

National Institute of Health Sciences

Research Bulletin

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Diastolic Dysfunction - A Possible Predictor for Syncope

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INTRODUCTION

Up to one third of syncope patients were diagnosed to have an unexplained syncope after full evaluation and diagnostic work-up. There is no previous comparative data to prove the association between diastolic dysfunction and syncope.

OBJECTIVE

Our study aims to determine the association between diastolic dysfunction and syncopal episodes of unknown cause.

METHODOLOGY

This is a retrospective study of all patients who presented with syncope to an acute general hospital in Ireland in the period from October 2005 to June 2007. All patients were initially evaluated and admitted for diagnostic work-up. Routine blood tests, electrocardiogram, lying and standing blood pressure, brain scans, 24-hours electrocardiogram and transthoracic echocardiographic study were performed. All patients who had a clear cause for their syncope were excluded.

RESULTS

Of 90 patients included, 52 (58%) were females and 38 (42%) males. There were 69 patients (77%), female 39 (57%) and male 30 (43%), reported to have left ventricular diastolic dysfunction and normal systolic function. The risk of syncope increased with patient's age; the median age of patients 72.5 years. Other possible risk factors reported in order of frequency: Left ventricular hypertrophy in 55 (61%) patients, hypertension in 37 (41%), smoking history in 21 (23%), ischemic heart disease in 13 (14%), history of TIA in 11 (12%), diabetes mellitus in 6 (7%), and previous history of stroke in 5 (6%) patients.

CONCLUSIONS

Diastolic dysfunction occurs frequently in patients with syncope of unknown cause, especially among elderly female patients and patients with left ventricular hypertrophy. We recommend further research and studies to examine the relationship of these conditions.



Unnecessary D-dimer Test Requests in the Emergency Department for Suspected Pulmonary Embolism

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INTRODUCTION

The D-dimer test is an extremely useful tool in the initial assessment of patients with suspected pulmonary embolism (PE), especially when the probability is low. It is a quite expensive test but may save resources if used properly, otherwise it exposes patients to more sophisticated investigations. Only a negative test result is of clinical value as it excludes PE.

OBJECTIVE

The aim of this study is to assess our local hospital practice against the British Thoracic Society (BTS) Guidelines for requesting D-dimer tests for patients with suspected acute pulmonary embolism.

METHODOLOGY

This is a retrospective study of 100 consecutive patients for whom D-dimers were requested for a suspected pulmonary embolism. We assessed the adequacy of clinical assessment prior to requesting D-dimer tests as per British Thoracic Society Guidelines. Additionally, a questionnaire was distributed to doctors in the Emergency and the Internal Medicine Departments comprising questions on the reasons for inappropriate D-dimer test requests.

RESULTS

A chest x-ray was performed on all patients. Of these, 61% were PA views while 39% were AP views. All CXR were requested after the D-dimer test request was sent to the laboratory. Only 10% of patients were fully evaluated by an experienced middle grade doctor before requesting a D-dimer test. Clinical probability was documented in 2% of cases; both were high probability and later on a CTPA confirmed the presence of PE in both cases. D-dimers were raised in 73% of patients. LMWH was initiated in 30%, while the rest were reviewed by a middle grade doctor later on and diagnosed to have an alternative diagnosis other than PE. Of the 30 patients who received anticoagulation, 11 patients had a CTPA done; it was positive in only 2 patients. Anticoagulation was discontinued on the same day or the following morning by the consultant as an alternative disorder was diagnosed.

The survey of doctors' (n=12) showed that 75% of them were not acquainted with BTS Guidelines and indications for requesting D-dimers. About 50% stated that they request D-dimers to sort out patients more rapidly when they cannot reach an explanation for their symptoms. D-dimers were requested routinely by 25% of doctors. Consultant radiologists will not agree to perform a CTPA for patients with high clinical probability for PE without D-dimers results we are told by 100% of doctors in this survey. Finally, 91.7% state that they do not discuss the case with their seniors before requesting D-dimers.

CONCLUSION

D-dimers are being requested inappropriately in the Emergency Room by the ER staff and by the medical team on duty. This increases the number of false positive results and exposes patients to unnecessary anticoagulation therapy, unnecessary CTPA radiation and possible adverse effects of contrast dye. Additionally, it adds significant burden to the hospital budget. We recommend implementation of the BTS Guidelines for management of suspected PE, adequate training of junior and middle grade doctors on indications for D-dimer testing and implications of false-positive results. Laboratory staff should be empowered to reject any D-dimers request with no documented probability score and those with high probability scores. All D-dimer requests should be signed by a middle grade doctor (a registrar or higher) before they can be processed. We need to survey the laboratory staff to know why they process inappropriate requests. Radiologists need to be surveyed as well to know why they ask for D-dimers before performing CTPA in patients with high clinical probability for pulmonary embolism. A re-audit one year after implementation of recommendations is recommended.

PRESENTED

As a poster presentation at the Irish Thoracic Society Meeting in Dublin on November 11th and 12th, 2011.



Management and Outcomes of *Staphylococcus aureus* Bacteraemia in Oncology Patients in the Mid-West of Ireland

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INTRODUCTION

Staphylococcus aureus bacteraemia (SAB) is a well recognised, often virulent, infection with sequelae which can lead to secondary foci of infection or death. General observations of oncology patients with SAB, treated in the Mid-Western Regional Hospital Limerick in Ireland, showed dramatic improvement in their condition with shorter courses of antimicrobials than generally recommended in the literature, yet there were few incidences of secondary sequelae. Little data pertaining to the management of SAB in oncology patients is found in the literature.

OBJECTIVES

The objectives of this study were to review the outcome of treatment of SAB in oncology patients treated with short courses of antibiotics and to assess the long-term sequelae of SAB in these patients.

METHODOLOGY

A total of 32 oncology patients over a 10 year period from December 2000 to December 2010 were retrospectively studied. There were 37 episodes of SAB during this timeframe in 32 patients.

RESULTS

The 37 episodes of SAB occurred in 19 (59.4%) females and 13 (40.6%) males with a mean age of 52 years. 33 (89.2%) SAB episodes of infection were caused by methicillin sensitive *S. aureus* (MSSA), while 4 (10.8%) were caused by methicillin resistant *S. aureus* (MRSA). 31 (96.9%) patients had a central venous catheter (CVC) *in situ*. 26 (81.3%) of patients were on chemotherapy. 26 (97.3%) of SAB cases were of community-onset type, 1 case (2.7%) was of hospital-onset type and there were no cases of community-acquired disease. Primary sources of infection included CVCs in 34 (91.9%) cases, the respiratory tract in 1 case (2.7%) and no source was found in 2 (5.4%) cases. Infected CVCs were promptly removed in 25 (67.6%) of cases. All 37 cases received antimicrobials; the mean duration of treatment was 10 days. 29 (78.4%) cases received one course of antimicrobial therapy of either 7 or 10 days duration. All cases were followed up clinically for re-assessment. Complications of SAB occurred in only 2 patients (5.6%). Recurrence occurred in 2 (5.4%) cases. 16 (50%) patients died during the 10-year period of the study. None of the deaths were in anyway attributable to infection, SAB or its complications. All deaths were secondary to their underlying cancer or its complications. Most deaths (43.8%) occurred 24 months after the last SAB episode.

CONCLUSION

With a shorter duration of antimicrobial therapy for SAB coupled with prompt removal of infected CVCs, oncology patients appear to get fewer complications and less recurrent infections when compared with other patients without malignancies. It is not clear whether this is due to an impaired weakened immunological response or due to the presence of a protective role for chemotherapy. We recommend further study in this area.

PRESENTED

As a poster presentation at the Federation of Infection Societies, FIS 2011 from November 16th to 18th, 2011 in Manchester, UK.

Safe Prescribing in the Drug Kardex

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INTRODUCTION

Errors in prescribing occur commonly leading to detrimental effects which can significantly jeopardize patients' safety. This problem needs to be studied in-depth and to be dealt with adequately.

OBJECTIVE

The aim of this audit was to assess the practice of completing the drug kardex documentation for in-patients in an acute general hospital and compare this to HSE standards for in-patient prescription.

METHODOLOGY

A retrospective random analysis of drug kardexes for 100 inpatients was performed in May 2011. We assessed three important areas which we think are commonly neglected when completing the kardex. These are the allergy status of the patient, the anticoagulation status of the patient and the name and chart number of the patient slot on the top of each page.

On each kardex cover there is a box for the allergy status of the patient. Ideally it should be filled, signed and dated, whether the patient is known to be allergic to certain medications or not. Another box for anticoagulation status is present on the cover as well. This is only filled if the patient is currently on anticoagulants. It should be indicated if this anticoagulant is warfarin or heparin. On the top of each page there is a slot for the patient's name and the chart number.

RESULTS

A total of 100 drug kardexes were reviewed. All patients were treated in wards or in the High Dependency Unit.

Allergies Status: The allergy status box was filled, signed and dated in 80% of drug kardexes (n=80). In 6% (n=6) it was filled but not signed or dated. The box was left blank in 14% of kardexes (n=14).

Anticoagulation status: The anticoagulation status box was filled in 6% of kardexes (n=6). It was left blank in 46% (n=46). 48% of patients were not on any anticoagulants.

Patient's name and chart number: Both patient's name and chart number were filled in on all pages in 12% of kardexes (n=12). None of these was filled in 43% (n=43). Both were filled in on some (but not all) pages in 17% (n=17). In the remaining kardexes either the name or the number was not filled.

CONCLUSION

It is obvious that completion of drug kardexes in our hospital is not in line with best practice. This could lead to detrimental effects on patients and errors may occur readily. We did not assess for errors in prescribing medications, nor did we assess for wrong administration of charted drugs. This issue needs to be taken seriously and appropriate action should take place immediately to minimize the risks of fatal errors. Our recommendations are as follows:

1. Adequate training of doctors on safe prescribing skills. All doctors should be assessed individually and scrutinized to identify poor performers and to train them.
2. Nurses should be instructed not to administer medications to patients if the allergies box was not filled and signed by the doctor.
3. Should the name and the chart number be absent on internal pages of the kardex, we recommend that they will be completed by either the nurse or the doctor before administering the drug.
4. We recommend adding a third option to the current anticoagulation box i.e. "NOT on anticoagulants." Currently there are only two options i.e. warfarin or heparin.
5. Arrange regular short lectures to remind doctors and nursing staff about the importance of filling the drug kardex fully and carefully and to raise the awareness about the consequences if this is not implemented.
6. Re-audit after one year.

Audit of Diabetic Patient Follow-Up in the General Medical Clinic as per NICE Guidelines at St. John’s Hospital, Limerick

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INTRODUCTION

Diabetes mellitus is a chronic progressive metabolic disorder which affects multiple organs of the body. Due to its effect on different organs, it is recommended that monitoring of various systems of the body is essential in addition to control of blood glucose levels.

OBJECTIVE

The objective of this audit is to measure the current practice in monitoring of Type 2 diabetes based on the NICE guidelines.

Existing practice in St. John’s Hospital, Limerick

Diabetic patients are being followed-up by the diabetic nurse as a part of general medical clinic under the supervision of consultant physicians. Dietary recommendations and advice are offered by a solo dietician in her clinic.

METHODOLOGY

The data was collected retrospectively from the files of patients who attended the Diabetic Clinic between March and April 2010.

RESULTS

The following results were obtained from the review of 100 patient files:-

Table 1 - Outcome of Diabetic Patient Follow-Up

Criterion	NICE Recommendation	Audit Findings
Patient Education about Diabetes	100%	98%
Dietary Advice	100%	41%
Self-Monitoring of Plasma Glucose	100%	95%
Management of Blood Lipid with Lipid Lowering Agents	100%	89%
BP Controlled (Systolic BP<130)	100%	39%
Antithrombotic Therapy	100%	50%
Kidney Damage Check by eGFR	100%	46%
Eye Screening at the Time of Diagnosis	100%	91%
Neuro/Vascular Symptoms of Feet	100%	93%
Chiropodist Follow-up	100%	55%

CONCLUSION

From the above result it can be concluded that parameters such as self-monitoring and patient education offered by the diabetic nurse have been found to be on the higher side of the suggested NICE recommendation. Dietary advice and chiropodist follow-up have reached only around 50% of the recommendation. Furthermore, medical monitoring such as renal check-up and antithrombolytic agents which need to be followed-up by doctors have achieved only 46% and 50% respectively when compared to the NICE recommendations.

Recommendation

From the audit results it is recommended that St. John’s hospital diabetic service needs additional dieticians, chiropodist facilities and more regular renal check-up. This audit needs to be repeated after a year of implementing the recommendations of this study.

REFERENCES

Available on request.



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An Exploration of Neonatal Nurses' and Doctors' Knowledge and Attitudes towards Pain Assessment in Premature Infants

INTRODUCTION

While developments in neonatology have led to improved outcomes and increased survival rates for premature infants, pain assessment and pain management remains a significant concern and continues to challenge caregivers. Premature infants are now surviving from 23 weeks and undergo multiple procedures for their survival, yet less than one third of these receive analgesia. Pain assessment and management remains erratic in many neonatal units despite implementing pain policies. Attitudes to pain have been shown to have an important influence on a patient's effective pain management. By exploring knowledge and attitudes of neonatal staff towards pain assessment in premature infants, it is hoped to identify areas for improvement.

OBJECTIVES

- (a) To determine the knowledge and attitude of neonatal nurses and medical staff in relation to premature infant pain assessment
- (b) To determine the influences demographic factors such as age and experience have on pain assessment in neonates
- (c) To identify the differences between nursing and medical staff in their attitudes to and knowledge of pain assessment in premature infants

METHODOLOGY

A quantitative, descriptive design was used. Data was collected by means of a Likert questionnaire from a convenience sample of 82 neonatal nurses and 16 neonatal doctors. A total of 73% of nurses and 100% of doctors responded. Data was analysed using descriptive and inferential statistics and a computer software analysis programme SPSS.

RESULTS

Over 60% of staff held a postgraduate qualification and had more than ten years experience in neonatology. Nearly 90% of staff believed that pain assessment is important and pain scales are important when assessing pain in premature infants. A total of 37.8% of staff felt they could assess pain without a pain scale (43% of nurses, 18% of doctors). Staff experience was related to positive attitudes towards pain assessment. Knowledge levels were good with over 90% agreeing that premature infants could sense and express pain. In all, 60% of doctors were unsure whether premature infants were more sensitive to pain than term neonates with 28% of nurses unsure. Experienced and qualified staff were more likely to agree on a premature infants' ability to sense and express pain. It was found that 80% of nurses would like further training on pain assessment in premature infants and 30% of doctors would like further training.

CONCLUSION

This is the first study to simultaneously examine the attitudes of doctors and nurses towards pain assessment in premature infants. Attitudes to pain are largely positive and positive attitudes were related to experience but not education. Knowledge levels were acceptable and were related to experience and education. Knowledge gaps on premature infants' ability to sense pain continue to challenge pain assessment and recording of pain assessment. Doctors and nurses have a close working relationship in the NICU and are largely reliant on the nurses' ability to assess pain in the premature infant. A multidisciplinary approach to education in pain management for neonatal staff would help form a team approach to pain management and ultimately benefit premature infants.

Analysis of In-patient Dermatologic Consultations - High Admissions via Accident and Emergency Department Confirms Poor Resourcing of Dermatology

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INTRODUCTION

This study reviewed the data on all in-patients seen as consultations by the dermatology team over a twelve month period.

OBJECTIVE

The purpose of the review was to assess how many patients could have been treated in the Dermatology Outpatient Department if a better resourced service was in place. We also reviewed the range of dermatological diagnoses presenting to our service on consultation and the level of agreement between the referring team and the dermatology team's diagnosis.

METHODOLOGY

Data on all in-patients referred for a dermatology opinion over a twelve month period were collected from our departmental FileMaker Pro database.

RESULTS

A dermatology opinion was sought on 318 in-patients from 18/05/2010 to 18/05/2011.

- 66 patients (20.7%) were paediatric in-patients
- 143 patients (44.9%) were female
- 11 patients (3.4%) were admitted by the dermatology team
- 126 (39.6%) were admitted as a result of their dermatological condition.

Of these 126 patients, 42 patients (33.3%) could have avoided admission and been treated in the Dermatology Outpatient Department if a better resourced service was in place.

The range of dermatological diagnoses was varied with 52 different skin conditions presenting for our opinion and further management. The most common diagnoses were Cellulitis (27), Atopic Eczema (16), Morbilliform drug reactions (17), Erythema Multiforme (7) /Stevens-Johnson Syndrome (4), Henoch Schonlein Purpura (5), Hydradenitis Suppurativa (3), Bullous Impetigo (3), Erythema Nodosum (2), Bullous Pemphigoid (2). In all, 157 patients (49.3%) were diagnosed by the dermatology team with a condition not known or incorrectly diagnosed by the referring team.

Cellulitis (27 patients) was the most common reason for referring an in-patient for a dermatology opinion. A total of 17 patients (62.9%) had an associated condition contributing to their Cellulitis. These associated conditions were: Varicose Eczema, Atopic Eczema, Lymphoedema, Cannulation, Plantar Psoriasis, Chronic Paronychia, Eczema Herpeticum, recent Deep Vein Thrombosis, id reaction to Tinea Pedis, Polymorphic Eruption of Pregnancy.

- 29 patients (9.1%) required a skin biopsy

- 189 patients (59.4%) required no investigations
- 59 patients (18.5%) required 2 visits
- 15 patients (4.7%) required 3 visits
- 2 patients (0.6%) required 4-5 visits
- 5 patients (1.5%) required >6 visits

CONCLUSION

A total of 318 in-patients were reviewed by the dermatology team over a twelve month period. 126 in-patients (39.6%) were admitted due to their dermatological disorder. Of these patients, it was estimated that 33.3% could have avoided admission if they had been treated in the Dermatology Outpatient Department. This reflects the urgent need to further develop dermatology outpatient services in our hospital. There is currently one dermatology consultant in our hospital caring for a population of 360,000. The Irish Association of Dermatologists recommend a ratio of one dermatology consultant per 85,000 population. As a result the waiting time to be reviewed in a Dermatology Clinic is long resulting in patients being admitted when their skin condition deteriorates. This could be avoided if a better resourced service was in place. Two further dermatology consultants have been appointed to the Dermatology Department in our hospital this year reducing the ratio of dermatology consultants to the population to 1:120,000. These new appointments will shorten the waiting time for patients to be seen in the Dermatology Clinic.

The most common reason a dermatology opinion was sought was due to Cellulitis occurring in 8.4% of in-patients referred. There were many associated conditions contributing to their Cellulitis (e.g. Varicose Eczema, Lymphoedema) and expert dermatology input enabled management of these associated conditions and should help to prevent recurrence of Cellulitis.

The majority of patients reviewed (59.4%) required no investigation.

The dermatological diagnosis was not known or was incorrect in 49.3% of referrals from other hospital teams. The rate of misdiagnosis by non-dermatologists of common dermatologic diseases is similar to that reported by Maza *et al.* of 56.3%.¹ This reflects the need to educate physicians and non-consultant hospital doctors on diagnosis and management of common dermatological conditions. Dermatology in the past did not form part of the core training for medical students. Dermatology education at undergraduate level continues to evolve. With the appointment of additional dermatology consultants this year in Ireland there is scope for further development of undergraduate and postgraduate training in dermatology.

REFERENCES

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Closing the Audit Cycle - A Review of the Use of Procollagen III Amino peptide Monitoring in Patients with Psoriasis Treated with Methotrexate

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INTRODUCTION

Methotrexate is the most commonly prescribed drug for severe psoriasis. Hepatic fibrosis occurs in 4% of patients with psoriasis treated with long-term methotrexate.¹ Procollagen III amino peptide (PIIINP) is a serological marker of active hepatic fibrosis in patients with psoriasis treated with methotrexate. Monitoring PIIINP levels has significantly reduced the need for liver biopsy in these patients.² The BAD guidelines recommend monitoring of PIIINP levels pre-treatment with methotrexate and 3 monthly while on treatment with a view to considering liver biopsy or discontinuing methotrexate in those patients with consistently abnormal results.³

OBJECTIVE

An audit of PIIINP monitoring in patients treated with methotrexate was carried out in our department between April 2004 and December 2006.⁴ 56% of patients commenced on treatment with methotrexate had PIIINP levels evaluated in this audit. The mean interval between PIIINP level tests was 6.3 months.⁴ As a result of this audit a dedicated psoriasis clinic for those on systemic therapies was established. We sought to re-audit the department to assess if PIIINP monitoring had subsequently improved. We also compared the management of those patients with consistently elevated PIIINP levels in our department with recommended guidelines.

METHODOLOGY

Patients with psoriasis treated with methotrexate between January 2007 and September 2010 were included in the audit. Patients were identified from the departmental database. Data was collected from the patients' medical charts and the laboratory system. Data collected included date of starting methotrexate, methotrexate dose, duration of methotrexate treatment, date of baseline PIIINP test and interval between tests, PIIINP results, reasons for discontinuing methotrexate, liver function test results and the management of those patients with consistently elevated PIIINP levels (elevation of PIIINP above 4.2 ng mL⁻¹ in at least 3 samples in a 12 month period, or above 8 ng mL⁻¹ in 2 consecutive samples). Serum samples for PIIINP concentration were analysed in the Liver Research Unit, Manchester Royal Infirmary Hospital, UK.

RESULTS

- 57 patients with psoriasis were treated with methotrexate and reviewed in the dermatology clinic between January 2007 and September 2010. 14 patients were excluded from the analysis. 13 of these patients were commenced on methotrexate by the rheumatology team. 1 patient's chart was unavailable for review.
- 43 patients (27 female) were included in the audit. 36 patients were commenced on methotrexate after

January 2007 and 31 patients (86%) had pre-treatment PIIINP levels. The mean interval between the tests was 4.25 months (median 4 months; range 1-12 months). The mean PIIINP level was 4.6 ng mL⁻¹ (median 3.8ng mL⁻¹).

- 13 of 43 patients (30%) had consistently elevated PIIINP levels including patients who also had psoriatic arthritis. Patients with consistently elevated PIIINP levels had a mean duration on methotrexate of 3.65 years (range 5 months-15 years). The mean cumulative dose of methotrexate was 1.92g (0.195g to 7.8g). 10 of 13 patients had normal liver function tests. 6 patients were changed to other therapies (phototherapy; acitretin; fumaderm x 2; ustekinumab; topical therapy). In one patient methotrexate was discontinued due to the development of metastatic breast carcinoma. 2 patients died (due to myelodysplasia syndrome in 1 patient). When patients with psoriatic arthritis were excluded 11/39 patients (28%) had consistently elevated PIIINP levels.
- In 4 patients with consistently elevated PIIINP levels a clinical decision was made that they remain on methotrexate. 2 of these patients were also under review by the hepatology team. The other 2 patients were greater than 80 years old with multiple comorbidities precluding other treatments.
- 11 of 13 patients with elevated PIIINP levels were commenced on methotrexate after Jan 2007 and 6 had pre-treatment elevated PIIINP levels.
- 15 of 43 patients (34.8%) who were on methotrexate between January 2007 and September 2010 remained on methotrexate at the end of the audit period in September 2010.
- Reasons for discontinuing methotrexate included: PIIINP elevated (6), failed to attend follow-up (5), ineffective or suboptimal control (4), RIP (4), idiosyncratic rxns (agitation; headaches; low mood) (3), patient preference (2), abnormal LFTs (2), nausea (1), metastatic breast ca (1).

