) is often more effective. Second, men make a clear distinction between 'staying well' for which engagement with health services/professionals is often not viewed as required or acceptable and 'ill-health' where engagement is often forthcoming. Mental health seems to be particularly difficult for the men to place in this 'health/ill-health' distinction. Third, the predisposition for men to be 'action' rather than 'communication' oriented ('doing' rather than 'talking') has practical significance when thinking about setting up public health nursing initiatives for men. It is hoped to disseminate the work from the Scholarship through a range of papers, seminars and curriculum/teaching activities.</p> |
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| Ref no | 2010/23 |
| Title | SUPPORTING HIV POSITIVE WOMEN TO BREASTFEED: WHAT IS THE EVIDENCE |
| Author | Elizabeth WILLIAMS |
| Abstract | <p>Prevention of mother-to-child transmission of HIV is an evolving area. While there has been substantial research conducted on the role of breastfeeding in postnatal transmission, there is now a change in ethos when choosing appropriate infant feeding strategies in developing and developed countries, the ultimate goal being a HIV negative infant and healthy mother to care for that child.</p> <p>The aim of this piece of work was to review the evidence that supports HIV positive women in the UK to breastfeed. Two treatment paradigms were explored that reduce the transmission of HIV through breast milk.</p> <p>A systematic literature search revealed eight primary research reports pertinent to the review. These were critically analysed using an adapted framework for quantitative research. Additional papers were evaluated to add depth. The research reviewed indicates that HIV transmission can be reduced by treating infants with prophylactic anti retroviral therapy but this should be for the duration of exclusive breastfeeding to improve efficacy. Treating mothers with anti retroviral therapy during pregnancy and whilst breastfeeding also proved highly effective in reducing transmission events of HIV. However, comparisons of both paradigms proved difficult due to differences in the studies design.</p> <p>Implications to clinical practice have been considered including education and support and the crucial role nurses can play in</p> |

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| | <p>assisting women when choosing an infant feeding option that is suitable for their situation. Further research is required within the developed world to supplement this growing evidence base. Recommendations included collecting data on women who choose to breastfeed within the UK.</p> |
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| Ref no | 2010/24 |
| Title | WHAT NEXT FOR PALLIATIVE AND END OF LIFE CARE? A COMPARATIVE STUDY OF PALLIATIVE CARE IN ENGLAND, CANADA AND NEW YORK |
| Author | Rebecca COOPER |
| Abstract | <p>The author, a lead nurse in palliative care, was awarded a travel scholarship by the FNF to explore and analyse palliative and end of life care within England, New York and Edmonton Canada. Palliative care can be defined as an approach that improves the quality of life of patients and families who face life threatening illness by providing pain and symptom relief, and spiritual and psychosocial support from diagnosis to the end of life and bereavement (WHO 2002).</p> <p>The author visited the Beth Israel Hospital in NY, The Regional Palliative Care Programme in Edmonton Canada, and the West Cumbria, Hospice at Home Service in England. Time was also spent with other key stakeholders who are involved in end of life care in England. These include: National End of Life Programme, Marie Curie, Macmillan and the Kings Fund.</p> <p>The author was able to look at the macro-environmental issues that affect the palliative care delivery today and will influence the future in regards to models of care. Integral to this was the work Joanna Lynn had done in regard to disease trajectories and the need for good palliative and the end of life care for all patients irrespective of their diagnosis.</p> <p>The author gained a wealth of knowledge from this experience and was able to benchmark areas of good practice in regard to service delivery, co-ordination of care, high quality care, and workforce development.</p> <p>From these experiences the author is able to articulate some future steps for palliative care delivery and has been able to recommend to her organisation three key pieces of work to be undertaken. These include:</p> <ol style="list-style-type: none"> 1. Discussing a future model of palliative care of Norfolk that is supported by all key players. 2. Writing a workforce/education strategy that will benefit all staff working in palliative care. 3. Writing response criteria for end of life patients, documenting the expectations of each service that everyone understands and signs up to. |

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| | <p>Through this experience the author gained valuable insight into the global issues affecting palliative care and she is sure that the whole experience will be a catalyst of change.</p> |
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