

National Institute of Health Sciences Research Bulletin

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- Linking Local Quantitative Data with Qualitative Information for More Efficient Public Health Action
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Volume 6 Issue 3

June 2012

The background of the entire page is a blurred, blue-tinted photograph of a modern hospital corridor. The perspective is looking down a long hallway with a person walking away in the distance. The floor is highly reflective, and the walls are clean and modern.

Research Bulletin

Volume 6 Issue 3



ISSN: 1649-0681

Volume 6

Issue 3

2012 National Institute of Health Sciences, St. Camillus' Hospital, Shelbourne Road, Limerick, Ireland

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Uptake of Influenza and Pneumococcal Vaccination among Inflammatory Arthritis Patients Attending the Outpatients Clinic at the Mid-Western Regional Hospital, Limerick

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INTRODUCTION

Patients using immunosuppressive agents are considered at high risk for acquiring different infections. As such, international guidelines recommend yearly influenza vaccinations along with 5 yearly pneumococcal vaccination for these patients.

OBJECTIVES

Our aims were to assess the level of influenza and pneumococcal vaccination uptake by our rheumatology outpatients who have a diagnosis of an inflammatory arthritis and are currently being treated with immunosuppressant agents. Further, we sought to identify some factors that may influence immunization among these patients.

METHODOLOGY

Data regarding diagnosis and treatment as well as age, sex and co-morbidities was obtained from the charts of patients attending the Rheumatology Outpatients Clinic at the Mid-Western Regional Hospital (MWRH) over a period of 6 weeks. Vaccination history for each patient was then obtained from the corresponding General Practitioners to complete the data set.


RESULTS

Complete information was obtained for 134 patients with 46 males and 88 females. The mean age of our sample group was 59 years, ranging from 23 to 94 years. In our sample, 105 patients were diagnosed with Rheumatoid Arthritis, 24 with Psoriatic Arthritis and 5 with Ankylosing Spondylitis. Immunosuppressive treatments included Methotrexate, Etanercept, Adalimumab, Leflunomide, Rituximab, Hydroxychloroquine, Infliximab and long-term steroid treatment (20mg for at least 2 weeks), with 20 patients requiring more than one immunosuppressant treatment. Overall, 56.7% of patients had received the influenza vaccine, but only 23.9% received the pneumococcal vaccine in the appropriate time frame. 69.4% of those over 65 years of age received the influenza vaccine, compared with 49.4% of those under 65 ($p=0.025$). 36.7% of those aged 65 or older received the pneumococcal vaccine, compared with only 16.5% of those under 65 ($p=0.008$). In total, 111 patients had no co-morbidities with only 23 patients also being noted to have a diagnosis of COPD, Diabetes or Ischemic heart disease.

CONCLUSIONS

The vaccination uptake among inflammatory arthritis patients taking immunosuppressant medications is suboptimal, particularly the pneumococcal vaccination. The rates of vaccination were significantly higher in those aged 65 but the majority of patients did not have other co-morbidities which would have been further indications to receive regular vaccinations. This indicates that age may be a prominent factor in vaccination practices. The patients' perspectives on vaccination were not recorded during this audit and may provide more insight into the reasons why a large portion have not been vaccinated. With new procedures put into place to adequately record vaccinations, we may be able to increase patient knowledge and compliance and improve vaccination practice amongst these at-risk patients.

Prognostic Factors in Colon Cancer - Beyond TNM Staging



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INTRODUCTION

Treatment of colon cancer has been stagnant over the last 10 years. The outcome in relation to treatment of rectal cancer has much improved over the same period primarily due to neoadjuvant treatment and total mesorectal excision. Similar progression has been lacking regarding treatment of colon cancer. There is much agreement that patients classified as stage 3 and 4 disease benefit from the addition of chemotherapy. However we know that up to 20% of stage 2 diseases will subsequently develop recurrence or metastatic disease. Perhaps there are factors beyond tumour morphology, lymph node status and metastatic disease that can account for the adverse outcome in this group.

OBJECTIVE

We set about determining the nature of these additional risk factors. Accordingly these factors will be incorporated into a modified TNM staging system. Those with numerous factors associated with adverse outcome would be upstaged in the modified system becoming potential candidates for chemotherapy.

METHODOLOGY

In order to determine the nature of these prognostic factors we created a database incorporating all patients diagnosed with colon cancer in the Mid-West region between the years 2000 and 2010. We included numerous data entry points under the following headings: demographics (age, gender), pathology (differentiation, lymphovascular invasion, T stage, lymph nodes involved, metastatic disease) and mode of presentation (obstruction, perforation and bleeding). After the exclusion of all rectal cancer patients, those with inadequate follow-up and immediate in-patient mortality there was a total of 444 patients in the database. Each case was followed to determine the presence or absence of two endpoints - development of recurrence and the development of metastatic disease.

We originally performed a univariate analysis to determine the significance of each of the prognostic factors in the database. We then performed a multivariate analysis to exclude potential interference from confounding factors.

RESULTS

On univariate analysis we found mode of presentation, increasing mucin production and lymphovascular invasion to be associated with adverse outcome. On multivariate, however, mode of presentation was not noted to be statistically significant. Excessive mucin production and signet ring formation were strongly associated with adverse outcomes (HR 4.1, 95% confidence interval 1.4-12.1, p value 0.012). LVI was also associated with an adverse outcome (HR 2.5, 95% confidence interval 1.2-5.1, p value 0.014).

CONCLUSION

Both lymphovascular invasion and excessive mucin production are associated with adverse outcome in colon cancer and should be incorporated into formal staging.

Calculating the Fracture Risk and the Need for Treatment in a Population of Patients Presenting with Acute Medical Conditions at a Cork University Teaching Hospital

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INTRODUCTION

There is currently no widely accepted solution to the issue of screening the European population to identify those at high risk of fracture. However, there have been several approaches to the assessment and management of fracture risk suggested. The World Health Organization FRAX tool has been the most widely publicized recently. The FRAX tool provides an estimate of the fracture risk without an absolute requirement for a bone density scan (BDS). Published work has suggested that treatment is cost-effective if offered to those with a ten year risk of a major fracture of more than 20% or hip fracture of more than 4%. The latest UK version of the FRAX tool incorporates NOGG guidelines surrounding treatment of fracture risk. The implications of using acute medical admissions as an opportunity to assess fracture risk, has not previously been studied in Ireland. We endeavor to explore this area.

OBJECTIVES

The aim of this research is to calculate the ten year probability of a fracture in a population of patients presenting with acute medical conditions at a Cork teaching hospital. Based on the results of an individual's FRAX scores and NOGG guidelines, a decision would be made to either treat the individual for osteoporosis, DEXA imaging or lifestyle modification as per guidelines.

METHODOLOGY

A cross-sectional questionnaire was administered to patients admitted through the Accident and Emergency Department in the South Infirmary-Victoria University Hospital under four general consultant physicians. Administration was intermittent but consecutive while the researcher was in attendance during October 2011. Patients answered a questionnaire consisting of FRAX tool variables as well as having their height and weight measured/recorded. The ten year probability of a major osteoporotic fracture and hip fracture was calculated using the FRAX tool without information from a bone density scan (BDS). The proportion of patients who would be offered treatment or would require BDS if NOGG guidelines were applied was calculated.

Ethical approval was prospectively granted.

RESULTS

Forty six patients were asked to participate with a response rate of 78% (36/46). Four had a prior diagnosis of osteoporosis, leaving 32 eligible for FRAX assessment. The mean age is 67.2 years with 28% female. 66% (26/32) of patients had at least one risk factor for osteoporosis/fracture. Implementation of FRAX and NOGG guidelines would advise offering treatment to 2 patients, DEXA imaging to 4 and osteoporosis/fracture risk lifestyle advice to 26, without the need for a bone density scan. This gives a potential 19% of untreated patients requiring osteoporosis/risk fracture prevention treatment.

CONCLUSIONS

A large proportion of patients admitted through the Accident and Emergency Department are at high fracture risk and potentially require treatment for same. Implementation of a FRAX based assessment among acute general medical Accident and Emergency admissions may be beneficial in fracture prevention.

Developing a National Perinatal Mortality Clinical Audit System in Ireland - A Review of Data from 2008 and 2009 and Future Directions in Audit

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ABSTRACT

Despite substantial decreases in perinatal deaths over the past decades, rates of stillbirth and early neonatal death remain a major concern. Clinical audit has been largely supported to further improve infant outcomes through identification of modifiable risk factors. Thus, in 2009, the National Perinatal Epidemiology Centre (NPEC) established a national clinical audit of perinatal mortality in Ireland.

The purpose of the NPEC clinical audit is to improve perinatal outcomes through the translation of epidemiological data and reflective clinical practice.

The aim of the NPEC clinical audit is to:-

- 1) Initiate and maintain standardised data collection on perinatal mortality
- 2) Provide timely epidemiological data on perinatal mortality from a clinical perspective

Data on perinatal deaths were provided by 20 Irish maternity hospitals in 2008 and 19 maternity hospitals in 2009. A stillbirth was defined as an infant delivered without any signs of life with a birthweight \geq 500g and an early neonatal death was defined as a death occurring within the first seven days of life among infants with a birthweight \geq 500g. Cause of death was classified using the extended Wigglesworth classification system. Rates of stillbirth (SB), early neonatal death (END) and overall perinatal mortality were calculated. A corrected perinatal mortality rate, which excludes deaths to lethal congenital malformations, was also derived. Perinatal mortality was examined across a number of key factors.

The corrected perinatal mortality per 1,000 births was 4.9 in 2008 and 4.8 in 2009. The SB rates (2008: 4.7; 2009: 4.8) and END rates (2008: 2.1; 2009: 2.0) were similar across the 2 years. Perinatal mortality occurred more often in infants who weighed 500-999 grams for both SB (2008: 20%; 2009: 26%) and END (2008: 28%; 2009: 32%). Expectedly, a notable proportion of perinatal deaths occurred at less than 28 weeks gestation [(SB - 2008: 22%; 2009: 20%) (END - 2008: 37%; 2009: 31%)].

The distribution of maternal age for those who experienced perinatal loss reflected that of the child bearing population. Spontaneous vertex delivery was the commonest mode of delivery for both SB (2008: 76%; 2009: 72%) and END (2008: 43%; 2009: 47%). END were more likely to be delivery by Caesarean section (2008: 40%; 2009: 36%) than SB (2008: 10%; 2009: 12%). The majority of SB were due to unexplained causes (2008: 46%; 2009: 56%); one-fifth (2008: 19%; 2009: 21%) of SB were attributed to congenital malformation. Nearly half (2008: 49%; 2009: 49%) of END was attributed to congenital abnormality while one quarter (2008: 27%; 2009: 23%) was attributed to immaturity.

Less than half (45%) of perinatal deaths underwent an autopsy in 2008 and 2009.

The NPEC, in collaboration with the Perinatal Mortality Group, has introduced an enhanced Perinatal Mortality Notification Form adapted from the UK Centre for Maternal and Child Enquiries. This form permits the analysis of antecedent conditions which may have potentially resulted in adverse outcomes. Ideally, maternity hospitals across Ireland will continue to participate in the NPEC clinical audit system to facilitate national surveillance.

This study highlights the importance of detailed clinical audit for perinatal mortality. The introduction of the new form will improve data capture for a number of factors, including:-

- A new cause of death classification for stillbirths
- A review of existing maternal factors
- Analysis of intrapartum deaths and intrapartum
- The ability to detect intrauterine growth restriction as a possible aetiological factor
- The identification of neonatal intervention and/or a redirection of medical management to palliative care

The implementation of such a perinatal audit system will help guide future clinical practice and therefore improve the quality of maternity care in Ireland.

PRESENTED

As a poster presentation at the Society of Social Medicine, Warwick, England from September 14th–16th, 2011.

FUNDING

This research has received funding from the Health Service Executive.

SOURCE

National Perinatal Epidemiology Centre Annual Report 2010. Cork: NPEC, May 2011.



Rapid Quantification of Histamine in Human Psoriatic Plaques using Microdialysis and Ultra High Performance Liquid Chromatography with Fluorescence Detection

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ABSTRACT

Psoriasis is a chronic skin disease resulting from abnormal immune function and is characterized by the presence of scaly psoriatic plaques which are areas of inflammation and excessive skin production. The psoriatic plaques contain mast cells which are increased in number in the uppermost dermis of the psoriatic lesion and which may play a role in the initiation and maintenance of the lesion. These processes are thought to be mediated via the local release of histamine along with other mediators from the mast cells; however their precise role still remains a mystery. Our study involved the development of a rapid and ultra-sensitive liquid chromatographic method for the separation and detection of histamine.

To this end a state-of-the-art ultra high pressure liquid chromatography (UHPLC) system incorporating the latest technology in fluorescence detection system was employed which allowed for the rapid and reliable trace level detection of histamine in human derived microdialysate samples. This new reverse phase method utilized a sub-two-micron packed C₁₈ stationary phase (50 mm×4.6 mm, 1.8 μm particle size) and a polar mobile phase of ACN:H₂O:acetic acid (70:30:0.05) (v/v). The column temperature was maintained at (30 ± 2°C), the injection volume was (8 μl), with a flow rate of (1.1 ml/min). Dermal microdialysis was used to collect (20 μl) samples from healthy, peri-lesional and lesional skin regions, in the forearms of a small cohort of subjects (n=6), and the ultra sensitive liquid chromatographic method allowed for nanomolar quantitation of histamine in 6.7 min. To date this represents one of the fastest reported separations of histamine using fluorescence detection with very high chromatographic efficiency (258,000/m) and peak symmetry of (0.88). Prior to sample analysis being performed method linearity, precision and limit of detection (LOD) were investigated. The results showed that intracutaneous histamine measured at 70 min after catheter implantation was (3.44 ± .52 nmol) (mean ± SEM) in non-lesional (control) skin and was not dissimilar to that observed in either lesional (3.10 ± .76 nmol) or peri-lesional skin (2.24 ± .20 nmol).

A second fraction collected 190 minutes after implantation also revealed similar levels with no difference in intracutaneous histamine observed between control (2.41 ± .56 nmol), lesional (2.69 ± .54 nmol), or peri-lesional skin (2.25 ± .50 nmol). The study highlights the importance of advancements in analytical chemical separation techniques and their application in clinical analysis in the quest to understand complex skin disorders such as psoriasis. Here microdialysis has shown its potential in skin research and is ideally suited for coupling with miniaturized new analytical separation techniques.

SOURCE

Rapid quantification of histamine in human psoriatic plaques using microdialysis and ultra high performance liquid chromatography with fluorescence detection. *Journal of Chromatography B*, 880 (2012)119-124. E.Guihen, W.L.Ho, A.M. Hogan, M.-L.O'Connell, M.J. Leahy, B.Ramsay, W.T. O'Connor.

FUNDING

The authors wish to acknowledge a Seed Funding Award from the University of Limerick and a grant from the Faculty of Education and Health Sciences, Graduate Entry Medical School, University of Limerick to W.T. O'Connor.

PECS Block - A Novel New Method for Post-Operative Pain Relief in Breast Surgery

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INTRODUCTION

The majority of breast surgery patients are ideal candidates for day case procedures (wide local excision, breast conserving surgery) and with increasing pressure to reduce patient length of stay, expedited discharge has become a central issue for surgeons. One of the central limiting factors to early discharge in this group of patients is pain and its associated distress. Local anaesthesia infusions¹ and the paravertebral block² are just two of the successful techniques used in the control of pain in breast surgery. Both of these have a limited role however, in day case surgery. A retrospective case review was undertaken to assess the degree of pain experienced by breast surgery patients in our hospital.

METHODOLOGY

All patients undergoing breast surgery were assessed twenty four hours post-operatively to determine the level of pain experienced. We looked for a correlation between quantity of morphine required and pain experienced. These values were recorded by the pain team (specialist pain nurse and anaesthetist) on the morning of the first post-operative day.

RESULTS

We assessed the pain of 57 in-patients who underwent breast surgery - either wide local excision or mastectomy. Two endpoints were used to characterize pain - morphine consumption at twenty four hours and pain score as determined by the pain team using the Visual Analogue Scale (VAS). We found significant variation between patients with regard to both the dose of morphine required and pain score. Doses of morphine required at twenty four hours ranged from 0 to 72 mg with a mean of 22 mg. The pattern of dose requirement was not noted to be uniform with much variation in requirement from one patient to another. When each case was assessed using the VAS system there was a similar wide range of scores, from 0 to 10 with a mean of 4.2.

CONCLUSIONS

Current practice in our institution demonstrates a wide range of pain score and opioid requirements in our standard in-patient breast care patients and further review of individual techniques will be required to assess superiority with one analgesic approach to another. With regard to our increasing movement to twenty four hour breast surgery we suggest the introduction of a novel new technique in patients undergoing breast surgery, an interfacial block with infusion of local anaesthetic in the facial plane between pectoralis major and pectoralis minor. The lateral pectoral nerve is located adjacent to the pectoral branch of the thoracoacromial artery.³ The pectoral branch of the thoracoacromial artery can be located as it branches from the main artery just as the vessel pierces the fascia between pectoralis major and minor. At this point the nerve lies adjacent to it.⁴ We propose a randomized study to determine the efficacy of either an intra-operative surgically delivered block versus a pre-operative ultrasound guided infiltration. We hypothesize that these patients will experience less pain, require less opioid analgesia and subsequently will be candidates for early discharge. In addition it may improve the pain management in our current longer stay breast patients

REFERENCES

Available on request.



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Paediatric Neck Swellings - The Case for a Centralised Service - A Review of Practice at a Tertiary Referral Centre

INTRODUCTION

Various institutions e.g. the Royal College of Surgeons of England have made recommendations regarding paediatric surgical service provision. Neck swellings are common in children and are often referred to tertiary centres because of the diagnostic and management challenges posed. This study evaluates the effectiveness of service centralisation and assesses the spectrum of paediatric neck pathology referred to one centre over the previous decade.

METHODOLOGY

Children aged 16 or below who underwent elective surgery for neck pathology between 2000 and 2010 were identified from clinical coding and theatre databases. Demographical, procedural and hospital episode data were extracted and correlated with histopathological findings. Simple cutaneous lesions were excluded from analysis.

RESULTS

In all, 412 children underwent surgery over this period (an average of 37 cases per year). There was a male predominance (58.6%) with a mean age of 7.9. A third (33.8%) of patients were aged between 0-4. Most cases were undertaken by otolaryngologists (53.0%) and paediatric surgeons (38.8%). 20.4% of children referred underwent surgery for developmental abnormalities e.g. branchial cleft anomalies. Malignancy was found in 98 cases (28.8%): the majority were lymphomas but rhabdomyosarcomas, thyroid and parotid malignancies had small representations.


CONCLUSIONS

This is the first quantitative study of neck pathology treated by a paediatric surgical service and illustrates the need to be wary of potentially serious diagnoses in this group. A number of children have specialised requirements e.g. anaesthetic and intensive care, which can only be serviced in centres of excellence. Service centralisation facilitates inter-specialty referral and multidisciplinary management with resultant benefits for patient care.

PRESENTED

At the 52nd Annual Meeting of the Irish Otorhinolaryngology Head and Neck Society at the Killarney Park Hotel on October 7th, 2011 by Mr. Timothy Ahmed.

The Fate of Research Studies Presented at the Irish Otolaryngology Society Meetings and Determination of their Predictive Discriminants for Publication



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INTRODUCTION

Publication of the abstracts presented at scientific meetings is an important indicator of the quality of these meetings. The Irish Otolaryngology Society host national and international researchers to present their studies at its annual meetings. Although some of these studies are subsequently published in peer-reviewed journals, many of them go unpublished.

OBJECTIVES

The objectives of this study were to determine the publication rate of the studies presented at the Irish Otolaryngology Society meetings from 1998 to 2009 in the peer-reviewed journals and to determine the predictive factors associated with full publication.

METHODOLOGY

A search was performed for title of the abstracts presented at these meetings along with the keywords from the abstracts and the names of authors by using Pubmed/Medline and Google search engines. The collected data was analysed for publication rate and time interval between presentation and publication. Factors including number of authors, origin of the research and positive outcome of the studies were assessed as indicators for future publication. A comparative analysis was performed to assess the quality of this meeting.

RESULTS

The publication rate of the abstracts was 31.9% which is similar to the publication rate of the American Association of Otolaryngology, Head and Neck Surgery (AAO-HNS) meetings (32%). The mean time interval between presentation and publication was 20.9 months. International studies, studies with positive results and studies conducted by three or more authors were more likely to be published. The mean impact factor of all journals that published these studies was 1.6 which is comparable to the mean impact factor of publications of similar meetings.

CONCLUSION

The publication rate and the impact factor of the publishing journals of the studies presented at the Irish Otolaryngology Society meetings are comparable to other meetings of similar calibre. International studies meetings seem to be of higher quality and have a higher publication rate. The number of authors and positive outcome of a study were found to be positive discriminants for full publication.

PRESENTED

Presented at the Irish Otolaryngology Society Meeting held in the Killarney Park Hotel, Killarney, Co Kerry on October 8th, 2011 by Mr. Aziz Ur Rehman, Specialist Registrar in Otolaryngology.



Exostoses in Irish Surfers

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INTRODUCTION

Exostoses of the external auditory canal are broad-based, bony growths, which typically arise from the medial ear canal. While the precise physiological mechanism of how these benign swellings arise remains elusive, several studies support a cold-water exposure hypothesis.

An estimated 50,000 people surf in Ireland, allured by the extreme weather conditions that often prevail along Ireland's Atlantic seaboard. As the average sea temperatures around Ireland range only from 8-15°C, one would anticipate a high prevalence of exostoses.

OBJECTIVE

The aim of this study was to examine the prevalence of external canal exostoses, and associated complications, in a population of Irish surfers.

METHODOLOGY

A cross-sectional study of surfers was undertaken at two regional surfing competitions. Those included in the study were surfers aged 18 to 59 years, who had surfed at least 75% of their time in Irish waters (average water temperature 8-15°C). Still images of all the external auditory canals were taken using a video-otoscope.

RESULTS

In all, 119 surfers took part in the study. A total of 66% of the surfers examined exhibited exostoses, 88% were unaware of their diagnosis. Those who developed exostoses had surfed for a mean of 5,028 hours, while those who did not had only surfed for a mean of 1,909 hours ($p=0.00018$). Regarding the complications of exostoses, hearing loss, recurrent ear infections and blocked ears occurred in 19 (24%), 40 (50%) and 50 (63%) patients respectively. 24 (30%) had been to see a medical doctor. 96% were aware of the condition, only 44 (37%) patients admitted to wearing earplugs or ear-moulds when surfing, while 75 (63%) never wore them. 103 (91%) wore wet suit hoods.

RECOMMENDATIONS

Further research is needed to examine the benefit of barrier protection in the setting of cold-water surfers and exostoses.

CONCLUSIONS

This is first study of this nature in Ireland. With an estimated 50,000 people now regularly taking part in the sport in Ireland and a 5-6 year lag phase for exostoses to develop, these patients are likely to become an increasing part of the Otolaryngologist's workload.

Views of Medical, Nursing and Allied Health Professionals on the Use of Cardiopulmonary Resuscitation at Milford Hospice

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INTRODUCTION

Cardiopulmonary resuscitation (CPR) policies are well accepted and present in many acute hospitals. In a hospice setting research shows that CPR is indicated in very few patients.¹ The traditional view of palliative care being synonymous with terminal care has changed and more patients are admitted to hospices for symptom management.² Some patients in this group who are actively treated may benefit from CPR.

Rationale

A policy relating to decisions about CPR was introduced at Milford Hospice in October 2011.

OBJECTIVE

The aim of the study is to investigate the views of doctors, nurses and allied health professionals (AHP) on the use of a CPR policy at this 30-bed specialist palliative care in-patient unit following its introduction.