CONCLUSIONS

Our results show that the frequency of PIIINP level monitoring pre-treatment and during treatment with methotrexate in our department has improved after the introduction of a dedicated clinic for those patients with psoriasis on systemic agents. Patients with consistently elevated PIIINP levels were managed according to recommended guidelines. In 4 patients with consistently elevated PIIINP levels, a clinical decision was made that the benefit of continuing methotrexate therapy outweighed potential risks.

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Preliminary Insights into the use of Laser Speckle Perfusion Imaging (LSPI) in Monitoring Psoriasis Plaques during UVB Phototherapy

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INTRODUCTION

Laser Speckle Perfusion Imaging (LSPI) is an optical technique based upon the principle that when a diffuse medium (such as skin) is illuminated with laser light a random interference pattern, known as a speckle, is created. LSPI provides a quick, non-invasive and non-contact method of detecting blood flow changes occurring within the superficial skin.

Psoriasis is a common condition in which increased microvascular changes occur.¹ Though shown to be successful in the treatment of psoriasis, it is not clear what effect narrowband UV-B phototherapy (NBUB-B) has on this vasculature.²⁻⁵ To this end, the aim of this study is to examine the use of an LSPI system by investigating the superficial vascular changes occurring in psoriatic plaques exposed to NBUB-B light.

METHODOLOGY

A total of 7 patients (4 men, 3 women, mean age of 35 ranging from 20-47) with varying severity of psoriasis were chosen to take part in the study. Each patient was undergoing thrice-weekly NBUB-B phototherapy sessions. A psoriatic plaque on the arm or forearm of the patient was chosen to be monitored. This plaque was imaged using the LSPI system and photographed pre and post NBUB-B phototherapy sessions.

RESULTS

Preliminary results from one of the patients are outlined below. The images demonstrate the capability of LSPI to allow visualisation of the superficial blood flow in the area of interest and thus the vascular changes that occur in the psoriatic plaque of patients undergoing treatment. The colour-bar below the LSPI image demonstrates that decreasing blood flow is depicted by a shift from red to blue.

CONCLUSIONS

The aim of this study is to validate implementation of Laser Speckle Perfusion Imaging (LSPI) technology via investigation of the microvascular region of psoriatic plaques exposed to NBUB-B light. Pilot study images indicate a reduction in blood flow that appears to coincide with improvement of the superficial skin. This result agrees with previous studies that suggest that there is increased blood flow in psoriatic plaques.^{6,7} These results are promising for routine clinical implementation of LSPI in monitoring the progress of psoriasis plaques. Plans are underway to extend current pilot studies into longitudinal investigations and expand upon the current knowledge base.

REFERENCES

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FUNDING

This research was supported by the Department of Physics and Energy, University of Limerick through a grant provided by the National Biophotonics Imaging Platform (NBIP) Ireland funded under the Higher Education Authority PRTL Cycle 4, co-funded by the Irish government and the European Union - Investing in your Future.

Day	Day 0	Day 7	Day 14	Day 21
Treatment #	18	21	23	26
Photo				
LSPI				
Dose (mJ/cm2)	2074	2760	2760	3340

Cardiopulmonary Resuscitation (CPR) Training in Health Professionals - An Exploratory Study of Skill Retention and Level of Confidence 6-12 Months Post-Training

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INTRODUCTION

Out of Hospital Cardiac Arrests (OHCA) account for approximately 5,000 deaths annually in Ireland.¹ The importance of rapid and appropriate response to OHCA is well recognized. Early and effective delivery of CPR and defibrillation in the prehospital setting significantly increases the chances of successfully resuscitating a patient. This is reflected in the American Heart Association’s “Chain of Survival” concept which consists of 4 vital links to save a life.² The links in the chain are early access, early CPR, early defibrillation and early advanced care. The Health Service Executive Task Force on Sudden Cardiac Death supports the concept of the ‘chain of survival’, with each component of the chain being only as strong as its supporting link.³ However, current research suggests that retention of CPR skills is poor and that this is unaffected by whether trainees are health professionals or lay public.^{4,5} It has been reported that deterioration of skills and inadequate performance begins just 2 weeks post-training and after 1 year knowledge and skills can reach pre-training levels.⁶ Unfortunately, Irish research of this kind is limited, therefore little is known currently about the skill retention of CPR trained healthcare providers in Ireland.

OBJECTIVE

The purpose of this study is to explore how health professionals perceive their CPR skill retention and level of confidence 6-12 months post-training. It is hoped that this will assist in identifying CPR training needs in order to enhance CPR performance in OHCA.

METHODOLOGY

Healthcare professionals were purposively sampled and a total of 6 subjects were recruited for the study, including 3 nurses and 3 emergency medical technicians. Ethical considerations were applied throughout and informed consent was obtained prior to initiation of the study. All of the subjects were trained and certified in CPR 6-12 months prior to the study. Data collection involved semi-structured interviews and a Likert scale questionnaire. Interviews were digitally recorded and transcribed. A thematic analysis framework was used for this research and findings are presented through description and interpretations of themes.

RESULTS

All of the participants welcomed the opportunity to be involved in this study. Their willingness to openly discuss their skills and knowledge retention as well as their levels of confidence in performing CPR after training highlighted the need for this study. From the data collected the following themes emerged:

- The need for refresher training for CPR
- Lack of confidence using the Automated External Defibrillator (AED)
- Limited skills practice in between re-certification.

Participants expressed that they were confident in performing CPR but felt they were not as confident in using the AED. While all claimed to be quite confident in their skill retention they could not express their actual skills retained when asked for specifics. The participants felt that regular refresher courses between recertification would be beneficial and may increase skill retention and confidence levels.

CONCLUSIONS

This study concludes that CPR skill retention and level of confidence diminishes over time. Therefore, there is a need to more accurately measure the actual retention of skills post-training in order to deliver an education programme which effectively enhances retention of the skills, knowledge and confidence required to perform CPR. More regular up-skilling may enhance CPR performance in the prehospital setting and ultimately improve survival rates of OHCA in Ireland.

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Intravitreal Anti-VEGF Therapy for Neovascular Age-Related Macular Degeneration and the Risk of Stroke

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ABSTRACT

The purpose of this study was to compare the vascular event rate in AMD patients treated with an intravitreal VEGF inhibitor with a historical control group treated with photodynamic therapy.

The medical records of 83 patients treated with intravitreal anti-VEGF for AMD between 2005 and 2007, and 60 patients treated with PDT between 2001 and 2004 were reviewed.

Mean follow-up in the anti-VEGF group was 40 months versus 95 months in the PDT group. Mean age (76 ± 9 years, versus 74 ± 10 years, $p = n.s.$) and cardiovascular risk factor profiles were similar. Vascular event rates in each group were 2.6 per 100 patient years versus 2.3 per 100 patient years, ($p = n.s.$). Age over 80 years was associated with an increased risk of a vascular event (odds ratio = 1.113, $p < 0.05$).

Despite the high prevalence of risk factors in AMD patients, the incidence of vascular events was low and associated with older age rather than therapy received.

SOURCE

Irish Medical Journal. 2011 May; 104(5):146-149.

Sun Exposure and the Use of Sunscreen among Rheumatology Inflammatory Arthropathy Patients Receiving Anti-TNF Therapy

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ABSTRACT

Exposure to the sun and getting sunburned have been well documented as causative factors for development of skin carcinoma. Findings from the British Biologics Register suggest an increased risk of such carcinomas among RA patients on DMARD therapy, while there has long been a question surrounding the risks of carcinoma development secondary to the use of biologic therapies. From a Rheumatology perspective vasculitis patients are very aware of the risk of sunburn and skin cancer, and actively use sunscreen. Little is known about inflammatory arthropathy patients, especially those receiving biologic therapies, regarding sun exposure or the use of sunscreen. Our aim is to explore this area.

All patients with a diagnosis of an inflammatory arthropathy being treated with anti-TNF therapy attending the Rheumatology Services at our hospital were eligible for inclusion, with 276 randomly selected for a telephone survey. The survey focused on sun exposure and use of sunscreen. It was carried out during June 2011. Patients under 18 years old and those no longer receiving/deceased were omitted from the study. Patients not contactable after two attempts were also excluded. Data was analysed using the statistical package SPSS.

A total of 276 patients were telephoned with 155 contactable and 150 willing to take part (97% response). 40% (n=60) were male and 60% (n=90) female with a mean age of 54.3 years and all Caucasian. 117 had RA, 14 PsA, 1 SNA and 18 AS. The mean length of diagnosis was 11.22 years (range: 1-30 years) with a mean of 3.64 years (range: 1 month-10 years) receiving anti-TNF therapy and 106 patients receiving concurrent MTX (17 via SC injection). 73% (n=110) go on sun holidays and 20% (n=30) have a sun bed use history. 65% (n=98) use sunscreen when exposed to the sun, 87% (n=131) report previous sunburn and 5% (n=7) report never receiving advice regarding sun exposure/sunscreen use. 6% (n=9) report a skin cancer diagnosis with 1% (n=2) awaiting consultants for mole assessment. Of those with a skin cancer the mean age was 63 years, none received prior sun advice but all use sunscreen, they had a 4 year history of anti-TNF therapy with all cancers after commencement of anti-TNF therapy, 6 use concurrent MTX orally, 3 use sun beds (male x1, female x2) and 6 report previous sunburn.

Patients need to be educated regarding sun exposure, its risks and prevention measures, along with the facts of skin cancer. It is questionable if we should follow up patients, at time intervals, after commencing anti-TNF therapy for skin cancers.

SOURCE

Journal of Clinical Rheumatology: in press (November 2011)

Review of Medication Prescription and Administration in the Specialist Palliative Care Unit, Milford Care Centre

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INTRODUCTION

As per accreditation reports (IHSAB 2007), and in accordance with efforts to ensure continuous quality improvement, it is important to evaluate recording within medication records against evidence-based practice.

According to An Bord Altranais,¹ staff must adhere to procedures for the safe administration of medication that accord with legislation and professional regulatory requirements or guidance.

OBJECTIVES

The overall purpose of this audit was to evaluate compliance with best practice in respect of administration of medication and recording of administration of medication.

The aim of this audit was to:

1. Ensure that recording within medication sheets is in compliance with best practice
2. Ensure that all medications are administered on the start date specified in the prescription
3. Ensure that all prescribed medications are administered at the correct time (including frequency and duration)

METHODOLOGY

An original audit tool was devised by the Quality and Safety Co-ordinator in 2007 further to consultation within the Specialist Palliative Care In-patient Unit. Annual audits of the recording of medication prescribing and administration have been occurring since then. This report will present the results of the 2011 audit and compare these with results from the 2010 audit. Medication Kardex's of 20 patients currently admitted to the specialist palliative care in-patient unit during the second and third weeks of September 2011 were reviewed by a registrar. This resulted in analysis of 268 medicines. A separate

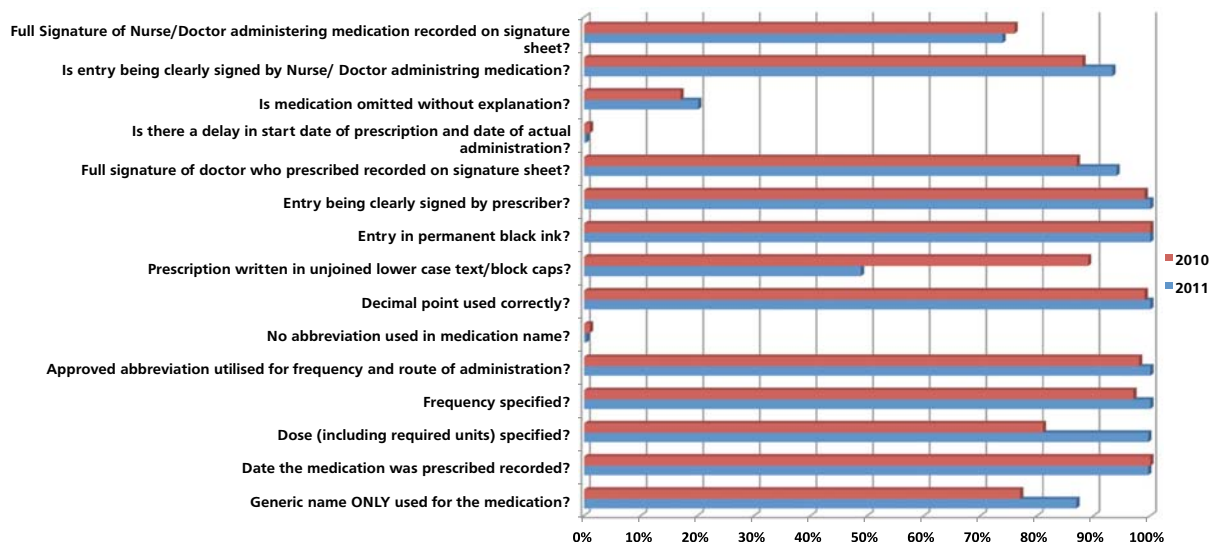
audit of PRN Medicines was conducted which resulted in analysis of 287 PRN medications.

The Data was analysed by inputting the answers from the audit tool into Microsoft Excel database with results/percentages displayed in table format.

RESULTS

- The standard in respect of recording the date of birth, name and I Care number was met. (100%, n=20). This represents an improvement from 2010 and means that there was sufficient information available for identification of the patient. The date of admission and date of documentation were recorded in 85% of cases, (n=17)
- There was deterioration in recording allergies since 2010 (70% vs 95%) and allergies were not recorded in the medical notes on admission in 20% of cases, (n= 4)
- The dose and frequency were recorded in 99% (n=267) and 100% (n=268) of cases respectively. There were no instances of non-approved abbreviations being utilised for frequency or route of medication or abbreviations of the medication name
- There was a considerable deterioration in utilisation of unjoined lower case text/block capitals when writing prescriptions from the findings of 2010 - (49% vs 89%)
- Prescriptions were in permanent black ink and clearly signed by the prescriber in 100% of cases
- The standard in respect of starting medications on the right date was met as there was no evidence of a time delay
- The generic name of medications only were utilised in 87% of cases, (n=233), which is an improvement on the findings of 2010, (77%, n=131), however this standard has yet to be met
- Findings in respect of PRN Medications were very similar to that of regular medications (see Bar Chart 1)

Figure 1 - Medications





CONCLUSIONS

Given that dose and frequency were specified in almost all cases, and all medications were started on the right day, this reduces the risk of errors in respect of timing and dosage of medication. It was found that 51% (n=137) of prescriptions were not in clear un-joined lower case text/bock capitals. This may result in an increased risk of administering the wrong medication.

Allergies/sensitivities were not recorded in 30% (n=6) of medication kardexs audited and in 20% of the medical notes on admission. Lack of recording of allergies/sensitivities on the medication sheet has significant risk implications for a small percentage of the population.

Although entries were clearly signed by the prescriber in 100% of instances, the full signature and initials of the doctor who prescribed medications was not recorded on the signature sheet in 6% (n=16) of charts audited. The full signature and initials of the RGN/doctor who administered medications was not recorded on the signature sheet in 26% (n=70) of charts audited. Inability to identify a staff member may interfere with a colleague's ability to seek clarification in respect of a prescription or medication that has been administered and may increased risk of error.

It was found that 87% (n=233) of medication entries were generic only. It is recommended as good practice that medications are written generically.

DISCUSSION

Improvement has been evidenced in number of key criteria, however there is still room for improvement.

The majority of nursing staff are documenting their signature and initials on the signature sheet, however if even one nurse did not document on the signature sheet this criteria, was then failed.

Feedback to staff should highlight the requirement to document allergies on the medication kardexes and on the medical notes on admission. Failure to meet the standard in respect of only using generic names of medication when prescribing may be because of familiarity of staff with certain brand names.

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Available on request.



Patients Dying in the Community - What Role for Primary Care?

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INTRODUCTION

Irish health policy is encouraging greater emphasis on the delivery of care to patients with life-limiting disease in community settings. Currently, 90% of care of people in their last year of life is provided for by GPs and Community Nursing.¹ Unlike other countries, in Ireland there are no formal frameworks to support primary care teams identify and respond to the palliative care needs of their patients.

OBJECTIVE

As part of the Primary Palliative Care programme, the Irish Hospice Foundation, ICGP and HSE surveyed GPs, Community Nursing (CN) and Allied Health Professionals (AHP) to establish initiatives that would support the care for patients facing death in the community.

METHODOLOGY

Five consultation meetings were held in LHO areas targeting 450 community staff and palliative care teams. In all, 103 staff participated. These meetings were independently facilitated and the same discussion prompts were used. These prompts were informed by a review of literature and included patient pathways, communication, non-cancer. The content of the discussions were transcribed and themes from each meeting were summarised and combined. These themes informed the design of the questionnaire, which sought views on

information transfer, access to medication, guidance and education. The questionnaire was forwarded to GPs, CN and AHP, identified from a further 5 LHO areas. A total of 685 questionnaires were circulated using purposive and convenience sampling, with a response rate of 27%. The selection of these LHO areas was based on urban/rural divide. The breakdown in representation (combining consultative meetings and questionnaire respondents) were CN (35%), AHP (30%), GPs (22%), other (13%).

RESULTS

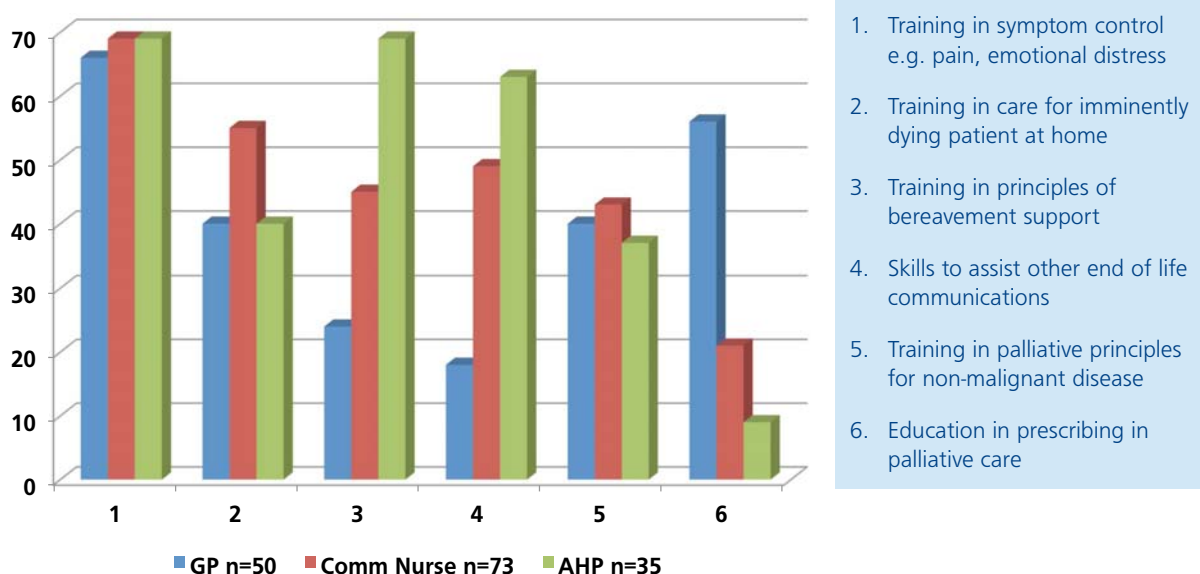
The need for enhanced communication systems between primary, secondary and tertiary centres, and more importantly, with patients and relatives, was the most common theme arising from the consultation meetings, as demonstrated by this quote:

'I sometimes feel inadequate and unable to fulfil my role properly due to lack of information from hospitals' - (GP)

Clarification re the role of palliative care for those with non-malignant disease was also raised. The high demand for further education in symptom control (66%) is illustrated in Table 1 below. Clarification and further education regarding the role of palliative care for those with non-malignant disease was also raised.

The most popular initiatives identified which would directly benefit patient care included: introduction of an electronic hand-over form between GP and out-of-hours

Figure 1 - Rated Palliative Education Preferences, Including Professional Breakdown





services (78%); guidance in management of palliative medications (48%) and introducing a system for primary care teams to identify patients with palliative care needs and co-ordinate responses (38%).

The service enhancements identified which have resource implications include: timely access to specialised equipment (87%); greater access to community nursing outside traditional working hours (73%); improved access to psychological support for patients/families (71%) and access to advice and information from specialist palliative care outside traditional hours (69%).

CONCLUSION

Community health care professionals recognise the role they play in responding to palliative care needs of patients in their care. However, several challenges and education deficits were identified. These are broadly in keeping with data available from the UK end of life care strategy² The tools that have been identified in other countries to support delivery of palliative care in primary care need to be examined for use in Ireland. Enhancing co-ordination and communication of care as well as the role of palliative care for patients with non-malignant disease requires particular attention. Formal and informal expertise from specialist palliative care is available to support education responses. More resources will be required to ensure fully responsive and holistic primary care service for patients dying in the community.

PRESENTED

Poster presentations at the Palliative Care and ICGP Conferences in Dublin, outlining emerging themes whilst research underway: IAPC Seminar in February 2011; Moving Points in April 2011; Kaleidoscope in June, 2011 and ICGP Summer School in June 2011.

REFERENCES

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Quality of Referrals for MRI Spine by Primary Care Physicians- A Retrospective Audit

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INTRODUCTION

Managing back pain in the community by General Practitioners (GPs) can be challenging. It is particularly important to recognise the subset of back pain patients who may have significant cord compression requiring surgical intervention, which can only be confirmed by having imaging studies such as an MRI done. In our increasingly litigious society, GPs are especially reluctant to delay or miss the diagnosis of cord compression; and this could lead to inappropriate referrals for imaging studies, further stressing already scarce NHS resources. Some studies have shown that primary care physicians make inappropriate referrals for imaging studies.^{1,2,3} This may be in the form of (A) absence of real indication; (B) lacking or vague clinical query; (C) absence of important information on patient's status.² Our centre, the Royal Derby Hospital serves a region of population 600,000 people.⁴ It is impossible for the orthopaedic specialist services to see all patients with back pain and determine clinically those that will benefit from further imaging studies. Thus, it is important that GPs in the area be able to competently assess back pain patients and appropriately refer relevant cases for further imaging studies.