METHODOLOGY

A questionnaire enquiring about views on CPR, discussions with patients and factors important in making decisions about resuscitation will be distributed to staff. Ethical approval was obtained from the research ethics committee of the HSE Mid-Western area.

RESULTS

In all, 35 questionnaires were returned. Although 87% of respondents could foresee a situation in which a patient might be for CPR at the hospice, only 54% either agreed or strongly agreed with the presence of a CPR policy in a hospice setting. Only 40% of respondents had either Basic Life Support (BLS) or Advanced Cardiac Life Support (ACLS) training in the last 3 years. Less than half (46%) thus felt confident in initiating CPR at the hospice. 43% felt that CPR should be discussed with patients in whom it is felt that it might restart the heart and maintain breathing while 37% felt that it should be discussed with all patients admitted to the hospice. The top 4 factors felt to be important when making decisions about resuscitation were the patient's prognosis, diagnosis/extent of disease, wishes and performance status.

RECOMMENDATIONS

The authors recommend a follow-up survey in 6 months to identify issues that may arise relating to decisions on CPR or the use of the policy and an audit of the CPR status documentation of patients admitted to the hospice.

CONCLUSION

The introduction of a CPR policy in the hospice has raised several ethical and practical issues. CPR decisions are necessary to ensure that those who might benefit have the option to discuss them. This survey has given us an understanding of the views of staff and will help with addressing these issues and enable successful implementation of the policy.

PRESENTED

As a poster presentation at the Irish Association for Palliative Care 12th Annual Education and Research Seminar at Lyrath Estate, Kilkenny on February 2nd, 2012.

Experiences and Attitudes of General Practitioners in the Mid-West towards Provision of Medical Care to their Children Aged 16 or Less

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INTRODUCTION

The Irish Medical Council in 2009 published a *Guide to Professional Conduct and Ethics for Registered Medical Practitioners*. It stated that with regard to treating relatives that "except for minor illness and emergencies, it is not advisable for medical practitioners to treat members of family or issue prescriptions, sick certificates or reports."

OBJECTIVES

There are often conflicting experiences and feelings when treating family members including children and thus, for the purposes of this research, it was decided to explore the experience, attitudes and feelings of GPs with regard to treating their child/children in the Mid-Western region.

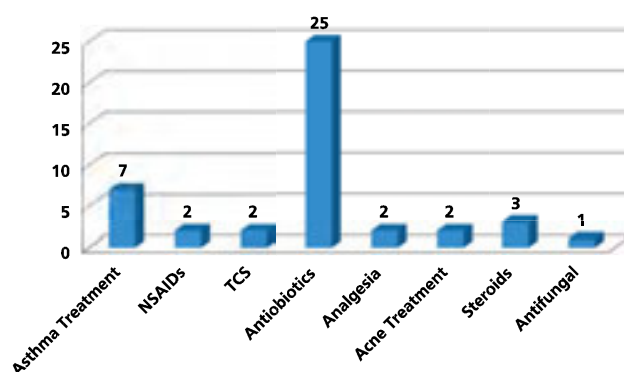
METHODOLOGY

This questionnaire study was conducted between October and November 2011 at the Castleconnell Medical Centre, Castleconnell, Limerick. A total of 100 GPs including both GMS and private GPs in Co. Clare, Limerick City and County and North Tipperary were randomly selected from the Mid-West HSE Database provided by the HSE Primary Care Unit. Each GP received a cover letter outlining the objectives of the study, the questionnaire and stamped addressed envelope for return. The questionnaire was anonymous. The questionnaire looked at the feelings and experiences of GPs in the Mid-West with regard to treating their own children. It also looked at GP demographics.

RESULTS

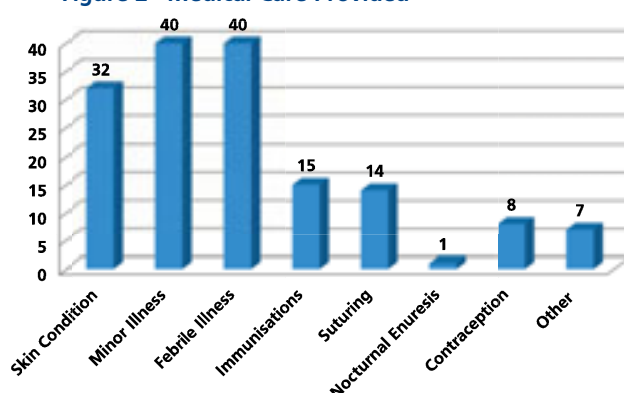
The total number of questionnaires posted was 100 and 65 responses were received, (65% response rate). 63 replies were complete and suitable for interpretation. 48% (30/63) of GPs surveyed attended a GP other than themselves when their child/children were less than 16 years old. In the last year 76% of GPs (48/63) prescribed medications for their children (Figure 1).

Figure 1 - What Medications were Prescribed?



97% of GPs (61/63) provided medical care to their children for which a non-medical parent would have attended a GP (Figure 2).

Figure 2 - Medical Care Provided



79% (50/63) of GPs were comfortable treating their own children. Several GPs commented that they would be comfortable "for minor ailments only" and that "major issues or personal issues should have another opinion." Others commented that their "judgement can be clouded" and if they were "not comfortable they would seek a second opinion." 59% of GPs surveyed felt that it was appropriate for GPs to treat their own children. Several commented that it was appropriate only "for minor ailments" and "for out of hours." 67% of GPs surveyed were aware of the Irish Medical Council Guidelines with regard to treating family members.

CONCLUSION

It is clear that there are conflicting experiences and feelings when treating family members including children amongst GPs in the Mid-Western region.

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Quality of Care in General Practice - How Can We Improve Our Service?

INTRODUCTION

Surveys of patients are increasingly used internationally as an indicator of the performance of health systems. In some countries, the results of questionnaires are used within a 'pay for performance' scheme. For example, General Practice in the United Kingdom uses the National Quality and Outcome Framework for some of their income (QOF). Examples of UK questionnaires include the General Practice Assessment Questionnaire (GPAQ) and in Scotland, the Patient Experience Programme.

OBJECTIVES

1. To enhance staff and patient involvement.
2. To look at the primary care services provided by an urban GP Practice from a patient viewpoint.
3. To establish what is needed to provide a good GP service.

METHODOLOGY

A questionnaire-based survey was conducted on obtaining ethical approval from the ICGP. The survey was performed over a 2 week period during November 2011. The questionnaire was anonymous and contained 18 questions. The target sample size was 200 people. There was a response rate of 62.5%. There were 3 partially completed questionnaires which were excluded from the study. Data was analyzed using an SPSS/Excel computer software package.

The General Practice where this research was carried out is a custom built urban building with 3 GPs and 1 GP Registrar, 3 part-time nurses, 4 secretaries and a 15 minute appointment system. The opening hours are Monday to Friday from 08h00–18h00 and out of hours is covered by Shannondoc.

RESULTS

The age group most frequently attending the surgery was between 31-40 years (26.6%), which was surprisingly higher than the age group 65 years and older. The number attending the surgery for more than 5 years was 78.7%. The ease of getting through to the surgery on the phone, in general, was 87.9% (patients' satisfaction).

80% of patients were able to see the doctor of their choice. 96.6% of patients were confident in the treatment received. 93.3% of patients agreed that they had enough time with the doctor. 95.8% of patients agreed and were confident in the way the doctor spoke to them regarding their condition and treatment.

As regards GP consultation and service charges, 36.3% found this to be expensive and 63.7% found this to be good value. There were 46.6% with medical cards and 53.4% were private patients. Other services that could be provided included ultrasound (34.8%), counsellor (25.8%), physiotherapy (21.2%) and acupuncture (16.7%). The occupation of patients at the time of survey was as follows; full-time work (32.8%), part-time work (19.3%), retired (20.2%), unemployed (14.3%), full time education (4.2%), sick/disabled (9.2%). Thus, the patient population was a good mixture with different backgrounds.

Overall patient satisfaction with the GP surgery was as follows; 66.7% of patients found it to be an excellent service while 29.2% found it to be good, 3.3% found it to be fair and only 0.8% found it to be very poor.

CONCLUSION

The survey has generated invaluable data concerning the patient experience of the practice and found the service in general to be of a good standard. There is no doubt that service users have a role to play in the development of partnerships, not only to support the provision of care but also to develop and improve the service. The practice needs to feed these results back to patients by means of their website, practice notice board or newsletters. Good teamwork is a key part of providing high quality care across a range of areas and may need specific support if quality of care is to be improved. No single practice has the monopoly on high quality of care and different types of practice have different strengths.

REFERENCES

Available on request.

Expression of Anger in Children with ADHD - Does ADHD Symptomology Relate to how Anger is Expressed?

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INTRODUCTION

Attention Deficit disorders (ADHD) are the most commonly diagnosed psychiatric disorders of childhood, and characterized by hyperactivity, inattention, impulsivity and disorganization.¹ Additionally, children with ADHD have been found to display higher levels of aggression.² Increased aggression in children with ADHD is one of the main risk factors predicting problems later in adulthood,³ including antisocial behaviour,⁴ criminality,⁵ and rejection by peers.⁶ In addition, research suggests that medication does not reduce these difficulties with aggression.⁶ However, limited research has been conducted on how differences in core ADHD symptomology relate to how these children express anger. This knowledge is essential for targeting early interventions of anger management with the children with ADHD most likely to benefit.

OBJECTIVE

The aim of this pilot study was to investigate how the dimensions of core ADHD symptomology (Hyperactivity, Inattention) relate to the expression of anger (Internalising, Externalising) in children with ADHD.

METHODOLOGY

The current pilot study utilized the following two parent-report questionnaires; i) Swanson Nolan and Pelham-IV (SNAP-IV)⁷ measure of ADHD symptom dimensions (Inattention, Hyperactivity); ii) Child Hostility Inventory (CHI)⁸ to measure expression of anger dimensions (Externalising, Internalising).

The sample consisted of 27 children (23 males, 4 females; Age=5-16, mean=10.38, SD=3.05) with a diagnosis of ADHD currently attending the HSE Mid-West Child and Adolescent Mental Health Services (CAMHS) in Limerick. Twenty seven parents (26 mothers, 1 father) completed the parent-report questionnaires and returned by post to the lead author. The sample represented a 23% response rate. All children currently met diagnostic criteria for ADHD on the SNAP-IV.

RESULTS

Non-parametric tests of association were used (Spearman's Rank) as some of the variables were not normally distributed. Child's age was not significantly correlated with any of the ADHD or Anger dimensions (all $r < 0.174$, all $p < 0.41$, $df = 27$), therefore was not partialled out of the following analyses.

There was a trend towards significance for a positive correlation between the SNAP-IV Combined Index scores and the CHI Outward Expression of Anger Index ($r = 0.326$, $p = 0.097$, $df = 27$). SNAP-IV Inattention scores were not significantly correlated with either CHI Inward or Outward Expression of Anger Index scores (both $r < 0.305$, both $p < 0.122$, $df = 27$). SNAP-IV Hyperactivity Index scores were not significantly correlated with either of the CHI Index scores (both $r < 0.190$, both $p < 0.342$, $df = 27$).

CONCLUSIONS

The effect sizes of the associations between the SNAP-IV dimensions and the CHI Expressions of Anger dimensions are in the moderate to small range⁹ (0.34 to 0.19), even though these were not statistically significant. These results suggest that with a larger sample size, the predicted associations are likely to be demonstrated. A priori power analysis suggested that a sample size of approximately 50 would be necessary to see the predicted associations based on previous similar research.¹⁰ However, the low response rate of 23% resulted in a sample size of only 27 in the current study.

The results from this pilot study show some indications that ADHD core symptomology is related to the expression of anger in children with ADHD. Therefore further larger scale research in this area is warranted, especially in light of the high prevalence of children with ADHD presenting with anger difficulties in child psychiatric services. Understanding of the relation of ADHD symptomology to the differing expressions of anger is needed to target which children will benefit most from different types of anger management interventions.

REFERENCES

Available on request.

An Exploration into the Experiences of Parents of Children with ADHD - What is the Impact of their Child’s Anger?

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INTRODUCTION

Attention Deficit Disorders (ADHD) are the most commonly diagnosed psychiatric disorders of childhood, and characterized by hyperactivity, inattention, impulsivity and disorganization.¹ Increased anger and aggression in children with ADHD has been shown to contribute to significant impairments in forming peer relationships,² and can lead to an increased risk of criminality during adolescence and young adulthood.^{3,4} A number of qualitative studies have been conducted on the experiences of parenting a child with ADHD^{5,6} and these have revealed themes of the resulting stress on marital and sibling relationships. However, no studies to date have investigated how the expression of anger in a child with ADHD impacts on the parents and the family system.

OBJECTIVE

The aim of this pilot study was to explore the experiences of parents of a child with ADHD in relation to the impact of their child’s expression of anger.

METHODOLOGY

Semi-structured individual interviews were conducted with parents of children with a diagnosis of ADHD (n=6 mothers) who are attending the HSE Mid-West Child and Adolescent Mental Health Service in Limerick. The children were 2 females and 4 males aged 7-14 who currently met diagnostic criteria for ADHD.

The individual interviews lasted between 15 and 25 minutes and were digitally recorded and subsequently transcribed. Data was coded and analysed using thematic analysis.

RESULTS

A thematic analysis of their experiences revealed five main themes; two concerned with the manner of anger expression - unpredictability, and directed towards siblings - and three about the impact of the behaviour on themselves as parents - frustration, feelings of failure, and stress.

The following five main themes were identified:-

- 1) Parents often witness anger expressed towards the siblings of the child with ADHD.
- 2) The unpredictability of their child’s anger causes concern for parents.
- 3) Parents feel frustration as they often feel “nothing works” to contain their child’s anger.
- 4) Feelings of failure and self-blame in the parents over their inability to control their child’s anger outbursts.
- 5) Parents experience a lot of stress around coping with their child’s anger expression.

These five themes can be grouped into concerns in two broader conceptual areas; the manifestation or nature of their child’s anger expression, and the impact the anger has on the parents.

CONCLUSIONS

This pilot study revealed that there were five common themes among the sample of parents in their experiences of their child’s anger, in two conceptual areas. Firstly, two themes of concern around the manifestation of their child’s anger (the unpredictability of outbursts, and its frequent direction towards siblings), and secondly, three themes around how the child’s anger impacts on parents themselves (frustration that “nothing works”, feelings of self-blame and stress from feelings of inability to cope). These findings extend the current qualitative literature on understanding the impact on parents of parenting a child with ADHD,^{5,6} and provide new data towards specifically understanding the impact of childrens’ expression of anger.

REFERENCES

Available on request.

Positive Parenting - A Randomized Controlled Trial Evaluation of the Parents Plus Adolescent Programme in Schools

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INTRODUCTION

Parenting a child through adolescence is thought to be one of the most challenging stages of parenting.¹ The age range 11-16 years spans a transition period of life characterized by many developmental changes, which can cause challenges for young adolescents, affect their behaviour and make it difficult for parents to parent effectively. Parenting programmes can be effective in helping parents overcome these challenges and enhance their parenting efficacy. The Parents Plus Adolescent Programme (PPAP) is designed to be relevant for parents of young adolescents (aged 11 to 16 years) in both clinical and community settings.

OBJECTIVES

The primary aim of this study was to evaluate the Parents Plus Adolescent Programme when delivered in community settings (e.g. schools), over shorter time scales (8 weeks), by community facilitators and, to determine whether improvement outcomes were maintained at 6 month follow-up. It was the first study of its kind to be carried out with this population in Ireland.

METHODOLOGY

The study employed quantitative methodology using parent-report measures which assessed variables in the following domains: child behaviour problems; family stress processes; and parental satisfaction. A sample of 126 parents were randomly assigned to two conditions; an intervention condition (PPAP; n=82) or a waiting-list condition (WC; n=44). Mean age of the children was 12.3 years (range=11-16, SD =1.36).

RESULTS

Both short and long-term results revealed significant positive effects of the parenting intervention when compared to the control group with respect to, adolescent behaviour (measured by the Strengths and Difficulties Questionnaire) and parenting stress (measured by the Parenting Stress Index/Short Form). In addition, parenting satisfaction and satisfaction with the parent-child relationship improved (measured by the Parenting Satisfaction Scale). An additional measure: the Parents Plus Goal Form, showed significant gains towards parent-defined child and personal goal attainment following intervention.

CONCLUSIONS

In conclusion, this study showed the effectiveness of the Parents Plus Adolescent Programme as a cost effective community-based parenting intervention. The strengths and limitations of the study were discussed with recommendations for future research outlined. Implications for practice were also discussed.

REFERENCES

References available on request.



An Interpretative Phenomenological Perspective on Psychological Change in Borderline Personality Disorder - Service Users' and Mental Health Professionals' Experiences

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INTRODUCTION

There is a dearth of research focusing on the subjective experiences of individuals with a diagnosis of Borderline Personality Disorder (BPD), along with their healthcare providers. Service users' experiences are increasingly acknowledged as valuable in providing an understanding of what works in therapy. Therefore, exploring the process of change from the perspective of service users would undoubtedly contribute to the development of more effective interventions.

OBJECTIVE

This study aimed to explore experiences of psychological change among individuals with a diagnosis of Borderline Personality Disorder (BPD). Mental health professionals' (MHP) perspectives were also explored. The objective was to develop a greater understanding of the process of psychological change for individuals with BPD.

METHODOLOGY

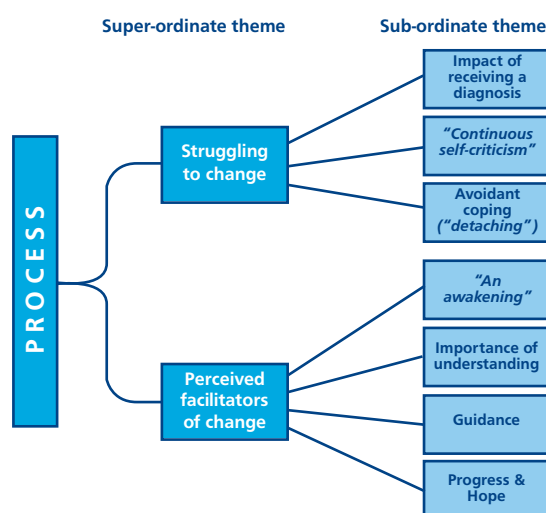
Semi-structured interviews with six service users with a diagnosis of BPD and six multi-disciplinary mental health professionals were employed. The data was managed and analysed according to the principles of Interpretative Phenomenological Analysis.¹

RESULTS

The interpretative analysis led to the proposal of a tentative model that illustrates the relationships between group themes, in relation to obstacles and facilitative factors that influence service users' experiences of psychological change.

Analysis of the interview narratives led to the emergence of a number of themes. The themes were discussed by the majority (i.e. three or more) of the participants. These themes reflect the main research questions, concerning participants' experiences of psychological change (service user group), and the experiences of working with individuals with a BPD diagnosis (MHP group). The interpretative process led to the proposal of interactions between emergent themes, which are proposed to influence the other in some way (See Chapter 3.8, Data analysis). Themes were organised into two categories; super-ordinate themes and sub-ordinate themes. The super-ordinate themes encapsulate the subsequent sub-ordinate themes. The sub-ordinate themes are influenced by or are in some way descriptive of the super-ordinate themes and have sufficient narrative accounts to warrant being themes in their own right. An overview of these themes is presented in Figure 1.

Figure 1- Summary of Themes for Service User Group



CONCLUSION

A number of implications and recommendations were put forward to address noticeable gaps in service provision for individuals with BPD in Ireland and in the research evidence-base. In conclusion, given the limited amount of research on this specific topic further inquiry is necessary.

REFERENCES

References available on request.

A Qualitative Exploration of Suicidal Processes and Recovery Among Young Adult Suicide Attempt Survivors Living in Ireland

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INTRODUCTION

Each year one million people will die by suicide and many more will make a suicide attempt. In Ireland, suicide mortality and morbidity rates have reached record high figures in recent years, especially among young people. Much emphasis on suicide research has been on the epidemiology of suicide and on the identification of risk and protective factors. Relatively little emphasis has been given to understanding the lived experience of suicidal individuals or those that have made a suicide attempt.

OBJECTIVE

This research is important since suicide attempt survivors may be in a unique position to teach us about what might have made a difference in their lives and what factors facilitated recovery. The current study aimed to explore the lived experience of attempted suicide among young adults living in Ireland, using a qualitative methodology.

METHODOLOGY

Seven young adults between ages 18 to 35 years who were attending adult mental health services were interviewed about their experience of surviving a suicide attempt. Transcripts were analysed using Interpretative Phenomenological Analysis.

RESULTS

Four shared themes relating to struggle, losing control, ambivalence and recovery emerged from the interview data to encapsulate the key elements in this process. Rather than being a spontaneous reaction to a specific situational stressor, the suicide attempts occurred as a result of the culmination of earlier life struggles, unfulfilled needs, negative emotional experiences and the sense that life was uncontrollable. Ambivalence emerged as an important psychological construct that helped some participants reconnect with life.

CONCLUSIONS

Study findings highlight the potential for suicide attempt survivors to transition away from suicidality and find meaning in their lives in the context of supportive relationships. These findings are discussed in terms of clinical practice, suicide prevention initiatives and future research.

REFERENCES

References available on request.

Understanding Bereavement in People with Severe Intellectual Disability

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INTRODUCTION

Living through bereavement is a universal human experience. This experience of bereavement has been identified as one of the stressful life events that have been implicated as risk factors for both physical and mental ill health. Working as a registered nurse in the intellectual disability (ID) sector, and having spent over 20 years supporting clients with severe ID through many aspects and experiences of life, led me to consider how we offer support to clients living with being bereaved. Todd¹ highlights that within the learning disability services death is likely to have an awkward presence, as the issue of bereavement in ID is not well defined. The bereavement experiences of people with ID vary in range as with the general population but may be atypical or misunderstood. This study sought to explore the management of bereavement in people with severe ID. It has been motivated by the experience of the author in supporting this group through life events including bereavement.

The understanding of grief and loss and how people with intellectual disabilities experience it is a contested issue. Historically it was believed that people with ID did not have the cognitive ability to grieve, as they were not understood to form the emotional bonds that grieving requires. Current evidence from the literature suggests otherwise, although during the course of this study no literature was found that pertained to those whose ID is severe.

OBJECTIVES

The overall aim of the study was to explore current practice of healthcare workers both qualified (nursing) and unqualified (carers) who work with clients who have severe intellectual disability in meeting the needs of this population in the area of loss and bereavement. This aim was underpinned by the following objectives:-

- To identify workers' knowledge of bereavement and severe intellectual disability
- To examine current practice of healthcare workers in supporting clients with severe intellectual disabilities through bereavement
- To identify ways in which the current practice of healthcare workers supporting clients with severe intellectual disabilities through bereavement may be developed

METHODOLOGY

This study used a qualitative descriptive design. Data was collected through semi-structured interview, to ensure that participants were asked the same question yet given some flexibility to the researcher to clarify meaning or to use probes in order to obtain answers that are more complete.² Semi-structured interviews were chosen to allow the participants the freedom to explain in their own words their current practice and what supports it. There

were clear inclusion and exclusion criteria. Data was collected from 12 participants who met the inclusion criteria, the interviews were audio taped and then transcribed for analysis.

RESULTS

Several findings emerged from the study, most notably the following:-

Healthcare workers show understanding and sensitivity to the variety of responses that may manifest as grief reaction in clients with severe ID.

There is a wide range of typical and atypical grief responses in clients with severe ID. These responses vary from silence and withdrawal to presenting with behaviours that challenge. Additionally, due to their cognitive impairment, frequently the grief reaction may be delayed or prolonged. The literature suggests that bereavement responses may be misunderstood or misdiagnosed as a result.