OBJECTIVE

The aim of this audit was to determine the appropriateness of referrals for MRI lumbar spine made by GPs to the radiology department in our centre. Based on our results we intend to make recommendations, if necessary, to further improve services and quality of patient care.

METHODOLOGY

This was a retrospective audit performed in the radiology department. The formal MRI reports of 90 patients who had been referred exclusively by GPs in the community over a six month period (January to June 2011) to the radiology department were reviewed in detail. The relative number of scans that were reported as positive for significant pathology (nerve root and/or cord compression) was noted and results obtained.

RESULTS

48% of patients (n=43) had significant pathology in the lumbar spine (cord compression) that necessitated referral to the orthopaedic spinal service, 11 patients (12%) had degenerative changes only, while 19 patients (21%) had intervertebral disc bulge with no overt cord compression. Only 17 patients (19%) had normal MRI scans.

CONCLUSIONS

In our opinion, in this series there was an acceptable degree of positive pathology diagnosed in the MRI scans of referred patients. This would suggest that GPs are appropriately referring back pain patients for MRI scans. However, the quality of clinical information given on the MRI request forms was generally inadequate, and more needs to be done in terms of communication. We would suggest the radiologists communicate with the GPs with respect to giving more detailed and specific clinical information on MRI request forms.

REFERENCES

Available on request.



The Importance of Associated Features in the Management of Pulsatile Tinnitus

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INTRODUCTION

Pulsatile tinnitus is a relatively common complaint that is not often found to be a sign of a life-threatening condition. Despite this, contemporary advice is that all patients with this symptom should be investigated completely. In the medical literature, there is generally a lack of emphasis on the clinical significance of associated symptoms and signs in the initial assessment of these patients.

OBJECTIVE

The objective of this study was to perform a literature review to identify the features associated with serious causes in patients presenting with pulsatile tinnitus and to apply these results to a series of patients attending our department.

METHODOLOGY

A review of the literature was carried out using the Medline database. The findings were applied retrospectively to a series of patients presenting to the Mid-Western Regional Hospital, Limerick.

RESULTS

A review of the literature suggests that headache, vertigo or bruit associated with pulsatile tinnitus is most commonly associated with an underlying clinically sinister condition. The available limited data regarding the significance of cranial nerve palsy associated with pulsatile tinnitus indicates that this group of patients is highly likely to have a potentially life-threatening underlying condition. A total of 20 consecutive patients presenting with pulsatile tinnitus to our department were included in this study. It was found that 1 patient had a glomus jugulare and another had a thrombosed sigmoid sinus. Both patients had associated features of either pain, vertigo or a bruit. None of the others were found to have any notable pathology.

CONCLUSION

The presence of associated features should alert the clinicians to perform appropriate investigations promptly.

PRESENTED

At the Royal Academy of Medicine Ireland, Otolaryngology Meeting in the Mount Falcon Hotel, Ballina, Co. Mayo on April 2nd, 2011 by Mr. Aziz Ur Rehman (Specialist Registrar, Otolaryngology).



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

INTRODUCTION

Neonatally-presenting laryngeal and tracheal anomalies are uncommon and can be potentially life-threatening or fatal. Affected infants frequently have a variety of medical issues.

OBJECTIVE

This study was undertaken to review the management, morbidity and clinical features of laryngeal and tracheal abnormalities presenting in the perinatal period at a paediatric tertiary referral centre over the past decade.

METHODOLOGY

A retrospective chart review of infants presenting with laryngeal and tracheal anomalies in the neonatal period between 2001 and 2011 was conducted. Patients were identified using a clinical coding database and from the neonatal unit death register. This information was correlated with histopathological and post-mortem findings.

RESULTS

A total of 5 individuals were identified who presented with respiratory distress at birth. The underlying diagnoses included tracheal agenesis, laryngeal atresia, tracheal stenosis and a type IV laryngeal cleft. Affected infants had a number of associated medical issues, most commonly cardiac and great vessel abnormalities, renal, skeletal and oesophageal anomalies. In one case perinatal airway issues were anticipated antenatally due to the presence of a large cystic neck mass on maternal ultrasonography and an EXIT (ex-utero intrapartum treatment) procedure was performed. Polyhydramnios was associated with pregnancy in all of these cases. Intubation was attempted for all 5 infants with emergency neck exploration and tracheostomy being attempted in 2 cases. All 5 cases were fatal with survival times ranging from several hours up to 10 days.

CONCLUSIONS

Congenital laryngeal and tracheal abnormalities are very rare and frequently associated with multiple complex comorbidities, particularly cardiac, which may dictate poor prognosis. Multidisciplinary management of these infants is required. Short term ventilation through oesophageal intubation or via an EXIT procedure in antenatally-anticipated cases may be possible although there may be a number of ethical implications surrounding this. EXIT is a relatively recently described procedure and the coming years may see its more frequent implementation.

PRESENTED

At the Royal Academy of Medicine in Ireland (Otorhinolaryngology Section) Spring Meeting on April 2nd, 2011 in the Mount Falcon Country House Hotel, Ballina, Co. Mayo by Mr. Timothy Ahmed.



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Arthroscopy vs. MRI in the Diagnosis of Knee Pathology- A Retrospective Review

INTRODUCTION

Arthroscopy is the generally accepted gold standard in the diagnosis of knee pathology. However, as a purely diagnostic test it has clear disadvantages when compared to MRI scanning - it is more expensive, invasive and risky, and its benefit is limited in cases of degenerative joint disease (e.g. osteoarthritis).¹ The literature suggests that MRI offers a reasonable alternative in the diagnosis of knee pathology and can serve as a cheaper, safer way of determining which patients are likely to benefit from arthroscopy, particularly in patients without obvious clinical signs and symptoms.^{2,3,4,5,6,7}

OBJECTIVE

The aim of this audit was to compare the MRI pathology findings with subsequent arthroscopy findings in a given patient population and compare positive diagnostic rates. If the results in our series reflect those in the literature, then we can propose treatment protocol changes that will help manage patients in a cost-effective manner while maintaining an acceptable standard of care.

METHODOLOGY

This was a retrospective audit. A total of 221 consecutive patients who had preoperative MRI knee and arthroscopy over a 1 year period (May 2010 to May 2011) were reviewed and results compared. Data was from patient's operative notes and MRI reports. In all, 21 patients were excluded from this study due to missing/incomplete records, or previous/multiple knee surgeries. All arthroscopies were performed by consultant knee surgeons, and MRI scans reported by consultant radiologists.

RESULTS

A total of 200 patients were finally included in the study. Male 148, Female 52. Male/Female ratio 2.8:1. Age range: 13-67. Mean age 37.7 years. Positive findings for pathology in the knee were as follows:

- Medial meniscus injury: Arthroscopy 50.5% (101), MRI 51% (102).
- Lateral meniscus injury: Arthroscopy 16.5% (33), MRI 14% (28).
- Anterior cruciate ligament injury: Arthroscopy 35.5% (71), MRI 39.5% (79).
- Posterior cruciate ligament injury: Arthroscopy 2.5% (5), MRI 3% (6).
- Degenerative conditions e.g. OA Arthroscopy 43.5% (87), MRI 27% (54).

CONCLUSIONS

Using arthroscopy as gold standard, our series showed that positive MRI diagnosis rates were similar to arthroscopy especially for soft tissue pathology. MRI was less sensitive for degenerative knee pathology compared to arthroscopy. The results in our series were similar to reported results in the literature. Thus, we propose that MRI is an acceptable diagnostic alternative to arthroscopy especially in cases of soft tissue knee pathology, and may be used to avoid unnecessary surgery in some patients especially if MRI shows only degenerative pathology.

REFERENCES

Available on request.



An Audit of Discharge Summaries in the Surgical Department of a Regional Hospital

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INTRODUCTION

The discharge summary is an important and useful communication tool. It can be referred to years later to provide a quick summary of an admission. It aims to summarize the therapeutic and other significant events during the hospital stay of patients. It provides concise details of reasons leading to admission, diagnosis, investigations etc. and is also helpful as a record of responses to different therapeutic interventions. It is useful for healthcare providers to effectively implement the treatment strategies planned during admission. A prompt and comprehensive discharge summary from the hospital should ensure effective continuity of care in the community. On the other hand, poor information transfer at discharge does appear to increase the likelihood of readmission.

OBJECTIVE

The purpose of the discharge summary is particularly important in the context of content and timing. It is also important to determine to whom the summaries are addressed and what the stated purposes are. In a survey of the views of general practitioners on psychiatric discharge summaries¹ the top five headings identified in terms of importance were: Admission and Discharge Dates, Diagnosis, and Medication on Discharge, Community Key Worker and Date of Follow-Up. This is understandable since general practitioners are mainly concerned with implementing the post-discharge care plans. On the other hand, one would expect the admitting team to ask for more information about diagnostic work up and therapeutic intervention.

METHODOLOGY

The audit was undertaken in the surgical department of the Mid-Western Regional Hospital, Limerick for the month of August 2011. It included only the patients admitted through the Accident & Emergency Department under one surgical team. In-patient beds are located in seven different wards of the hospital. Discharge summaries are prepared by the Interns and Senior House Officers and sent to the patient's General Practitioner by Secretaries; with copies filed to the respective case notes. Content was classified into preadmission information, hospital information, and discharge information. Discharge information was the most important determinant of quality, followed by hospital information.

The top ranking items were:

Discharge Diagnosis, Discharge Medications, Therapeutic Procedures, Complications, Consultations During Admission, Follow-up Arrangements, Community Services Arranged.

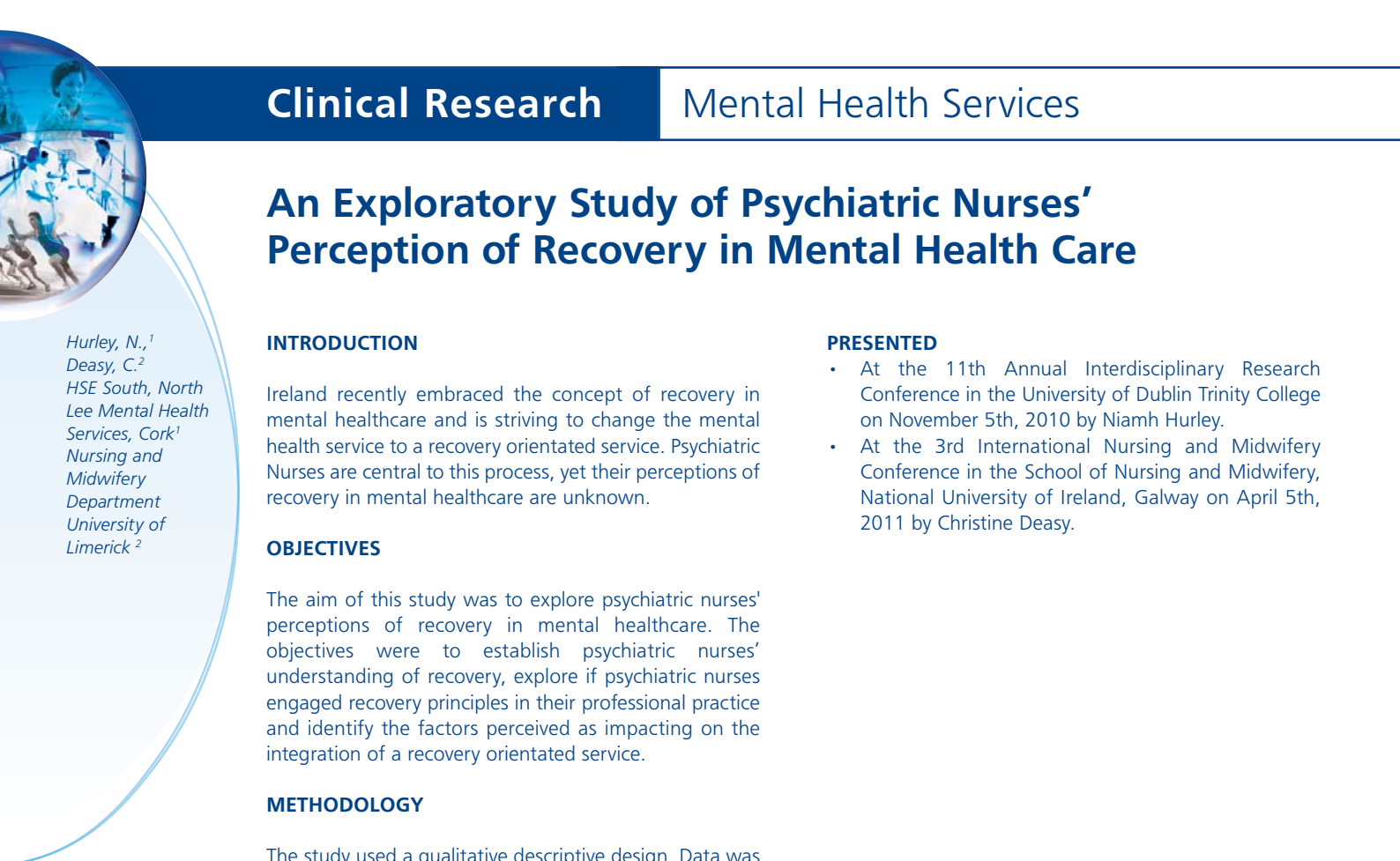
RESULTS

Discharge summaries of 16 patients aged 1 to 85 years who were discharged during the month of August 2011 were collected. 9 of these were females (56.2%) and 7 were male (43.7%). Out of the 16 patients, 5 were admitted with gall bladder pathology (31.2%), 3 with RIF pain (18.7%), 2 with head injury (12.5%) and 1 each with diverticulitis, gastroenteritis, incarcerated paraumbilical hernia, perianal abscess, PR bleeding, and small bowel obstruction (6.2%). Date of admission, date of discharge, medication on discharge, name of the consultant and diagnoses were recorded in all (100%) discharge summaries. Investigations done were mentioned in 9 (56.2%) of discharge letters. Follow-up arrangements were recorded in 15 (93.7%) of discharge summaries.

CONCLUSION

Because of the relatively small number of patients included in our study, the power is low and a conclusion cannot be drawn. However, the following points need special consideration:

- Given that the majority of discharge summaries are currently prepared by junior staff, this study suggests that verification of the accuracy of clinical and management data should be an essential component of departmental audit meetings.
- Senior members of the team should be involved in preparation of discharge summaries.
- Important investigations during the hospital stay should be mentioned in all the discharge summaries.
- Discharge summaries should be completed on time and forwarded to the GPs as soon as possible.



An Exploratory Study of Psychiatric Nurses' Perception of Recovery in Mental Health Care

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INTRODUCTION

Ireland recently embraced the concept of recovery in mental healthcare and is striving to change the mental health service to a recovery orientated service. Psychiatric Nurses are central to this process, yet their perceptions of recovery in mental healthcare are unknown.

OBJECTIVES

The aim of this study was to explore psychiatric nurses' perceptions of recovery in mental healthcare. The objectives were to establish psychiatric nurses' understanding of recovery, explore if psychiatric nurses engaged recovery principles in their professional practice and identify the factors perceived as impacting on the integration of a recovery orientated service.

METHODOLOGY

The study used a qualitative descriptive design. Data was collected by means of semi-structured individual interviews with 8 Registered Psychiatric Nurses employed by 1 Mental Health Service provider. Ethical approval was granted by the Health Services Ethics Committee. Thematic analysis was conducted.

RESULTS

The analysis resulted in the identification of four master themes, the nurses' role in recovery, facilitators to recovery, barriers to implementing recovery orientated practice and challenges to promoting recovery. The findings suggest that while participants welcomed a recovery approach and used some principles of recovery in their practice, their understanding of recovery was limited. The dominance of the medical model was evident as participants' understanding of recovery was more associated with the improvement in clients' well-being, returning to normal functioning and regaining control. Participants did display knowledge of the strategies used to promote recovery, however, participants were often vague and undecided when describing recovery and relating it to their own experience in clinical practice. Participants also identified factors which may negatively impact on promoting recovery including staff attitudes, lack of education and training on the principles underpinning recovery and resistance to change.

CONCLUSIONS

Participants have a limited understanding of recovery and require education and training on the principles which underpin recovery if the vision of a recovery orientated mental health service is to become a reality. Clinical supervision to guide and support Psychiatric Nurses in promoting recovery is recommended.

PRESENTED

- At the 11th Annual Interdisciplinary Research Conference in the University of Dublin Trinity College on November 5th, 2010 by Niamh Hurley.
- At the 3rd International Nursing and Midwifery Conference in the School of Nursing and Midwifery, National University of Ireland, Galway on April 5th, 2011 by Christine Deasy.

An Exploration of the Information New Patients Attending a Mental Health Day Hospital Require before Attending their New Assessment Appointment

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INTRODUCTION

St. Anne's Day Hospital is a busy city centre day hospital providing outpatient mental healthcare for a sector population of 54,000. As such, we receive a large number of new patient referrals, and we had observed that there was a high rate of non-attendance for these appointments. The nurses had investigated this phenomenon and research had indicated that personal contact via the telephone had enhanced attendance rates. Therefore, we initially attempted to address the high non-attendance rate by confirming these appointments via a telephone call in the days preceding the appointment. However, this had not increased the attendance rate in any significant way. The nurses then decided to address this in a more proactive way by asking the patients themselves what information they felt would enhance attendance at these new referral appointments.

OBJECTIVE

The objective of this research was to reduce the incidence of non-attendance at new referral assessments. It is also aimed to ascertain what patients felt would enhance attendance at new assessment appointments.

METHODOLOGY

We invited all new referrals over a six month period to complete a questionnaire asking patients if they felt they had received enough information before attending St. Anne's and what information they would have liked, for example; directions to the building, what to bring with them, what to expect, duration of the appointment and whether they were allowed to bring someone with them. We then randomly selected a third of the people who completed the survey (approximately 23 patients) to attend a focus group facilitated by our local Irish Advocacy Network. We wrote to these people indicating that their participation was anonymous, voluntary and would not affect their ongoing care at St. Anne's. In addition, we

gave some brief information on focus groups and their application. We requested that patients indicate their participation by completing the enclosed form and returning it to us via the stamped addressed envelope.

RESULTS

In the 6 month period all new referral patients who attended were asked to complete a survey. Of these 112 patients, 70 choose to complete the survey. Multi-choice options were available for each question. A total of 41 patients initially ticked that they had received enough information however, they later indicated areas in which they would have liked more information. A total of 17 patients stated that they had not received enough information and 11 patients indicated that they would have liked more information.

Of the 23 patients who were invited to attend the focus group with our local advocate, only one patient indicated a willingness to participate. Following discussion between the nurses and advocate it was decided it would not be appropriate or meaningful to go ahead with the focus group.

CONCLUSION

This study explored the non-attendance of patients to new assessment appointments. The patients who answered the survey indicated they would like some more general information before their first attendance at St. Anne's. Using the information gathered the nurses are in the process of drafting a letter to send to new patients incorporating this information which we hope will increase the attendance rate at these appointments. We are further considering reviewing the patients who did not attend their new assessment appointment for that 6 month period and are investigating a methodology of exploring their non-attendance. We hope that this piece of research will enhance the experience of patients attending St. Anne's for the first time.

Table 1 - Indicating the Further Information that Patients Indicated they would like to Receive before Attending for their New Patient Assessment

Directions to the building	4
What information to bring with you	16
What to expect during this appointment	32
Duration of this initial appointment	11
Whether to bring someone with you	11
Total Responses:	70 Patients

An Audit of Lithium Monitoring in a Community Mental Health Service

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INTRODUCTION

Lithium is widely used in the treatment and prophylaxis of bipolar and depressive disorders. Its use remains a major cause of negligence claims in psychiatry and the majority of such claims have been indefensible because of failure to monitor thyroid and renal function and poor communication between medical staff over serum lithium results.¹ There is evidence that guidelines are often not met and that substandard monitoring of lithium therapy may be widespread.

OBJECTIVES

This audit aimed to examine the practice of lithium monitoring within a community mental health service and compare it with the recommended and evidence-based guidelines. The overall goal was to identify aspects of lithium prescribing and monitoring that could be improved, implement appropriate and cost-effective changes to ensure safer lithium prescribing and reassess the monitoring practice following the implemented changes.

METHODOLOGY

The Maudsley Prescribing Guidelines 9th Edition for lithium was taken as the gold standard.² Their recommendations include 3 monthly lithium and 6 monthly TFT and U&E monitoring. Patient case notes, lithium prescriptions and blood results were manually scrutinized and 15 subjects met the inclusion criteria. A literature search was performed to identify recommended systematic means of ensuring that patients are safely, consistently and efficiently monitored.

The following changes were implemented:-

1. Record of all patients on lithium was compiled.
2. Mounting of an information plaque for nurses on lithium monitoring.
3. Lithium treatment plan and monitoring sheet (based on the Lothian lithium guidelines) placed in all case notes of patients on lithium.³
4. Letter to GPs to inform of audit and promote better communication. A re-audit was carried out 18 months later to complete the audit cycle and ascertain whether standards had improved.

RESULTS

Initial Audit

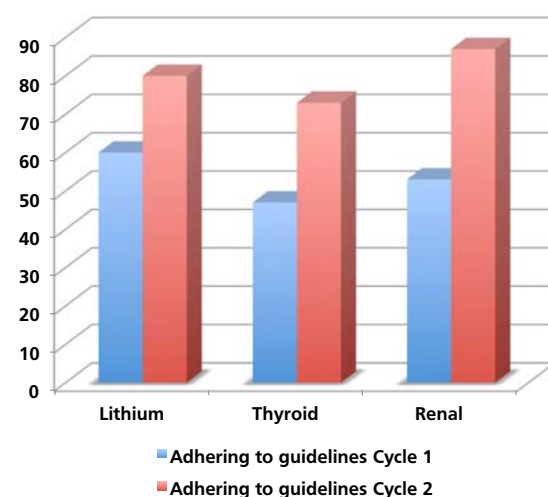
Inadequate standards of thyroid and renal function monitoring were demonstrated; only 47% (n=7) had TFTs and 53% (n=8) had U&Es checked in the last 6 months. Worryingly, 40% (n=6) had not had TFTs or U&Es checked in over one year, while 1 patient did not have TFTs and 2 patients did not have U&Es measured in over two years.

Monitoring of serum lithium was somewhat better with 60% (n=9) having lithium levels checked in the last 3 months.

Re-Audit

An improvement in Lithium monitoring was found with 80% (n=12) now meeting the recommended standards. A more significant improvement was found in thyroid and renal function monitoring, with 73% (n=11) having had TFTs and 87% (n=13) U&Es checked in the past 6 months. (Table 1)

Figure 1 - Adherence to Lithium Monitoring Guidelines



CONCLUSIONS

Following the recommended implementations, an improvement in the monitoring of Lithium was found. Reassuringly, there had been a very significant improvement in thyroid and renal function monitoring since cycle one. Although the study was limited by the small number of patients meeting the inclusion criteria, the results would indicate that implementing such relatively small, inexpensive changes may be effective in improving monitoring standards and ensure safer lithium prescribing. (Lithium treatment plan and monitoring sheet available on request)

REFERENCES

Available on request.

PRESENTED

As a Poster presentation at the College of Psychiatry of Ireland's Spring Conference in Cork, March 2010 (Included initial cycle only).



An Overview of Art Therapy in the Rehabilitation and Recovery Network of Ireland

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INTRODUCTION

This study was conducted in 2010, and the paper produced was in partial fulfilment toward the MA in Art Therapy. Over a period of 3 academic years, the author held weekly student placements in psychiatric and recovery settings. This experience and associated research led to this examination of the placement of Art Therapy in the Irish Psychiatric Rehabilitation Group (I.P.R.G.) network. Enquiries were further motivated on being made aware that the National Institute of Clinical Excellence, (N.I.C.E.) March 2009, had determined that of 10 therapeutic interventions evaluated for effectiveness with Schizophrenia and Psychosis, Arts Therapies was one of the 3 recommended.¹

OBJECTIVE

The aim of this study was to present an overview of Art Therapy in the Irish Recovery Network, to look at how both the Recovery and Art Therapy modalities have developed, what we are looking at presently and can we see where work needs to be done and ways forward?

METHODOLOGY

This study employed a mixed methodology:-

1. A literature, policy and document review informed the relating of the background and theories of the Recovery Model and Art Therapy Practice and their compatibility
2. Statistically, by means of a questionnaire distributed to the 19 countrywide sites making up the I.P.R.G., quantitative data was collected detailing how the specialist groups are staffed, what work they carry out and if they offer Art Therapy
3. Qualitative methods were employed to visually show ways in which the process of Art Therapy can sit alongside and work in favour with the directional goals of Recovery Models

RESULTS

Background and Theory:

The concepts and developments of both modalities were first looked at separately, and it was seen that both Art Therapy and the Recovery Paradigm evolved into their current practices over a similar time frame. Following on through the Literature Review, connections emerged in; the similar language, the ideals, the individual's concerns, all pointing strongly towards Person Centred Care in both streams.

Survey:

Having distributed the one page questionnaire, by e-mail and post, to the I.P.R.G. Multidisciplinary Teams, (n=19), a response rate of 94.7% (n=18) was achieved.

The data returned related to:

1. The location and profile size of the group's Sample Population
2. Speciality Staffing
3. Programmes being offered to service users
4. An indication of the level of provision and perceived benefit of an Art Therapy service

The survey findings were presented in a series of graphs and summary discussions.

CONCLUSIONS

The Art Therapy Process in Recovery;

As Art Therapists our language is visual, and when presented in a responsible manner, our ideals and process can be realised with more ease.

Through images produced in both individual and group therapy experiences, it was related how service users can creatively access inner resources, qualities and strengths in working toward gains in self-awareness and development.

The study showed that, in line with an understanding and consideration of the Recovery paradigm within the Rehabilitation Network, it is appropriate for all to take on board best practice ideals of re-examining, updating and adapting Art Therapy practices to provide for the needs and strengths of service users.

In taking on board the broader perspective of service users' concerns in this area, Therapies are looking at combining methods with other disciplines and looking at more encompassing frameworks and models of practice. Systems of client-centred provision are broadening out and evolving, with models of Art Therapy and Psychotherapy, Art Therapy and Cognitive Behaviour Therapy, Art Therapy and Clinical Neuroscience and even more importantly in the current economic climate, Art Therapy and Social Action.

REFERENCES

Available on request.

Acknowledgement

The author wishes to acknowledge the contribution and assistance of the 19 Irish Psychiatric Rehabilitation Group (I.P.R.G.) teams and their secretaries with data collection for the survey part of this study.



Engaging Life in Two Irish Nursing Units for People with Dementia - Quantitative Comparisons before and after Implementing Household Environments

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INTRODUCTION

Two Irish Nursing Home Units (NH1, NH2) for people with dementia were compared before and after they were converted from traditional style secure units to domestic style 'household' secure units. Social engagement and interactive occupation of residents were the outcome measures.

At the heart of the household renovated environments were functioning unit kitchens within an open plan communal living area, with a homemaker staff role assigned to these kitchen areas. Operational changes included a person centred approach allowing flexibility for meals and getting up times. Together these core criteria defined the household model of care, which was classified as one complex intervention for this research project.

METHODOLOGY

A snapshot observation method was used to obtain quantitative data of resident time use over 11 days (pre-renovation) and 14 days (post-renovation), using social engagement and interactive occupation as outcome measures. One post-occupancy evaluation was conducted 6 months and the other was 12 months after their respective renovations.

RESULTS

Residents spent more time in the communal living spaces post-renovation (average increase of NH1+NH2=35%). Residents were more interactively occupied and socially engaged in the more familiar home-like household environment (NH1+NH2=273%). In addition, the residents were more likely to initiate their own activity in the more stimulating household environment (NH1+NH2 =146%). Using the independent t test, these increases were found to be highly significant ($p < .001$). The results were consistent for both nursing homes.

CONCLUSIONS

Residents were less likely to be spending their time inactive or asleep in the main sitting room areas of the post-renovation household units than they were in the traditional pre-renovation units. The household model intervention was successful in creating two environments in which residents with dementia were more interactive, more social, and more independently active.

This research method has potential to evaluate the effect of communal living space design and operational policies in residential care by using functional outcomes (interactive occupation and social engagement) that are immediately affected by (proximal to) the independent alteration variable; which, in this case, was the household model renovation.

PRESENTED

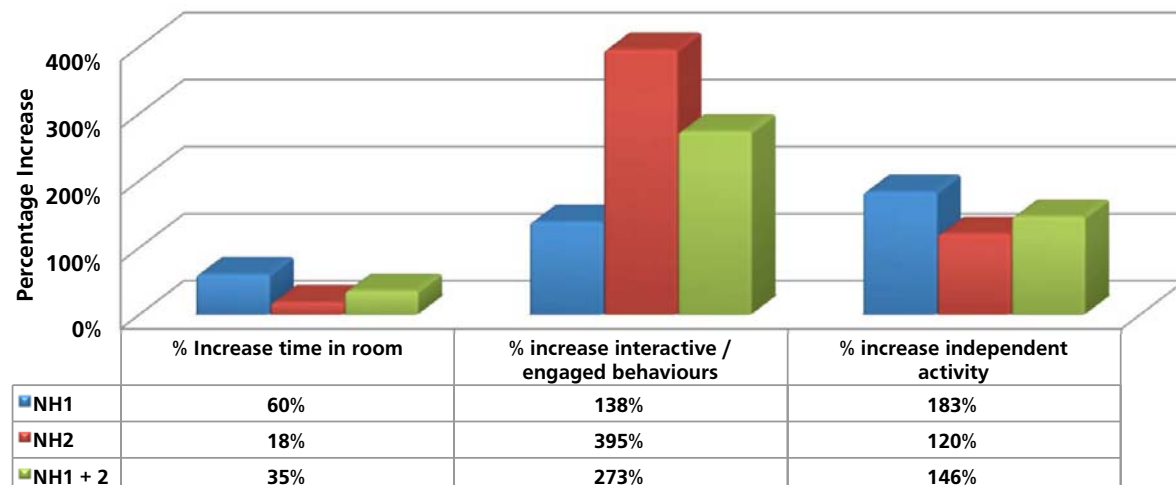
At the British Society of Gerontology in Plymouth, UK in July 2011 by Mark Morgan-Brown. At the Association of Occupational Therapists of Ireland and the College of Occupational Therapists (UK) All-Ireland Conference in Dundalk in April 2011 by Mark Morgan-Brown.

Acknowledgement

The authors would like to acknowledge the residents, management and staff of Moorehall Lodge, Ardee, Co. Louth and Castleross Nursing and Convalescent Centre, Carrickmacross, Co. Monaghan.

The author wishes to acknowledge the support of Dublin North East Health Authority (Cavan General Hospital) while this research was being conducted.

Figure 1 - Behavioural Changes Traditional to Household Environments





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Needs Analysis of Mental Health Needs of Traveller Men

INTRODUCTION

In 2009 the Traveller Health Unit formed a Mental Health Subgroup to address Mental Health Issues for Travellers in the HSE Mid-West Area. In order to identify Mental Health Issues for Travellers, it was agreed to concentrate initially on identifying issues for Traveller Men in relation to their mental health.

OBJECTIVES

The Objectives are to identify:

- What do Traveller Men understand about Mental Health?
- How do Traveller Men perceive Mental Health Services?
- What are the needs of Traveller Men in relation to Mental Health?

METHODOLOGY

The methodologies were designed within a mental health literacy framework. The Group Work, to be conducted with a group of 16 men regularly attending St. Joseph's Training Centre, Ennis, over three separate hour-long sessions, utilised a variety of methodologies to support group discussion including: Questionnaires, Scenarios, Explanations of existing services and In-depth group discussion.

It was agreed that the facilitator would read and explain clearly anything that was presented in writing, checking regularly for understanding. It was also agreed that the group would utilise a peer support structure.

RESULTS

The first workshop was attended by 13 men, the second workshop was attended by 13 men and the third workshop was attended by 12 men, all of whom had attended the initial information meeting. The workshops produced the following results:

- Perception of mental illness as an illness like any other
- Perception of there being an element of personal responsibility in mental illness, caused in part by a lack of self control
- Belief that there is a stigma attached to mental illness which makes them fearful of receiving a diagnosis or treatment
- Being unsure if mental illnesses are curable, and seeing them as detrimental to personal relationships and future opportunities
- Seeing some sufferers as 'other', viewing them with suspicion and seeing them as being potentially dangerous
- Having sympathy for most sufferers and wanting to see them looked after

- Not viewing stress as a mental health problem, but viewing more 'traditional' symptoms as mental health issues, such as depression and suicidal feelings
- Lack of awareness of the services that are available generally and locally, or how they can be accessed beyond seeing their local doctor
- Trust in service providers and an assumption of fairness, with a general acceptance of treatments that might be suggested
- A desire to see services provided in the home to ensure maximum privacy where possible, but well away from the community otherwise
- Not wanting services especially for Travellers, or to have Travellers employed to work in the community

CONCLUSIONS

The majority of the men were not aware of the specific types of mental disorders that existed or their typical symptoms. They considered mental health to be about looking after the mind, and a mental health problem meaning that a person is not in full control of their mind. They preferred not to talk about their personal mental health, but instead to talk about the subject in more general terms.

The men were open and honest about knowing very little about existing mental health services.

Needs identified by the men included awareness of and access to services, and preventing stigma through ensuring that no-one else in their community is aware of their illness or treatment. Suggested interventions included:

- A dedicated Mental Health Worker who could provide a link between men in the community and the existing services
- A system developed in consultation with Traveller men for providing initial supports and treatments in which the men have trust, and which protects their desired privacy
- Local Media Campaigns
- Targeted Interventions such as Mental Health Literacy Programmes

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A Multi-Method Evaluation of Dual Diagnosis Training

INTRODUCTION

The Irish Mental Health Service has recently been introduced to the term 'dual diagnosis' referring to the co-existence of substance misuse and mental disorder in a person. The Irish researchers recommend training and education on dual diagnosis across all disciplines in both mental health and the addiction services.¹ However, there is an unmet need for continuing education programmes on dual diagnosis. The authors developed this training course in order to meet the increased need for staff training within the Irish mental health, addiction and criminal justice systems.³ This course focuses on group psycho education programmes for dual diagnosis service users currently being delivered to patients within the National Forensic Mental Health Services, Ireland. The first training programme was delivered one day a week for 5 weeks at the end of December 2008. In all, 22 participants attended the training programme. Participants who came from both addiction and mental health services included Psychiatric Nurses, Probation Officers, Social Workers, Community Addiction Services and the Gardaí.

OBJECTIVE

This study aims to evaluate the effectiveness of this 5-day course on 'dual diagnosis psycho education groups'.

METHODOLOGY

A mixed methodology was adopted. The data was collected in three forms: Firstly, the participants' feedback at the end of each day, Secondly, pre and post-testing and lastly a focus group interview carried out 12 weeks after the course completion. Ethical approval was sought from the Ethics Committee, Trinity College Dublin. Quantitative data was analysed using S.P.S.S. Version 16.0 and the transcribed focus group interview was analysed thematically.

RESULTS

Findings from the pre and post-test suggest an increase in participants' knowledge of dual diagnosis and an increase in confidence in conducting groups. Daily evaluation indicates that the course content largely met participants' needs. Finally, three themes emerged from the focus group interview: increased confidence, the training course/teaching methods and personal/organisational challenges.

CONCLUSION

This study implies that service providers within mental health and addiction services benefit from inter-professional, needs and skills based courses incorporating a variety of teaching methods. The way forward for future dual diagnosis training course developments would be working in partnership with service users and carers.

PRESENTED

This research has been presented by Shobha Rani and Hanora Byrne at the following events:-

- 9th Annual Conference of National Council for the Professional Development of Nursing and Midwifery in Dublin on November 11th, 2009.
- 10th Annual Interdisciplinary Research Conference, Trinity College Dublin on November 4th and 5th, 2009.
- 2nd International Conference of Indian Society of Psychiatric Nurses held at NIMHANS, Bangalore, India on October 10th to 12th, 2009.
- AISHE-C Annual Conference, NUI, Maynooth, Co. Kildare on August 27th and 28th, 2009.

'Telling their Stories' at a Dual Diagnosis Training Course - Service Users' Experiences in an Irish Forensic Mental Health Setting

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INTRODUCTION

In 2008, the authors developed a 5-day training course on dual diagnosis. Over the past 3 years the training course involved the input from 12 service users to share their experience of dual diagnosis and the psycho-educational groups that they had completed as part of their in-patient treatment regimen. Literature suggests several therapeutic outcomes for the service users through their involvement on training courses such as raised self esteem, empowerment and new insight into their problems.¹ Similarly, students/participants attending such training courses have reported an increase in students' communication, partnership and advocacy skills,² and enabling practitioners to be more conscious and reflective of the implications of treatments and approaches used.³ However, little is known from a service users' perspective within the Irish Forensic Mental Health Service.

OBJECTIVE

A qualitative descriptive approach was felt appropriate for the study. The aim was to explore, from a service users' perspective the benefits and challenges of sharing their experiences on the training course and to extrapolate the findings in order to draw strategies for the continued future involvement of service users.

METHODOLOGY

Ethical approval for the study was sought from the Faculty of Health Sciences, Trinity College Dublin. In all, 7 out of 12 consented to participate in the study. Data was collected using one-to-one interviews guided by a semi-

structured interview schedule. Interviews were tape-recorded and transcribed before analysing thematically.

RESULTS

Three themes emerged from the analysis: the benefits, challenges and strategies for service users' future involvement (See Tables 1 and Table 2).

Participants also felt there were benefits to the learners such as learning from the patient stories, it is an eye-opener for the learners and may have helped in reduction in stigma towards service users within the forensic mental health setting.

CONCLUSIONS

The findings of this study confirm that there are several benefits to the service users through their involvement on the training courses. However, service users need to be supported by the course co-ordinators in order to help them face and overcome the challenge of public speaking and anxiety. The authors recognise the significance of the suggestions made by the participants and these suggestions will be taken on board for future training courses.

PRESENTED

At the 11th Annual Conference of the International Association of Forensic Mental Health Services in Barcelona, Spain from June 28th to July 1st, 2011, by Shobha Rani and Hanora Byrne.

Table 1 - Service Users' Benefits of Speaking on Training Courses

Service Users' Benefits Psychological <ul style="list-style-type: none"> - Increase in confidence, self esteem. - Sense of achievement. - Able to enjoy course participation. - Satisfying and therapeutic. 	Personal <ul style="list-style-type: none"> - Be more open and come to terms with their own problems. - It affirmed their dual diagnosis and gave them the prospect of revisiting the psycho-education group programmes 	Social <ul style="list-style-type: none"> - Improvement in public speaking ability - The opportunity to connect with people from outside the service.
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Table 2 - Challenges for Service Users to Speak on Training Courses and Recommended Strategies for Improvement

Challenges <ul style="list-style-type: none"> - Public speaking - Preparing for the talk - Difficulty of taking questions from the trainees 	Recommended Strategies for Improvement <ul style="list-style-type: none"> - Workshops for service users on giving talks - Support in preparing the talk <ul style="list-style-type: none"> • Having a meeting among those who would be giving the talk • Course co-ordinators asking sample questions • Providing information on the training course • Provision of adequate time for preparation • Giving talk on the same topic every year • A revision of the psycho-education programmes
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Dual Diagnosis Training Course-A Six Step Approach to Curriculum Development

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14

INTRODUCTION

Internationally the term 'Dual Diagnosis' is synonymous with a person having two conditions. In this curriculum development the term dual diagnosis refers to the co-existence of mental illness and substance use disorder in an individual. The curriculum for the training on dual diagnosis was developed based on 'A Six-Step Approach to Curriculum Development' by Kern *et al.*¹ The six steps include Problem Identification, Needs Assessment, Objectives, Implementation, Educational Strategies, Evaluation/Feedback.

METHODOLOGY

Step 1: Problem Identification

Dual diagnosis is very recent concept in the Irish mental health service. This was highlighted by MacGabhann *et al.*² who recommended incorporating training for dual diagnosis into undergraduate and continuing education programmes for different disciplines working in addiction and mental health services. A recent literature search also showed paucity in such training courses in Ireland.

Step 2: Needs Assessment

A needs assessment was carried out on 40 staff working within mental health and addiction services. The analysis showed a clear necessity to develop the training course in order to enhance the service provision of staff working with dual diagnosis service users.

Step 3: Objectives

The main objective was to provide information on dual diagnosis and the psycho-educational group programmes which can be applied in service delivery.

Step 4: Educational Strategies

The course has four modules delivered through lectures, group discussions, vignettes, role play, video recording and feedback. A workbook was developed to accompany the delivery of this training.

Step 5: Implementation

Managerial support was ascertained to implement the training. The training course was delivered one day a week for five weeks. Annually a one day refresher course was also provided.

Step 6: Evaluation/Feedback

Formative evaluation includes a question and answer method and three short written assignments. Written assignments are not graded however participants are given feedback. The programme evaluation was carried out in three ways: A pre and post-test, daily evaluation and a focus group conducted after 8 weeks of course completion.

REFERENCES

Available upon request.

PRESENTED

This research has been presented by Shobha Rani and Hanora Byrne at the following events:-

- 9th Annual Conference of the International Association of Forensic Mental Health Services in Edinburgh, Scotland from June 24th to 26th, 2009.
- 8th Annual Conference of the National Council for the Professional Development of Nursing and Midwifery in Dublin November 19th and 20th, 2008.

An Exploration of Parents Thoughts on the Benefits of Completing the Parents Plus Programme

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INTRODUCTION

Parent training has been shown to significantly decrease conduct problems, increase prosocial behaviour, reduce parenting stress and improve parent child interactions.^{1,2} However, there is a predominant focus on using psychometric based assessments as a means of evaluating parenting programmes. While quantitative research informs us of the effects of the programme, the cause of change can remain unclear.

OBJECTIVE

The aim of the current research was to explore parents’ experiences of partaking in a video modelling assisted group parenting programme, the Parents Plus Programme. In particular the research aimed to explore if the programme continued to be of benefit over six months after completion. While it also sought to explore: what was of particular benefit, what did not work well, and if there were any improvements that could be made which may enhance parents’ learning and experience.

METHODOLOGY

The investigation involved parents who had attended the programme in a voluntary family support agency, in County Clare, which accepted referrals from health services and individuals in the local community. Participant details are outlined in Table 1. Three of the five participants had taken part in more than one of the groups. After discussion with the service it emerged that this was representative of the population who attend the programmes, due to specific focus of each group on different age ranges. All participants completed a programme 6 to 8 months prior to interview. A semi-structured interview schedule was utilised. Data was qualitatively explored using inductive thematic analysis.

RESULTS

Two main themes were identified:

Experience of Other Group Members: Experience of others with similar stories to their own normalised or reduced parental anxiety regarding their own difficulties and assisted in learning through listening to other experiences. Conversely, difficulty in relating to other group members was cited as particularly problematic. Three of the four parents cited this difficulty as a reason for leaving a group which they had started.

Assimilation of Information: Four subthemes were evident in Assimilation of Information; *1.Changes in behaviour and thinking:* Information gained during the programme resulted in the majority of participants changing their thinking and behaviour when dealing with child-centred situations. This occurred in the context of having tried the advised strategies and having a positive outcome. *2. Delivery of information:* Participants felt that the

facilitators explained the information in a clear and understandable way. *3. The use of video:* The use of videos was cited as assisting in the understanding and implementation of strategies. *4. Keeping updated:* The majority of participants felt they would benefit from refreshers or updates on the strategies learned during the programme.

CONCLUSION

Themes informed the research questions posed. The Parents Plus Programme resulted in the long term change of parents’ thinking and responses in relation to behaviour difficulties. Meeting other parents with similar difficulties and the delivery of information were cited as benefits of the programme. However, situations when parents were unable to relate to others were cited as causing considerable difficulty. Recommendations for improvements included the provision of follow-up or refresher information. Conclusions are tentative due to certain limitations including the small sample size. Further research incorporating a larger sample is warranted.

Table1 - Participant Information and Group Attendance Record

	Age	Gender	Group(s) Attended (Attendance record)
Participant 1	38	Male	4-11 years (Full Attendance) Teenage (Dropped out after 3rd session)
Participant 2	40	Female	1-4 years (Full Attendance) 4-11 years (Dropped out after 4th session)
Participant 3	40	Female	4-11 years (Full Attendance) Teenage (Dropped out after 3rd session)
Participant 4	47	Female	Teenage (Full Attendance)
Participant 5	50	Female	Teenage (Full Attendance)

Mean age 43 years, SD = 5.19 years.

REFERENCES

Available on request.

An Evaluation of the Effectiveness of a 4-11 Year Old Parents Plus Programme in Reducing Problem Behaviour and Increasing Prosocial Behaviour

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INTRODUCTION

Parents Plus Programmes are video-based parent training programmes which aim to reduce behaviour problems and promote positive parent-child relationships.¹ Several studies attest to the effectiveness of the Parents Plus Programme when conducted in Child and Adolescent Mental Health Services² and early intervention clinics.³ However, there is little research on the utility of the Parents Plus Programme when delivered in a community setting.

OBJECTIVE

The aim of the current study was to conduct a service based evaluation of the effectiveness of a community based 4-11 year old Parents Plus Programme on targeting problem behaviour and promoting prosocial behaviour.