Recommendations

The findings from this study reveal an absence of education or training available to staff in this area of care. The introduction of workshops and educational forums for all staff to increase knowledge and understanding is recommended. Further, that the organisation develops policy and guidelines to ensure that practice is guided by a conceptual framework and is consistent and available to all clients.

CONCLUSION

This study highlights the lack of formal education by healthcare workers in this area and shows that there is currently a reliance on personal experience. While personal experience may promote empathy and sensitivity, care needs to be underpinned by the development of an educational programme to heighten awareness and inform practice.

There is evidence of excellent support practice by frontline staff, such as inclusion in ritual, memory work and person centred planning, such strategies need to be explored and promoted in order to ensure that all clients may benefit from this knowledge.

Additionally, staff may gain in confidence in their ability to offer support in this sensitive area.

PRESENTED

- At the Irish Association of Palliative Care Education and Research Seminar on February 3rd, 2011.
- At the 12th Annual Interdisciplinary Research Conference on November 9th, 2011.

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Exploring the Overall Parenthood Experience from a Male Perspective - Postnatal Depression Symptoms, Life Satisfaction, Personal Relationship Quality and Social Support

INTRODUCTION

In modern Ireland, men seem to be more involved from the beginning of pregnancy, to support and encourage their partners throughout and to prepare themselves for the many life changes that occur throughout fatherhood. Most, if not all new dads experience feelings of joy and happiness at the prospect of becoming a father but like women they too, have their own concerns to deal with. Postnatal depression is a depressive illness which affects approximately 10% to 15% of women and less frequently men, after childbirth. New mothers have a range of support networks available to them but men do not have the same access to these services. After the birth of a child, men may not put their own needs first and seek help if they are unable to cope or feeling depressed or anxious. Men can experience a variety of mixed emotions in relation to fatherhood but how do they deal with these emotions and changes? Is there enough information and support available to men regarding this life changing event? This research was carried out to highlight that screening for postnatal depression in fathers is equally important as screening for it in mothers.

OBJECTIVES

This cross-sectional study has explored postnatal depression symptoms, life satisfaction levels, general well-being, relationship quality and social support in the overall parenthood experience, from a male perspective. The aim of this current research was to ask a sample of men to assess their experience of parenthood thus far and to assess certain factors in their lives, since the birth of their most recent child/children.

METHODOLOGY

This study used a quantitative descriptive design. Data was collected primarily from male dominated groups; charities, support groups and a total of 92 men were recruited. A once off online questionnaire was completed and data was analysed via SPSS.

RESULTS

On analysing postnatal depression symptoms in the sample of men, 66.3% indicated signs and 90.2% believed that men can also suffer with postnatal depression. An outstanding 96.7% of the men felt that there are inadequate supports available to them in preparation for becoming a father and after the birth. When it came to the men evaluating their life satisfaction, out of a possible maximum score of 35 the average score was 22.27. Higher scores indicated higher levels of satisfaction with life so, it appears the sample were reasonably satisfied with their lives. Similar results were found in the general health of the men, out of a maximum score of 36 the average score was 15.15, and therefore it seems that the mens' health was relatively good. The scores for the mens' assessment of their current relationships came back extremely high. Out of a maximum score of 84, the average score was 57.62. This is quite high, indicating high levels of relationship problems.


CONCLUSION

In conclusion, the findings of this study have established that 66.3% indicated signs of postnatal depression, high levels of depression had a negative impact on the mens' satisfaction with life and high levels of depression had a negative effect on the mens' health (the greater the depression the worse the health). Finally, in concurrence with the majority of the men, more adequate supports should be readily available to men before becoming a father and thereafter. It is hoped this research raises awareness of the issues/concerns or possible stresses ahead for dads-to-be.

REFERENCES

Available on request.

The Introduction of a Nursing Crisis Case Presentation Document



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INTRODUCTION

St. Anne's Day Hospital is a city centre mental health facility providing outpatient mental health care for a population of 54,000 people. The route of referral is via Primary Care and the Crisis Liaison Service in the Limerick Regional Hospital. The Crisis Liaison Service also provides an emergency out of hours service for current patients attending the Day Hospital, as the St. Anne's Facility operates on a 9am to 5pm basis only. Referrals to St. Anne's are recorded on the electronic patient information system called ePex. This contact is then scanned each morning by the team of nurses in St. Anne's Day Hospital. Letters of referral are received via normal post or fax from GPs and sometimes patients self present with GP referral letters.

The nurses at St. Anne's Day Hospital meet formally every two weeks for reflective practice. In October 2011 it was suggested that there was a requirement to develop a framework document which would complement an assessment over the telephone or in a face to face consultation. This document was developed as a framework for providing an assessment structure due to a lack of pre-existing structures or documentation. The key elements of this framework were; 1) Confirm the patient's demographics, 2) Provide an evidence-based mental health assessment and 3) Formalised management plan.

OBJECTIVE

The objective of this project in St. Anne's Day Hospital was to introduce a template for the recording of these clinical contacts in a standardised framework document. This would ensure that a structured clinical record was maintained of the assessment.

METHODOLOGY

From October 2011 a number of meetings were held with the nurses and various options were explored for developing the nursing crisis case presentation framework document. Issues addressed were information required, format, and nurses' previous experience. A literature review was conducted. The Crisis Liaison Service in Limerick Regional Hospital shared existing documentation. A draft document was developed and was piloted for two months. A review of this document in January 2012 further informed a second draft. This included any changes and recommendations. We also used available frameworks such as the mental health assessment form, the nursing assessment form and the Strengths' Assessment to highlight key areas/headings that would need to be included in the draft.

RESULTS

The introduction of this framework document continues to be piloted and reviewed. Initial feedback was positive (85% reported that it was a valuable tool for their practice) in that nurses felt it was an excellent framework for assessment either over the phone or in face to face assessments. Nurses felt that the main areas to be covered in the assessment were highlighted which was conducive to a thorough mental health assessment.


CONCLUSIONS

This new framework document encompasses all the main aspects of a comprehensive bio psycho social assessment. These assessments can be complex, and the framework document provides for a comprehensive yet concise addition to the nursing clinical assessment. It also provided a valuable framework for presenting these cases at the team meeting. We hope to review this framework later in the year with a view to adding it to the ePex system once further reviews have taken place. The impact of this assessment tool will be presented to the Limerick Mental Health Services regarding interest in using this assessment framework at a local/regional level.

REFERENCES

Available on request.

Health Literacy in a Psychiatric Hospital



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INTRODUCTION

Health literacy has been defined as 'the ability to gain access to, understand, and use information in ways which promote and maintain good health.' According to the American Medical Association, poor health literacy is a stronger predictor of a person's health than age, income, employment status, education level, or race. People with mental health difficulties have been identified as particularly vulnerable to low levels of health literacy. Yet, the literature in this area is sparse.

METHODOLOGY

A semi-structured 38 question health literacy questionnaire was distributed and collected on the same day to eligible in-patients in Saint John of God Hospital.

RESULTS

There were 128 patients in the hospital meeting the inclusion criteria on the date the survey was carried out. The response rate was 62.5% (80/128).

Information provided in hospital: 87% of patients reported they were very confident or confident they understood the information provided by health professionals in hospital. 47% of patients reported they feel that they receive too little information on their condition, 42% of patients reported they were given too little information on their treatment, and 51% reported they did not have a clear idea about their discharge plan.

Ability to request clarification or further information: 80% of patients stated that they would ask a health professional to explain if they were unclear about an aspect of their management. However, 24% reported taking the wrong dose of medication as they didn't understand the instructions.

Ways in which health professionals could make things clearer for patients: 63% identified taking more time to explain conditions in plain language, whilst 68% identified the provision of a printed report of the consultation to include details of diagnosis, prognosis and management plan. Respondents (83%) felt that the use of pictures to explain directions on medication would not be helpful. 46% identified the provision of a Plain English booklet which includes definitions of common medical terms. This is the first study of its kind in an Irish psychiatric population.

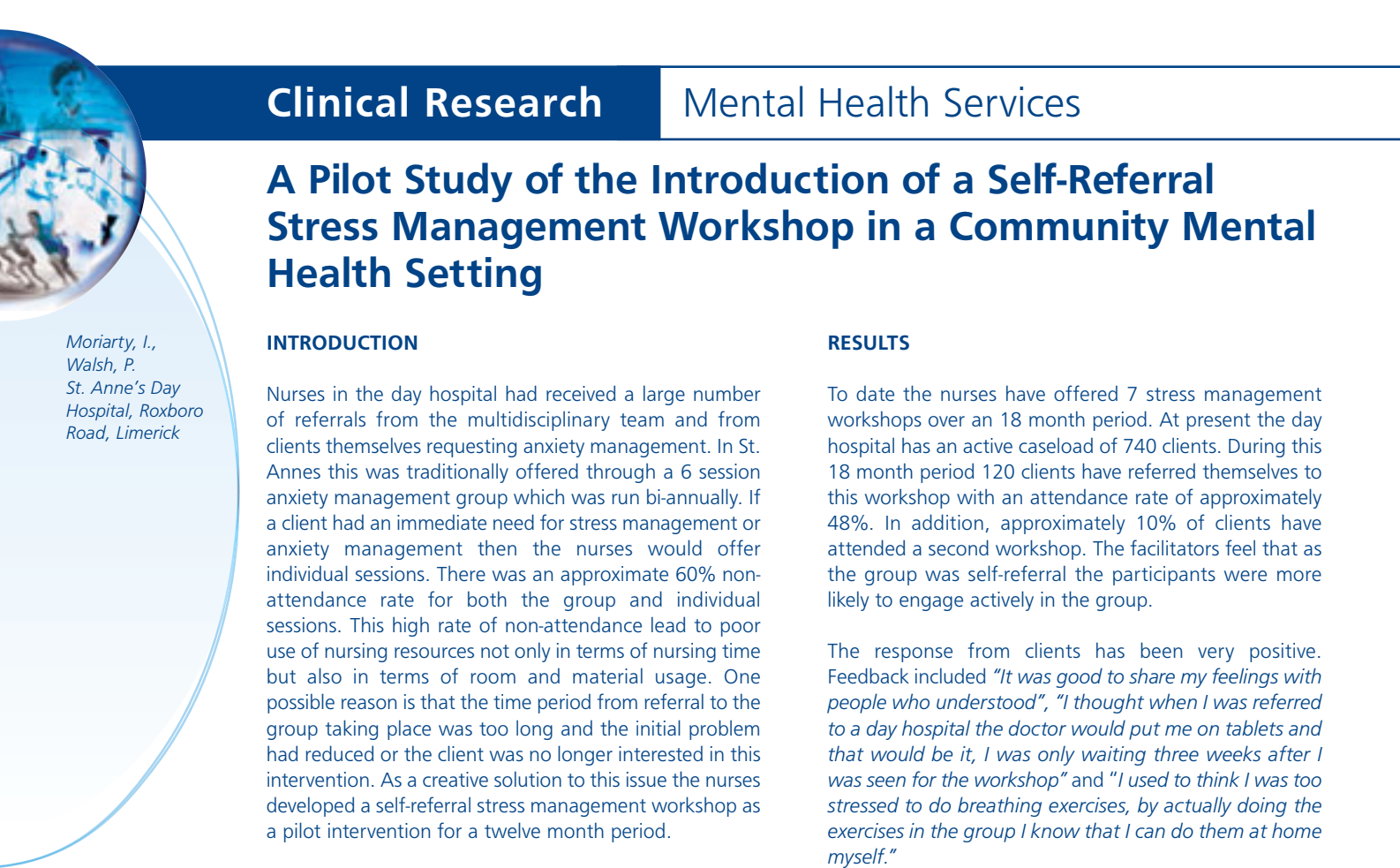
CONCLUSION

Poor levels of health literacy have a harmful impact on health. Patients with mental illness have been shown to be vulnerable to low levels of mental health literacy. Low levels of health literacy in this population are likely to impact on the individuals' ability to recognise, seek information about and promote both their physical and mental health. A high percentage (87%) of our respondents reported being confident or very confident that they understood the information provided by health professionals in hospital. However only 59% were able to correctly identify the definition of 'prognosis' and only 57% were able to correctly identify the correct definition of 'symptoms' from 4 options. Patients in Mental Health Services are increasingly being seen for review by full multidisciplinary teams. However, 56% of patients reported a preference for being seen individually by single team members rather than by the multidisciplinary team or a combination of both. In the free text component of the survey 19% of patients reported that they found the multidisciplinary team meeting unsatisfactory. Some examples of comments made include that this meeting was 'intimidating', 'anxiety provoking', 'stressful'.

Our results compare with international studies indicating that patients are dissatisfied with the information they received while in hospital and a significant percentage of patients don't understand commonly used medical terminology.

PRESENTED

As a poster presentation at the Irish College of Psychiatry's Spring Conference in Carlton House, Kildare on April 7th-8th, 2011.



A Pilot Study of the Introduction of a Self-Referral Stress Management Workshop in a Community Mental Health Setting

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INTRODUCTION

Nurses in the day hospital had received a large number of referrals from the multidisciplinary team and from clients themselves requesting anxiety management. In St. Annes this was traditionally offered through a 6 session anxiety management group which was run bi-annually. If a client had an immediate need for stress management or anxiety management then the nurses would offer individual sessions. There was an approximate 60% non-attendance rate for both the group and individual sessions. This high rate of non-attendance lead to poor use of nursing resources not only in terms of nursing time but also in terms of room and material usage. One possible reason is that the time period from referral to the group taking place was too long and the initial problem had reduced or the client was no longer interested in this intervention. As a creative solution to this issue the nurses developed a self-referral stress management workshop as a pilot intervention for a twelve month period.

METHODOLOGY

Previous referrals to nursing had primarily been done on behalf of clients through other disciplinary team members. To enhance attendance and participation we piloted a self-referral system. We hypothesised that if clients self-referred themselves to a group they were then more likely to attend the group. There appears to be paucity in the literature examining this phenomenon but anecdotally this does appear to be the case. We generated interest in the group by placing brightly coloured posters throughout the day hospital. We asked clients to add their name to the attendance list in the reception office. Approximately a week before the workshop we posted out reminder letters to the clients who had referred themselves.

This workshop ran over a two hour period. The format of the group included an introduction of the nurses, ice breaker exercise and ground rules. A nurse led the Body Scan exercise from the Mindfulness practice. The nurses put up a large diagram of the human body and we asked the clients to describe how the effects of stress impact on their body. This was followed by a discussion on the interaction between thoughts, body sensations and behaviour. We included a tea break. After the break a nurse lead a visualisation exercise and we then facilitated a discussion regarding the positive means of coping with stress in their lives. We concluded the group with a short breathing exercise. At the end of the workshop we requested clients fill in a feedback sheet. We also provided information for the clients to take home, information about other services available in the day hospital and the community.

RESULTS

To date the nurses have offered 7 stress management workshops over an 18 month period. At present the day hospital has an active caseload of 740 clients. During this 18 month period 120 clients have referred themselves to this workshop with an attendance rate of approximately 48%. In addition, approximately 10% of clients have attended a second workshop. The facilitators feel that as the group was self-referral the participants were more likely to engage actively in the group.

The response from clients has been very positive. Feedback included *"It was good to share my feelings with people who understood"*, *"I thought when I was referred to a day hospital the doctor would put me on tablets and that would be it, I was only waiting three weeks after I was seen for the workshop"* and *"I used to think I was too stressed to do breathing exercises, by actually doing the exercises in the group I know that I can do them at home myself."*

From a nursing point of view the intervention has reduced the previous referrals for both individual and group anxiety management. It also was more efficient in terms of nursing resources.

The response from other team members has also been positive. In particular the psychiatrist reported that *"It was excellent to have more to offer the client than medication and to be able to offer this intervention in a timely way improves the service we can offer overall."*

CONCLUSIONS

The stress management workshop delivered on its intended objectives. Staff felt it met that need to offer an intervention in an immediate way. The attendance at these sessions was higher than at the 6 session anxiety management group, most likely due to the self-referral nature of the workshop.

Investigating the Impact of Visual Media on People Living with Dementia Residing in a Dementia Care Ward

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INTRODUCTION

Traditional visual media are unsuitable for people with dementia, for example in the case of jigsaw puzzles, they are too complicated for a person with dementia to complete, due to the small size and large number of pieces, or else the puzzle with fewer and larger pieces are designed for children and have inappropriate images for an older adult population. This current situation with regard to visual media is broader than jigsaw puzzles, and this leads to a situation where the individual with dementia is either frustrated or patronized by the media that they are supposed to engage with, leading to lower levels of active engagement.

Pictures to Share has been developing and supplying appropriate visual media for people with dementia since 2006. Their materials are well used in UK and Australian care homes and day centres, and also in some UK hospitals. They are interested in clinically establishing what range of measurable and qualitative difference the introduction and integration of their visual media can make to the well-being of hospital in-patients with dementia and also staff morale in hospital dementia wards.

ActivMinds identified the inappropriateness of the visual media that was being provided to the old age population with dementia and through innovative thinking, adjusted some already available media to suit the needs and desires of the population which they would be used for.

Staff at St. Camillus' Hospital are looking to improve the quality of life for their dementia in-patients and are keen to discover what range of difference purpose designed visual resources (books, DVDs, pictures on the walls, place mats, jigsaw puzzles and water painting kits) can make to this, both directly and also through raised client-centred awareness and morale amongst care staff and relatives. This increased client-centred awareness, client engagement and client communication, potentially will lead to reduced difficult behaviours in the clients themselves and also an improved aptitude for the management of these behaviours by staff and potentially by relatives.

OBJECTIVES

The aims of this study are to:-

1. To investigate if and how purpose designed illustrated books can improve the quality of life for in-patients with dementia in a long stay ward.
2. To investigate if and how purpose designed film media can improve the quality of life for in-patients with dementia in a long stay ward.

3. To investigate if and how other purpose designed visual media and resources (table mats, pictures for walls, jigsaw puzzles and water painting sets) can improve the quality of life for dementia in-patients.
4. To investigate if providing these types of visual resources in a long stay dementia ward can help to improve staff care and staff morale.
5. To investigate if having a range of purpose designed visual resources available, can help to improve patient experience and provide better patient care in a dementia assessment ward.

METHODOLOGY

In this study several pre-intervention measurements will be recorded for post-intervention comparison. The Quality of Interaction Scale (QUIS) will be used to establish a baseline of the quality interaction between residents and staff. The QUIS will be carried out twice before the intervention takes place. The QUIS will then be repeated once a week for the duration of the proposed intervention and then follow-up measurements will be taken at two week intervals and then finally at two months after the intervention, to judge whether the intervention effect, if any, is maintained. Staff morale will be measured at pre and post-intervention stage, by using the Index of Job Satisfaction (IJS) which was designed to measure nurse attitudes towards the workplace. There will also be a series of semi-structured interviews carried out with a 3-5 nurse convenience sample before the intervention and again with an alternative nurse convenience sample after the intervention. These interviews will be examined through textual analysis to gain an understanding of the perceived task versus process nature of the nurses' role, and the perceived level of quality of life for the residents, and an insight into the understood relations between resident and nurses.

RESULTS/CONCLUSIONS

The study endpoints include:-

1. An understanding of whether visual media can be used to improve quality of life for long stay dementia in-patients.
2. An understanding of whether visual media can be used to improve the patient experience in a dementia assessment ward.
3. An understanding of whether visual media can be used to improve patient care in a long stay dementia ward.
4. An understanding of whether any perceived improvement in patient experience, quality of life or care also impacts on staff morale.

The Incidence and Repetition of Hospital-Treated Deliberate Self Harm - Findings from the World's First National Registry

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ABSTRACT

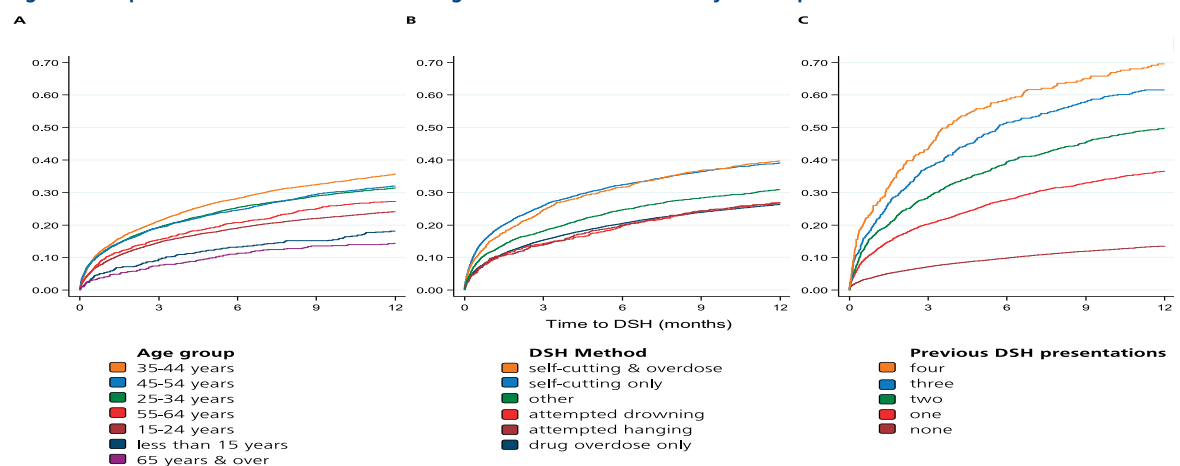
Suicide is a significant public health issue with almost one million people dying by suicide each year worldwide. Deliberate self harm (DSH) is the single most important risk factor for suicide yet few countries have reliable data on DSH. We developed a national DSH registry in Ireland to determine and monitor the incidence and repetition of DSH, to identify high-incidence groups and areas and to inform services and practitioners concerned with the prevention of suicidal behaviour.

Between 2003 and 2009, the Irish National Registry of Deliberate Self Harm collected data on DSH presentations to all 40 hospital emergency departments in the country. Data were collected by trained data registration officers using standard methods of case ascertainment and definition. Annual incidence rates per 100,000 population with 95% confidence intervals (CIs) were calculated for the total, male and female population and for age-sex subgroups. Repetition within 12 months of a DSH presentation was determined and illustrated using Kaplan-Meier curves.

Repetition rates were similar in men and women, 29% vs. 30% within 12 months. Risk of repetition within 12 months increased from 18% in those younger than 15 years to 37% in those aged 35-44 years and fell to 14% in those over 65 years. Risk of repetition within 12 months was 39% and 40% in patients whose methods were cutting only or cutting and overdose, in comparison to 26% of cases involving overdose only. Risk of repetition increased rapidly with the number of previous DSH presentations and in a similar manner for male and female patients. The 12-month repetition rate was 14%, 37%, 50%, 62%, and 70% for those with no, 1, 2, 3 and 4 previous presentations.

Population-based data on hospital-treated DSH represent an important index of the burden of mental illness and suicide risk in the community. The increased DSH rate in Irish men in 2008 and 2009 coincided with the advent of the economic recession in Ireland. The findings underline the need for developing effective interventions to reduce DSH repetition rates as a key priority for health systems.

Figure 1 - Kaplan Meier Failure Curves Showing the Cumulative Probability of a Repeated Deliberate Self Harm Presentation



For the period 2003-2009, the Registry recorded 75,119 DSH presentations involving 48,206 individuals. The total incidence rate fell from 209 (95% CI: 205-213) per 100,000 in 2003 to 184 (95% CI: 180-189) per 100,000 in 2006 and increased again to 209 (95% CI: 204-213) per 100,000 in 2009. The most notable annual changes were successive 10% increases in the male rate in 2008 and 2009. There was significant variation by age with peak rates in women in the 15-19 year age group (620 (95% CI: 605-636) per 100,000), and in men in the 20-24 age group (427 (95% CI: 416-439) per 100,000).