METHODOLOGY

The investigation involved parents attending the programme in a Clare voluntary family support agency which accepted referrals from health services, schools and individuals in the local community. Quantitative data was collected in relation to 12 male and 12 female children aged 4 to 11 years ($M=7.17$, $SD=2.37$). A mixed methods Analysis of Variance was utilised in analysis. The repeated measure independent variable was time, with assessment occurring before and after the 8 week programme. The between participants independent variable was gender of the child. The dependent variable was scores on The Parent Report Strengths and Difficulties Questionnaire (SDQ). For the purposes of analysis data was separated into Normal, Borderline and Abnormal range groups, based on results from the preliminary SDQ. Further analysis was conducted in order to observe Clinical Improvement and Reliable Improvement rates.

RESULTS

There was a general trend in the abnormal and borderline groups towards improvement of scores on all scales of the SDQ. The borderline range group showed significant improvement in Prosocial Behaviour and Conduct Problems as measured by the SDQ. The abnormal group displayed significant improvements in Conduct Problems and Emotional Symptoms as measured by the SDQ. There were no significant gender differences observed in these groups.

There was a general trend of Females in the Normal Range Group towards improvement of scores on all scales of the SDQ. However males in this group showed a slight disimprovement in the Total Difficulties Scale, the Peer Problems Scale and the Hyperactivity Scale. However, these disimprovements were non-significant, and must be considered in the context of there being variability among individual male's scores in this group.

30% of the Abnormal Range Group showed clinically significant improvement and 29.17% of the total sample showed reliable change on the Total Difficulties Scores on the SDQ.

CONCLUSION

The findings of the study provide some support for the effectiveness of the Parents Plus Programme for children with behavioural difficulties, when conducted in a community setting. The results observed were similar to previous research on the programme conducted in clinical settings. Future directions for research are discussed with emphasis on a larger sample, follow-up and inclusion of measures of variables found to influence parenting intervention. This would allow for detailed inferences to be made from observed results.

REFERENCES

Available on request.



An Evaluation of a Child-Parent Relationship Training Programme for Children with Behavioural and Emotional Difficulties

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INTRODUCTION

Play is crucial to children's cognitive, social and emotional development.¹ Through the medium of play children communicate, learn and work through emotional issues. Thus, unlike adults who communicate through words, children express themselves more naturally in the context of play.² In line with this assumption filial therapy provides a method for connecting with children experiencing emotional or behavioural difficulties through play. The term Child-Parent Relationship Training (CPRT) refers to a specific 10 session filial therapy model that has been manualised by Landreth and Bratton.³ CPRT is primarily intended for parents of children aged two to ten years old and involves a highly structured programme that provides parents with the skills necessary to employ weekly home-based playtimes with their own children.⁴ Parents are taught skills grounded in child-centred play therapy, such as reflective listening, limit setting, and how to structure playtimes using selected toys.⁵

OBJECTIVE

The aim of this study was to evaluate the effects of participation in a CPRT programme. This consisted of two separate evaluations, one quantitative in nature and the other qualitative.

METHODOLOGY

The investigation involved two parents, recruited from the Psychology Services database, whose children were presenting to the service with emotional and behavioural concerns. The participants completed 2 self-report questionnaires examining parental stress and their children's total, internalising and externalising problem behaviours. These measures were completed both prior to and after participation in the group. Both parents also participated in individual semi-structured interviews after completion of the CPRT programme.

RESULTS

Descriptive statistics found that participants' self-reported levels of parent-child relationship stress reduced following participation in the CPRT programme. The participants also reported lower levels of total, internalising and externalising problem behaviours in their child. Thematic analysis of the semi-structured interviews revealed 5 overall themes related to the process and perceived effectiveness of the CPRT programme: Content of the CPRT programme; Impact of the CPRT Programme on the Parent; Impact of the CPRT Programme on the Child; Impact on the CPRT Programme on the Parent-Child Relationship; and Experience of Group Participation. Participants all noticed reductions in their levels of stress related to parenting and increases in their parenting ability and confidence. The participants also commented on aspects of the group they found to be most useful and things they would change.

Discussion

The study findings were discussed in relation to methodological strengths and weaknesses such as the small sample size limiting generalisability and the use of self-report questionnaires. Future research utilising Randomised controlled trials incorporating a long-term follow-up and a comparison of CPRT with other parenting interventions in an attempt to ascertain if skills learned during CPRT are enough to be generalised to other parent-child interactions, such as supporting children's schoolwork were also discussed.

REFERENCES

Available on request.

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INTRODUCTION

This paper aims to report upon research conducted about GP referral patterns to, and understanding of, the similarities and differences between Child and Adolescent Mental Health Services (CAMHS), and Child and Family Psychology Services (CFPS) in a Health Service Executive (HSE) Local Health Office (LHO) Area in the West of Ireland. Research has indicated that GPs would like additional training in mental health. This would suggest that GPs do not feel confident with some mental health elements related to their practice, to include making referrals to mental health services for children and adolescents, for example.

There are two public mental health services to whom GPs can make referrals for children and adolescents; CAMHS and CFPS. This is in contrast to a single adult mental health service. Inappropriate and simultaneous referrals to these services could be borne from GP confusion in relation to where to send a referral, patterns that ultimately result in delaying the patient from receiving timely mental health appointments.

METHODOLOGY

A total of 87 GPs were recruited to participate in this study, in which 18 participated in the study. The research took a quantitative design. It involved sending a 2 page questionnaire to GPs, and analysing returned questionnaires with frequency statistics using the statistical package Predictive Analytical Software (PASW).

RESULTS

The following is an abbreviated version of the most significant findings from this study.

The current study identified some misconceptions GPs hold in relation to their understanding of services offered by CAMHS and CFPS. Also highlighted were some areas of strong understanding of the services.

Misconceptions:

- 40% of GPs understand that CAMHS offer a service for children and adolescents with a diagnosed intellectual disability
- 77% of GPs understand that CFPS operate within a structure of a multi-disciplinary team
- 71% of GPs understand that CFPS provide services for presentations of severe behavioural challenge
- 69% of GPs understand that CFPS offer a service for cognitive assessments
- 11% of GPs understand that CAMHS do not offer a service for emergency suicide risk assessment

Strength in understanding:

- 100% of GPs understand that CAMHS offer services for medication and medication review
- 100% of GPs understand that CFPS offers services for moderate behavioural presentations without self-harm concerns

The study highlighted the following:

- That GPs make simultaneous referrals to CAMHS and CFPS, and that their reasons for this pattern are that they are not sure who to make a referral to and that they want their patient to be seen by whichever service can see them first
- That GPs are not aware of some significant services that are offered by CAMHS and CFPS
- That a misunderstanding about services offered by CFPS and CAMHS would suggest that these services may be receiving referrals that may be more appropriate for other services (e.g. NEPS and Child and Adolescent Disability Services)

CONCLUSION

Results of the present study would suggest that GPs require additional education in relation to the services offered by CAMHS and CFPS, and the differences and similarities between these services. Misconceptions may contribute to inappropriate referral patterns and simultaneous referring, patterns that will continue to lengthen waiting lists for these services

REFERENCES

Available on request.



Exploring GPs' Perceptions about Challenges in the Referral Process to Mental Health Services for Children and Adolescents

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INTRODUCTION

The idea for the study originated from discussions at team meetings in CAMHS, after a number of new referrals received by the service were regularly identified as being more appropriate for Child and Family Psychology Services (CFPS). As General Practitioners (GPs) are the primary agents of referral to both CAMHS and CFPS, these discussions questioned GPs' understanding of the referral criteria to CAMHS and CFPS, and whether GPs encounter challenges in making referrals to these mental health services, challenges which may be contributing towards a pattern of inappropriate referring to these services.

OBJECTIVE

As no previous research has been conducted in the area, this study aimed to explore and understand any such challenge(s) that GPs encounter with the process of making referrals to CAMHS and CFPS in order to offer practical recommendations about how to reduce such inappropriate referral patterns. It is expected that more appropriate patterns of referral would have a positive impact on the waiting lists for both CAMHS and CFPS.

METHODOLOGY

A total of 4 GPs were recruited to participate in this qualitatively designed study. The study was interview-based, taking a semi-structured format. Each interview lasted between 20 to 30 minutes in duration. The interviews were transcribed, and analysed using thematic analysis.

RESULTS

Results from the interviews identified four themes that GPs report as having an impact on their referral patterns to CAMHS and/or CFPS. These four themes include:-

1. A lack of education about referral criteria to CAMHS and CFPS
2. Lack of understanding about services offered by CFPS/other practical issues relating to CFPS
3. CAMHS and CFPS waiting lists
4. Transport to CAMHS and CFPS

CONCLUSIONS

Results of this study support that GPs experience challenges in making referrals to mental health services for children and adolescents.

GPs identified a lack of education about referral criteria to both CAMHS and CFPS as the primary challenge that impacts upon their referral process to these services. This highlights an immediate need for GPs to be educated about CAMHS and CFPS referral criteria.

As GPs in the study identified a lack of understanding about practical issues in relation to CFPS (e.g. services offered/availability of the service) it is necessary to educate GPs about CFPS, and how they are distinct from CAMHS.

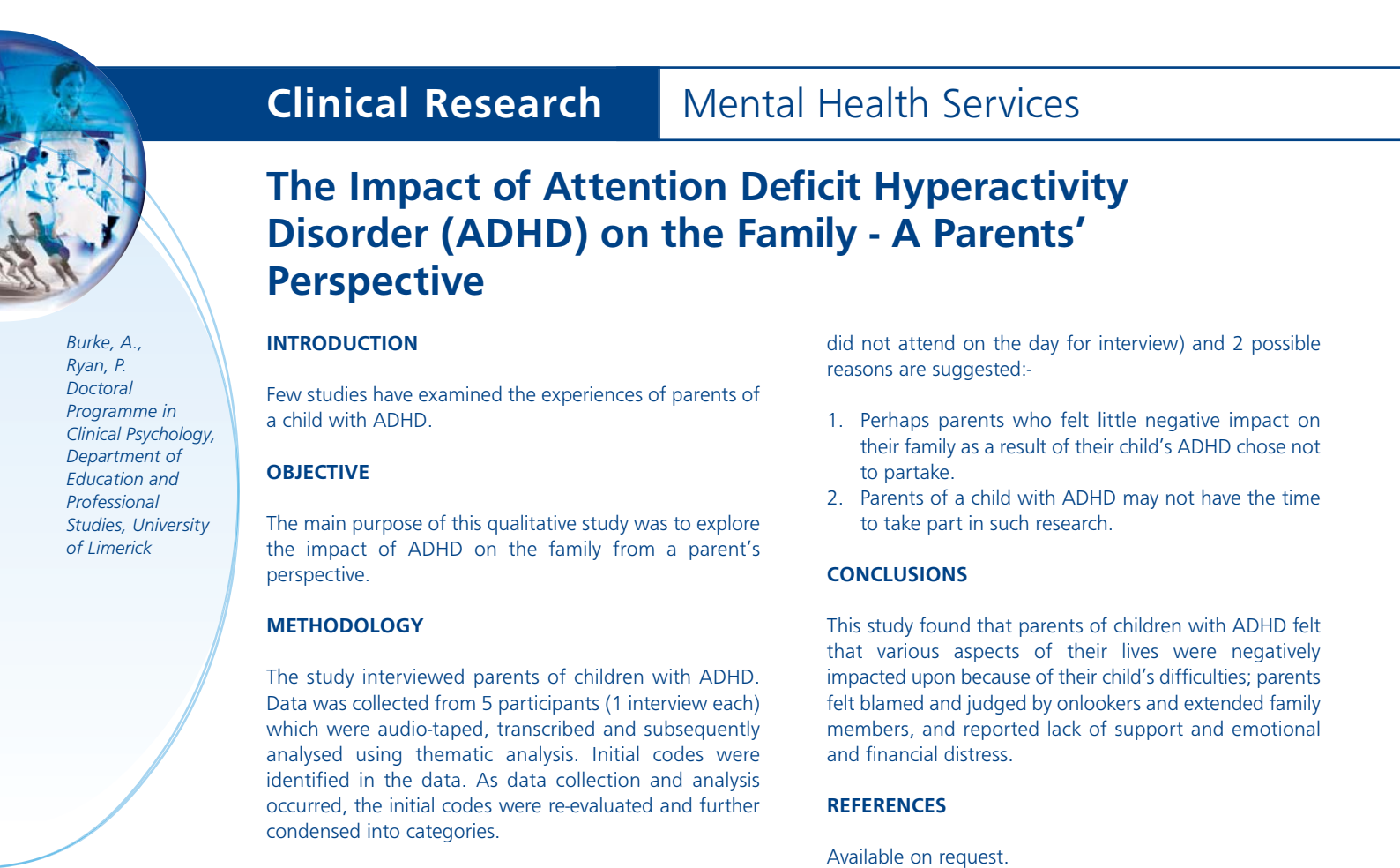
The study highlighted that GPs are inclined to make referrals to CAMHS/CFPS based on the length of the service waiting list. In response, GPs need to be educated about the importance of making accurate referrals to CAMHS and CFPS, and that referrals need to be sent to the service that best meets the needs of their patient - not based on the service's waiting list.

As GPs reported that the location of services impact upon what service they send a referral to, it is important that CAMHS and CFPS offer regular outreach services to locations within the LHO areas that do not have public transport options to the location of the services.

Future research could consider replicating the present study design in another LHO area in Ireland to ascertain whether or not the results of the present study are only applicable to the particular LHO area in which the research was conducted, or whether the results can be generalised to GPs from other LHO areas.

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Available on request.



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The Impact of Attention Deficit Hyperactivity Disorder (ADHD) on the Family - A Parents' Perspective

INTRODUCTION

Few studies have examined the experiences of parents of a child with ADHD.

OBJECTIVE

The main purpose of this qualitative study was to explore the impact of ADHD on the family from a parent's perspective.

METHODOLOGY

The study interviewed parents of children with ADHD. Data was collected from 5 participants (1 interview each) which were audio-taped, transcribed and subsequently analysed using thematic analysis. Initial codes were identified in the data. As data collection and analysis occurred, the initial codes were re-evaluated and further condensed into categories.

RESULTS

In total, 10 dominant themes emerged: aggression, lack of support, emotions, advocacy, supervision, school, accessing services, being judged, reduced social opportunity, and expense. From these ten dominant themes, five master themes emerged from this study: relationships, emotional consequence, time commitment, social consequence and financial cost. This study suggests that relationship difficulties resulted from the child with ADHD being aggressive (physically and verbally), and the lack of support experienced by the family (services not being supportive of the family and subsequently family members not understanding the ADHD condition and family members being blamed for the child's difficulties). This study suggests that having a child with ADHD has a huge negative emotional impact on all family members and it also highlights the enormous time commitment with regard to having a child with ADHD (advocating and supervising). This study shows the social consequence of having a child with ADHD and how participants reported being judged by onlookers and how their own social lives were negatively impacted. And finally this study points out the financial cost of taking a child with ADHD for private assessment and treatment. These themes are consistent with previously identified findings in the literature.

Limitations exist in this qualitative study. The small number of participants does not allow for generalisation beyond the participants in this study, and albeit the title suggests 'a parent's perspective', all participants were mothers of children with ADHD hence 'a mother's perspective' may have been more appropriate. Also, different economic and geographically located groups are likely to have varying experiences. It is important to note that only 6 parents out of the 216 potential participants contacted the researcher to be interviewed (one of whom

did not attend on the day for interview) and 2 possible reasons are suggested:-

1. Perhaps parents who felt little negative impact on their family as a result of their child's ADHD chose not to partake.
2. Parents of a child with ADHD may not have the time to take part in such research.

CONCLUSIONS

This study found that parents of children with ADHD felt that various aspects of their lives were negatively impacted upon because of their child's difficulties; parents felt blamed and judged by onlookers and extended family members, and reported lack of support and emotional and financial distress.

REFERENCES

Available on request.



The Child and Adolescent Mental Health Service (CAMHS) for those with Attention Deficit Hyperactivity Disorder (ADHD) - A Parents' Perspective

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INTRODUCTION

The main purpose of this quantitative study was to gather information from parents/guardians of children with ADHD about their experience of the Child and Adolescent Mental Health Service (CAMHS) which they attend.

METHODOLOGY

A total of 216 questionnaires entitled "The Child and Adolescent Mental Health Service (CAMHS) for those with Attention Deficit Hyperactivity Disorder (ADHD) - A Parents' Perspective" were posted out to parents/guardians of children with ADHD. The questionnaire pack consisted of a letter, information sheet and a questionnaire. The questionnaire was primarily based on the NICE guideline (2008) for ADHD. In addition, two open-ended questions were included in the questionnaire: "are there any services/treatment which you believe may be of benefit to your child with ADHD that he/she is not currently being offered? Please specify" and "any additional comments?" A total of 37 questionnaires were returned, giving a response rate of 17%. Data from the questionnaires were analysed using Statistical Package for the Social Sciences (SPSS) version 18 and the two open-ended questions on the questionnaire were analysed using quantitative content analysis.

RESULTS

The aim of this study was to gather quantitative information from parents/guardians of children with ADHD about their experience of the CAMHS service which they attend. It is important to note that due to a response rate of 17% that the results can only be generalised within the study and there remains the possibility that non-respondents were qualitatively different from respondents. One important point to note is that 72.9% of respondents rated the effectiveness of their CAMHS service as either excellent or good, and 62.2% of respondents reported that they were satisfied with the level of monitoring their child with ADHD receives. However, results from the quantitative content analysis support the results from the descriptive SPSS analysis which showed that of 64.9% of respondents felt that family members were not supported with regard to the impact of ADHD and only 16.2% of respondents reported being provided with manuals on positive parenting and behavioural techniques; and 51.4% and 37.8% of respondents felt that teachers were not offered sufficient training or behavioural interventions in the classroom respectively. In addition, the quantitative content analysis is consistent with the descriptive SPSS analysis with only 32.4% of respondents indicating that the services that their families received were adequate. Results from the quantitative content analysis showed that respondents suggested that the family of a child with ADHD may benefit from services such as counselling, education (regarding medication and entitlements), and support (with regard to accessing other services).

CONCLUSIONS

In light of the findings of this study the following recommendations are suggested: 1. More counselling and group work for children with ADHD; 2. More support, counselling and education for family members, in particular it is recommended that families are supported about the impact that ADHD has had on the whole family; are offered parent-training programmes; and are provided with manuals on positive parenting and behavioural techniques and; 3. More support for teachers, in particular it is recommended that teachers are provided with training and behavioural interventions for ADHD.

Again, the author is mindful that the results of this study can only be generalised within the study due to the low response rate of 17%. This study indicated that the majority of respondents rated the effectiveness of their CAMHS service as either excellent or good and reported that they were satisfied with the level of monitoring that their child with ADHD receives. However, it also suggests that family members and teachers may need more support with regard to managing a child with ADHD. This study highlights the importance of providing education and support to teachers and family members (including parents, child with ADHD, and siblings).

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Discrepancies between the Autism Diagnostic Interview Schedule Revised (ADI-R) and the Autism Diagnostic Observation Schedule (ADOS) in a School-Age Sample of Children

INTRODUCTION

The incidence of diagnoses of Autism Spectrum Disorder (ASD) has shown a significant increase within recent times. Purported reasons behind the increase include changes in diagnostic criteria over time, the development of more sensitive measures of ASD, and most notably an increased awareness of Autism among the public and media.¹ Presently, standardized assessment favours the Autism Diagnostic Interview Schedule Revised (ADI-R) and the Autism Diagnostic Observation Schedule (ADOS) as the 'gold standard' of methods with high levels of validity and reliability in ASD diagnosis. When used together they are considered to be comprehensive indicators of information on the social, communicative, and stereotyped behaviour of a child or adolescent, giving a more complete picture of the history, development and current behaviour of the child.²

The measure of agreement between the ADI-R and the ADOS has a tendency to vary from fair to strong as reported in the literature. A number of studies have documented a degree of divergence between the two measures, even in combination with other methods of diagnosis. In the author's experience of ASD diagnosis, scores on the ADI-R have been known to differ from those of the ADOS, and in some cases children score significantly above the diagnostic algorithms cut-off points on the ADI-R; however the cut-off points are not exceeded on the ADOS. As a result a child may present as ASD on one measure, but not on the other. In this case, expert clinical judgement or additional observations are employed in order to establish concurrence on the diagnostic outcome.

OBJECTIVES

The objective of the present study is to examine the discrepancies between the ADI-R and the ADOS, drawing on a sample of cases referred for assessment to a disability service. The aim is to ascertain the direction of these discrepancies and examine which measures show a higher level of agreement with expert clinical judgement. If significant discrepancies arise, these will be discussed in relation to theoretical implications of ASD assessment and subsequently recommendations for assessment procedures will be formulated.

METHODOLOGY

A group of 21 children involved in the diagnostic process for ASD were assessed using the ADI-R and ADOS diagnostic package. The agreement between the ADI-R and the ADOS was fair, with a substantial difference between children who received a clinical diagnosis of ASD and children who did not receive a diagnosis of ASD. The sample of children contained an age range from 8 to 15 years and they were all referred for a diagnostic assessment due to social, communication and behavioural difficulties.

RESULTS

Out of 21 children assessed only 7 met the criteria for an ASD diagnosis under the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR, American Psychiatric Association, 2000). Discrepancies were identified between the diagnostic algorithm cut-off scores for the ADI-R. Issues surrounding parental concerns reported in relation to development and behavioural presentation and implications for the clinical use of these assessment tools are discussed.

Recommendations

Best Practice Guidelines for the diagnostic process of ASD would benefit from a review based on the findings of the present study, which revealed a discrepancy between the ADI-R and ADOS in terms of diagnostic agreement. This finding highlights the need for additional measures of assessment during the diagnostic process to compensate for this discrepancy. It is recommended that Best Practice Guidelines always include an additional method of assessment in order to support assessment findings of the ADI-R and the ADOS, for example, a school and/or home visit whereby the individual being assessed is observed in an everyday setting, or include an additional standardized measure such as an adaptive behaviour may strengthen the diagnostic outcome.

CONCLUSIONS

In light of the findings the authors conclude that the disagreement between the ADOS and ADI-R may be attributable to a number of factors. Among these, the ADI-R is based on parent report and it is likely that it is affected by reporter bias, particularly in the case of parents of children undergoing an assessment process at an older age. Thus, parental concerns with their development and behavioural presentations lead to over-reporting of these issues. Further, it is recommended that Best Practice Guidelines for the assessment and diagnosis of ASD always include additional methods of assessments to help strengthen clinical judgement.



A Brief Evaluation of the Effectiveness of the 'Working Things Out' Adolescent Group Programme

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INTRODUCTION

Numerous studies have shown that difficulties experienced during adolescence can result in both short and long term difficulties.^{1,2}

OBJECTIVE

The purpose of the current research was to evaluate the impact of a brief Cognitive and Behavioural Therapy (CBT) based adolescent group programme on participants (Beck Youth Inventories-II,³ Strengths and Difficulties Questionnaire⁴ and Adolescent Coping Scale⁵ scores). The current research also qualitatively explored the experience of participation in the programme.

METHODOLOGY

A total of 9 adolescent service users of a Child and Adolescent Mental Health Service (3 males and 6 females) from the North Cork area were referred for participation in the group. All participants reported a number of difficulties at baseline, from anxiety, low-mood, non-productive coping styles and elevated levels of overall stress to poor self-esteem. The Working Things Out Adolescent Group Programme⁶ provided eight 2 hour sessions. In all, 3 participants completed all 8 sessions of the programme, the remaining 6 did not. Data recorded at baseline from the 3 participants who completed the full programme was compared with baseline data from the 3 participants who did not complete the course. Following the group, 4 participants (2 who completed all 8 sessions of the programme and 2 who dropped out before completion) agreed to take part in individual semi-structured interviews.

RESULTS

Those who completed the full programme reported lower levels of depression and disruptive behaviour, on the BYI-II and SDQ respectively, than those who did not when baseline data from those who completed the full programme was compared with data recorded post intervention. Findings indicated increases in levels of self-esteem and positive coping on the BYI-II, and the ACS respectively.

Thematic analysis of the interview data revealed four main themes. These themes were: - Expression of emotion, experience of group participation, attitudes to group composition and size and finally, reactions post group participation. Participants who completed the full programme noted increases in both their levels of self-esteem, and positive coping after participation in the group. Those who did not complete the programme did not report comparable changes.

CONCLUSIONS

It was hoped that this brief intervention would help participants cope better with a range of mental health difficulties. The results lend some support to this aim in that they suggest that completing the Working Things Out Programme may have contributed to increases in positive coping and self-esteem. However, in light of the very small sample size, caution is advised when considering these findings. Furthermore, there were high attrition rates within the group with two thirds of participants dropping out prematurely. The data indicate that this may be partially accounted for in terms of group differences at baseline. That is, those who did not complete the full programme reported higher levels of behavioural difficulties on the SDQ and higher levels of depression on the BYI-II, at baseline compared to their counterparts who did complete the programme. Consequently, it is difficult to generalise from these findings. Future replications would benefit from a substantially larger sample size. Employing an appropriate control group would also increase the reliability and validity of future findings. In addition, a more longitudinal approach would help to determine if any observed effects were long lasting.

REFERENCES

Available on request.

An Exploration of Parents' Views of a Child and Adolescent Mental Health Service (CAMHS)

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INTRODUCTION

Service-User involvement is a key feature of service development and delivery.¹ CAMHS developed the Health Improvements Experience of Service Questionnaire (ESQ) to elicit parent and child views on the service and determine service quality. Quantitative studies highlight largely positive views of CAMHS held by parents.^{2,3} Nonetheless, qualitative studies of parents' views of CAMHS are limited.

OBJECTIVE

The present study sought to explore parents' views of CAMHS using qualitative methodology to obtain a full and complete picture of their views.

METHODOLOGY

A total of 6 parents of children involved with a Mid-West CAMHS team in the previous 12 months participated in 30-40 minute interviews with the researcher. Participants were randomly selected from a list of 28 children who were part of a quantitative investigation of client outcome running concurrent to the study. Semi-structured interviews were implemented using an interview schedule, recorded and subsequently transcribed. Data was analysed using thematic analysis to elucidate themes emerging from the data.

RESULTS

Higher level themes which emerged from the data reflected positive views of the service and areas requiring development, as reported by parents. Positive views of CAMHS included the process of involvement for parents, the process of involvement for the child, the expertise of the therapist, and practical aspects. 3 parents reported no areas requiring development within CAMHS. The remaining 3 participants reported a need for more involvement of the child, additional services within CAMHS, age-appropriate treatment of the child, and identifying the root cause of the child's problem. A need for awareness of CAMHS in the community to raise awareness of the service and provide direction to people in need, was a consistently reported area requiring development.

CONCLUSION

The study highlighted the effectiveness of a qualitative approach in eliciting parents' views of CAMHS and involving them in service development and delivery. Parents' reports of CAMHS were largely positive, with relational aspects of the parent and child's involvement with the therapist emerging as notable factors. Parents' positive views of CAMHS seemed to be related to positive outcomes accrued to the child, parents and wider family, the support parents received and the child- and parent-therapist relationships. A noteworthy finding related to consistent reports of a need for information on CAMHS in the community. While this is unlikely to occur at a CAMHS level, dissemination of findings is hoped to increase awareness of this need at a larger population level.

REFERENCES

Available on request.

A Clinical Audit of Client Outcome in a Child and Adolescent Mental Health Service Using the Children’s Global Assessment Scale (CGAS)

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INTRODUCTION

Measuring treatment outcome has long been standard practice within health services. Routine outcome measurement (ROM) is an initiative of routinely evaluating the treatment outcome for an entire service population to ensure the highest standard of service delivery. Instruments recommended for ROM by CAMHS UK include the Children’s Global Assessment Scale (CGAS) or the Health of the Nation Scale for Children and Adolescents (HoNOSCA)¹ rated by clinicians. There is a dearth of research reporting ROM within Irish CAMHS.

OBJECTIVE

The present study used the CGAS to evaluate the treatment outcome of a sample within an outpatient CAMHS and to determine its usefulness as a routine clinical measure.

METHODOLOGY

The sample comprised 28 children and adolescents with various mental health difficulties who had involvement with a Mid-West CAMHS team in the previous 12 months. Participants represented the total number who had CGAS measures rated by clinicians at intake assessment and follow-up time periods. The CGAS is a numeric scale addressing functioning in all areas (at home, at school, with peers), with scores ranging from 1 (most impaired level) to 100 (superior level of functioning) and separated into 10 deciles with a description of the level of functioning.

CGAS ratings for intake assessment and follow-up time periods were accessed from clients’ files and evaluated using statistical analyses. No direct contact was made with participants.

RESULTS

A paired samples t-test revealed a statistically significant difference in CGAS scores from intake assessment (M=51.04, SD=9.632) to follow-up time periods {M=68.07, SD=12.658, t(29)=7.825, p<.005}. The mean decile change in the sample was from a moderate degree of interference in functioning (5.43) to variable functioning with sporadic difficulties (6.96). The majority of the sample (43%) improved by one decile, 25% made two decile improvements, with lower proportions achieving improvements of 3 (18%) and 4 (4%) decile scores over time. Three clients (10%) did not have a change in decile score from intake to follow-up time periods.

CONCLUSIONS

The study demonstrated considerable improvements in the global functioning of children and adolescents following involvement with CAMHS. A large proportion of the sample improving by one CGAS decile and a range of 1-4 decile improvements was achieved by the sample overall. The study also brings to light the usefulness of the CGAS as a clinical measure to determine quality of service delivery at a broader service level. Clinical recommendations remerged from the findings to aid the service in its future use of the CGAS for ROM and a larger-scale investigation of treatment outcome within the service.

REFERENCES

Available on request.

An Audit of Referrals Made to a North Dublin Primary Care Psychology Team

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INTRODUCTION

It is widely recognized that best practice in mental health care is to provide the “least restrictive” service possible for the client, which is likely to provide a satisfactory resolution to their difficulties.¹ Least restrictive refers to both the cost and inconvenience experienced by the client and the amount of therapist’s time required to manage the individuals’ difficulty.² Analogous to the role of the primary care physician, the role of a primary care psychology service is the provision of “mental health services that involves the prevention of disease and the promotion of healthy behaviours in individuals, families, and communities.”³ Psychologists in a Primary Care setting should be competent to evaluate, treat and make appropriate onward referrals for a wide range of presentations across the lifespan.⁴ Appleton & Hammond Rowley describe a varied role for the primary care psychologist in addition to working directly with clients including liaising with and providing consultancy to other professionals, health education, promotion and staff training.²

OBJECTIVE

The aim of the current audit is to utilize the existing referrals database in order to examine what services are being currently provided by the Primary Care Psychology Service, to determine who is attending the service and also to ascertain how closely the services provided conform to the proposed service model.

METHODOLOGY

Data consisted of referral information from the database maintained by the Primary Care Psychology Service of Dublin North Central relating to the period of January to December 2010.

RESULTS

Overall, 353 referrals were received to the Dublin North Central Primary Care Psychology Team in 2010 (male:N=170, 52%, female; N=52, N=183 55% of individuals referred were under 18. Of those Child and Adolescent referrals 44% (N=81) were in the early intervention age group, 27% were in the middle childhood age group (N=50) and 29% (N=52) were in the adolescent age group. 41% of referrals were adults and a further 4% fell into the older adult range. The mean waiting time across the area was 40.03 days (SD=35.07). The majority of clients underwent assessment and therapy.

Discussion

The results of the above audit demonstrate that the Primary Care Psychology Service is accessed by clients from across the lifespan. This has implications for service provision, as it will be necessary for psychologists working in the service to have access to and competency to use a wide range of assessment tools suitable for across the lifespan. It is notable however that the number of older adults referred to the service is lower than might be expected. Kierans & Byrne⁵ propose that the majority of inventions provided by primary care should be at a population level. However, the results of the current audit reveal that a large proportion of the work recorded in the database is individual or family therapy and assessment. Results of the current study must be considered in the light of a number of methodological considerations. As the database is comprised of information on formal referrals received by the service, work done with clients who are not formally referred to the service is not reflected. In future, it may be possible to also record the time dedicated to health promotion, consultation and other community level interventions.

REFERENCES

Available on request.

Table 1							
	Assessment Only	Therapy	Consultation	Family Therapy	Group Therapy	Onward Referral	No Services Required
Overall	74	42	18	10	9	6	4
	26%	26%	11%	6%	6%	4%	2%
0-18	55	16	10	10	0	6	3
	56.1%	16.3%	5.5%	8.2%	0%	6.1%	3.1%
Adult	18	14	24	6	9	0	1
	25%	42%	10.7%	3.6%	16.1%	0%	1.8%



A Preliminary Thematic Analysis of Psychotherapist's Choice of Theoretical Orientation

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INTRODUCTION

The rationale for this study was derived from seminal meta-analysis¹ which demonstrated that a number of common factors propel all psychotherapy approaches. The purpose of this project was to discover some of the particular themes that inspire psychotherapists to work within a specific theoretical framework within child psychotherapy. An exploratory study was conducted to assess the factors involved in the genesis of a psychotherapist's theoretical orientation.

OBJECTIVE

The study was interested in whether the ability to assess outcome measures and the clinical utility of a therapeutic approach were motivational factors involved in theoretical alignment. This is an area of research that is not well tested or validated with a dearth of studies currently published. Much of the work within this area has focused on specific subgroups such as family therapists and not within a multidisciplinary workplace.

METHODOLOGY

The investigation involved 5 experienced female psychotherapists from various fields of specialization working within the area of Child Clinical Psychotherapy. The participants took part in a semi-structured interview pertaining to the theoretical model they primarily use within their professional work. Interviews lasting approximately 15 minutes were recorded, transcribed and coded using inductive thematic analysis.

RESULTS

Thematic analysis of the transcribed dialogue uncovered four core themes from the interviews. These themes were:

1. Personal philosophy pertaining to the theory; The psychotherapist's personal beliefs about the theory they use in their work and how they feel it "fits" them as a psychotherapist.
2. The influence of prior training on therapeutic orientation; All of the interviewed psychotherapists reported that they had been exposed to their particular orientation at the time of their training.
3. The influence of colleagues/the workforce; All of the interviewed therapists reported that there is intersubjectivity with regard to theoretical orientation within the workplace. This was very important as it assisted with the creation of a broad universal framework that allowed communication between disparate disciplines

4. The influence of clients and client related feedback; Each therapist reported that their clients had some influence upon their delivery of therapy or their orientation. The feedback received from clients, supervision and reflective practice pertaining directly to cases, appeared to have an influence on therapeutic orientation.

CONCLUSIONS

Results indicated 2 clear influential factors in accordance with qualitative literature on this topic²:-

1. The influence of personal factors on therapeutic orientation was cited in many interviews as the cornerstone for theoretical alignment.
2. The effect of professional factors was also cited as a major influence. From the interviews, there appeared to be little evidence that the efficacy of the treatment or its ability to assist the evaluation of outcomes were considerations for the psychotherapists in their choice of model. The limitations of the study included a small sample size, which may not have facilitated inductive thematic analysis. Secondly, modifications to the semi-structured interview would have assisted further elucidation of themes. All of the participants in this study were female which may have skewed results somewhat. The research was exploratory in nature and would have benefited from a more hypothesis driven approach. Future research would focus on theory driven analysis to fully explore the relevance of the themes excavated from this study. The effect of personality on theoretical orientation was not addressed in this research which, owing to the large body of literature on the topic, needs to be incorporated in future research in order to fully elucidate this area.

REFERENCES

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An Exploration into the Quality of Life of Children with Haemophilia through Parent Interview

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INTRODUCTION

The aim of this study was to explore the quality of life of children with moderate and severe haemophilia in Ireland. Haemophilia is a rare bleeding disorder caused by low levels of blood clotting factor which is treated either by replacing clotting factor in response to a bleed or by regular administration of clotting factor to prevent excessive bleeding. In 2009 there were over 500 Haemophiliacs in Ireland.

Medical progress has been so substantial, that today, children with Haemophilia have the same expected lifespan as a child within the general population. Due to this, health related quality of life is now judged to be a key clinical outcome in treatment of Haemophilia. Although there has been a recent growth of literature on the quality of life of children with Haemophilia, the investigations are predominantly in search of a quantitative measure. Thus there is a considerable lack of qualitative studies and practically none examining quality of life of children with Haemophilia.

Research into the health related quality of life of young children with Haemophilia has utilised parent reports to a greater extent than child reports. Parent reports have been conceived as an approximation of childrens' feelings and behaviours.

METHODOLOGY

Five parents of boys aged between 4 and 16 years, with a diagnosis of moderate or severe Haemophilia, participated in a 30 minute unstructured interview. A qualitative grounded theory approach was used as it facilitated an unbiased exploration of the topic.

RESULTS

Five central themes emerged from the data; a restricted life, trying to achieve balance between protection and restriction, an environment of fear, the benefits of acceptance and the experience of being a parent of a child with haemophilia.

CONCLUSIONS

Only 2 of the 5 parents reported their child had a good quality of life and all parents spoke of the difficulties experienced by their child and their families due to Haemophilia. These results suggest that living with Haemophilia in Ireland could have a negative impact on quality of life. However, further research interviewing the child directly is required. However, the study did reveal the potential for improved methods of informing schools and sports clubs about the nature of Haemophilia. The finding of the theme of 'benefit of acceptance' could suggest a role for Acceptance and Commitment Therapy in improving health related quality of life of children with Haemophilia.

REFERENCES

Available on request.



The Utility of the Parent Short Haemo-Qol Questionnaire within an Irish Population

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INTRODUCTION

Haemophilia is a rare bleeding disorder caused by low levels of blood clotting factor which is treated either by replacing clotting factor in response to a bleed or by regular administration of clotting factor to prevent excessive bleeding. Due to medical advances in treatment children with Haemophilia have the same expected lifespan as a child within the general population. This has resulted in health related quality of life being viewed as a key clinical outcome in treatment of Haemophilia.

Although there has been a proliferation of studies on quality of life of children with Haemophilia none have been conducted within Ireland. As quality of life is a subjective measure and cultural differences in item relevance have been evidenced across countries, it is beneficial to examine the relevance of this questionnaire within an Irish population before utilising it within a service. The HaemoQol was chosen as the most appropriate for the Irish population as one of the six European countries it was cross-culturally developed in was the United Kingdom. The measure is divided across 3 age groups; 4 to 7 years, 8 to 12 years and 13 to 17 years for self report forms and two age groups for parent report forms, 4 to 7 years and 8 to 18 years.

A short version of the measure was chosen to increase compliance as the study population are frequently asked to answer questionnaires for treatment delivery companies and hospital surveys. As parent forms of health related quality of life are considered a good approximation of childrens' feelings and behaviours and research within this field has utilised parent reports over child reports, the parent forms of the HaemoQol were used in this study.

OBJECTIVE

The aim of this study is to describe the psychometric properties of the HaemoQol Parent Short Form I and II and explore factors influencing the scale scores of the forms. The first hypothesis of this study is that the HaemoQol Parent Short Forms I and II will have an internal reliability above 0.70. The second hypothesis is that the HaemoQol Parent Short Forms I and II will have convergent validity with the Child Health Questionnaire (CHQ), a generic health questionnaire which has been widely used, having been translated and cross-culturally validated in 32 countries.

METHODOLOGY

A total of 32 participants were recruited through the Haematology Department of Our Lady's Childrens' Hospital database. All participants were sent a HaemoQol Parent Short Form, the Child Health Questionnaire Parent Short Form (CHQ-PF28) and a clinical information document.

RESULTS

The internal reliability of the HaemoQol Parent Short Form I and II were found to have a Cronbach α above 0.70 suggesting acceptable internal consistency of both measures within this population. Convergent validity was established with a widely used generic measure of health related quality of life (CHQ-PF28) for both HaemoQol Parent Short Forms, although the relationship was stronger for the older age group.

CONCLUSIONS

The acceptable level of internal reliability and convergent validity suggests that the HaemoQol Parent Short Forms can be used within the Haemophilia child and adolescent population in Ireland. Although the numbers of participants within this study were small it cannot be significantly increased due to the rarity of the condition. Further studies could establish test-retest reliability of the measure and could examine the use of the child and adolescent self-reports within this population.

REFERENCES

Available on request.

The Experiences of Social Workers Working within the Fostering System

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INTRODUCTION

Foster care is considered the preferred option for children who cannot live with their own family and the number of children entering into care in Ireland has doubled in the past 18 years. Previous studies indicate that the quality of the working relationship and the ‘helping alliance’ between foster parents and social workers is a key determinant of placement outcomes.

OBJECTIVE

The aim of the current study was to examine the social workers’ viewpoint with regard to issues such as recruitment, assessment, training, support, retention of foster carers and the experience of foster placement breakdown.

METHODOLOGY

Semi-structured interviews were carried out with four fostering link social workers. In order to gain a more diverse account of the fostering system, semi-structured interviews with two child protection social workers were also carried out. All of the interviewees had experience of long term, relative and general fostering.

Data was gathered from the interviews by means of audio-taping. The tapes were then transcribed and a comprehensive data analysis of each transcript was carried out. The extraction process included reviewing the content of all of the interviews and identifying themes which were perceived as emerging from the data. Categories were generated according to the emergent themes and direct quotations from participants were included under each theme.

RESULTS

The analysis of the data suggests that there is divergence between what foster carers need to feel supported and what social workers feel they can provide. The data could be categorised according to three categories as set out in the Table 1 below.

CONCLUSIONS

Research with foster parents shows that foster parent retention is increased when agency social workers provide information and positive feedback on a job well done.¹ In order to minimise the risk of negative placement outcomes, it is recommended that promoting good relationships between social workers and foster carers in the HSE Southern Area is an important element in any strategy that aims to retain good foster carers. A more collegial relationship with department staff may lead to greater work satisfaction by foster parents.

Future research should examine objective, evidence-based assessment tools such as the Attachment Style Interview² as a means of predicting carers’ support needs post-placement in relation to anticipated need over the course of crises that may arise with placements. This would aid understanding of carers’ current supportive network, quality of partner relationship, other close relationship and relating ability to help assess resilience and ability to provide a stable family context for the child. It can help social workers to determine whether a carer can ask for help easily when they need it, or prefer to be self-reliant and cope on their own. Social workers can then plan future service support if needed. Also knowing the foster carer’s style may help to match their characteristics with that of the child being placed to help with a smooth transition.

REFERENCES

Available on request.

Table 1 - Provisional Categories According to Emerging Themes and Direct Quotations

Roles/Responsibilities & Stressors of Foster Carers	Support Needs of Foster Carers	Difficulties for Social Workers when Providing Support
Difficulties with Access-related Issues	Support Groups	Confusing Role of Link Worker
Impact on own Family	Own Social Support Network	Problems with Foster Carer Support Network
Childrens’ Behaviour	Practical ‘Hands-on’ Help	Defensiveness of Foster Carers
Overworked	Consistency in Social Work Personnel	
Placement Breakdown		
Feeling Undermined		

A Survey of Stressful Events Experienced by Foster Carers

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INTRODUCTION

Foster carers have typically been found to play a key role in meeting the needs of foster children, yet little research has investigated their well-being, satisfaction and intention to continue providing out-of-home care.

OBJECTIVE

The purpose of this study was to identify the types of stressful event reported to have been experienced by foster carers. A second aim was to explore the relationship between these events and foster carers contemplating ending their fostering role in the past.

METHODOLOGY

The sample consisted of 41 Foster Parents who attended a monthly support group meeting from the four Local Health Areas (LHAs) of the Health Service Executive (HSE) South Region covering the city and county of Cork. Views of the participants were elicited through a questionnaire. The questionnaires were designed with reference to previous published reports in the literature and following consultation with the HSE Foster Resource Unit (FRU). Each Foster Carer was handed the short anonymous questionnaire and information letter at the beginning of the support meeting, which included a statement pertaining to the purpose and voluntary nature of the study, a request to identify demanding events, and a statement regarding the anonymity of the participants. The researcher then reinstated their right to end participation and ensured confidentiality. The questionnaires were collected from the room at the end of the support meeting. Data that required quantitative analysis were analysed using descriptive statistics and a bivariate analysis of correlation. Data generated from the open-ended question were read through a number of times and were subjected to broad thematic analysis.

RESULTS

A total of 39 Foster Carers completed the questionnaires, meaning there was a response rate of 95%. 69% (n=27) of respondents were female; 31% were male (n=12). The gender of the respondent was not significantly correlated with the number of stressful events reported, the type of event experienced or the consideration of discontinuing fostering in the past. The average number of stressful events reported by participants was 4. A breakdown of the frequency of these events is outlined in Table 1 below.

Bivariate analysis identified significant associations between disagreements with social services over plans for a child and foster carers previously considering giving up fostering. Disagreements with social services were also significantly correlated with a number of other stressful events including tensions in their own family and difficulties with the children’s biological parents.

CONCLUSIONS

The results of this study were largely consistent with the available literature on fostering. Promoting good relationships between social workers and foster carers may lead to greater work satisfaction among foster parents. Better relationships between biological and foster families should also be cultivated so that foster children are protected from being caught between these two groups. Future research should explore if the stressful events experienced are associated with the measure of strain exhibited by the carers. A vital issue is how foster carers survive such stresses and also, what support enabled those who considered giving up, not to do so. Future research should examine the effects of a Mindfulness-Based Stress Reduction approach to self-care for foster carers during preparation on subsequent levels of stress, negative affect, rumination, anxiety, and self-compassion.¹

REFERENCES

Available on request.