Repetition varied significantly by age, method of self harm and number of previous episodes. Of the 48,206 people who presented to hospital with deliberate self harm cases during this period, 453 people (1%) presented at least 10 times, accounting for 8,080 (11%) of all recorded presentations. Risk of repetition was highest in the time immediately after a DSH presentation, as illustrated in Figure 1.

FUNDING

The National Registry of Deliberate Self Harm is funded by the Health Service Executive's National Office for Suicide Prevention.

SOURCE

Perry IJ, Corcoran P, Fitzgerald AP, Keeley HS, Reulbach U, Arensman E (2012) The Incidence and Repetition of Hospital-Treated Deliberate Self Harm: Findings from the World's First National Registry. PLoS ONE 7(2): e31663. doi:10.1371/journal.pone.0031663



Wellness Recovery Action Planning Education in Mental Health - An Exploratory Mixed Methods Evaluation of Effectiveness

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ABSTRACT

Internationally mental health policy is advocating using recovery approaches to care. Underpinning these approaches is investment in education in recovery principles and methods and a need to provide evidence of the impact of this education.

METHODOLOGY

Using questionnaires and focus groups, we evaluated 2 day and 5 day Wellness Recovery Action Planning Education Programmes and assessed participants' attitudes towards recovery, knowledge of recovery and Wellness Recovery Action Planning beliefs. Data were collected between 2009 and 2010. Participants were people with personal experience of mental health problems, practitioners in mental health services, and family members/carers of those with mental health problems.

Approximately two thirds of the participants at the 2 day (F=126, M=68) and 5 day (F=38, M=20) education programme were female. Of the 197 people who attended the 2 day programme all completed the pre-course questionnaires and 195 people completed the post-course questionnaires. Of the 68 participants who completed the 5 day programme, 67 completed the pre-course questionnaire and 62 completed the post-course questionnaire. In total, 33 participants were involved in the focus group interviews.

RESULTS

Comparison of the pre and post measures showed that the programme increased participants' knowledge of and attitudes towards recovery and Wellness Recovery Action Planning (WRAP). While this increase was statistically significant for the 2 day programme, it was not for the 5 day programme. Participants reported being very positive and enthusiastic about the programme and the benefits they had achieved personally and professionally as a result of participating. Attending the programme exposed participants to new ways of thinking about recovery and they left the programme with a great sense of optimism about the concepts underpinning recovery and WRAP and with clear messages of hope and personal validation. The emphasis within the programme on wellness, positive mental health and recovery were viewed as a positive move away from the dominant medical and illness paradigms. The focus on self help, self management, and taking responsibility and control was perceived by the participants to be empowering, refreshing and positive. Learning about Recovery and WRAP challenged the assumption that those with self experience of mental distress are passive recipients of mental healthcare. It also helped the participants to think differently about themselves and view mental distress as a normal reaction to life's challenges.

CONCLUSIONS

This exploratory study shows that providing mental health practitioners and people with personal experience of mental health problems with a systematic education and training in recovery principles using the Wellness Recovery Action Planning approach leads to positive changes in peoples' knowledge, skills and attitudes towards recovery. This education appeared to inspire, invigorate and empower people, and for many, it was a life changing experience.

FUNDING

This study was funded by the Department of Justice, Equality and Law Reform, Ireland.

SOURCE

Complete report has been published and is on the School of Nursing and Midwifery TCD website:- A Higgins; P Callaghan, J de Vries B Keogh; J, Morrissey; M Nash; D Ryan; H Gijbels (2010), Evaluation of Mental Health Recovery and Wellness Recovery Action Plan (WRAP) education programme on participants' knowledge, attitude and skills of mental health recovery, Dublin, Irish Mental Health Recovery Education Consortium

Article published from it is available as:-
Higgins A, Callaghan P, deVries J, Keogh B, Morrissey J, Nash M, Ryan D, Gijbels H, Carter T (2012) Evaluation of mental health recovery and Wellness Recovery Action Planning education in Ireland: a mixed methods pre-post evaluation, Journal of Advanced Nursing Article first published online: 25 Jan 2012, DOI:<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2011.05937.x/pdf>

Stress and Burnout in Residential Child Care Workers - A Mixed Methods Approach

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INTRODUCTION

Previous research shows that working in residential child care is one of the most demanding, stressful and emotionally exhausting careers in the caring profession.¹ The international research shows that these workers are at high-risk for developing stress and burnout.² There has been a dearth of research carried out examining Irish residential child care workers' experiences of stress and burnout.

OBJECTIVES

This study aimed to address this gap in the literature by investigating residential child care workers' experiences' of stress and burnout.

METHODOLOGY

The study employed a mixed methodology. The quantitative phase examined staffs' (n=67) perceived levels of stress, burnout and psychological ill health using the Occupational Stress Inventory-Revised (OSI-R),³ Maslach's Burnout Inventory Human Services Survey (MBI-HSS),⁴ General Health Questionnaire-28 (GHQ-28)⁵ and a demographic questionnaire. The qualitative phase interviewed residential childcare workers (n=6) on their experiences of stress and burnout. Thematic analysis was used to analyse the qualitative data and statistical analysis was used to analyse the quantitative phase.

RESULTS

The quantitative data revealed that female staff, staff who worked more years in the service, and community-based staff were more likely to suffer from stress, burnout and psychological ill health. Using hierarchical linear modelling, the results showed that length of service, centre (high support or community-based), role ambiguity and role overload predicated stress for these workers. The mediation testing showed that recreation and social supports mediated stress for staff. The qualitative phase showed the main sources of stress for staff were: the case mix, violence, inadequate staffing, and long hours in an intense environment, combined with a lack of adequate support. The findings showed that stress and burnout impact negatively on workers health, emotional well-being and family life. The results showed that staff were aware of existing supports but were unsure of how to access them.

CONCLUSIONS

The strengths and the limitations of the study were outlined with suggestions for future research based on existing gaps and limitations of the current study. Recommendations for practice and policy are discussed within the context of the residential child care setting.

REFERENCES

References available on request.

Understanding the Experiences of the Young Person in Residential Care - An Interpretative Phenomenological Analysis (IPA) Exploration

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INTRODUCTION

Although there appears to be a widespread commitment through research and intervention to the improvement of life outcomes for young people in residential care, the focus in literature to date has overlooked the importance of their voice and subjective experience.

OBJECTIVES

The current study therefore aims to gain a greater understanding of the experiences of the young people in residential care, as well as the impact of their experiences on their sense of who they are. The work also aims to understand how young people in residential care manage themselves in the context of their lives.

METHODOLOGY

The study employed a qualitative methodology. Eight young people in residential care (aged 15-17 years) were recruited through residential care services under the auspices of the Health Service Executive (HSE) and were interviewed using a semi-structured interview format. Their accounts were analysed using Interpretative Phenomenological Analysis (IPA).

RESULTS

Four core themes emerged from analysis; Psychological Experiences of Young People in Residential Care, Impacts on the Self, Internal Management Processes and External Support Processes. Findings evidence the complex interplay between the experiences of the young people in residential care and their impact on young peoples' sense of who they are. Findings show how a number of internal management and external support processes can bring positive effects for the young people in residential care and their life position.

The core theme of *Internal Management Processes* depicts the processes through which participants manage their life experiences. The theme depicts a number of internal management processes which involve reflection in making sense of the past as well as processes of self reliance and self protection. The theme also encapsulates the hopefulness of participants, emerging as a process through which they manage experiences of past adversity by looking to possibilities of the future. Core themes from this group include:

- **Making Sense of the Past**
- **Self Reliance and Self Protection**
- **Hopefulness**

The theme of external support processes refers to those processes which emerged as being supportive of participants' position and management of their life experiences. These largely related to processes of the residential care and general care system which afforded participants opportunities for separation from previous risk, new opportunities and possibilities as well as the support of trusting and reliable interpersonal relationships. Sub-themes encompassing this group include:

- **Separation from Risk**
- **New Opportunities**
- **Supportive Relationships**

CONCLUSIONS

The findings are discussed in relation to processes and capacities for resilience as well as in relation to sustained difficulties in relating to others, all of which emerged from the inner worlds of these young people in residential care. In the concluding discussion, a number of implications for practice, policy and future research are highlighted.

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References are available on request.

Exploring the Utility of a Five Response Single-Item Self-Report Global Health Measure in Primary (National) School Children

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 Meehan, F.,³
 Houghton, S.,⁴
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INTRODUCTION

Psychometricians have traditionally favoured longer and more in-depth self-report health measures as they can yield information that is significantly more reliable and valid than shorter measures.¹ However, such advantages have to be carefully weighed against lower response rates and increased costs typically associated with longer measures.²⁻⁶ Interest in very short health screening measures has been boosted by the inclusion of a single-item self-report global health measure by the Central Statistics Office (CSO) in the 2011 census.⁷

OBJECTIVE

This study was designed as one of a series of studies looking at the utility of single-item measures of health as indicators of health/mental health in primary⁸ and secondary school children⁹ and students.¹⁰ The present study looked at a single-item global health measure which offered a choice of 5 responses¹¹ as compared to a previous paper which looked at responses to a similar question incorporating 4 possible responses.⁸ The aim was to explore the significance of question format (number of forced choices) on responses in a sample of school children.

If large scale surveys such as a population census are going to incorporate single item measures, it is important that the subtleties of how this single item is perceived are explored. This particular study considered this in relation to 10-13 year old children for whom the number of choices of response may be very significant, in terms of their understanding.

METHODOLOGY

50 primary schools in the Mid-West were randomly selected from lists on the Department of Education and Science's website. 43 of the primary schools approached were able and willing to participate. Participants were 5th and 6th class pupils in these schools. 1,253 children aged 10-13 participated in the study (572 boys and 681 girls) with a mean age of 11.5 years (SD = 0.73). Including non-participating schools, the response rate was 76.2%. Ethical approval for this study was obtained from the Ethics Research Committee of the Regional General Hospital, Health Services Executive, Mid-Western Area.

The childrens' survey included a combination of measures including the 4-item Centre for Epidemiological Studies Depression Scale for Children (CES-DC),¹² the Children's Depression Inventory-Short Form (CDI-S),¹³ and the self-esteem scale of the child version of the Child Health Questionnaire (CHQ-CF87),¹⁴ a global health question,¹⁰ and a brief section exploring attitudes and experiences relating to drugs, alcohol and tobacco.¹⁵ The global health question is from the SF-36 and asked 'In general

would you say your health is' and includes 5 potential responses: Excellent; Very Good; Good; Fair; Poor.¹¹ Although this item does not explicitly mention mental health issues, measures such as this have been found to indicate both physical and mental health status.¹⁶

RESULTS

The global health item was completed by 99% of participants indicating a high level of acceptability towards and understanding of this item. Table 1 details the responses to this question broken down by gender and age group.

Table 1- Responses to the Health Question by Age Group and Gender

Group	Excellent	Very Good	Good	Fair	Poor
Total	32.2% (399)	44.1% (547)	19.9% (246)	3.8% (47)	0% (0)
Males	31.7% (179)	44.1% (249)	20.7% (117)	3.4% (19)	0% (0)
Females	32.6% (220)	44.1% (298)	19.1% (129)	4.1% (28)	0% (0)
Total (10-11 Yrs)	31.5% (189)	43.2% (259)	20.8% (125)	4.5% (27)	0% (0)
Males (10-11 Yrs)	30.6% (79)	44.6% (115)	22.1% (57)	2.7% (7)	0% (0)
Females (10-11 Yrs)	32.2% (110)	42.1% (144)	19.9% (68)	5.8% (20)	0% (0)
Total (12-13 Yrs)	32.9% (210)	45.1% (288)	18.9% (121)	3.1% (20)	0% (0)
Males (12-13 Yrs)	32.7% (100)	43.8% (134)	19.6% (60)	3.9% (12)	0% (0)
Females (12-13 Yrs)	33.0% (110)	46.2% (154)	18.3% (61)	2.4% (8)	0% (0)

Two-way between-subjects analysis of variance indicated no significant difference on the basis of sex ($F(1,1,235)=0.053$, $p=0.817$, partial $\eta^2=0.000$), or age group ($F(1,1235)=1.496$, $p=0.222$, partial $\eta^2=0.001$), and that no significant interaction effect was noted between these factors ($F(1,1235)=0.591$, $p=0.442$, partial $\eta^2=0.000$). Statistically significant, but mild, correlations were noted between the general health question and the CES-DC ($r(1214)=0.204$, $p<0.001$), and the CDI-S ($r(1099)=0.228$, $p<0.001$). Using the CDI-S cut-off for 'caseness' (≥ 7 ; i.e. indicating the probable presence of a mental



health issue)¹⁷, it was possible to calculate sensitivity and specificity¹⁸ of those stating that their health was 'either 'Fair' or 'Poor' on this item (sensitivity=0.788; specificity=0.024; PPV=0.059; NPV=0.585).¹⁹

CONCLUSIONS

The absence of any children reporting poor health on the health question in such a large and representative survey is notable. The single-item global health measure is a clear and acceptable question to pupils. No significant differences in responses to this question were noted on the basis of either age group or gender. Although responses to this generic health question were significantly related to mental health status as measured by the CDI-S and the CES-DC, the correlations noted were very mild and the sensitivity and specificity²⁰ of this general health question (as measured against the CDI-S clinical 'cutoff') was poor. Further research might usefully explore the extent to which mental health issues impact on children's self-reports of global health and to investigate children's interpretation of the term 'health'.

REFERENCES

Available on request.

Linking Local Quantitative Data with Qualitative Information for More Efficient Public Health Action

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INTRODUCTION

Local data can help support local action to identify local needs, to plan and deliver appropriate health and social services, and to monitor performance. Traditionally, local quantitative data is presented separately from qualitative data such as policies, evidence, guidance and interventions. Closer integration of quantitative and qualitative data is necessary to help users contextualise information; ask questions to guide their analysis; better understand differences between regions.

OBJECTIVE

The Institute of Public Health in Ireland (IPH) manages two websites which contain information to support public health. The Health Well website (www.thehealthwell.info) gives people access to qualitative information resources such as policy, interventions and evidence. The Community Profiles website (www.thehealthwell.info/community-profiles), based on the All-Ireland Health and Wellbeing Dataset, gives people access to quantitative local data for the island of Ireland. The aim of this project was to integrate these two information sources to better meet public health needs.

METHODOLOGY

Feedback about the Health Well and Community Profiles was obtained from stakeholders, and from attendees at workshop events. They saw the benefits of both information sources, and thought a combined integration of their resources would provide an even more powerful tool for users. Hence, the resources on the Health Well and Community Profiles were merged into one interface to provide an integrated Community Profiles tool, which went live in February 2012.

RESULTS

The purpose of the Community Profiles tool is to help users create and save materials that can be used to write local or regional profiles on a variety of public health topics. It is based on a set of over 160 quantitative indicators that cover the Republic of Ireland (RoI) and Northern Ireland (NI). The indicators have been compiled for every Administrative County in RoI and every Local Government District in NI.

The new integrated Community Profiles tool combines quantitative indicators with the qualitative resources from the Health Well into one interface. This will help users contextualise information and they can align their analyses with current policy and good practice. Users can create tables, maps and charts, as well as download other resources such as interventions, evidence and policy documents.

Users can:

- Build profile tables of individual indicators or groups of indicators relating to specific themes such as Obesity, Mental Health, Diabetes - for up to two local areas as well as at a national level
- Obtain further details (data issues, public health importance and policy context) about each indicator
- Access resources from the Health Well website, for interventions, policies, other data, evidence and news, related to each indicator
- Carry out more complex analyses using The Health Well's data tools

CONCLUSIONS

The new integrated Community Profiles tool is both unique and innovative. Integrating both quantitative and qualitative data provides users with substantial and contextual evidence to support public health. Preliminary feedback has been very positive and users think this is a very efficient tool for public health working.

PRESENTED

- Faculty of Public Health Summer Scientific Meeting (May 2010)
- Regional workshops - Cork (February 2011), Dublin (March 2011), Sligo (August 2011)
- NI Assembly researchers (November 2011)
- Centre of Excellence for Public Health Away Day (December 2011)
- Oireachtas researchers (February 2012)
- IPH, Health Impact Assessment Training Course (March 2011, March 2012)

FUNDING

Academic partners

- HRB Centre for Health and Diet Research, University College Cork, Republic of Ireland.
- Centre of Excellence for Public Health, Queen's University Belfast, Northern Ireland.

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First Year Report on The Health Well Website

INTRODUCTION

The Health Well (<http://www.thehealthwell.info>) is an all-island health information website that is managed by IPH. It provides open access to integrated qualitative and quantitative information drawn from the academic and grey literature. It also includes web tools that help users to use that information.

METHODOLOGY

The Health Well stores details (“metadata”) of information resources, provided by contributing websites across the island, in a keyword searchable cache. A subset of these are grouped into more structured catalogues.

Along with its first thematic hub – the Obesity Hub – the Health Well was launched in February 2011. It was promoted using training workshops, conference presentations and printed resources. Usage was monitored using Google Analytics and other bespoke reporting modules (from mid-March 2011).

RESULTS

By the end of its first year, the number of contributing websites had increased to 17. In addition, the following information resources were added:

- Research articles drawn from over 210 OA journals
- News items drawn from over 150 news sources
- Notifications from over 130 electronic bulletins and newsletters.

During the latter half of the year an integrated search was implemented and search results – relevant cache resources, research articles and news items - are now presented under the following tabs:

- Evidence:
 - Peer reviewed OA research articles
 - Systematic reviews (Cochrane and Campbell Collaborations)
 - Other research and evaluations
 - Guidance (NICE, HIQA (RoI), RQIA (NI), other)
- Policies and strategies
- Health-related data sources (over 380)
- Interventions (over 350)

To help contextualise numerical data, qualitative resources have been integrated into the website’s online data tools. For example; relevant evidence, policies, data, interventions and news items are now located alongside the numerical indicators in the Community Profiles Tool (<http://www.thehealthwell.info/community-profiles>).

To help users understand the information on the website, analytical tools have been developed. For example, the PANI Tool (www.thehealthwell.info/pani) allows users to identify physical activity and nutrition interventions that match their objectives and to critically compare them on a number of domains.

To provide focus on other health topics; a Fuel Poverty Hub (March 2011), a Health Inequalities Hub (June 2011) were added to the website.

Visits and visitors

In its first year, the website received over 165,000 visits (nearly 14,000 per month) from nearly 120,000 unique visitors (nearly 10,000 per month). Nearly 600 of these visitors registered for a (free) user account. Compared to the Health Well website, visits to the thematic hubs (eg Obesity Hub) were more likely to originate from a web search (87% vs 74%) and less likely to be referrals/direct traffic from other websites (12% vs 23%).

Downloads of information resources from the cache

During the year, over 29,000 information resources from the cache (nearly 2,500 per month) were downloaded from the website. Each download generated a visit to the contributing website. Just over a half of all resources were downloaded directly from a hub.

Just under half of the resources that were downloaded during the year belonged to one of the more structured catalogues. In recognition of this, towards the end of the year the default search was modified so that it now covers the whole cache.

CONCLUSION

Preliminary analysis suggests that, during its first year, the Health Well attracted a large number of visitors and provided access to a wide range of information resources. IPH will continue to simplify the layout of the website so that it presents users with a range of complex information in an uncomplicated manner.

The Burden of Chronic Conditions is Expected to Rise - Modelling Current and Future Prevalence of Hypertension, Diabetes, Chronic Airflow Obstruction, Stroke and Coronary Heart Disease

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ABSTRACT

Chronic conditions are an important public health challenge. They are responsible for substantial mortality, reduced quality of life, and costs to the health and social care system and the economy. In 2010 the Institute of Public Health in Ireland (IPH) published data on the prevalence of chronic conditions that were based on English reference studies. To produce data that are more relevant to the Republic of Ireland (RoI) and Northern Ireland (NI) IPH have now produced prevalence data that are based on reference studies from RoI and NI. Different studies measure different aspects of prevalence in different ways. In this study IPH focuses on the number of people who have been told by their doctor that they have the condition during the previous 12 months (self-reported annual prevalence) in RoI or at any time in the past (self-reported lifetime prevalence) NI. Because RoI and NI figures measure different aspects of the condition they are not comparable. Prevalence figures published in February 2010 relate to point prevalence - the numbers of people with the condition at a particular point in time are also not comparable to our figures here.

National health surveys (Survey of Lifestyle, Attitudes and Nutrition (SLÁN) 2007 in RoI; Health and Social Well-being Survey 2005/2006 in NI) were used as reference studies. For each condition, a forward selection logistic regression procedure was applied to the survey data to identify an initial predictive model of risk for the condition. The initial model was assessed for bias and the feasibility of estimating/projecting the number of people in the population in each of its risk groups. A final model - a possibly nested form of the initial model - was identified. The final model's group-specific risk estimates were applied to group-specific population count estimates/projections for Local Health Offices of the Health Service Executive in RoI and Local Government Districts in NI to estimate and forecast the number of people with the condition for the years 2010, 2015 and 2020.

The study found that large numbers of adults are living with these chronic conditions in 2010.

In RoI, self-reported annual prevalence was estimated to be:-

- Hypertension: 423,000 (12.7%)
- Diabetes: 93,000 (2.8%)
- Chronic airflow obstruction: 82,000 (2.5%)
- Stroke: 23,000 (0.7%)
- Coronary heart disease: 79,000 (2.4%)

In NI self-reported lifetime prevalence was estimated to be:-

- Hypertension: 317,000 (23.2%)
- Diabetes: 55,000 (4.0%)

- Chronic airflow obstruction: 33,000 (2.4%)
- Stroke: 24,000 (1.7%)
- Coronary heart disease: 107,000 (7.8%)

The study also found that large increases in the number of adults living with these conditions are expected between 2010 and 2020. In RoI the percentage increases are forecast to be:-

- Hypertension: 24%
- Diabetes: 27%
- Chronic airflow obstruction: 23%
- Stroke: 27%
- Coronary heart disease: 31%

In NI the percentage increases are forecast to be:-

- Hypertension: 15%
- Diabetes: 20%
- Chronic airflow obstruction: 19%
- Stroke: 23%
- Coronary heart disease: 23%

Different studies measure different aspects of prevalence in different ways. We need to be clear about how prevalence outcomes are defined and measured so that the data are interpreted correctly and comparisons between different sources are valid.

The findings have significant implications for individuals and families, the health and social care system and Ireland's economy. The expected increases in the number of people with these conditions assume that the levels of risk factors do not change over time. If levels increase, the expected increases will be even greater. A greater focus on prevention to reduce these risk factors and promote healthier lifestyles will help moderate these increases. Prevention programmes should also address the social, environmental and other issues that influence the development of chronic conditions.

PRESENTED

At the Centre of Excellence for Public Health Away Day in December 2011.

FUNDING

Academic partners:

- Centre of Excellence for Public Health, Queen's University, Belfast
- HRB Centre for Health and Diet Research, University College, Cork



Socio-Economic Status is Associated with Epigenetic Differences in the pSoBid Cohort

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ABSTRACT

While the genetic makeup of an individual can contribute to a pre-disposition to disease, socio-economic status (SES) may also contribute to both individual and community health. The link between SES, lifestyle factors (e.g. smoking, diet) and ill health is well documented, but how this impacts on specific biological processes is not well defined. A new area for investigation in this context is epigenetics. Epigenetics constitutes heritable biological changes caused by mechanisms that do not involve a change in the underlying genetic code. The relationship between SES and ill health and epigenetics is not well understood, but has recently provided some intriguing glimpses that it is an important mediator of disease processes.