Table 1 - Breakdown of Events Experienced by Participants

	Frequency	Percentage
Difficulties with Social Worker Regarding Plans for a Child	22	56
Difficulties with Birth Parents	21	54
Tensions within Own Family	18	46
Breakdown of Placement	23	59
Other Event not Listed	22	56
Follow-up Interview	14	36



Perceptions of the Provision of Support to Residential Child Care Staff

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INTRODUCTION

The paper arises from a number of difficulties being experienced by care workers which include high staff turnover, uncertainty of employment, high levels of assaults and unpredictable relocation of staff between units. The intent of this work was to look at a private centre that works using psychodynamic principles to inform their practice, and HSE centres that do not use psychodynamic theory to underpin their work. This study aimed to explore the perspectives of different levels of staff on the provision of support and the direct impact this provision has on their ability to provide quality of care.

METHODOLOGY

The methods utilized for the purpose of this project are centred on qualitative measures. A qualitative approach was selected because the emphasis of the project was to carry out a small in-depth assignment exploring the experiences of the staff. Data was gathered using semi-structured interviews and a comparison made exploring the different levels of confidence in the provision of support.

RESULTS

Overall there was a slight difference in perceptions in the provision of supports which were mainly in the area of how the organisations reacted to staff difficulties and personal issues. The external agency scored higher in confidence across different domains, whilst the HSE centre fell within the middle category of confidence in perceived support provision.

CONCLUSION

The findings highlight that an organisation that is focused on the experiences of its staff, and aims to understand and be more aware of their implicit needs, appears to create a positive relationship with its staff. This relationship can possibly ameliorate difficulties the organisation may experience and possibly be more efficacious in its provision of care. Future investigation should be expanded to consider both young peoples' views and those of senior management.



Understanding the Current Level of Training and Satisfaction with Training in Child Protection within a Sample of Irish Primary Schools

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INTRODUCTION

Consistently throughout literature within the teaching profession a lack of knowledge regarding the signs and symptoms of child abuse and neglect (CAN) and related guidelines and procedures has been demonstrated. Literature indicates that the teaching profession do not feel appropriately prepared for their role in the safeguarding of children. Information relating to the training of special need assistants (SNAs) in this area is not available. Data is also not currently available for a Republic of Ireland sample.

OBJECTIVES

This study was conducted in two phases. Phase one held two aims;

Aim 1; gain insight into the child protection training practices within a sample of Irish Primary Schools.

Aim 2; explore confidence levels held by school staff regarding their ability to detect CAN. The aim of phase two was to gain greater insight into the CAN training received within a sample of Irish primary school professionals.

METHODOLOGY

A mixed methods design was adopted; Phase one adopted a quantitative approach. Two Primary schools within the greater Dublin region participated in both phases. Survey packs were distributed to all staff meeting the inclusion criteria, and 11 school staff responded. The respondents held an average of 5.6 years (SD=3.07) experience within their profession, with an average of 5.2 years (SD=2.71) in their current place of employment. Phase 2 adopted a qualitative approach. Participants were selected from respondents who completed phase one. A total of 4 individuals completed individual semi-structured interviews, comprising of; 3 teachers and 1 SNA.

RESULTS

Phase one data was analysed via the use of frequencies; descriptive data was also extracted. Over two thirds of respondents had received CAN issues, guidelines and procedures training, 27.3% reported this was on an infrequent basis (every 2 years) with an average of 7.4 months since last training session. No SNA (n=3) respondent reported receiving training. Teacher respondents (n=8) reported a mean of 1.88 received sessions, (SD=.99), each averaging 117.27 minutes in length. Over 80% felt the amount of received training was minimal or inadequate. Please see Table 1 for a breakdown of a sample of responses.

Table 1 - Summary of a Sample of Survey

YES	NO		
Have you received training in child protection issues, guidelines and procedures in your current post?			
72.7%	27.3%		
Have you received a copy of your employer's child protection guidelines since starting your post?			
81.8%	18.2%		
YES	NO		UNSURE
Is there a resource individual within your place of employment to discuss child protection concerns?			
27.3%	27.3%	45.5%	
How clear are the steps set by your employer for reporting CAN?			
Completely clear= 63.6%			
Could be improved= 18.2%			
Unsure= 18.2%			
INADEQUATE	MINIMAL	ADEQUATE	SIGNIFICANT
Rating of amount of training received in relation to recognising the signs and symptoms of CAN			
9.1%	72.7%	18.2%	-

Respondents also reported a lack of confidence in their ability to detect CAN, with over 60% reporting they feel either "slightly" or "not at all" confident. Thematic analysis was utilised in phase two. Four main themes, and a number of sub-themes emerged within the data, please see Table 2 below.

Table 2 - Breakdown of Emerged Themes and Sub-Themes in Phase 2

Main Theme	Sub Themes
Dissatisfaction	<ul style="list-style-type: none">• Basic training• Frequency• Signs and symptoms of CAN
Satisfaction	<ul style="list-style-type: none">• Procedures training
Low Confidence	
Improvements	<ul style="list-style-type: none">• Training for all staff• Increased frequency

CONCLUSIONS

Findings suggest the training provided within this area is inadequate. Emerging themes highlighted possible areas of improvement including; increased frequency and depth of training. The data also suggest the inclusion of signs and symptoms of CAN within training would be useful. Areas of satisfaction included; provided training on school reporting procedures. Further research utilising a larger sample is warranted.

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The Utility of a Four Response Single-Item Self-Report Global Health Measure in Primary (National) School Children

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HSE⁵

INTRODUCTION

The inclusion of a single-item self-report global health question in the 2011 Census¹ has revived interest in such short measures. Traditionally, despite the obvious appeal of such measures, (e.g. higher response rates and lower costs), many investigators have warned against their use on the basis of their lower validity and reliability.²⁻⁷

OBJECTIVE

This study was designed to provide an overview of the health status of a representative sample of primary school children in the Mid-West. This paper focuses on the utility of a four response single-item self-report global health question used in the Health Behaviour of School-Aged Children (HBSC) studies.⁸

METHODOLOGY

A total of 50 primary schools in the Mid-West were randomly selected from lists on the Department of Education and Science's website. A total of 43 of the primary schools approached were able and willing to participate. Participants were 5th and 6th class pupils in these schools. In all, 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 Research Ethics Committee of the Regional Hospital, Health Services Executive, Mid-Western Area. The childrens' survey included a range of measures including the 4-item Centre for Epidemiological Studies Depression Scale for Children (CES-DC),⁹ the Children's Depression Inventory-Short Form (CDI-S),¹⁰ and the self-esteem scale of the child version of the Child Health Questionnaire (CHQ-CF87),¹¹ a global health question,⁸ and a brief section exploring attitudes and experiences relating to drugs, alcohol and tobacco.⁸ The global health question asked was previously used in the HBSC surveys and asked 'Would you say your health is?' and included 4 potential responses: Excellent; Good; Fair; Poor.⁸ Although this item does not explicitly mention mental health, such measures have been found to usefully indicate both physical and mental health status.¹²

RESULTS

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

Two-way between-subjects analysis of variance indicated no significant difference on the basis of sex ($F(1,1238)=1.486$, $p=0.223$, partial $\eta^2=0.001$), or age group ($F(1,1238)=0.345$, $p=0.557$, partial $\eta^2=0.000$), and that no significant interaction effect was noted between these factors ($F(1,1238)=0.039$, $p=0.843$, partial $\eta^2=0.000$). Statistically significant, but mild, correlations were noted between the general health question and the CDI-S ($r(1101)=0.154$, $p<0.001$), and the CES DC ($r(1211)=0.142$, $p<0.001$). Using the CDI-S cut-off for 'caseness' (≥ 7 ; i.e. indicating the probable presence of a mental health issue),¹³ it was possible to calculate sensitivity and specificity¹⁴ of those stating that their health was 'Poor' on the global health question (sensitivity=0; specificity=0.998; PPV=0; NPV=0.926),¹⁵ or either 'Fair' or 'Poor' on this item (sensitivity=0.160; specificity=0.947; PPV=0.194; NPV=0.934).

CONCLUSIONS

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 age group or gender. Although responses to this generic health question were significantly related to mental health status, the correlations noted were low and the sensitivity and specificity¹⁶ of this general health question in relation to the CDI-S was poor. Therefore, this item could not be relied on with confidence to indicate with any real degree of precision a child's mental health functioning. It would appear that this is a construct that requires more specific and detailed exploration if researchers are seeking to screen for mental health issues. Further research should be conducted to investigate the extent to which mental health issues impact on childrens' self-reports of global health and to explore childrens' understanding of the term 'health'.

REFERENCES

Available on request.

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

Group (Age & Gender)	Excellent	Good	Fair	Poor
Total	32.5% (404)	61.2% (760)	6.1% (76)	0.2% (2)
Males	31.7% (180)	60.7% (344)	7.4% (42)	0.2% (1)
Females	33.2% (224)	61.6% (416)	5.0% (34)	0.1% (1)
Total (10-11 Years)	32.2% (193)	60.9% (365)	6.7% (40)	0.2% (1)
Males (10-11 Years)	30.3% (79)	62.5% (163)	6.9% (18)	0.4% (1)
Females (10-11 Years)	33.7% (114)	59.8% (202)	6.5% (22)	0% (0)
Total (12-13 Years)	32.8% (211)	61.4% (395)	5.6% (36)	0.2% (1)
Males (12-13 Years)	33.0% (101)	59.2% (181)	7.8% (24)	0% (0)
Females (12-13 Years)	32.6% (110)	63.5% (214)	3.6% (12)	0.3% (1)

The Utility of a Single-Item Self-Report Global Health Measure among Third Level Students

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INTRODUCTION

Questionnaire length and reliability and validity have tended to go together. Thus researchers¹⁻² and psychometricians³ are often wary of single-item measures. Despite this a single-item self-report question exploring an individuals’ perception of their own global health status was included in the recent Irish Census.⁴ Therefore the usefulness of this type of single item measure is worthy of some evaluation.

In general shorter measures have the advantage of being low cost and quick, thereby efficiently placing only a minimum burden on participants, researchers or clinicians.
 1, 2, 5-7

OBJECTIVE

This study was designed to provide current local information on student health and lifestyles in Limerick city. This paper however focuses on the utility of the single-item self-report global health item contained in the SF-36, a 36 item self-report measure of health status.⁷

METHODOLOGY

A total of 1,000 questionnaires were distributed during lectures at a third level college in Limerick city. A quota sampling frame was adopted to achieve a representative sample of the various Schools (e.g. Business and Humanities, Applied Science) in the College, course years, and an even gender split. Data was collected from a total of 763 participants (response rate=76%). Participants ranged from 17 to 63 years of age. The mean age was 22.2 years (SD=5.65; median=20). Of the 742 participants who indicated their gender, 52% were male (386) and 48% (356) were female. The survey included a battery of measures including the global health question from the SF-36, along with its five-item Mental Health Index,⁸ the Clinical Outcomes in Routine Evaluation Short Form- B (CORE-SFB),⁹ and the Brief Symptom Inventory 18 (BSI 18),¹⁰ together with a brief section on tobacco, alcohol and drug misuse.¹¹

The global health question asks ‘In general would you say your health is?’ and includes five potential responses: Excellent; Very Good; Good; Fair; Poor.⁸ Although this item does not explicitly mention mental health, such measures have been found to usefully indicate both physical and mental health status.¹²

RESULTS

The global health question was answered by 95.3% of respondents, indicating its general acceptability among participants. Table 1 details results of this question broken down by gender.

Independent sample t-tests identified that males reported significantly better health than females on this measure ($t(707) = -2.91, p = 0.004$). Moderate correlations were also noted between the general health question and the MHI ($r(714) = 0.342, p < 0.001$), the BSI 18 ($r(721) = 0.389, p < 0.001$), and the CORE SFB ($r(727) = 0.374, p < 0.001$) indicating convergent validity. Using the BSI 18 General Stress Index cut-off for ‘caseness’ (≥ 25 ; i.e. indicating the probable presence of a mental health disorder) it was possible to calculate sensitivity (0.299) and specificity¹³ (0.930) of those answering either ‘Fair’ or ‘Poor’ on the global health measure (PPV= 0.303; NPV= 0.928).¹⁴

CONCLUSIONS

The single-item global health measure appears to be an acceptable question to students. As is usual, male students self-report significantly better health than female students on this global measure of health status.¹⁵⁻¹⁶ It is clear that responses to this generic health question are related to mental health status and this measure may provide easy and quick insight into this arena. However, given the low combined sensitivity and specificity scores¹⁷ of the global health measure in relation to the BSI 18 General Stress Index, care must be taken in reading too much into the results of this item. It is proposed that all future assessments of mental and physical health status should include the 2011 Census general health question to explore the utility, implications and potential of such measures in more depth.

REFERENCES

Available on request.

Table 1 - Student Responses to the (SF-36) Global Health Question by Gender

Group (Age & Gender)	Excellent	Very Good	Good	Fair	Poor
Total	13.6% (99)	38.8% (285)	38.0% (276)	8.7% (63)	0.4% (3)
Males	18.1% (67)	38.8% (144)	35.0% (130)	7.5% (28)	0.5% (2)
Females	9.5% (32)	38.8% (131)	40.8% (138)	10.4%(35)	0.3% (1)

Tackling Hypertension in Primary Care in the West and North-West

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INTRODUCTION

Effective treatment of hypertension significantly reduces the risk of strokes and heart attacks.¹ Most patients with hypertension can be managed effectively in primary care. However, UK research indicates that only 10% of patients with hypertension are diagnosed, placed on treatment and have their hypertension controlled.²

OBJECTIVES

The project was a joint initiative between HSE West and HSE North-West. It aimed to raise awareness amongst GPs of the prevalence and side effects of hypertension and introduce evidence-based guidance for its management in primary care.

METHODOLOGY

A Steering Group was established to oversee the project. The group included representatives from Primary Care, Hospital Care, Public Health and Community Nutrition.

A total of 14 GP practices in HSE West were selected. A computerised audit tool was developed by HealthOne and integrated into their existing patient management software. All patients presenting with hypertension within a 1-2 week period were audited before and after the introduction of the guidelines and an educational programme. The National Institute for Clinical Effectiveness (NICE)/British Hypertension Society (BHS) Hypertension Guidelines were utilised. The Educational Programme included group presentations and on-site visits to the practices. Descriptive statistics, chi square test and One-way ANOVA were used to analyse the data.

RESULTS

A total of 14 practices completed the first audit (n=146) on the management of patients with known hypertension, and 13 practices completed the second audit (n=332). Patient characteristics are given in Table 1.

The key results are:-

- Half of the patients in the study reached the target goal of BP<140/90
- ECG completion increased from 46% to 55%
- Urinalysis increased from 57% to 69%
- Nearly 90% of patients in both audits were on anti-hypertensives
- The percentage on two or more anti-hypertensives increased from 56% to 60%
- 33% of patients were aged under 55, and 68% of those aged 55 and over were not on the NICE/BHS recommended Step 1 Treatment
- The most common anti-hypertensive treatment used among all age groups was an ACE Inhibitor (44% of patients)
- Use of a cholesterol lowering agent increased from 42% to 50% ($\chi^2 = 2.54$, $p=0.11$.) and the use of aspirin increased from 37% to 50% ($\chi^2 = 6.24$, $p=0.0125$)

Adherence to guidelines can be achieved which will significantly improve the management of hypertension. However, there is a need to move towards full adherence for all patients. In particular there is a need to improve the age-appropriate initial medication.

CONCLUSIONS

The study found that it is feasible to introduce evidence-based guidelines on the management of hypertension into primary care and that significant improvements were found in most aspects of the management of hypertension studied. However, there is room for improvement both in the investigation for target organ damage and in the selection of anti-hypertensive agents.

Standardised guidelines should be used nationally, so that all patients get the best possible treatment. In the absence of agreed guidelines, several different ones are used. Although they are similar, it leads to an inconsistent approach, which could cause significant confusion to GPs. Nationally agreed evidence-based guidelines for the

Table 1 - Patient Characteristics

Patient Characteristics	First Audit	Second Audit	Significance
Gender - Male	49%	48%	P=0.62
Mean Age	62	66	P=0.005
Median BP	144/81	140/79	P=0.08
Diabetes	10%	20%	P=0.01
Non-Smoker	85%	74.6%	P=0.02
Weight	81kg	82kg	P=0.58
Mean Cholesterol	4.8mmol/l	4.7mmol/l	P=0.07
Exercises Regularly	54.8%	47.7%	P=0.16
Average Risk of Cardiac Event	8.8%	10.3%	P=0.0127



management of hypertension should be implemented in Ireland.

REFERENCES

Available on request.

PRESENTED

As a poster presentation at the Summer Scientific Meeting of the Faculty of Public Health Medicine in Ireland, Royal College of Physicians of Ireland in Dublin on May 25th, 2011 by Dr. Regina Kiernan.

FUNDING

A submission for funding was submitted to Strategic Planning and Reform Implementation (SPRI) in 2007 and was successful in receiving €50,000.

The Framing of Overweight and Obesity in Irish Newspapers

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INTRODUCTION

The way issues are discussed in the media can influence public opinion and has implications for policy development. The media emphasises individual responsibility and gives less attention to social factors when it comes to discussing health issues.¹ This is said to reflect cultural attitudes and imply that public health policies around the issue are not likely to be understood or supported by the public. The National Taskforce on Obesity has stated that the attitudes towards overweight and obesity have to change in order to efficiently address the problem.²

OBJECTIVE

This study examines the portrayal of overweight and obesity in Irish newspapers, focusing on the perceived causes, outcomes of and solutions to the issue. Similar studies have been conducted in America. However, the issue has not been studied in an Irish context.

METHODOLOGY

A content analysis was conducted on 188 articles on overweight and obesity from two newspapers, The Irish Times and The Irish Independent. These articles were retrieved from the Nexis database for a period of one year between the years 2010-2011, using the search words 'overweight' and 'obesity' as main mentions. NVivo qualitative analysis software was used to assist in coding the articles.

RESULTS

In both newspapers overweight and obesity are portrayed as an epidemic with adverse effects on physical health with little reference to effects on mental health. The causes are identified as mainly individual behaviours or societal factors. The Irish Independent tends to focus on individual behavioural factors and can be considered more victim blaming whereas The Irish Times frames overweight and obesity in a more comprehensive way. The Irish Times emphasises the need for multi-sectoral policy and partnerships between the government, industry, voluntary sector and individual citizens to reduce the growing obesity numbers. It was also more likely to acknowledge the economic costs on society which obesity can have at a population level. The Irish Independent blames childhood obesity on parents, whereas the Irish Times is again more likely to discuss environmental factors contributing to childhood obesity.

CONCLUSIONS

Although societal responsibility is acknowledged, overweight and obesity are still largely blamed on the individual. Emphasising societal responsibility can increase the public's understanding of societal problems, increase the support for public health policies and reduce stigma. The fact that The Irish Times focuses on public health does put public health policies on the public and political agenda. However, whether these policies will be successfully developed, implemented or supported by the public is unclear. More research is needed to explore the effect media has on policy development and the public. Furthermore, health professionals should be provided with a deeper understanding of media processes in order to efficiently advocate for health.

REFERENCES

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An Exploration of the Perceptions and Experiences of Primary School Teachers with Regard to their Training and Implementation of the SPHE Programme

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INTRODUCTION

Schools have long been recognised as an important setting for promoting health and the social and personal development of students, resulting in the formal introduction of the subject Social, Personal and Health Education (SPHE) to the revised primary school curriculum of 1999. Successful implementation of the SPHE module requires a supportive school environment and essentially a teacher who delivers the subject with competency and enthusiasm. Research has demonstrated that teachers have a vital role and their practices and perceptions toward health education will ultimately influence the success of SPHE implementation within the classroom.

OBJECTIVES

The purpose of this study was to assess the current state of SPHE in Irish primary schools through an exploration of the primary school teachers' perceptions of SPHE, their confidence in the delivery of SPHE, the barriers encountered in implementing SPHE and to determine their needs for improving and developing SPHE. In conjunction with this, the teachers' experiences of training and their hopes and suggestions for future professional development and teacher training were examined.

METHODOLOGY

Firstly, quantitative methods were employed to explore the general perceptions and practices around SPHE in order to gain an overview of frequent occurrences and opinions. A survey questionnaire was posted to a sample of 100 primary school teachers and it was posted on a survey hosting website. This resulted in a total of 90 respondents. Subsequently, 25 semi-structured interviews were conducted drawing from the initial survey sample. This provided additional insight and enabled further clarification of SPHE practices and perceptions in the primary school.

RESULTS

The research findings indicate the teachers are positively disposed to SPHE but they encounter barriers which can potentially override the recognised benefits of SPHE. An overloaded curriculum resulting in a lack of time for effective implementation was a concern for many. Teachers adopted 3 mechanisms to implement SPHE in an effort to overcome this challenge - an integrative approach to teaching SPHE, incidental lessons based on emergent incidents in the school day and discrete curricular lesson time. Other issues included a lack of organisational support, a lack of competency and discomfort with sensitive aspects of the curriculum, utilising active methodologies and inadequate training.

CONCLUSIONS

Further professional development and accessible training opportunities are required to alleviate many barriers encountered by teachers. A whole school holistic approach supportive of SPHE is necessary to truly embed SPHE in the curriculum. State support of SPHE with an allocation of resources, funding, policy development, research development, training opportunities and health promotion specialists on the ground level are needed to develop SPHE and place it on the community agenda.

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INTRODUCTION

The impact of bullying on health and well-being is well documented. In recent years the forms through which bullying is manifest have changed dramatically with a significant increase in cyber-bullying now evident. Bullying does not end with the cessation of schooling.¹ It is prevalent in the workplace and it is also present amongst young adults, in the contexts where they work, study and now increasingly where they engage in recreation. While research is available on cyber-bullying in schools and amongst school aged children there is a significant dearth of literature pertaining to cyber-bullying amongst young adults. However, of what literature is published on the adult experience of cyber-bullying, it is estimated that cyber-bullying may be prevalent amongst 10% of the population.²

METHODOLOGY

A quantitative approach was utilised for this research. An online survey was designed, piloted and implemented amongst young adults aged between 18 and 25 years of age. The survey was hosted on the first author’s Facebook page and snowball sampling through this process was employed. Because the sampling was purposive and the sampling procedures were via the snowballing method the authors are cognisant that there are inherent biases in the sampling procedures. They do not seek to claim representativeness. The survey was anonymous. Ethical approval was sought and granted by the Research Ethics Committee of the Department of Education and Professional Studies, a sub-committee of the University of Limerick Research Ethics Committee.

RESULTS

A total of 196 people responded to the survey invitation and completed the online questionnaire. 80% of respondents were students and 20% were employed in areas such as teaching, engineering, paramedics, unemployed, customer care, catering, design, childcare, and accountancy. 15% indicated having been cyber-bullied. In terms of effect, of those who self-identified as experiencing cyber-bullying, 61% indicated a negative impact on their social life, 44% on their health, 16% on their relationships and 3% cited an impact on ‘other.’ In explaining what was meant by ‘other,’ participants included comments such as: ‘friendship isolation’, ‘confidence was affected’. Negative impact on emotional well-being was also identified.