DNA methylation is an important form of epigenetic modification for regulated gene expression, genomic stability and embryogenesis. Aberrant methylation can lead to abnormal gene expression and disease. Changes in DNA methylation are believed to be some of the earliest cellular events occurring at disease onset. These changes are also associated with ageing, as a gradual hypomethylation occurs with the ageing process; however this is concurrent with an increase in promoter region methylation. The methylation pattern can be influenced by various SES factors, although recent studies have suggested that diet in particular may be involved in the regulation of global DNA methylation during embryogenesis, with resulting consequences in adulthood. Unusual DNA methylation patterns have been linked to a broad range of diseases including cardiovascular and neuronal disorders and cancer. The effect of SES factors on DNA methylation suggests a variable response to environmental factors; hence a broad range of factors may impact on health via the modulation of epigenetic processes.

One key player in this scenario is chronic inflammation, which is already well documented as occurring at higher prevalence in socio-economically deprived areas. Inflammation may both be influenced by epigenetic changes, and may in turn influence epigenetic modifications. One such mechanism may be through the regulation of human DNA methyltransferase (HDNMT) by interleukin 6 (IL-6), in fact a strong association between inflammatory biomarkers, including IL-6, and DNA methylation has already been established in chronic kidney disease.

In order to investigate the influence of DNA methylation in the Glasgow area, the level of DNA methylation was measured in a large population at the extreme ends of the social spectrum. Associations between DNA methylation and SES and disease associated biochemical factors were then investigated. This confirmed for the first time, that SES factors are associated with changes in global DNA methylation levels, including income, manual/non-manual labour, education level, smoking and

diet. Further analysis revealed that these changes are also associated with biomarkers for cardiovascular disease and inflammation including cholesterol, LDL-cholesterol, fibrinogen and IL-6, in conjunction with SES factors.

This study has demonstrated clear links between SES and DNA methylation content. Furthermore, it has uncovered potential links between SES factors and increased risk for diseases associated with deprivation, including cardiovascular disease. Notably, SES related differences in methylation levels were not all explained by factors in adulthood, but indicated that a proportion of these differences were likely fixed in utero, as methylated DNA content was being established. This leads to the hypothesis that maternal SES and lifestyle factors may impact on gene expression in later life and thus on adult health.

This study has identified another piece in the puzzle of why Glasgow has such a poor health record in comparison to other UK cities. Additionally, this study sounds a warning that these health conditions may be compounded by the habits and lifestyle choices of parents before their children are born.

SOURCE

International Journal of Epidemiology. 2012;41(1):151-160

The All-Ireland Physical Activity and Nutrition Intervention (PANI) Tool

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INTRODUCTION

The Physical Activity Intervention and Nutrition (PANI) tool is a response to a recognized need for more information about what is happening in terms of obesity prevention and management on the island. The tool helps users identify effective physical activity and nutrition interventions from across the island. It was developed by The Institute of Public Health in Ireland (IPH) in collaboration with the Public Health Agency in Northern Ireland and the Health Service Executive in the Republic of Ireland. The tool is live on the Health Well website and can be accessed at www.thehealthwell.info/pani

OBJECTIVES

The PANI tool is designed for use by those involved in developing, commissioning, delivering and evaluating obesity-related interventions. It aims to fill in the information gaps which are often left unanswered by the traditional evidence base. It will allow policymakers and health professionals critically compare local and regional interventions using a broader range of information, find out more about what is happening on the island, collaborate with others and build networks.

METHODOLOGY

Details of interventions were collected during an audit conducted by IPH in 2011. The audit involved a detailed online questionnaire which requested information on the delivery, development and evaluation of the intervention. These details were incorporated into the tool's database. An interactive interface was developed using an open source content management system, Drupal, to allow users to critically compare these details. This interface was developed iteratively alongside a series of three feedback workshops held across the island.

Figure 1 - Views of Interface for Comparing Interventions



RESULTS

The tool currently contains over 130 interventions and went live in February 2012. To begin using the tool, the user will be asked to clarify their objectives. This involves

specifying their target population (in terms of age group, gender, socio-economic group), specifying their focus (obesity prevention or management) and finally specifying the types of changes they seek (changes in behaviour, processes or places). Users will then be presented with all interventions that match their objectives along with relevant policies, data and evidence retrieved from the Health Well website. The details of the interventions are presented under a series of tabs dealing with their development, delivery, evaluation design, evaluation data and perceived effectiveness. The interface is interactive and allows the users to compare and contrast interventions using these details in the context of the other resources retrieved from the Health Well as mentioned above. A short video offering a step by step guide on how to use the tool is available on the Health Well website.

Figure 2 -The PANI Tool Search Results Page



CONCLUSIONS

The concept of such a tool was well received by participants in the feedback workshops. There was general agreement that the tool was very intuitive and user-friendly and that it would be an excellent reference point for what is happening on the island. There are however a number of challenges involved in gathering the required details which are critical to the usefulness of the tool. Some concern was also raised over the quality of self-reported data. Overall, the tool will enable users to apply a more rigorous and collaborative approach to the development of effective interventions across the island. IPH will continue to add interventions to the tool and improve the completeness and quality of the details it contains.


PRESENTED

At a Health Communications Conference in the University of Ulster on March 30th, 2012 by Nadine McQuillan.

FUNDING

This research has received funding from the Public Health Agency (Northern Ireland) and additional support from the HSE.

The Role of Experiential and Participatory Research Methodologies for Enhanced Community Participation in Health Promotion Practice



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INTRODUCTION

Being involved in decision making in relation to one's health is a fundamental right.¹ This is a central tenet of Health Promotion (HP) practice; therefore participation is at the heart of HP community development.² Central to effective community based HP is the utilisation of evidence-based practice to promote community participation (CP). Currently there is room for significant development in terms of what is known about the facilitation of experiential CP for HP practice and research. Participatory Research Methodologies (PRMs) are currently gaining increasing recognition not only as effective research methodologies but as effective CP tools. PRMs that are experiential in nature are effective tools in the promotion of participation along with individual and community empowerment.³ The use of such methodologies can effectively enhance health promotion practice, and can contribute to the development of critical engagement and the agency of participants. Building the capacity of practitioners in this field would greatly enhance their professional confidence and competence in enhancing really meaningful community participation. This research examines PRMs to determine their potential as research methodologies in tandem with evaluation of PRM as a CP tool for use in health promotion practice.

METHODOLOGY

An action research approach underpinned this research. PRMs were designed and implemented with a purposive sample of community members who were carers in their community. Participants were recruited using a combination of purposive and snowball sampling. A diverse range of carers were included (n=21). Subsequent to the implementation of the PRM, participants were interviewed using a semi-structured interview format. Interviews were recorded and transcribed verbatim. Data analysis was conducted via thematic analysis and also utilizing both deductive and inductive data analysis strategies.⁴

RESULTS

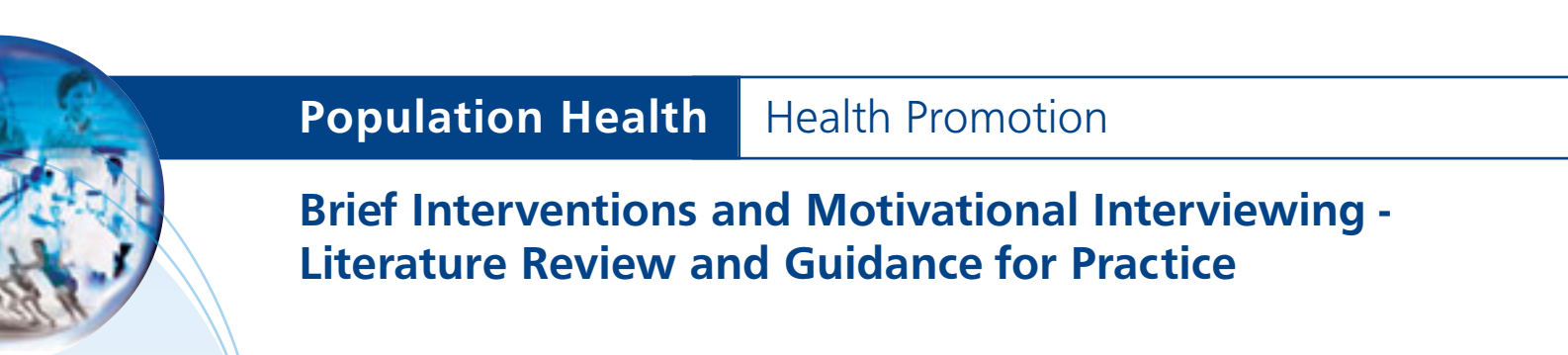
The PRMs were well received by the participants. They succeeded in creating a supportive environment for participation. The depth of reflection and sharing was noteworthy and the experiential nature of the design played a significant contribution in this regard. The interactive research methodologies were welcomed by all participants who indicated that they prompted deeper personal reflection and in doing so gave them unique insight into their lives and health as community carers and identified a broad range of carers' health needs.

CONCLUSION

PRMs have the potential for use as effective community participation tools in health promotion practice and research. The methodology is transferable across all populations therefore incorporation of these methods into health promotion practice could enhance and ensure effective and sustainable practice. The methodology also has the potential to contribute to positive health and social gain for a wide range of individuals, populations groups and communities. As community participation is emerging as an essential part of healthcare delivery and health promotion practitioners strive to ensure effective facilitation of CP; exploring and determining new health research methods will not only build practitioners' professional capacity within their own practice but will also contribute to the wider field of health and social care. Exploration and dissemination of participatory research methods and of community participation will also enhance health professionals' competencies within the health and social care field.

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Available on request.



Brief Interventions and Motivational Interviewing - Literature Review and Guidance for Practice

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INTRODUCTION

Brief intervention (BI) and Motivational Interviewing (MI) techniques are a practical way to train health professionals in helping others to change their behaviour. BIs generally refer to opportunistic interventions by non-specialists (e.g. GPs) offered to patients who may be attending for some unrelated condition.

OBJECTIVE

Concern has grown among Health Promotion practitioners that the BI concept may now be too loosely specified, and as such may be used differently by training providers throughout Ireland. There is also a related concern in terms of the structure, content and duration of BI and MI training programmes in order to provide competent practitioners and effective intervention programmes. A literature review was therefore undertaken to help ensure that the way BI and MI is employed by the HSE is based on evidence of effectiveness.

METHODOLOGY

A literature search was undertaken for English language papers published between 2000 and 2010. This identified 2,494 papers. Screening criteria were applied to the abstracts or summaries of these papers. The project team refined the inclusion criteria further to include reports which evaluate brief intervention training, including barriers to implementation; reviews of primary studies, primary prevention and risk factor avoidance only; practical 'real life' application of technique (i.e. not researcher administered); interventions in person (excluding computerised interventions). Papers pertaining to patients with established disease; articles which are general reviews of associated issues; studies in which BI is combined with pharmacological and other interventions and group approaches were excluded.

RESULTS

This resulted in 28 reviews of BI or MI and 28 evaluations of BI and MI training. A framework was developed to summarise each review paper and training paper. The key findings from the review can be summarised as follows:

- There is considerable variation in the length and type of intervention included in the reviews. This makes comparisons between reviews difficult, and limits the degree to which specific conclusions can be drawn.
- In the absence of a universal definition, the concept subsequently appears to have evolved into a wide range of similar yet differing techniques (such as brief advice, brief interventions, motivational interviewing, adapted motivational interviewing) with each reported study having slightly different versions of each of these techniques.

- BIs and MIs are effective for alcohol, diet, and physical activity, but the impact on smoking is more equivocal, with four reviews reporting a significant effect, one reporting no effect on behaviour, and three giving mixed results.
- Screening tools appear to enhance the chances of brief interventions being successful.
- The impact of different healthcare settings on the effectiveness of BI and MI is difficult to determine as this was not the main objective of any of the reviews.
- In terms of the impact of interventions over time, it was difficult to draw conclusions in many cases as the length of time assessed was not sufficient. The reviews of alcohol based interventions suggest that behaviour changes can be sustained over time, although this was not always the case. Follow-up does appear to be important to sustain behaviour changes.
- There currently does not appear to be a 'best practice training programme' to develop the skills required to apply BIs or MI. Each evaluation of training had a unique training programme. However, the review does highlight a number of general principles that should be adhered to by the HSE when developing BI or MI training programmes.
- There were significant variations in the methodologies of the studies of both the training and the reviews of the effectiveness of interventions. Issues such as study design, degree of follow-up, and outcome measures employed differed significantly between studies.

CONCLUSIONS

The evidence from our review demonstrates the potential of BI and MI. However, it is not possible to provide a specific model of best practice and training. The strength and consistency of the evidence varies between behavioural domains. The reasons why, and under what conditions interventions are and are not effective needs to be established. For these reasons, it is vital that both the training and promotion of BI and MI should be conditional upon systems being put in place to track and assess any benefits in real-life settings.



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Exploring the Lives of Children in Care in Ireland

INTRODUCTION

In Ireland, the primary legislation for regulating child care policy is the Child Care Act, 1991 and the Child Care (Placement of Children in Foster Care) Regulations 1995. Due to recent reports in Ireland and an increased awareness of the experiences of children in care internationally, work is underway in Ireland to increase our understanding and improve their lives. The number of children living in care in Ireland is estimated to be over 6,000 and has been increasing each year. The majority of children are in care for 5 or more years.¹ To date, very little is known about the lives of children living in foster care or childrens' homes in Ireland. Studies in the UK and the US have illustrated that children in care are particularly vulnerable to negative life experiences. Children who become involved with the child welfare system are described as a population at risk for adverse outcomes in multiple domains.² Compared with the majority of children raised at home, those who grow up away from their families suffer multiple disadvantages, and the health outcomes are generally poor.³

OBJECTIVE

The purpose of this study is to explore the lives of Irish children living in foster care or childrens' homes in Ireland.

METHODOLOGY

Data for this research came from the 2010 Health Behaviour in School-aged Children (HBSC) survey. There were a total of 129 children (76 boys, 49 girls) identified as living in foster care or a childrens' home. Using the 15 HBSC-based indicators of child well-being that are presented in the State of the Nation's Children (SONC) report series, the relationships and social, emotional and behavioural outcomes of children in care are explored.

RESULTS

Indicator**	Children in Care (%)	SONC (%)
Easy to talk to mother	54	78
Easy to talk to father	41	60
Have a pet	69	74
Been bullied	41	25
Participate in making school rules	37	23
Smoking – every day	21	9
Been drunk (last 30 days)	20	20
Cannabis use (lifetime)	30	16
Physically active 5+ days	57	55
Happy with way you are	42	58
Happy with life	72	91
Breakfast 5+ days a week	67	76
Feel safe in local area	70	90
Good place to spend free time	64	42
3 or more friends of same gender	73	90

**n.b. Statistical analysis was not carried out to compare groups

Using the SONC well-being indicators differences are evident between children who are in care and those who are not. The observed differences are unlikely to be only due to social class, as the children in care sample contained students from a range of social backgrounds (data not shown).

CONCLUSIONS

This exploratory work has given some insight into the experience of children in care in Ireland. While it is important to document these differences, further work is required to help explain these findings as well as to explore the factors contributing to the results.

REFERENCES

Available on request.

PRESENTED

As a poster presentation at the 15th Annual Health Promotion Research Centre (HPRC) Conference in Galway, June 2011.

FUNDED

The HBSC Ireland Study is funded by the Department of Health.

Health Behaviour in School-aged Children (HBSC) Study - What Do Children Want to Know?

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ABSTRACT

The overall aim of the HBSC study is to gain insight into, and increase our understanding of young peoples' health and well-being, health behaviours and their social context. Children are actively involved in providing data through completing questionnaires. However, there is increasing recognition that they can and should participate in research affecting their lives.¹

This study aimed to enable young people to identify the HBSC topics they found most interesting and to document what they would like to know about them. It also aimed to explore the use of participatory research approaches with school children to facilitate their involvement in the research process.

A participatory research approach was taken. Students (10-18 years) in mixed-gender primary and post-primary schools in Ireland participated in school workshops approximately 40 minutes long. The protocol for the workshops (n=10) was piloted and after the introduction, group contract and ice-breaker, the following took place:

Snap game: 51 topic cards based on HBSC questions (e.g., nutrition, happiness) were given to each group. The cards were dealt out among group members and, each student placed a topic card on the table and stated whether they thought it was "interesting" or "not interesting". The group then discussed whether they agreed or disagreed with the classification, resulting in two separate piles of cards: those labelled "not interesting" were removed. Each group then spread the pile of "interesting" cards on the table and ranked the topics they found the most "interesting" and would like to know more about.

Pizza chart construction: Each group received a blank pizza chart (large cardboard cut-outs of circles sub-divided into 12 sections) and art materials. Students pasted their top ranked 12 cards onto each pizza slice on the chart and wrote on the space surrounding each pizza slice what they would like to know about that topic.

This study involved active participation of children in the research process. This enabled them to clearly articulate the HBSC topics that they were most interested in and what they would like to know about these topics. Alcohol was the highest ranked topic, followed by, puberty, drugs, drunkenness, smoking, fighting, general health, body image, physical and emotional health, happiness and friendships. Students had multiple questions about these topics including; 'how many children do this?', 'why are there differences between boys and girls?' and 'how can we change peoples' attitudes'?

The findings of this study may be useful in guiding the development of curricular resources and other materials related to child and adolescent health promotion. This study provides a reference document for those working in health practice and policy in Ireland. The methodologies used can facilitate researchers, health promotion practitioners and policy makers to actively engage young people in research and thus inform practice and policies relating to health.

REFERENCES

Available on request.

PRESENTED

At the Annual Scientific Meeting of the Health Behaviour in School-aged Children Network in Cluj-Napoca, Romania on June 17th 2011, by Natasha Clarke.

FUNDING

This research has received funding from the Department of Health.

SOURCE

Doyle, P., Kelly, C., Cummins, G., Sixsmith, J., O'Higgins, S., Molcho, M., & Nic Gabhainn, S. (2010). Health Behaviour in School-aged Children (HBSC): What do children want to know? Dublin: Department of Health and Children.

Irish Youth Health Promotion Bibliography

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ABSTRACT

The aim was to produce a comprehensive and definitive bibliography of published and unpublished studies, post-graduate theses, and other research studies related to youth health promotion in the youth work sector in Ireland on behalf of the National Youth Health Programme. This bibliography will act as a foundation for an in-depth evaluation of Irish research on youth health promotion. It will help to assist in identifying evidence gaps in policy and practice, planning future projects and reduce duplication of research.

The objectives of this research were:-

- To produce a comprehensive and definitive bibliography of published and unpublished empirical studies and postgraduate research theses related to health promotion in the youth work sector
- To document the status of each piece of research in terms of its public accessibility, length and subject matter
- To procure each available report of research on youth health promotion in the youth work sector in Ireland
- To develop an accessible dissemination format for the bibliography that is searchable and that can be updated regularly

A number of approaches were used to identify and source the documents included in the bibliography based on the agreed inclusion and exclusion criteria:-

- The NYCI contacted their member organisations asking them to submit research studies they had undertaken or commissioned in the area of youth health promotion in the youth work sector and a call for submissions was posted on the NYCI website.
- An electronic search for relevant research was conducted by staff at the Health Promotion Research Centre. A number of electronic databases and other relevant websites were searched, using specific key words and phrases.
- The relevant organisations and people involved with, or interested in, youth health promotion in the Irish youth work sector were contacted by email requesting submission of any work that met the inclusion criteria.
- A snow balling technique was also employed. Organisations and individuals that were contacted often recommended other researchers or organisations and these were subsequently followed up.

A total of 89 documents met the inclusion criteria and were included in the bibliography. Given the range of documents sourced it was possible to group the work into coherent themes:-

- 1) context
- 2) needs assessment
- 3) models and tools
- 4) programmes
- 5) evaluation and reviews

To develop an accessible dissemination format for the bibliography, documents were listed alphabetically by author within each category. Each piece of research was presented in an individual template which provided information including; full citation, publication type (e.g., book chapter, report, journal article), aim of the study, methodology used in the study, participant group, study conclusions and recommendations.

The bibliography will serve as a central repository for Irish research on youth health promotion in the youth work sector. It is anticipated that the bibliography will assist in identifying gaps in policy and practice, planning future projects and reduce duplication of research on youth health promotion in the youth work sector.

PRESENTED

At the launch of the Irish Youth Health Promotion Bibliography, National Youth Health Programme in Dublin on December 7th, 2011 by Dr. Colette Kelly.

FUNDING

This research has been funded by the National Youth Health Programme in partnership with the National Youth Council of Ireland, the Health Service Executive and the Department of Children and Youth Affairs.

SOURCE

Clarke, N., Kelly, C., Murphy, K. & Nic Gabhainn, S. (2011). Bibliography of Health Promotion in Irish Youth Work. Dublin: National Youth Health Programme.

The Primary Care Team - A Qualitative Exploration of the Experiences of Team Members

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INTRODUCTION

The establishment of the new primary care teams in Ireland provides a good opportunity to explore team working in the Irish context. Team working is an integral aspect of primary care.¹ Barriers to effective team working can limit the effectiveness of a primary care team.² The aim of this qualitative study was to explore the experiences of team members of working in a primary care team (PCT) and to explore how team members understand their own roles and those of other team members.

METHODOLOGY

Two PCTs in the Mid-West region participated in the study (1 rural-based and 1 urban-based). Team members (n=24) were interviewed in-depth using a semi-structured interview guide. All interviews were audio-recorded and transcribed. Data was analysed using NVivo (version 8). Line by line coding of all transcripts was undertaken initially. Preliminary codes were organised into key themes and sub-themes.

RESULTS

Following content thematic analysis of the transcribed interviews, five key themes emerged – *support for the primary care model; change and organisational change management; communication; roles and teamworking/ team relations*. The study identified that generally team members are supportive of the model and have experienced benefits to their practice and to the care of their patients from participation in the PCT team. Participants identified a number of barriers to primary care teamwork including lack of infrastructure (primarily one location [building] for all team members) and lack of investment in information technology to aid communication. Regular team meetings are an aid to communication and a means to discuss complex cases. Conflict concerned with roles was not a feature of team working. Finally, team leadership was identified as a key issue in the proper development of the teams.

CONCLUSION

This qualitative study gives a unique insight into the experiences of primary care team members in the Mid-West region and conveys the positive support team members have for working in a primary care team. The lack of a single location for teams, in addition to a clearly defined team leader are potential barriers to the further development and effectiveness of PCTs.


REFERENCES

Available on request.

FUNDING

Funding was received from the Irish College of General Practitioners to undertake this research.

Incentives and Motivation of Irish GPs in Respect of External Continuing Medical Education



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INTRODUCTION

Continuing Medical Education (CME) consists of lifelong educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession.¹ From the beginning of institutionalized medical instruction, health practitioners continued their learning by meeting with their peers.² Good quality patient care requires each registered medical practitioner to continuously participate in learning activities.³ While the value of CME is often extolled and methods such as learning linked to clinical practice, interactive educational meetings and outreach events have been shown to be effective,^{4,5} little work has been carried out to determine what motivates GPs to participate in CME activities.

OBJECTIVE

The aim of this survey was to better understand the general practice continuing medical education market in Ireland in advance of the introduction of the legal requirement to maintain professional competence under the Medical Practitioners Act 2007.

METHODOLOGY

A postal survey of a random sample of 600 members of the Irish College of General Practitioners (ICGP) was conducted in advance of the roll-out of professional competence schemes by the Medical Council. A response rate of 47.8% was achieved (n=287) and the profile of respondents was consistent with the national profile.

RESULTS

With regard to external learning (i.e. that supplied outside of the practice setting), 43.8% of respondents reported attending in excess of 10 courses/meetings per year. The courses attended were most often provided by the ICGP training body (85%) and pharmaceutical companies (65.9%). Six out of ten GPs spent less than €500 per annum on external learning courses with only 10.6% spending in excess of €1,000. Courses were chosen based on the following criteria: topic of interest (79.8%), chance to learn with peers (59.2%), ICGP training body provided (57.7%), CME points available (46.3%), provider of repute (36.2%). The value of these courses was primarily assessed on the basis of their applicability to regular clinical work (79.8%).

CONCLUSIONS

The primary aim of CME is to assist one to maintain competence and learn about new and developing areas of one's field⁶ in the interest of patient safety and healthcare.³ The results show that prior to the introduction of the legal duty (under The Medical Practitioners Act 2007) on doctors to maintain their professional competence, Irish GPs judged courses/meetings based primarily on aspects related to these factors.

REFERENCES

Available on request.

PRESENTED

As part of a poster presentation at the European General Practice Research Network Conference in Zürich, Switzerland from October 14th to 17th, 2010.

A Comparison of Palliative Care Educational Needs of Staff Working with Advanced Non-Malignant Disease

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INTRODUCTION

As part of the implementation of the *Palliative Care for All* report, three action research projects are taking place to seek to integrate palliative care within disease specific service settings, namely Respiratory, Heart Failure and Dementia services. The projects commenced in January 2010 and an initial aspect of their work sought to undertake a palliative care education needs analysis of healthcare staff working in disease specific services. This paper will address the comparison of the palliative care educational needs amongst those in respiratory and heart failure services. Providing palliative care education to staff in generalist settings has been identified in international literature as a mechanism to improve and integrate palliative care for people with non-malignant disease.

OBJECTIVES

This study aimed to compare the educational needs of staff working in respiratory and heart failure services. The comparative analysis of the results of the questionnaires distributed in the two sites indicates the similarities in education and information needs to support the delivery of care in this area.

METHODOLOGY

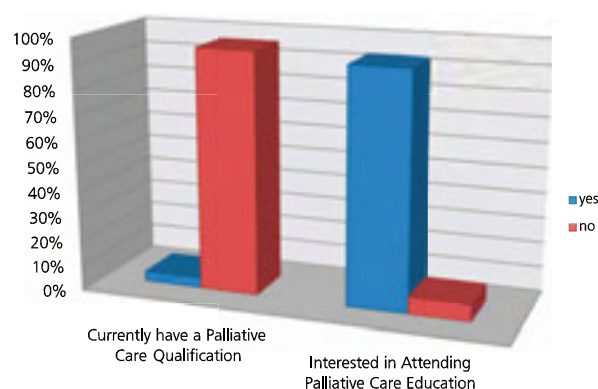
A cross-sectional descriptive survey design was applied, and the Palliative Care Education Needs questionnaire was used in both sites.¹ An 86% response rate was achieved in the Advanced Respiratory Action research project site and a 60% response delivered from those surveyed in the Heart Failure project site. Focus groups considering views of specialist palliative care also provided cross data analysis.

RESULTS

Questionnaires were returned from 125 staff members from three different hospitals. 63% were staff nurses, 27% were doctors, and 10% were nurse managers. An average of 48% of staff members had over ten years experience working as a healthcare professional. Preliminary analysis has shown that a minority of staff members currently held a qualification in palliative care and that the majority of staff in both sites were interested in attending education to increase the skills and competencies in addressing the palliative care needs of patients in their respective care setting.

There were also similarities with regard to the difficulty experienced in discussing death and dying with patients with chronic life limiting disease with the majority of staff indicated that they were more comfortable conversing with the patient's relatives on this topic.

Figure 1 - Palliative Care Education



In both sites the interpretation of the term palliative care was linked to support for patients who were imminently dying, with few acknowledging the role of palliative care earlier in the disease trajectory and linked to enhancing quality of life. Finally, there was consistency in the view that staff would benefit from enhanced support following the death of a patient; 82.4% of respondents called for additional support through counselling, debriefing and further education.

CONCLUSIONS

There are consistent educational needs of healthcare staff in heart failure and respiratory disease specific settings. Involving specialist palliative care in developing and delivering educational interventions to support the knowledge and competency base for disease specialist staff will assist in achieving better human experience for patients with advanced non-malignant disease. Staff in both settings have gone on to complete *Final Journeys* training and death review meetings are currently being piloted.

REFERENCES

Available on request.

PRESENTED

Information contained in the abstract was presented by Dr. Patricia White at the St. Francis Hospice Annual Kaleidoscope International Palliative Care Conference in Raheny, Dublin on June 2nd, 2011.

Virtual Reality-Based Medical Training and Assessment - The Multidisciplinary Relationship between Clinicians, Educators and Developers

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INTRODUCTION

The current focus on patient safety and evidence-based medical education has led to an increased interest in utilising Virtual Reality (VR) for medical training. The development of VR-based systems requires experts from different disciplines to collaborate with shared and agreed objectives throughout a system's development process. The development of technology, its incorporation into curriculum-based training and the evaluation of such training each require attention; what is crucial is that these bodies of work are carried out in concert.

The aim of this research was to illustrate how constructive relationships can be established between stakeholders to develop useful and usable VR-based medical training systems. This abstract reports results from a case study that investigated the development process of a VR-based training and assessment system for Spinal Anaesthesia.

The case study illustrates how close relationships can be established by champion clinicians leading research in this area and by closely engaging clinicians and educators in iterative prototype design throughout a system's development process. We argue that users' needs and requirements should not only be considered, but lead the developments of VR-based medical training and assessment systems. The term "champion" has previously been used to describe a visionary leader of technological innovation that has the ability to significantly contribute to novel technology development and adaptation. The champion interacts with developers, the intended users and other stakeholders and functions as the main negotiator between these parties. In the case study it was found crucial that a "champion clinician" participated in each phase of the development process; from identifying training objectives, through iterative system design and implementation to validation and integration of the training and assessment system into formal training. Establishing a close relationship between the champion and the developers of the technology at the start of the development process allowed the developers to participate in identifying training objectives, training analysis and evaluation of training effects.


In addition, clinicians' and educators' influence on the design of VR-based training and assessment systems can greatly benefit from the use of prototypes. Prototypes can take various forms depending on the current design problem. In the case study, prototypes such as paper-based prototypes, mock-ups and simple software implementations were utilised. These prototypes enabled clinicians and educators to understand the technology and its potential use in training and assessment of Spinal Anaesthesia. By interacting with the technology in development (haptics, 3D models, visualisations, on-screen feedback, etc.) the clinicians were able to provide constructive design ideas, provide feedback on the systems' utility and suggest potential improvements.

Our research has shown that establishing and maintaining a close relationship between clinicians, educators and developers is critical in order to develop valid, reliable and useful VR-based medical training and assessment systems. We argue that clinicians and educators have to contribute (ideally as champions of innovation) and actively guide the development of VR-based training and assessment systems. At the same time, developers have to strive to ensure that clinicians and educators are participating constructively in the developments of such systems. Champion clinicians, close user-developer relationships and prototyping are instrumental for bridging the expertise and knowledge gap between clinicians, educators and developers.

SOURCE

Medical Teacher. 2012;34(1):59-64.

A Joint Quality Initiative to Audit Baby Friendly Best Practice Standards on the Pre-Registration Midwifery Programme



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INTRODUCTION

A joint quality improvement initiative was undertaken by lecturers and the breastfeeding support team of the Regional Maternity hospital to support Baby Friendly best practices on the 18 month Higher Diploma in Midwifery programme in the University of Limerick.

METHODOLOGY

The Deming Cycle was used as the framework to ensure that best evidence-based breastfeeding practice was incorporated into the 18 month Higher Diploma in Midwifery programme. A version of the UK Baby Friendly audit tool was used to assess the breastfeeding knowledge and skills acquisition of 15 student midwives.

RESULTS

The key findings of the audit were that students did have knowledge to support mothers to breastfeed but did not feel confident in providing basic breastfeeding support with positioning and attachment, and further skills acquisition was needed on hand expression and the use of breast pumps.

CONCLUSIONS

Changes have been made to the programme to ensure that student midwives develop the skills necessary to support mothers to breastfeed. Using a quality improvement initiative that is jointly developed in relation to baby friendly best practices is an effective means of evaluating learning outcomes in relation to the knowledge and skills acquisition of student midwives.



An Exploration of the Views of Midwifery Students Views of Internship

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INTRODUCTION

A 4 year BSc Midwifery programme commenced in 2006 and heralded the transfer of midwifery education into third level settings.¹ As with any new course the components and aspects of the curriculum must be evaluated to ensure that the successful graduates in midwifery are fit for purpose on completion of their course.

As part of the preparation for autonomous practice students undertake a 36 week internship in the final year of the programme.² Students undertake rostered placement in core midwifery placements, providing care over the 24 hour continuum under the supervision of a registered midwife. The student is a salaried member of staff and is expected to attain and demonstrate competence in all areas of midwifery.³ In addition, An Bord Altranais stipulate that the latter weeks of the internship should be conducive to the student making the transition to the role of the registered midwife, including opportunities to utilise management and clinical decision making skills.

There is limited data in relation to the transition of student midwife to midwife but it is likely that experiences are similar to nursing colleagues.⁴ Steele⁵ notes that the skills and knowledge developed at the end of midwifery programmes are still those of a novice, with transition perhaps leading to doubt and uncertainty. Van Der Putten's⁶ work focusing on the experiences of newly qualified midwives in Ireland echoes this, as the participants identify "reality shock" as they begin practice as midwives.

OBJECTIVE

Student internship is new to midwifery in Ireland and thus, it is timely to consider its value from a student's perspective. Students in the University of Limerick are unique in that their internship is spread over two distal geographical sites and the study also explored how this affected their experience of internship.

METHODOLOGY

A descriptive qualitative study, carried out in 2 phases (a focus group and a questionnaire) was used to explore the experience of midwifery students of internship and this abstract deals with Phase 1 i.e. the focus groups. Ethical approval for the study was obtained from the EHS faculty ethics committee in the University of Limerick. All students undertaking midwifery internship (n=17) in 2010 were invited to participate in the focus groups. An information leaflet explaining the study was given to all of the students and written consent was obtained from all the

participants. Focus groups are considered to be an effective way of uncovering a range of ideas and feelings from different perspectives.⁷ Two focus groups were tape-recorded (9 students in one group, 4 in the other) and were carried out half way through the internship period. A topic guide based on the purpose of the study was used to guide the focus groups and were facilitated by both researchers. Data were analysed using thematic analysis as described by Braun and Clark.⁸

RESULTS

Preliminary analysis of the data suggest the following themes:-

- Significance of interpersonal issues
- Developing confidence and competence
- The effect of competing demands on the internship
- Advantages and challenges of incorporating reflection into the internship

Students also had a number of suggestions that might improve the experience of internship. Flexibility in relation to placement, increased standardisation of policies, guidelines between the two units and minimising competing demands are some of these suggestions.

CONCLUSION

Once analysis is complete from both phases of the study, implications for practice will be considered.

REFERENCES

Available on request.

Acknowledgement

The authors wish to acknowledge the contribution of the midwifery students who participated in this research.



Developing the Role of Primary Care in Addressing Youth Mental Health Issues (Phase 1) - Initial Findings from the Healthcare Provider Perspective

INTRODUCTION

Mental disorders contribute the largest disease burden in young people globally¹ and recent research has reported that 50% of mental disorders in young adults start by age 14 and 75% by age 24.² Young people at risk of, or meeting the criteria for a psychiatric disorder, often do not come to the attention of the Child and Adolescent Mental Health Services. However, primary care is ideally suited to provide early intervention, support and treatment for young people with addiction or mental health issues. Despite this, many young people have concerns with bringing mental health or addiction issues to their GP,^{3,5} and GPs similarly have issues with identifying and treating such issues in primary care.^{6,7}

OBJECTIVES

Throughout its three phases, this project aims to develop guidelines for primary care which address barriers to 'early intervention' for mental health and addiction disorders that are evidence-based, feasible and acceptable to young people and healthcare providers. This abstract reports the initial findings of Phase I from a healthcare provider perspective. Specifically, it addresses the issues that healthcare providers believe would contribute to more effective early intervention with young people.

METHODOLOGY

Thirty-seven healthcare professionals in Dublin's South inner city and Limerick city participated in semi-structured interviews about reducing barriers to early intervention for young people with mental health and/or addiction disorders. Each interview was transcribed and then thematically analysed using a six-phase method adapted from Braun and Clarke.⁸

RESULTS

The analysis produced two broad themes, namely 'context' and 'intervention'. In relation to 'context', it was clear that the development of youth mental health or addiction issues is influenced not only by the immediate context of family and local area, but also wider society in Ireland. The acceptance of problematic drinking, parental addiction and mental health problems, and delayed maturity are some of the reasons that young people are likely to encounter mental health or addiction difficulties. Furthermore, context influences the services available to them, with faulty Irish mental health policy, treatment inequalities due to socioeconomic status and the lack of support provided to families dealing with mental health or addiction issues, all cited as contributing to young peoples' difficulties in accessing help. In relation to 'intervention', a number of recommendations were made on how to tackle barriers to identification, treatment and engagement with young people:

Outreach work, activity-based engagement and mental health/drug awareness initiatives all facilitate identification. In initial consultations with services, it helps if healthcare professionals are experienced in youth care, use formal assessment tools and place importance on building a trusting relationship. Intrinsic motivation, continued opportunities for engagement and personal achievement goals enable enduring engagement. Engaging with life after illness is more difficult for young people if they do not have a structured work/school environment to return to.

Services need to be client-centred and relatively informal, but also consistent and reliable, due to the chaotic nature of clients' lives outside of services. Lines of communication are often non-existent between agencies resulting in poor outcomes for the client. Opportunities are required for healthcare professionals, particularly GPs, to engage in further training to address youth mental health problems effectively.

CONCLUSIONS

The remainder of Phase 1 will involve analysing transcripts of interviews with fifteen young people to ascertain their views on facilitating early intervention for mental health and addiction problems in primary care. Following this, Phase 2 will involve developing the complex intervention to facilitate early intervention in primary care for use with GPs and other members of the Primary Care Team. Phase 3 will then test the feasibility and acceptability of using this set of guidelines with young people and healthcare providers.

REFERENCES

Available on request.

PRESENTED

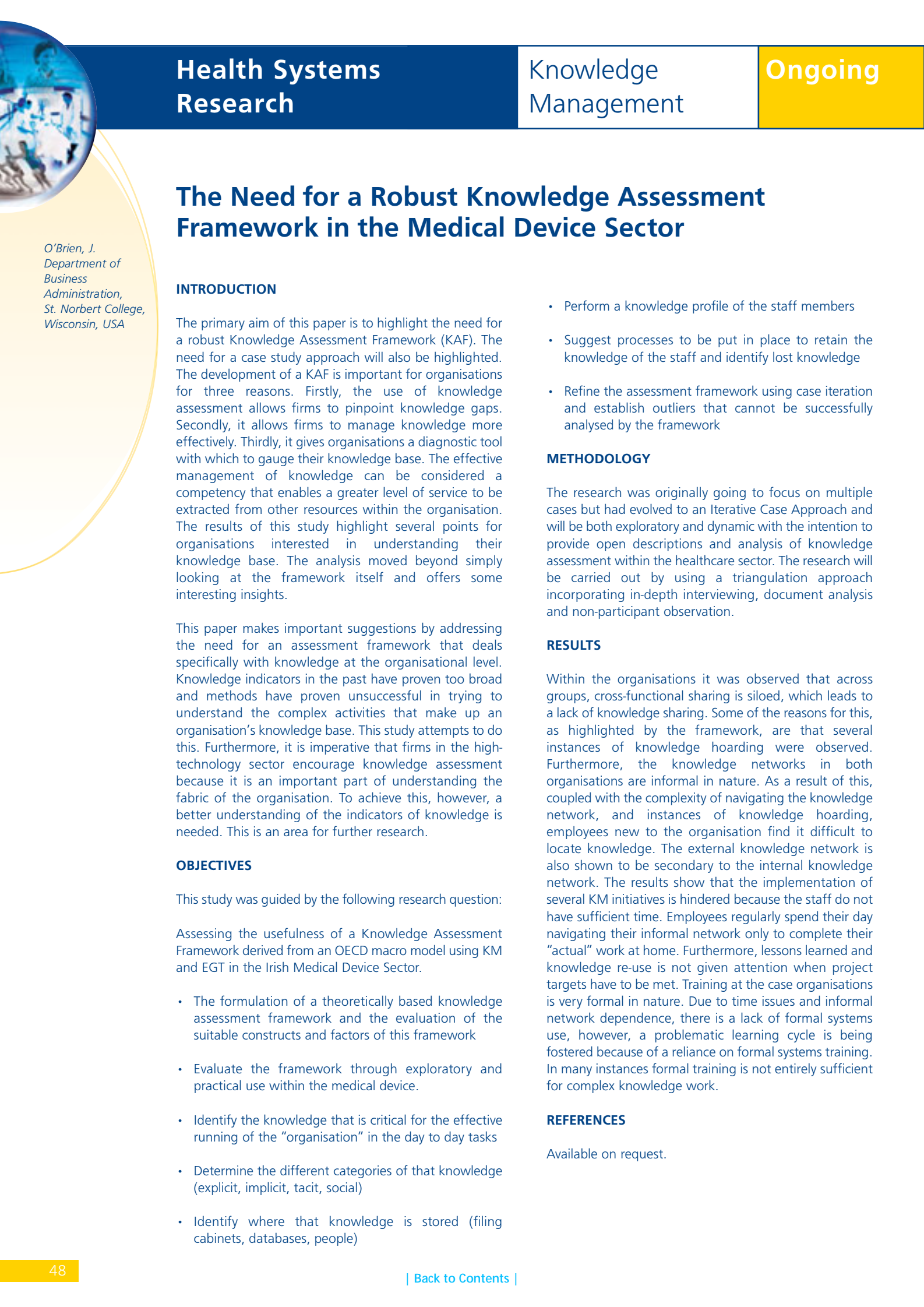
As a poster entitled 'Early Interventions in Youth Mental Health: An Ongoing Qualitative Enquiry into the Role of Primary Care' at the Association for Child and Adolescent Mental Health Special Interest Group Youth Mental Health Conference in Dublin on October 14th, 2011.

As 'A Qualitative Study in Two Deprived Urban Areas' at the Association of University Departments of General Practice in Dublin on March 9th, 2012 by Dr. Elisabeth Schaffalitzky.

FUNDING

This research has received funding from the Health Research Board.

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The Need for a Robust Knowledge Assessment Framework in the Medical Device Sector

INTRODUCTION

The primary aim of this paper is to highlight the need for a robust Knowledge Assessment Framework (KAF). The need for a case study approach will also be highlighted. The development of a KAF is important for organisations for three reasons. Firstly, the use of knowledge assessment allows firms to pinpoint knowledge gaps. Secondly, it allows firms to manage knowledge more effectively. Thirdly, it gives organisations a diagnostic tool with which to gauge their knowledge base. The effective management of knowledge can be considered a competency that enables a greater level of service to be extracted from other resources within the organisation. The results of this study highlight several points for organisations interested in understanding their knowledge base. The analysis moved beyond simply looking at the framework itself and offers some interesting insights.

This paper makes important suggestions by addressing the need for an assessment framework that deals specifically with knowledge at the organisational level. Knowledge indicators in the past have proven too broad and methods have proven unsuccessful in trying to understand the complex activities that make up an organisation's knowledge base. This study attempts to do this. Furthermore, it is imperative that firms in the high-technology sector encourage knowledge assessment because it is an important part of understanding the fabric of the organisation. To achieve this, however, a better understanding of the indicators of knowledge is needed. This is an area for further research.

OBJECTIVES

This study was guided by the following research question:

Assessing the usefulness of a Knowledge Assessment Framework derived from an OECD macro model using KM and EGT in the Irish Medical Device Sector.

- The formulation of a theoretically based knowledge assessment framework and the evaluation of the suitable constructs and factors of this framework
- Evaluate the framework through exploratory and practical use within the medical device.
- Identify the knowledge that is critical for the effective running of the "organisation" in the day to day tasks
- Determine the different categories of that knowledge (explicit, implicit, tacit, social)
- Identify where that knowledge is stored (filing cabinets, databases, people)

- Perform a knowledge profile of the staff members
- Suggest processes to be put in place to retain the knowledge of the staff and identify lost knowledge
- Refine the assessment framework using case iteration and establish outliers that cannot be successfully analysed by the framework

METHODOLOGY

The research was originally going to focus on multiple cases but had evolved to an Iterative Case Approach and will be both exploratory and dynamic with the intention to provide open descriptions and analysis of knowledge assessment within the healthcare sector. The research will be carried out by using a triangulation approach incorporating in-depth interviewing, document analysis and non-participant observation.

RESULTS

Within the organisations it was observed that across groups, cross-functional sharing is siloed, which leads to a lack of knowledge sharing. Some of the reasons for this, as highlighted by the framework, are that several instances of knowledge hoarding were observed. Furthermore, the knowledge networks in both organisations are informal in nature. As a result of this, coupled with the complexity of navigating the knowledge network, and instances of knowledge hoarding, employees new to the organisation find it difficult to locate knowledge. The external knowledge network is also shown to be secondary to the internal knowledge network. The results show that the implementation of several KM initiatives is hindered because the staff do not have sufficient time. Employees regularly spend their day navigating their informal network only to complete their "actual" work at home. Furthermore, lessons learned and knowledge re-use is not given attention when project targets have to be met. Training at the case organisations is very formal in nature. Due to time issues and informal network dependence, there is a lack of formal systems use, however, a problematic learning cycle is being fostered because of a reliance on formal systems training. In many instances formal training is not entirely sufficient for complex knowledge work.

REFERENCES

Available on request.



News & Events

Research Bulletin
Volume 6 Issue 3



HEALTH PROMOTION RESEARCH CENTRE 16th ANNUAL SUMMER CONFERENCE **Thursday 21st June, 2012 in National University of Ireland Galway**

EMBRACING NEW AGENDAS FOR HEALTH PROMOTION ACTION: DEVELOPING WORKFORCE COMPETENCIES FOR EFFECTIVE PRACTICE

Current public health challenges demand new and changing competencies and skills for effective Health Promotion practice. This year's conference considers the competencies required for effective Health Promotion action on non-communicable diseases through a settings approach while addressing the social determinants of health and health inequalities.

This one day meeting will include invited keynote presentations, symposia, a series of workshops and both oral and poster presentations.



For further details please visit our conference website www.hprconference.ie
or contact Christina Costello: e-mail: conference@nuigalway.ie / Tel: +353 (0) 91 492722

In association with the Department of Health & Children, the Health Service Executive and the Association of Health Promotion Ireland.



CervicalCheck – The National Cervical Screening Programme are holding a

National study day

Saturday 22 September 2012
O'Reilly Hall, UCD, Dublin 4

Key speakers include

Dr Christine Bergeron
Head of Department of Pathology and
Cytology, Laboratory Cerba, France

Dr Brenda Corcoran
Consultant in Public Health Medicine,
National Immunisation Office

Dr Maggie Cruickshank
Consultant Gynaecologist and Senior
Lecturer at Aberdeen Medical School
and Aberdeen Maternity Hospital

Dr Gráinne Flannelly
Consultant Gynaecologist and Clinical
Director, CervicalCheck – The National
Cervical Screening Programme

Professor Henry Kitchener
Chair of Gynaecological Oncology,
University of Manchester

Dr Linda Sharp
Epidemiologist, National Cancer
Registry Ireland

Dr Jo Waller
Senior Research Associate, Cancer
Research UK, Health Behaviour Unit

Call for abstracts

We would like to invite submission of
abstracts for poster presentation on the
theme of the CervicalCheck experience,
for example:

- service or patient quality improvements
- innovations to increase screening uptake.

Abstracts should include the abstract title,
all authors (with the attending author
underlined) and contact details for
correspondence. Abstracts should not
exceed 300 words. Completed abstracts
should be submitted by the closing date
of the 29 June 2012.

Authors will be advised of the poster
selection committee's final decision by
20 July 2012. For further details visit:
www.cervicalcheck.ie.

Please note prior registration is essential
and includes free admission. For
registration and submission of abstracts
please visit: www.cervicalcheck.ie.



National
Cancer Screening
Service

The National Cancer Screening Service is part of the Health Service Executive National Cancer Control Programme. It encompasses BreastCheck – The National Breast Screening Programme and CervicalCheck – The National Cervical Screening Programme.

SYLVESTER O'HALLORAN MEETING March 2nd and 3rd, 2012, University Of Limerick

The Sylvester O'Halloran meeting is held annually in Limerick. This year's meeting was well attended by trainees and consultants from Ireland and the UK.

The two day conference comprises oral presentations, a poster session and two keynote lectures, and also an ENT lecture, with plenty of interaction and lively discussion on many of the thought provoking research and audits presented.

The Sylvester O'Halloran Lecture entitled **The Challenges of Modern Surgical Practice - Specialist vs Generalist and Other Contentious Issues** was presented by Professor John MacFie, President ASGBI, Professor of Surgery/Consultant Surgeon, Scarborough Hospital, United Kingdom.



L. to R: Professor John MacFie, (Guest Speaker), President ASGBI, Consultant Surgeon, Scarborough Hospital, United Kingdom and Ms. Shona Tormey, Consultant Breast & General Surgeon, Mid-Western Regional Hospital Limerick

The Sir Thomas Myles Lecture entitled **The Diminishing Role of Surgical Intervention in Severe Pancreatitis** was presented by Mr. Gerry McEntee, Consultant General & Hepatobiliary Surgeon, Mater Misericordiae Hospital Dublin.

The ENT Lecture entitled **Common and Unusual Paediatric Neck Lumps?** was presented by Mr. Ben Hartley, Consultant Paediatric Otolaryngologist, Head & Neck Surgeon, Great Ormond Street Hospital, London.

Proposed changes for The Sylvester O'Halloran Meeting on March 1st and 2nd, 2013 are:-

An ASGBI Sponsored Prize for best paper published during the year.

Inclusion of a Surgical Masterclass for Surgical Trainees, which will be held on Friday, March 1st from 9.30am to 12.30pm. The Covidien Surgical Lecture Evening, which was held this year on Thursday March 1st and presented by Dr. Ian Lavery, MD, FACS, Department of Colorectal Surgery, Digestive Diseases Institute Cleveland Clinic, will become a consistent feature of the Sylvester O'Halloran Meeting.

The prizes were awarded as follows:

1. O'Halloran Prize: €3,000.00 - Paper No. 18 (Sponsored by Sylvester O'Halloran Meeting)



L. to R: Professor J. Calvin Coffey, Chair Department of Surgery, Consultant General & Colorectal Surgeon, Graduate Entry Medical School, Mid-Western Regional Hospitals, Limerick and Dr. Jarlath Bolger, Royal College of Surgeons in Ireland, Dublin, UCD School of Medicine & Medical Science, Conway Institute, University College Dublin, Department of Molecular and Cellular Biology, Dan L. Duncan Cancer Centre, Baylor College of Medicine, Houston, Texas (Winner of the Main Prize)

Global Characterization of the SRC-1 Transcriptome Identifies ADAM22 as an ER-Independent Mediator of Endocrine Resistant Breast Cancer

J.C. Bolger,¹ D.P. McCartan,¹ M. McIlroy,¹ C. Byrne,¹ A. Fagan,² J. Xu,³ P. O'Gaora,² A.D.K. Hill,¹ L.S. Young¹ (Endocrine Oncology Research, Department of Surgery, Royal College of Surgeons in Ireland, Dublin),¹ (UCD School of Medicine and Medical Science, Conway Institute, University College Dublin),² (Department of Molecular and Cellular Biology, Dan L. Duncan Cancer Centre, Baylor College of Medicine, Houston, Texas)³

Poster Prize: €1,000.00 - Poster No. 10 (Sponsored by Sanofi)



L. to R: Professor J. Calvin Coffey, Chair Department of Surgery, Consultant General & Colorectal Surgeon, Graduate Entry Medical School, Mid-Western Regional Hospitals, Limerick, and Dr. Obinna Obinwa, (Winner of the Poster Prize) Department of Surgery & Department of Pathology, Portiuncula Hospital, Ballinasloe, Co. Galway, Division of Population Health, RCSI, Dublin

Risk Factors Associated with Advanced Appendicitis and Complications after Childhood Appendectomy

O. Obinwa,¹ N. Motterlini,² M. Cassidy,³ T. Fahey,² J. Flynn¹ (Department of Surgery, Portiuncula Hospital, Ballinasloe, County Galway, Ireland,¹ Division of Population Health Sciences, Royal College of Surgeons in Ireland, 120 St. Stephens Green, Dublin 2, Ireland,² Department of Pathology, Portiuncula Hospital, Ballinasloe, Co. Galway, Ireland)³

Orthopaedic 1st Prize: €1,000.00 - Paper No. 59 (Sponsored by Merck Sharp & Dohme)

Assessment of the Potential of Stem Cell Seeded PEOT/PBT Scaffold for Osteochondral Repair in vivo

K. Mohamed,^{1,3} V. Barron,¹ A. Nandakumar², L. Moroni,² P. Habibovic,² A. Manian,¹ F. Shannon,³ M. Murphy,¹ F. Barry¹ (Regenerative Medicine Institute (REMEDI), Galway, Ireland,¹ Department of Tissue Regeneration, University of Twente, The Netherlands,² University College Hospital Galway, Galway, Ireland)³

Orthopaedic 2nd Prize: €500.00 – Paper No. 66 (Sponsored by Merck Sharp & Dohme)

Volar Locking Plate versus K-Wiring Fixation of Distal Radius Fractures in 20-65 Year Olds

C. Kiernan, S. Brennan, N. Mc Inerney, M. Judzan, S. Kearns, M. O'Sullivan (Department of Orthopaedics, UCHG, Galway, Ireland)

Head and Neck Prize: €1,000.00 - Paper No. 31 (Sponsored by Sylvester O'Halloran Meeting)

Neonatal Laryngeal and Tracheal Anomalies at a Tertiary Referral Centre - A 10 Year Review

T.S. Ahmed, H. Daya (Department of ENT Surgery, St George's Hospital, Blackshaw Road, London SW17 0QT, United Kingdom)

Anaesthesia Prize: €500.00 and Brooke O'Shaughnessy Medal - Paper No. 72 (Sponsored by Astellas Pharma Co. Ltd)



L. to R: Professor Dominic Harmon, Consultant Anaesthetist, Mid-Western Regional Hospital, Limerick, Dr. Gavin Weekes, Department of Pain Medicine, Beaumont Hospital, Dublin 9, Dr. Cassandra Barry, Department of Pain Medicine, Mid-Western Regional Hospital, Limerick (Winners of the Anaesthesia Prizes) and Mr. Bernard Cunningham, Representative Astellas Pharma Co. Ltd. Sponsor of the Anaesthesia Prizes

Ultrasound and Thoracic Outlet Syndrome

C. Barry, D. Harmon (Department of Anaesthesia and Pain Medicine, Mid-Western Regional Hospital, Dooradoyle, Limerick)

Anaesthesia Prize: €500.00 and Brooke O'Shaughnessy Medal - Paper No. 81 (Sponsored by Astellas Pharma Co. Ltd)

Qutenza - Is it Working?

G. Weekes, J. O'Brien, K. Murphy, J. Keavney, V. Pollard (Department of Pain Medicine, Beaumont Hospital, Dublin 9)

WAY TO GO KIDS!' PROGRAMME

Gerard Burke, a Limerick contestant from ITV's 'Biggest Loser UK 2012', was on hand in the University of Limerick recently to help launch a new and innovative programme aimed at helping overweight and underactive children develop a healthy approach to weight management.

The 'Way to Go Kids!' programme, which is already established across the United States, is the first of its kind to be launched in Ireland. It was piloted in Limerick in 2011, with 50% of participating children losing weight and 25% maintaining their weight loss by the end of the programme.



L. to R: Anne Geary, Sinead Glover (HSE) Rosemary Ryan (Limerick City Sports Partnership) Ger Burke – UK and Ireland's Biggest loser, Mark O'Connell (Get BACK Challenge) Elaine Barry and Phelim Macken (Limerick City and County Sports Partnership)



L. to R: Sinead Glover, Ger Burke, Rosemary Ryan and Mark O'Connell



L. to R: Elaine Barry, Ger Burke, Phelim Macken

Gerard Burke from Garryowen in Limerick City, who lost 5 stone 13 pounds over the course of the ITV reality programme, said: "I am thrilled to be involved with this worthwhile initiative as I can relate to what it is trying to achieve. Parents out there need to know what the consequences are if they keep feeding their children unhealthy foods."

Gerard continued: "Growing up was hard for me as I was a picky eater and my mother used to give me whatever I wanted, to keep me happy. But later on in life I paid the price. At my heaviest, I weighed 23 stone 6lbs. Parents need to be responsible and do their utmost to ensure their children grow up to be healthy adults."

'Way to Go Kids!' runs in Limerick city and county venues over eight weeks and features parent and child classes, with sessions facilitated by dietitians and professional fitness instructors.

The programme has been developed as a partnership between Limerick businesses, through the Get BACK Challenge, the Health Service Executive (HSE) and Limerick City and County Sports Partnerships.

According to Sinead Glover, HSE Dietician: "Eating the right amount of healthy food and being active is key to maintaining a healthy weight. Way to go Kids! is a programme that helps overweight children and their families adopt healthier eating habits and increase their physical activity, while having fun doing it."

"Growing young people should not diet but in this day and age they are too often eating more calories than they need which leads to overweight. This innovative programme offers advice on healthy eating, with guidance on portion sizes and achieving a healthy diet", Ms. Glover added.

Commenting on the pilot scheme run in 2011, Phelim Macken of the County Limerick Local Sports Partnership stated: "Parents agreed that Way to Go Kids! actively encouraged their children to eat healthily and makes physical activity fun. For the professionals involved, namely the sports instructors, dietitians and parent support workers, it was a joy to run and the results were extremely

encouraging. In an area that is becoming increasingly challenging it is great to be part of something that works."

Elaine Barry, Co-ordinator Limerick City Sports Partnership added: "This is a unique programme, helping families build lifelong healthy attitudes towards food and fitness. It incorporates exercise, nutrition and behaviour modification. Snacking, eating away from home, fast foods and physical inactivity are pertinent issues, to not only the child but the family, as a whole."

Further information on the 'Way to Go Kids!' 8-week programme is available from: www.cllsp.ie www.limerickcitysports.ie or Anne/Sinéad on 061- 483437. Sessions are limited to 10-15 children.

'THE COLOURS OF MY MIND'

The Creative Energies group in Kilrush have worked together for 7 years. This is an initiative of Breda Latham, Clinical Nurse Specialist in Community Mental Health. All of the group have major mental health problems.

The group currently has 15 members. These members use Drama, Art, Poetry and Song as means of expressing themselves.

The group gives a moving and sometimes hilarious interpretation of what affects their lives, much to the delight of any audience. The show is a mix of original Poetry, Song, Drama and the sharing of Personal Stories of transition and recovery through the group.

They have performed publicly in local theatres and community venues and recently the group shared their journey of recovery from severe mental illness to self-fulfillment.

The songs and poetry capture the moods of everyday life ranging from sadness and despair to happiness and peace. The words come from the souls of the group who know at first hand, through experience that looking after your mental health is essential for coping with all of what life throws at us.

This experience of sharing through different mediums helps the group to bond and allows individuals to appreciate the difficulties of others and make them aware that they are not alone or isolated.

The group are currently in process of organizing this show as a workshop for other mental health professionals and have been accepted to put on a workshop at the Arts Care 21st Anniversary Conference in Belfast in May 2012.

The Group recently produced a CD 'Colours of my Mind,' which is a collection of their own songs and poetry on mental health and well-being. The groups' ambition is to perform to encourage others to express their feelings through songs, poetry and drama.

ADVANCED NURSE PRACTITIONER POST (ANP) IN RECOVERY AND REHABILITATION IN MENTAL HEALTH CARE

An Advanced Nurse Practitioner Post (ANP) in Recovery and Rehabilitation in Mental Health Care has been developed within the Rehabilitation Team of Limerick Mental Health Services. The post became live in January 2012 and is the first ANP post to be developed in the Mental Health Services of the Mid-West Region. The post holder Ms Sally Howard has been accredited by An Bord Altranais as an Advanced Nurse Practitioner. The overriding purpose of the post is to help facilitate the development of a modern mental health service as outlined in the Government publication **A Vision for Change** (2006).

UL APPOINTS FIRST CHAIR OF NEW DEPARTMENT OF CLINICAL THERAPIES

The University of Limerick welcomes the appointment of Professor Alison Perry as Foundation Chair of the Department of Clinical Therapies at the University of Limerick. The establishment of the Department of Clinical Therapies at UL is a milestone in the development of the professions of Occupational Therapy, Physiotherapy and Speech and Language Therapy at UL. Professor Perry will be the first chair of the new department which offers the only postgraduate qualifications in the disciplines of Occupational Therapy and Speech and Language Therapy in Ireland.

Professor Mary O'Sullivan, Dean of the Faculty of Education and Health Sciences welcomed the appointment in saying; "The establishment of the Department of Clinical Therapies is testament to UL's commitment to innovative healthcare education in Ireland. We are delighted to welcome our new Foundation Chair of the Department, Professor Alison Perry, whose experience in developing clinical therapies education at an international level will be vital in furthering UL's reputation for innovation in the education of medical and healthcare professionals."



Professor Alison Perry

With over 30 years experience as a Speech and Language Therapist in the UK and Australia, Professor Perry was the Foundation Chair and Head of School, Human Communication Sciences at La Trobe University in Melbourne, Australia. While in Melbourne, Professor Perry worked to establish the first Masters level entry course in speech pathology in Australia delivered using a Problem Based Learning (PBL) integrated curriculum. Occupational and Physiotherapy courses followed, such that Health Sciences at La Trobe is now renowned across Australia and Asia for its quality Allied Health education.

Professor Perry said 'This is a new and exciting time for clinical therapies. The current emphasis is on multi-disciplinary practice and team-based rehabilitation in primary care, minimising impairment and enhancing activity and participation for adults and children with chronic disease, and keeping them out of hospital wherever possible. UL is committed to educating clinical therapy graduates who can focus on these opportunities and creatively change the way they practice.'

Professor Perry's research interests include developing multi-disciplinary integrated care programmes for people living with chronic disease(s), and in measurement of therapy outcomes. Professor Perry was successful in attracting a very large Commonwealth Research Grant and led a team to develop the widely-used Australian Therapy Outcome Measures (AusTOMs).

Professor Perry has also published widely in her own sub-specialist area of head and neck cancer care – her clinical research has been directed at improving speech and swallowing outcomes after surgery and chemo-radiotherapy treatments. More recently, with the prestigious Menzies Foundation, Professor Perry has been working to establish a Centre for Allied Health Research and Evidence, a focus which she wishes to develop at UL.

Reflecting the emerging emphasis on primary healthcare in Ireland, the Department of Clinical Therapies recently launched a suite of postgraduate certificates for clinical practice designed for working healthcare professionals. The postgraduate certificate programmes launched included; Musculoskeletal Therapy, Neuro-rehabilitation, Occupation and Well-Being, Advanced Clinical Practice, Pain, Developmental Speech and Language Disorders. Dr. Amanda Connell, Discipline Head of Physiotherapy, UL said; "The new health agenda is focused on addressing health needs in the community and primary care settings and reducing the need for hospital based services. These qualifications will assist senior and skilled healthcare practitioners in evaluating their practice and extending or refocusing their skills and knowledge to meet the new challenges of a different focus in healthcare provision."

For further information about the Department of Clinical Therapies go to www.ul.ie

UL MEDICAL RESEARCH FORUM KEYNOTE HIGHLIGHTS ESSENTIAL INGREDIENTS FOR SUCCESSFUL CLINICAL RESEARCH

The University of Limerick Graduate Entry Medical School recently welcomed leading researcher in Primary Care Research and Professor of General Practice at RCSI, Tom Fahey, who delivered a keynote address at the 5th Annual Graduate Entry Medical School (GEMS) Research Forum on Wednesday, January 18th, 2012.



L. to R: Professor William T. O'Connor, Graduate Entry Medical School, UL presents the Samuel Crumpe Keynote Speaker Award to Professor Tom Fahey, RCSI at the 5th Annual Medical School Research Forum

In his keynote address entitled "Essential Ingredients for Successful Clinical Research" Professor Fahey explored how and why competency in research and research methods enables clinicians to keep abreast of clinical evidence that impacts on the quality, safety and cost effectiveness of patient care. Professor Fahey outlined how protocol development and standardised reporting of research is a competency that provides a framework for critically appraising research evidence, providing a structure for continuing professional development for all health professionals.

As in previous years, over twenty researchers from the University of Limerick took part in this year's forum covering research in the areas of cancer cell biology, clinical therapies, population health data, health informatics, music therapy and medical law. All types of opportunities for translational medicine (i.e. applying basic research from the sciences, social sciences and political sciences to optimize patient care) were showcased at this event.

Professor William T. O'Connor, Head of Teaching & Research in Physiology, UL and conference organiser said; "Researchers who want to translate their basic finding into clinical practice find it a frustratingly long process, often taking 10 to 20 years. The forum is designed to shorten this timeframe by providing an opportunity for these researchers - both clinicians and non-clinicians to meet for our graduate medical students and these contacts may be useful later on."

Professor Fahey has 20 years of experience of clinical general practice which includes working as a GP in Oxford, Bristol, Dundee and Dublin. He combines clinical work with teaching and research, and continues to see patients in a practice in Belgrave Clinic, Dublin. Professor Fahey was presented the Samuel Crumpe keynote speaker award by the Graduate Entry Medical School.

The Annual Research Forum is a unique event in the university sector in Ireland. This type of forum provides a broad overview of the interdisciplinary and collaborative research in the field of healthcare undertaken across UL's student body, faculty and research community exploring topics from cancer, cell biology to music therapy, clinical therapies to medical law.

ANOTHER FIRST FOR GEMS! - PREPARATION PROGRAMME FOR THE STEP 1 USMLE

Last year over 50 graduate students enrolled for the GEMS United States Medical Licensing Examination (USMLE) Preparation Programme. This is the first initiative of its type undertaken by an Irish medical school and is in recognition of the major importance of the USMLE to our International Students in securing overseas residency training following graduation. It also reflects the School's concern that unlike Irish/EU students, our International Students are unlikely to have opportunities for postgraduate training within Ireland following graduation.

The USMLE is a three-step licensing examination that includes a series of computerized multiple-choice questions (MCQs). In order for an individual to receive a license to practice medicine in the USA, the individual must pass all three steps of the USMLE.



A section of the GEMS Step 1 USMLE Class attending one of the weekly MCQ Exam Workshops

The GEMS USMLE Preparation Programme is co-ordinated by Professor Billy O'Connor, Head of Teaching and Research in Physiology, in association with Kaplan. The School has purchased a wide range of relevant Kaplan course books and e-learning materials for each student including over 400 hours of online video tuition. The programme also includes an orientation session, a 3 hour online diagnostic self-test, remote access to live webinar workshops and a mock day-long USMLE examination based around the

Kaplan material. In addition, the School provides a series of weekly MCQ exam workshops hosted by Dr. Elizabeth O'Mahony and Dr. Brian Casserly.

While this programme is targeted at International Students (and particularly those in Year 2) within the GEMS, Irish/EU students are also invited to participate. Participation in the Programme is entirely voluntary and no student should feel under pressure to participate or indeed to write the USMLE. It should also be emphasised that the GEMS USMLE Preparation Programme is quite distinct from the GEMS problem based learning programme. Teaching sessions are held outside of normal school hours - mostly in the evenings and occasionally at weekends.

Participation in the GEMS USMLE Preparatory Programme is entirely voluntary, but International Students who formally register for the programme are encouraged to fully engage with it - i.e. attendance at the MCQ exam workshops and webinars is expected. At the time of writing this article one of our GEMS students has just achieved a score of 252 out of a possible 300 marks - setting the bar high for those considering enrolling this year.

"Thanks again for all your help in training us for Step 1 USMLE. I wouldn't have done nearly as well without all your support."

Comment from a student on last year's programme.

LEADING US SURGEON DELIVERS ANNUAL SURGICAL LECTURE AT UL

The Graduate Entry Medical School (GEMS), UL welcomed Dr. Ian Lavery, Department of Colorectal Surgery, Cleveland Clinic, USA to deliver the 2012 Annual Surgical Lecture on March 1st at 7pm in the Kemmy Business School.

Dr. Lavery's lecture covered the educational milestones that shaped his career as an internationally respected colorectal surgeon. His surgical interests are varied and include carcinoma of the large and small bowel, inflammatory bowel disease, sphincter-saving operations, stoma surgery and paediatric gastrointestinal surgery.



Dr. Ian Lavery, Department of Colorectal Surgery, Cleveland Clinic speaking at the Annual Surgical Lecture, Graduate Entry Medical School, UL

A graduate of the University of Queensland, Dr. Lavery trained at Princess Alexandra Hospital in Queensland as well as Repatriation General Hospital in Melbourne. He undertook his Colorectal Fellowship at the Cleveland Clinic under Rupert B. Turnbull, M.D. and was appointed to the staff of the Cleveland Clinic in 1976.

J Calvin Coffey, Professor of Surgery, UL and organiser of the Annual Surgical Lecture said; "Dr. Lavery's visit to the Mid-Western region and to the students at UL represents a wonderful educational opportunity. Dr Lavery has mentored several Chairs of Surgery worldwide and continues to inspire Irish and other surgeons."



L. to R: Dr. Ian Lavery, Department of Colorectal Surgery, Cleveland Clinic with Professor J Calvin Coffey, Professor of Surgery, UL pictured at the Annual Surgical Lecture, Graduate Entry Medical School, UL

With the recent establishment of the Graduate Entry Medical School at UL together with the development of the Gastrointestinal Surgery Unit, HSE Mid-Western Region (involving Professor J Calvin Coffey, Mr David Waldron, and Mr Eoghan Condon) service delivery and research in this field has been greatly strengthened. The relationship between the Graduate Entry Medical School, University of Limerick, the HSE Mid-Western Regional Department of Surgery and the Cleveland Clinic has been further developed through multiple collaborations in several research projects and is set to continue to generate benefits for medical education and surgery in the Mid-West of Ireland.

NEW PROFESSOR OF NURSING AND MIDWIFERY AT UL ENCOURAGES RESEARCH AMONG NURSES AND MIDWIVES

UL's New Professor of Nursing and Midwifery Highlights Significant Role of Profession in Health Promotion and Illness Prevention

The University of Limerick, welcomes the appointment of Catriona Kennedy as Professor of Nursing and Midwifery. Professor Kennedy joins UL from the role of Professor of Nursing and School Director for Research and Knowledge Transfer in the School of Nursing, Midwifery and Social Care, Edinburgh Napier University.

Professor Mary O'Sullivan, Dean of Faculty of Education and Health Sciences at UL, stated; "I am delighted with the appointment of Professor Kennedy as this aligns well with EHS's commitment to a establishing a stronger international research profile. Professor Kennedy's experience in supporting and mentoring faculty to increase their research output will be central to build the research capacity and productivity of enthusiastic researchers in Nursing and Midwifery. In addition, Catriona's background in palliative care will be hugely important to EHS's commitment to the education and research mission of the All-Ireland Institute for Hospice and Palliative Care (AIHPC) with our partners Milford Care Centre."

Dr. Pauline O'Reilly, Acting Head Department of Nursing and Midwifery added; "Professor Kennedy's leadership and expertise in both research and clinical practice will serve as a great resource in the continuation and enhancement of high quality healthcare research from both a national and international perspective."

Professor Kennedy has worked in education and research with over 20 years at Queen Margaret University Edinburgh, the Education Department of Marie Curie Cancer Care, and since 2001, at Edinburgh Napier University. Professor Kennedy's particular teaching and research interests lie in qualitative research and systematic reviewing, nursing roles, end of life and palliative care, long term conditions and community nursing. She is currently supervising three students in topics relating to enduring conditions, supportive, cancer and palliative care. Speaking about her research and teaching interests Professor Kennedy said; "As a nurse I am passionate about improving the care and support of patients and families who are dealing with challenging and distressing consequences of illness. Nurses and midwives have a significant role to play in health promotion and illness prevention. As the largest group of healthcare professionals our potential to improve health and the experiences of those affected by illness is significant. If nurses are to meet the needs of the populations we all need to know how to use up to date research to inform our practice. Nursing is a relatively young academic discipline so we also need more nurses to do research so we can provide care based on evidence. In doing so we can aspire to 'getting it right' for every person we work with."



Professor Catriona Kennedy

Professor Kennedy is involved in a number of funded projects and her publication profile includes contributions to internationally recognised sources such as the Cochrane Database of Systematic Reviews and international journals including the Journal of Advanced Nursing and Journal of Clinical Nursing. She has undertaken a significant amount of work for the Scottish Government evaluating community nursing services.

UL PSYCHOLOGY STUDENTS RUN FOR MENTAL HEALTH

LINK BETWEEN PHYSICAL EXERCISE AND PSYCHOLOGICAL HEALTH EXPLORED BY UL STUDENTS



UL Psychology Students in training for the Great Limerick Run

Over 100 psychology students at the University of Limerick have signed up to take part in this year's Great Limerick Run on the Sunday of the May Bank Holiday weekend as part of their coursework. The students are undertaking a Psychology and Social Issues module as part of the single and joint BA and BSc programmes in Psychology which examines the benefits of physical exercise on psychological health.



UL students Allison Kelly-Delaney and Anna Keyes prepare for the Great Limerick Run

The students are undertaking a training regime with the help of their coach Irish athlete, Jessie Barr who is also a graduate of the BA Psychology at UL. The module is a year 1 module taken by psychology students, and those in degree programmes where they can elect the module.

Professor Orla Muldoon, Foundation Chair of Psychology, UL said; "Research shows things like regular exercise, a

sense of shared identity or connectedness with others and social support can have a big impact on mental health. This initiative is encouraging students to think about participating in these sorts of activities, mostly by considering participating in the Great Limerick Run or alternatively raising money for their running peers. It is hoped this will consolidate their sense of being exercisers and psychologists, help them find new friends and supports within their cohort in UL and also change the norms around exercise for this group, a benefit that will stay with them through their UL careers."

The initiative aims to encourage students to evaluate the factors that promote or inhibit their own participation in exercise. The students must engage with others in their class during the training and fund-raising, the importance of friends, and social support to participation and feelings of well-being is a key learning point along the way.

Students are also encouraged to evaluate the link between exercise and mental health which is emphasised during training, lectures and tutorials. Professor Muldoon added; "Exercise is as effective as anti-depressants for the treatment of mild and moderate depression, which is a serious issue in this age group. Students are their own 'experimental subjects' or guinea pigs, which means that the exercise, fundraising and reflection on their participation is assessed. The coursework requires them to monitor their health and well-being over the course of their training and submit a written report detailing psychological and physical health gains/losses and insights."

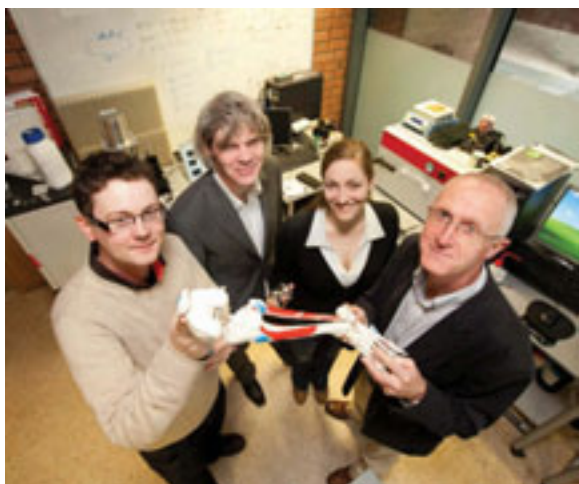
So far, the project has been a success, Professor Muldoon said; "Things are going really well, we have over 100 students signed up to run including many who have not exercised in many years. Jessie Barr, an Olympic hopeful for London 2012, a former graduate of ours is coaching the class pro bono and we are having a great time - the students' enthusiasm is infectious."

UL RESEARCH FINDINGS COULD PROLONG THE LIFESPAN OF ORTHOPAEDIC IMPLANTS

The findings of a team of researchers from the University of Limerick have the potential to improve the lifespan of orthopaedic implants therefore improving patient recovery, reducing the risk of infection and ultimately reducing the need for secondary surgical procedures. Approximately 750,000 orthopaedic implant operations are undertaken in the US each year. By 2030, this figure is expected to increase to 4.5 million. The US hip and knee market for implants and devices was estimated at \$6.4 billion in 2009. Dr. Maurice N Collins, Stokes Institute, UL explained; "Currently some orthopaedic materials have failure rates of 13% over five years. Our research hopes to explain the failure mechanisms in these materials in order to positively impact on the longevity of implants."



L. to R: UL Researcher, Dr. Maurice N. Collins, Stokes Institute is leading a research team whose findings have the potential to improve the lifespan of orthopaedic implants



L. to R: UL Researchers, Dr. Maurice N. Collins, Dr. Eric Dalton, Barbara Schaller, Dr. J.J. Leahy whose research findings have the potential to improve the lifespan of orthopaedic implants

The researchers have explored a link between sterilisation methods and wear in the polyethylene based material called Ultra High Molecular Weight Polyethylene

(UHMWPE) which is predominantly used in artificial joints. Ultra High Molecular Weight Polyethylene provides a bearing surface against which hard metal or ceramic components connect. Before surgery these components are sterilised by gamma radiation and this causes complex material interactions which ultimately change the mechanical properties of the bearing material, by increasing its stiffness and brittleness. Consequently, wear rates are also changed by sterilisation processes, and the subsequent generation of wear debris has been implicated in artificial joint loosening and infection.

For this study, the experimental work was carried out using the Diamond Light Source synchrotron, and the data analysis systems available at that facility allow results to be looked at in new ways which enable the study of fundamental material properties as a function of sterilisation dosage.

The research team consisted of Dr. Maurice N. Collins, Dr. Eric Dalton, Barbara Schaller, Stokes Institute, Dr. J.J. Leahy, Department of Chemical and Environmental Science. The UL research team are looking to further this work by exploring its translation in further biomedical research as well as automotive materials and electronics. Preliminary results are currently been prepared for publication.

UL RESEARCHERS INVESTIGATE HEALTH AND ENVIRONMENTAL IMPACT OF NANOMATERIALS

Scientists from the University of Limerick (UL) have joined a European Commission (EC) funded project, SANOWORK that aims to assess and manage potential risks associated with nanomaterials.

SANOWORK involves collaboration between 8 academic and public research bodies and 5 industrial manufacturers of nanomaterials from across Europe who will participate in the €4.7 M EC FP7-NMP research project.

Nanomaterials have dimensions smaller than 100 nanometers, which is a several thousand times smaller than the width of a strand of hair. The smaller size in nanomaterials gives rise to extraordinary properties that hold vast promise for innovation in virtually every industry and public endeavour including health, electronics, transportation, the environment. It has been heralded by many as "the next industrial revolution" with an income in excess of a trillion euros forecasted by 2020.

"While the economic potential for nanomaterials is truly huge, the health and environmental impact of this new technology is relatively unknown", explains Dr. Syed Tofail, Materials and Surface Science Institute (MSSI), and leader of the UL team in the SANOWORK consortium. "The current gap in knowledge makes it difficult to qualify and manage potential risks that may be associated with nanomaterials", he adds.



L. to R: Dr. Syed Tofail, Leader of the UL Team in the SANOWORK Consortium and John Mulcahy pictured at the Materials and Surface Science Institute (MSSI), UL

The project aims to address the general lack of adequate knowledge on the potential health and environmental impact of nanomaterials. "The lack of knowledge is particularly problematic for insurance companies involved in underwriting risks associated with nanomaterials production" observes Dr. Martin Mullins, a member of the UL team and a Lecturer in Risk Management, Kemmy Business School (KBS) of UL.

"UL's contribution to the SANOWORK project will help the insurance industry to take informed decisions in ascertaining risk premiums. No industry can be sustainable in the long term without proper backing from the insurance community", Dr. Mullins adds.

Professor Noel O'Dowd, Director, MSSI notes that "since the inception of MSSI in 1998 it has received over €20million funding from the Higher Education Authority (HEA), Ireland to build critical infrastructure and state of the art characterisation equipment that are important for the success of far-reaching projects such as SANOWORK."

Dr. Mary Shire, Vice President Research, UL considers the collaboration between the materials scientists from MSSI and insurance/finance specialists from the Kemmy Business School as a significant trend-setting example of interdisciplinary research. "This project also shows the strength of UL in translational research where academic research strongly impacts the industrial community. I am particularly pleased to know that UL will be working very closely with 5 partners who are at the forefront of manufacturing nanomaterials on an industrial scale."

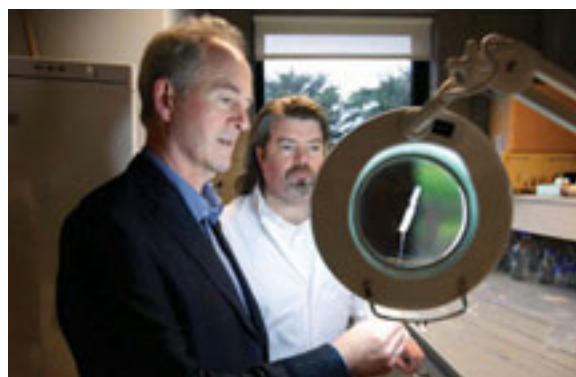
Nanotechnology has been identified as a platform science and technology that is relevant to seven out of the fourteen Research Priority Areas for Ireland in the recent Report of the Research Prioritisation Project Steering Group.

Six members of UL team are currently in Faenza, Italy to participate in the kick off meeting of SANOWORK that commenced on 1st March, 2012. SANOWORK is coordinated by Dr. Anna Costa of Institute of Science and Technology of Ceramics (ISTEC), National Research Council of Italy (CNR,IT).

UL RESEARCHERS DEVELOP MEDICAL DEVICE TO INCREASE ANGIOPLASTY SUCCESS RATES AND IMPROVE PATIENT CARE

A novel medical device technology to treat narrowed or obstructed blood vessels invented by UL researchers has been licensed to Galway-based medical devices company, Clada Medical.

Developed by biomedical engineers at the University of Limerick the device will improve success rates in angioplasty procedures. It is estimated that over 1 million angioplasty procedures are undertaken worldwide each year and the value of products relating to this procedure is in the region of €500 million.



L. to R: Ray Blowick, CEO, Clada Medical and Dr. Michael Walsh, University of Limerick pictured at the Materials and Surface Science Institute (MSSI)

Angioplasty is the technique of mechanically widening a narrowed or obstructed blood vessel. During this treatment particles of the fatty deposits can become dislodged and enter the blood stream which can block other arteries resulting in strokes or heart attacks. Embolic protection devices are often used to capture and remove the dislodged fatty deposits.

Dr. Michael Walsh, principal investigator and lead inventor explains; "This device combines angioplasty balloon and embolic protection technologies allowing for continuous blood flow during the procedure. In practice, this means the angioplasty balloon can be left in a full inflated state in the artery for a longer period of time than is currently possible. This will increase the efficiency of the angioplasty procedure and offers significant potential as a platform for drug-device combinations."

Clada Medical is an Irish-owned company that provides medical device design, research and development, testing and OEM manufacturing services from its Class 8 clean-room facilities in Galway. The company has particular expertise in balloon mould manufacturing and custom balloon/catheter design.

Ray Blowick, CEO of Clada Medical, said; "The application of the UL invention to perfusion balloon technology is very important for the future of our company. Our commercial

strategy includes growing our company through the development and licensing of new technologies which will lead to new jobs and increased exports in this important sector for Irish industry."

This research was funded by Enterprise Ireland and undertaken at the Centre for Applied Biomedical Engineering Research (CABER), based in the Materials and Surface Science Institute (MSSI), University of Limerick.

PREVENTING ALZHEIMER'S DISCUSSED AT UL LIFELONG LEARNING FESTIVAL EVENT

The Graduate Entry Medical School (GEMS), UL ran a talk on March 23rd, 2012 looking into "Alzheimer's disease and ways to avoid it." The talk was delivered by UL neuroscientist Professor Billy O'Connor as part of the Limerick Lifelong Learning Festival which ran until April 1st, 2012.



Professor Billy O'Connor, Head of Teaching and Research in Physiology, GEMS, UL

Professor O'Connor, Head of Teaching and Research in Physiology, GEMS, UL said "Alzheimer's is a combination of genes and lifestyle. 20% of people aged between 75-85 have Alzheimer's, but research suggests that Alzheimer's disease will have tripled by 2040. Alzheimer's is not inevitable; it is distinct from the normal ageing of your brain. Once people reach the ages of 40-50 they naturally start suffering memory loss, which is separate from Alzheimer's."

Professor O'Connor discussed possible breakthroughs in preventing Alzheimer's; "Approximately a quarter of the population of over 50 year olds in Ireland are taking cholesterol lowering medication called statins. Recent research suggests that people who take statins do not develop Alzheimer's as early as those who don't as statins can reverse Alzheimer's for the first three to four years. People who take the non-steroidal anti-inflammatory drug (ASAID) ibuprofen daily are also prevented from early onset Alzheimer's. There is now a theory that Alzheimer's may be a low grade brain inflammation."

Professor O'Connor added that International research also

suggests that a healthy diet and lifestyle can play a huge role in preventing Alzheimer's; "Incidental findings show that diet is a significant factor in Alzheimer's. Oils (fats) at room temperature such as fish oil or plant oil are far healthier options for your brain and your heart than animal fats such as that found in meat. Food high in antioxidants such as green and red fruit and vegetables are recommended. In addition, international research has shown that the "use it or lose it" hypothesis is critical. Our brain is like a muscle - you have to use it. People who are curious and inquisitive and 'use their brains' in their jobs are less likely to develop Alzheimer's. In contrast, those who are stressed are more pre-disposed to Alzheimer's so stress relieving activities should be part of our lives such as being part of a social group, having a network of people and meditation. Paying attention on purpose without judgement, such as being on the internet, strengthens our brains. Conducting an online search for one hour per day can stimulate your brain even more than reading a book."

Professor O'Connor's website 'Inside the brain' <http://inside-the-brain.com/> reports on the latest from the world of brain research including recent neuroscience findings to get the best from your brain.

RESEARCH INTO DISEASE FIGHTING FOODS AT UL RECEIVES FUNDING BOOST

Food and health related research led by Professor Dick Fitzgerald at the University of Limerick (UL) recently received a funding boost at the Science Foundation Ireland Technology Innovation Development Award (TIDA) programme announced by Minister for Research and Innovation, Seán Sherlock.



L. to R: Professor Dick FitzGerald, UL, Minister for Research and Innovation, Seán Sherlock and Professor Mark Ferguson, Director General, SFI

Based at the Department of Life Sciences, Professor Fitzgerald is leading research into functional foods or foods which have benefits beyond basic nutrition. His research involves the further development of a novel food protein-derived functional food ingredient which has the potential to prevent/reduce the impacts of cardiovascular and related diseases. The project involves collaboration with the SFI-funded REMEDI Centre in NUI Galway.



Professor Fitzgerald explains; “Functional foods/food ingredients represent a fast-growing activity within the food industry and Ireland is very well placed as a world leader within this field. There is a huge amount to be gained in utilising the benefits of specific foods and food ingredients in maintaining health and in preventing the development of specific diseases.”

Professor Fitzgerald obtained his BSc and PhD from University College Cork (UCC) and since then was a research fellow at North Carolina State University and UCC, a Senior Research Officer at Teagasc Moorepark and Associate Professor at the Department of Life Sciences, University of Limerick. His research activities are funded from a range of funding agencies. He is a Principal Investigator in NutraMara, the Marine Functional Food Research Initiative, and is also Principal Investigator and board member of the Enterprise Ireland dairy industry-led Food for Health Ireland (FHI) programme.

UL PROFESSOR OF SURGERY APPOINTED EDITOR OF INTERNATIONAL JOURNAL OF SURGERY

Professor Stewart Walsh, Associate Professor of Surgery at the University of Limerick has been appointed editor of the International Journal of Surgery. Professor Walsh is a Consultant Vascular Surgeon, Mid-Western Hospitals Group, HSE.



Professor Stewart Walsh

As a general surgical journal, covering all specialties, the International Journal of Surgery is dedicated to publishing original research, review articles, and offering significant contributions to knowledge in clinical surgery, experimental surgery, surgical education and history.

Speaking about his appointment, Professor Walsh said; “Although only ten years old, the IJS has rapidly established itself as a journal which encourages cross-discipline interaction not only within surgery but also with related disciplines. The journal is fortunate to have the services of an eminent editorial board including internationally recognized experts such as Lord Robert Winston, Sir Magdi Yacoub and Lord Ara Darzi. I am delighted to have joined such a strong editorial team.”

UL STUDY FINDS TEENAGE GIRLS SIT OR LIE DOWN FOR 19 HOURS A DAY

A study undertaken by UL researchers has found that teenage girls spend an average of 19 hours a day either sitting or lying down. Some 111 girls aged between 15 and 18 years took part in the study which measured the time they spent sitting, standing or lying down using a small accelerometer device. The researchers found that although total sitting and lying time was the same between weekdays and weekends, on week-days the sitting time was accumulated in longer bouts, lasting 20 minutes or more. These long bouts of sitting were more frequent during school time.

UL Professor of Exercise Physiology Alan Donnelly said; “Research has found that sitting for long periods is considered to be associated with an increased risk of long-term poor health. Though sitting too much won't seriously harm adolescents now, it is likely that this behaviour will contribute to the accumulation of a greater long-term risk of Type 2 Diabetes and cardiovascular disease. This is now seen by many researchers as being a different risk to lack of exercise. In other words, you might do enough physical activity, but if you sit for the rest of the day, it will still have health consequences.”

The work was undertaken by PhD students Deirdre Harrington and Kieran Dowd under the supervision of Professor Alan Donnelly, and in collaboration with Dr. Alan Bourke from the Department of Electronics and Computer Engineering, and County Limerick Local Sports Partnership.

The team are continuing this research to track the behaviour and health of 70 girls by measuring how their sitting time and physical activity affects blood cholesterol markers and risk factors for diabetes.

The study was published in the International Journal of Behavioral Nutrition and Physical Activity on 28th October, 2011. <http://www.ijbnpa.org/content/8/1/120>



STATISTICAL CONSULTING UNIT (SCU)

The Statistical Consulting Unit (SCU) was established at the University of Limerick in 2000 by Professor Don Barry. It has been run and managed since 2001 by Dr. Jean Saunders who at the time had extensive Biostatistical Consulting experience in Clinical Trials within the Pharmaceutical Industry as well as Health Services and epidemiological research experience - mainly within the UK. Since 2001 the services of the SCU have been extended from a single consultant giving biostatistical advice and courses internally within UL to a service with 3-4 other biostatisticians being employed within the SCU/ABCC/CSTAR units (see below) to provide these services. The SCU is based in the Department of Mathematics and Statistics at the University of Limerick (Room Number D2029). The unit aims to provide a professional statistical consulting service and to promote good statistical practice amongst researchers in the University, Industry and in the Health Sector.

The services provided by the SCU include both one-to-one consultation and the running of courses for larger groups. If you have any queries or would like to contact the SCU to organise a course or individual consultation then the details are available in the contact section of the website.

As well as the main SCU which provides services within UL and to industry there are now two further Centres. These are the Applied Biostatistics Consulting Centre (ABCC) which provides Biostatistical Consultancy services to HSE West as well as advice on study design and methodology to other researchers within the Health Sciences. The second centre is CSTAR (Centre for Support Training Analyses and Research) which is a joint initiative with the School of Public Health, Physiotherapy and Population Science at UCD. This new service which has been funded by the HRB provides advice and consultancy services to health researchers throughout the Republic of Ireland - most of these services being provided by the ABCC staff.

Web page www.ul.ie/scu
Email jean.saunders@ul.ie

(Please Note that if you work for the HSE (Mid-West) area you can apply for help with your research under the special arrangement with the SCU at UL. This service is still available free of charge. Please contact Dr. Jean Saunders at jean.saunders@ul.ie or 061-213471 for further details).



CSTAR – CENTRE FOR SUPPORT AND TRAINING IN ANALYSIS AND RESEARCH

Are you submitting an application for funding for a health research project? e.g. Health Research Board (HRB) and Science Foundation Ireland (SFI) awards

CSTAR – the Centre for Support and Training in Analysis and Research – is funded by the Health Research Board and offers a support and advisory service in quantitative and qualitative research. Open to all researchers in Ireland, the aim of the centre is to strengthen research quality by providing dedicated consultancy, training and education in research methodologies. Our areas of expertise include: Biostatistics, Epidemiology, Clinical and Translational Research, Health Services Research and Psychometrics as well as help with Qualitative Research/Analysis packages.

For grant applications we can provide:

- Advice in methodological areas in qualitative and quantitative research
- Advice on using the appropriate design sampling methods, ethical issues etc.
- Advice on project planning – including sample size calculations, questionnaire design, data management, statistical analysis planning etc.
- Formulation of applications and application reviewing services

The initial hour of consultation is free, with subsequent hours chargeable at €100 per hour (plus VAT where appropriate). Retainer Fee arrangements can also be set up with your Group/Centre allowing reduced rates. This can also be arranged for the duration of a Research Project/Clinical Trial. Following your enquiry, we shall identify the consultants with the expertise you require and arrange a time for your consultation to take place – this can be done face-to-face, by email or by telephone.

If you think our services might be of use to you or your team, please use the contact details below:

Limerick office: Tel: 061-213471, email: cstar@ul.ie

Dublin office: Tel: 01-7162076, email: cstar@ucd.ie

The SCU/CSTAR courses are run at regular intervals within the year and usually include those below.

- Questionnaire Design
- Introductory SPSS
- Basic Statistics for Researchers (2 days)
- Introduction to Structural Equation Modelling using Mplus (2 days)
- Introductory NVIVO
- Analysing data with NVIVO
- NVIVO workshop – for those who have attended first 2 days

For a full list of regular courses please see 'our courses' webpage on the SCU website in Limerick given below.

Please also visit our website www.ul.ie/scu/CSTAR.htm (Limerick) or www.cstar.ie (Dublin) for further information. CSTAR is based within the Faculty of Education & Health Sciences at University of Limerick and the School of Public Health, Physiotherapy and Population Science at UCD.

Whether or not you use CSTAR for your grant application, please note that the HRB has recognised statistical consultancy fees as an eligible expense under 'Running Costs', allowing you to access statistical advice during the life of a project including setting up a retainer fee arrangement (see above).

We can offer a wide range of support and training in areas including: data analysis, interpretation of data, advice on writing up results for publication, assistance on responding to an editor's request for revision to a submitted paper and assistance in critiquing published work.