CONCLUSION

This is a brief snapshot of the results of a sizeable study. That 15% of respondents indicated that they have been cyber-bullied is above the 10% average evident in the literature. This warrants further investigation. The effects cited by respondents were diverse and ranged from negative effects on social life to impact on relationships. This is in keeping with the literature which has identified that the effects of bullying are varied and multiple. The increasing availability of social networking technology facilitates easier social interaction and communication, but it also increases potential vulnerability to the use of technology to facilitate bullying. The data suggest that for those who experience it, cyber-bullying has an impact on self-esteem and confidence. Further research in this field is merited.

REFERENCES

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Barriers to Participation in Physical Activity amongst Females (Aged 18 and over) with a Disability in the South West of Ireland

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INTRODUCTION

The aim of this research was to examine the barriers that inhibit participation in physical activity amongst females with a disability in the south west of Ireland.

OBJECTIVES

The objectives of the research included examining the influence of the medical profession on the participation of females with disabilities in physical activity; determining what supportive environments are required for individuals who wish to participate in exercise and examining the extent to which other determinants, such as income and transport influence participation in physical activity.

METHODOLOGY

A mixed method triangulation approach was used incorporating a questionnaire, with a response rate of 46.5%, 3 focus groups and 10 semi-structured interviews.

RESULTS

The data indicate that while exercise was beneficial in maintaining function and motor skills as well as improving mental health, the majority of participants did not meet the recommended weekly physical activity guidelines. Only a minority of participants have received information on the benefits of exercise from their GP while physiotherapy services from the HSE were irregular and often provided in a hospital setting which was problematic in terms of access but also in terms of perception in that participants associated the physiotherapy with the hospital connotations of ill health rather than as an integral aspect of community care.

Half of all interviewees identified their disability as a significant barrier to exercise while negative beliefs towards exercise also contributed to the low participation rate. The majority of participants experienced negative attitudes in their efforts to exercise with 32.3% of questionnaire respondents highlighting the need for a greater level of understanding among fitness professionals towards people with disabilities. While 59.1% of respondents required cheaper facilities in order to increase participation, transport and accessibility were also highlighted as significant barriers by interviewees with the importance of a supportive environment, particularly from disability organisations being emphasised.

Recommendations

Further research is recommended into the extent to which poor mental health acts as a barrier to participation in exercise for women with disabilities. Research is also warranted on the attitudes of GPs towards the participation of people with disabilities in physical activity and the role of GP referral in the promotion of physical activity amongst females with physical and/or intellectual disability.

Wellness through a Lens - A Study on the Well-Being of Lesbian, Gay, Bisexual, and Transgender Young People Using Photovoice

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INTRODUCTION

Young lesbian, gay, bisexual and transgender (LGBT) people have been reported to face significant barriers to health. Elevated levels of poor mental, physical and social well-being have been well documented in the literature. As a result, research on the well-being of this population has been neglected; potentially pathologising LGBT young people to lead lives of stigma and compromised wellness. While this may be true for some young LGBT people, there are many who can lead happy, healthy and satisfying lives.

OBJECTIVE

This study sought to explore well-being with young LGBT people by investigating factors and constructions of well-being by six LGBT participants who were 16-22 years of age living in the West of Ireland.

METHODOLOGY

Through the application of photovoice, a form of community based participatory research (CBPR) developed by Wang and colleagues,¹ participants were enabled to document their daily realities of well-being through photography and group discussion.

FIGURE 1

Within the theme of "Community and Possibilities", exploration and freedom were discussed through opportunities to travel. In Phil's photo titled "Wanderlust" which he defined as "*an uncontrollable urge to travel*", the beginning of the railway track at a train station was captured.



Figure 1. "*I feel this picture is a good example to display the endless possibilities there are out there for young LGBT people...I like to think this symbolises how open the world is for young LGBT people. I think this sense of freedom keeps young LGBT people well...I just think it's really like this is the beginning and it goes on for miles so...there's nothing...there's nothing stopping you.*" Photograph and Caption by Phil.

Adding to the growing body of literature on photovoice, this methodology provided opportunities for young LGBT people to be a part of the research process, whereby research was done 'with' participants, as opposed to 'on' them. Participants were involved in two workshops, the first of which explained the photovoice methodology through group discussion. Participants were then given one week to take photos of what kept them well and what made them well. The second workshop enabled participants to select photos, contextualise, and codify themes relevant to the study. (See Figure 1).

RESULTS

Findings from this study provide insightful evidence that participants were thoroughly engaged in communicating well-being in their lives. Participants reflected a holistic perspective of well-being incorporating health, happiness, physical, mental and emotional well-being. Factors contributing to the well-being of participants reflected the importance of being a part of a community, through support and having a place to go to that was non-judgemental. Other themes that emerged from group members included: love/friendship, hobbies/interests, arts/expression, voluntary/social care, pets and landscapes/scenery.

CONCLUSION

Generated by the participants themselves, this study highlighted suggestions and opportunities for local service providers to improve, support, and/or promote well-being for young LGBT people. Suggestions included providing activities that promoted learning, exploration and celebration of identity, the need for more youth oriented spaces including more accessibility to existing LGBT youth organisations, the need to have LGBT friendly places for people living in rural areas to go to, and continued support to LGBT young people through a variety of contexts (the internet, one-to-one, literature). Recommendations were made with reference to the five action areas based on the Ottawa Charter² and limitations were addressed.

REFERENCES

Available on request.

The Epidemiology of Assault-Related Hospital In-Patient Admissions and Emergency Department Attendances

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INTRODUCTION

Irish crime figures show that assault-related offences increased in the last decade. There is insufficient data on the effect of assault on acute hospital workloads.

OBJECTIVES

The aims of this study are to describe the epidemiology and impact of serious assault (i.e. assault warranting hospital in-patient care on acute hospitals) and to describe the epidemiology of assault warranting ED attendance.

METHODOLOGY

A total of 13,833 patients admitted as an emergency to all acute hospitals in the Hospital In-Patient Enquiry (HIPE) database with a diagnosis of assault (ICD Code 10 X85-Y09) were identified and extracted for years 2005-2010. Two years of emergency attendance (ED) data due to assault comprising of a total 2,417 patients were obtained from 1 large teaching hospital in Dublin (2009-2010). The data were analysed in STATA and JMP. Ethical approval for the use of the ED data was obtained from the research ethics committee of the hospital.

RESULTS

In-patient hospital admissions:

There were 13,833 assault-related hospital *in-patient* episodes over the study period. The majority of patients were male (11,890, 86.0%) and under 30 years old (8,453, 61.1%). The majority of admissions (9,665, 69.9%) occurred at weekends. Alcohol and/or drug use was recorded for 1,944, (14%) of the patients. The 3 most common modes of assault were "Assault by bodily force", (7,317, 52.9%), "Assault by unspecified means" (3,244, 23.4%) and "Assault by sharp object," (2,100, 15.2%). The most common principal diagnosis was head

injury. Median LOS was 3.1 days (1-466). Total bed days used was 42,418 including 2,671 in Intensive Care Unit. Those assaulted by a sharp object were 3.5 times more likely to need ICU Care (OR 3.52, $p < 0.001$).

Emergency Department (ED) attendances:

In 2009, 1,175 (2.6%) of the 45,838 ED attendances were for assault and in 2010, 1,309 (2.9%) of the 45,230 ED attendances were for assault. For the purposes of this study, the data on assaults from 2009 and 2010 were combined. The majority were male (2015/2484, 81.1%) and the median age was 29 years (range 15-93 years). The majority of the attendances were classified as urgent (1385/2484, 55.8%) or very urgent (252/2484, 10.1%). As shown in Figure 1, the most common days for attendance include the weekends. The most common time of attendance was between midnight and 4.00 a.m. (See Figure 2).

CONCLUSION

This study found those with an assault-related hospital in-patient admission and ED attendance were predominantly young males. Although the ED data only includes 1 large teaching hospital, the data reflects the findings of those requiring hospital admission due to assault. However, the data on assault related admissions and ED attendances were not very well recorded. There is a clear need to record alcohol and drug use as routine in assault-related admissions and ED attendances. However, the low number of admissions compared to the numbers attending ED department also emphasises the high burden these attendances place on ED itself. The higher incidence at weekends reflects the increased prevalence of anti-social behaviour at weekends and would suggest the need to link with Gardaí to improve safety around times and areas where assaults are occurring (eg. late at night, at weekends and after social events).

Figure 1 - Assault-related ED attendances by day of week

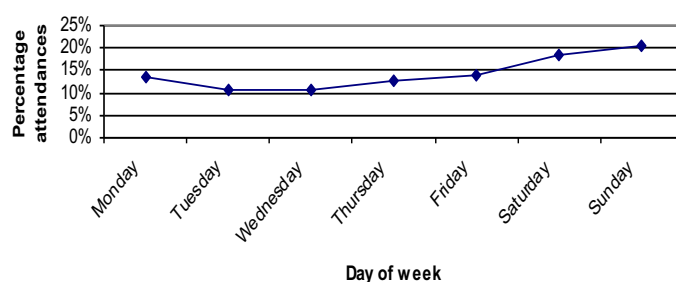
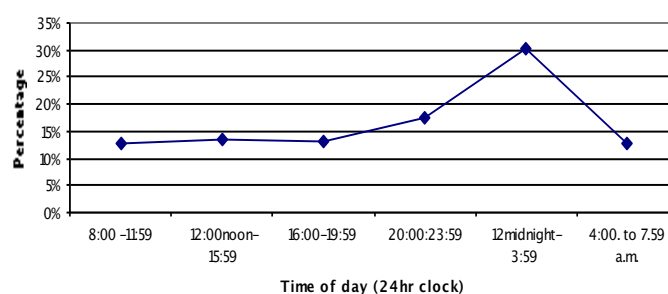


Figure 2 - Assault-related ED attendances by time of day





Factors Predicting Completion in a Cohort of Opiate Users Entering a Detoxification Programme

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ABSTRACT

Detoxification programmes are available in Ireland in a limited number of settings both in-patient and outpatient. The role of detoxification in treatment programmes continues to be debated and is currently seen as part of ongoing efforts to achieve long-term abstinence for opiate users.

The aim of this research was to determine the outcome and factors influencing outcome among a cohort of drug users commencing detoxification from opiate use.

This was a national cohort study of randomly selected opiate users commencing methadone detoxification treatment in 1999, 2001 and 2003. All opiate users with an intention to undergo a three month detoxification programme were included in this study (n=327).

A total of 74% (242) of opiate users had an outcome within three months. Successful detoxification was determined by clinical notes; 62 (25.6%) of opiate users had a successful detoxification within 3 months. Receiving some in-patient treatment as part of the detoxification programme resulted in success rates of 56.3% compared to outpatient only treatment (21%). The factors independently influencing successful detoxification within 3 months are having some in-patient treatment AOR 5.9 (2.63-13.64) and never having injected AOR 2.25 (1.20-4.25). An additional 31 (9%) of opiate users had a detoxification between 3 months and 1 year and 27 (8%) of opiate users moved into methadone maintenance treatment.

In line with international findings, this study finds that having some in-patient treatment increases the likelihood of a successful detoxification. Offering a detoxification early in a drug using career pre-injecting drug use may be beneficial to outcomes. It should be noted that a number of opiate users need extra time to complete the detoxification process and that some participants transferred into a treatment modality. This indicates that intention to detoxification can provide an entry into methadone maintenance treatment services.

SOURCE

Irish Journal of Medical Science, 2010;179:569-573.



Involvement and Attitudes towards Physical Activity among Cork City Adult Population - A General Survey

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OBJECTIVE

The aim of this study is twofold: firstly, to explore the level of physical activity of Cork city population and secondly, to examine the motives and barriers to physical activity in the general population.

METHODOLOGY

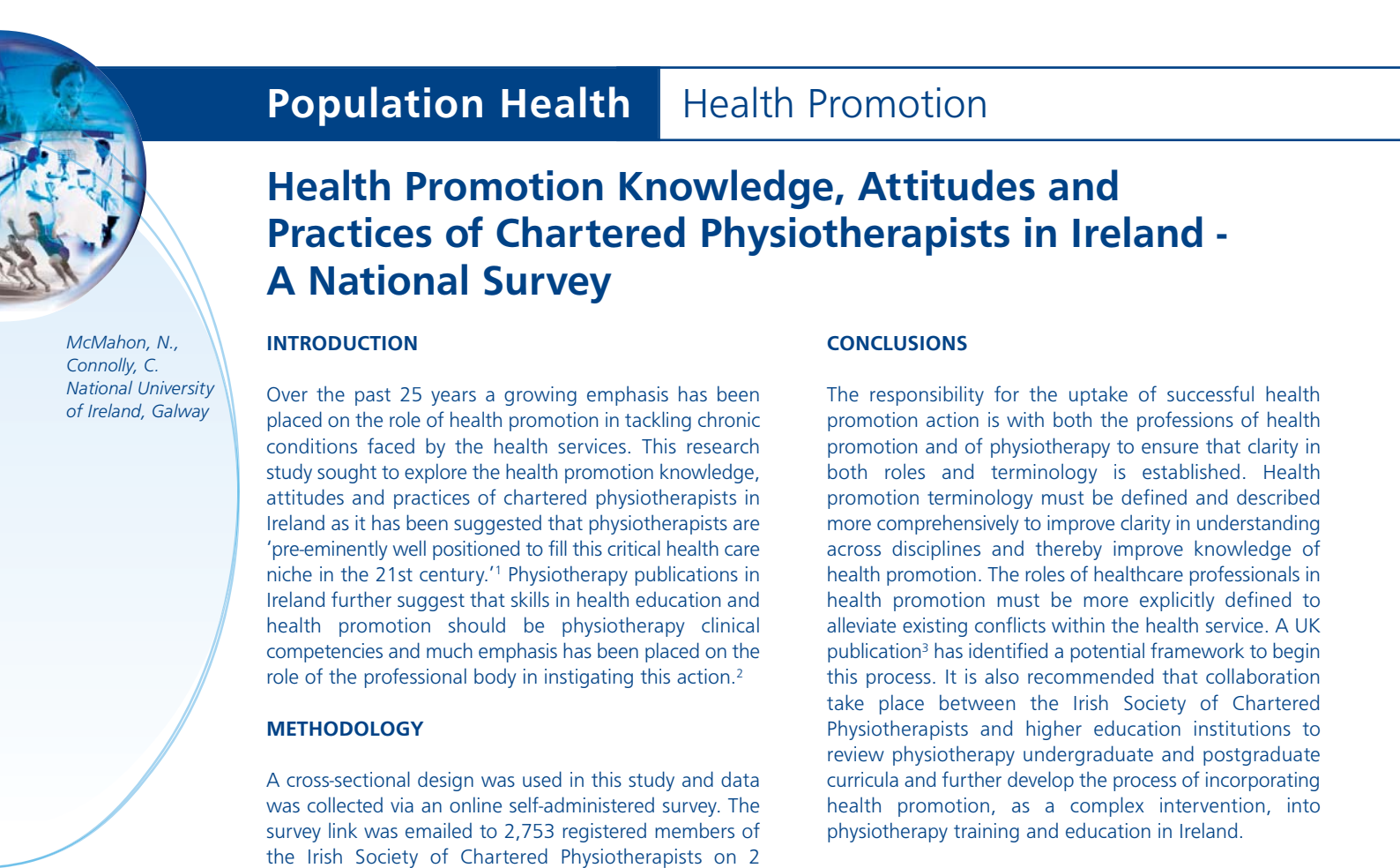
This was a cross-sectional study using questionnaire-based survey, completed by face-to-face interview. A modified version of short-IPAQ questionnaire was used, data were analysed using SPSS 18.

RESULTS

Participants were 107 men and women aged between 18 and 65 years. In all, 66 (61.7%) of participants were male and the mean age was 35.6 (+/- 13.52 SD) for male and 34.9 (+/-13.47 SD) for female. A total of 40 (37.4%) of participants did more than 20 minutes of vigorous activity at least 3 days per week, 24 (22.4%) of participants did 30 minutes of moderate activity at least 5 days per week, 65 (60.7%) of participants did adequate physical activity based on the recommendations and guidelines. "Remaining fit and to look smart" conferred the highest response (45 participants, 42.1%) with regard to participants' motivation, while the most commonly reported barriers were having lack of time or being "too busy" (35 participants, 59.3%).

CONCLUSIONS

The majority of those surveyed are living an active lifestyle (60.7%), compared to 41% of Irish adults for the same level of activity based on a previous national survey of lifestyle attitudes in 2007.¹ More public health strategies are needed to facilitate participation in physical activity, especially for working class individuals and more importantly, the public need to be aware of the Irish National Guidelines on physical activity. Further studies with longitudinal data are needed to complement these results.



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Health Promotion Knowledge, Attitudes and Practices of Chartered Physiotherapists in Ireland - A National Survey

INTRODUCTION

Over the past 25 years a growing emphasis has been placed on the role of health promotion in tackling chronic conditions faced by the health services. This research study sought to explore the health promotion knowledge, attitudes and practices of chartered physiotherapists in Ireland as it has been suggested that physiotherapists are 'pre-eminently well positioned to fill this critical health care niche in the 21st century.'¹ Physiotherapy publications in Ireland further suggest that skills in health education and health promotion should be physiotherapy clinical competencies and much emphasis has been placed on the role of the professional body in instigating this action.²

METHODOLOGY

A cross-sectional design was used in this study and data was collected via an online self-administered survey. The survey link was emailed to 2,753 registered members of the Irish Society of Chartered Physiotherapists on 2 occasions. A total of 526 questionnaires were returned giving a response rate of 19.1%. Data was analysed using PASW Statistics 18. Correlations were examined using Chi Square.

RESULTS

Physiotherapists' knowledge of health promotion appears to be oriented primarily to the health education components of preventing disease and changing peoples' behaviours. Physiotherapists' attitudes to health promotion were positive with 95.2% (n=476) strongly agreeing/agreeing that health promotion is a fundamental part of their role. However, health promotion practices of physiotherapists also show a bias towards the health education component of health promotion with a focus on the individual and the provision of advice and education to bring about behaviour change. Physiotherapists have identified an existing gap in their knowledge of health promotion and optimum strategies for its implementation with almost all physiotherapists (91.9%, n=399) surveyed wishing to further develop their knowledge and skills in health promotion through seminars and CPD workshops primarily.

CONCLUSIONS

The responsibility for the uptake of successful health promotion action is with both the professions of health promotion and of physiotherapy to ensure that clarity in both roles and terminology is established. Health promotion terminology must be defined and described more comprehensively to improve clarity in understanding across disciplines and thereby improve knowledge of health promotion. The roles of healthcare professionals in health promotion must be more explicitly defined to alleviate existing conflicts within the health service. A UK publication³ has identified a potential framework to begin this process. It is also recommended that collaboration take place between the Irish Society of Chartered Physiotherapists and higher education institutions to review physiotherapy undergraduate and postgraduate curricula and further develop the process of incorporating health promotion, as a complex intervention, into physiotherapy training and education in Ireland.

REFERENCES

Available on request.



Cultural Patient Stories at Limerick Maternity Hospital

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INTRODUCTION

The Mid-Western Regional Maternity Hospital, Limerick in collaboration with Doras Luimní (an organisation promoting and protecting the rights of all migrants in Limerick), decided on a creative programme of seeking feedback from women from diverse cultures who have attended the Maternity Hospital in the form of a patient storytelling session.

OBJECTIVE

To actively involve women of diverse cultures in planning, developing and/or changing the services we deliver to them appropriate to their needs.

METHODOLOGY

Through Doras Luimní a group of women from Sudan, Nigeria, Nepal, Poland, Albania, Ghana and Pakistan were asked to meet a group of staff (including Midwifery Management, Midwives, Catering Manager and Healthcare Attendants) at the hospital to tell of their perceptions of Irish birthing practices before they attended the hospital, their positive experiences during their confinement and also where their expectations were not met.

Further research sessions were conducted with women from Congo, Poland, Latvia, Sri Lanka, Pakistan and Bangladesh to find out more about ante-natal, delivery and post-natal traditions in their countries of origin.

RESULTS

The main learning from the session was that these women want staff to:

- Listen
- Communicate more
- Give specific information on procedures
- Be prepared for and accepting of difference
- Ask questions to learn more about a woman's cultural background
- We learned that the African women prefer a hot, spicy soup after delivery as a means of refreshing their body after labour
- We were told that a baby's first bath is considered a very important procedure, a means of deep cleansing the baby after 40 weeks in the womb

Recommendations

- Devise a list of possible communication lines to open up conversation with women of diverse cultures to ensure that women are given an opportunity to relate what is normal procedure in pregnancy, labour and delivery in their own culture
- Source a suitable hot spicy drink that can be given to women after delivery
- In response to the findings from the storytelling sessions, information posters are being designed to encourage and enrich communication between staff and patients regarding infant care and interpreter services
- Signage indicating that all chicken served is Halal is displayed in all wards, a menu system has been commenced and regular feedback on catering services is conducted by the Catering Supervisor

CONCLUSION

This form of qualitative feedback was indeed very worthwhile. Learning was evident for both the women and staff groups. We are extremely grateful to Doras Luimní and the women's group for giving of their time and knowledge so generously. A large poster presentation describing this initiative is now displayed near the hospital entrance.

The Availability and Reliability of Minimum Data Set Items for Four Potential Emergency Department Key Performance Indicators - A Pilot Study

INTRODUCTION

Despite its many limitations, use of medical records as a source of data for documenting quality of care indicators remains standard practice.

OBJECTIVES

The primary aim of this study was to quantify the completeness of Emergency Department (ED) medical records as a source of minimum data set (MDS) items for four potential ED key performance indicators (KPIs). The secondary aims of this study were to determine the reliability of abstracting these MDS items from the ED medical records and to determine how uniformly the MDS items were reported in the medical records.

METHODOLOGY

MDS items relevant to the following 4 potential ED KPIs were studied: pain assessed at triage, evidence of ongoing pain assessment, time to analgesia for abdominal pain and Total ED Time (TEDT). Data were collected by 8 investigators in a convenient sample of 4 EDs. To limit the burden of data collection, the same sample of medical records was used for abstraction of MDS items relevant to all 4 KPIs, the sample size was limited to 25 randomly selected medical records from a one month period for each participating ED, except a paediatric ED where 10 randomly selected records were used because only 25 patients presented with abdominal pain during the study period. A composite score of 8 MDS items to assess medical record completeness was used. Reliability of MDS items was assessed by using inter-observer and intra-

observer agreement (kappa coefficient). Uniformity of medical record content was assessed by an analysis of inter- and intra-hospital variability using the Gini coefficient as a measure of dispersion.

RESULTS

Overall, 697 MDS items relevant to the 4 KPIs were collected and analysed. The overall mean availability of the MDS items in the medical records using the composite score of 8 items was 4.04 (range: 3.22 to 4.95) See Figure 1.

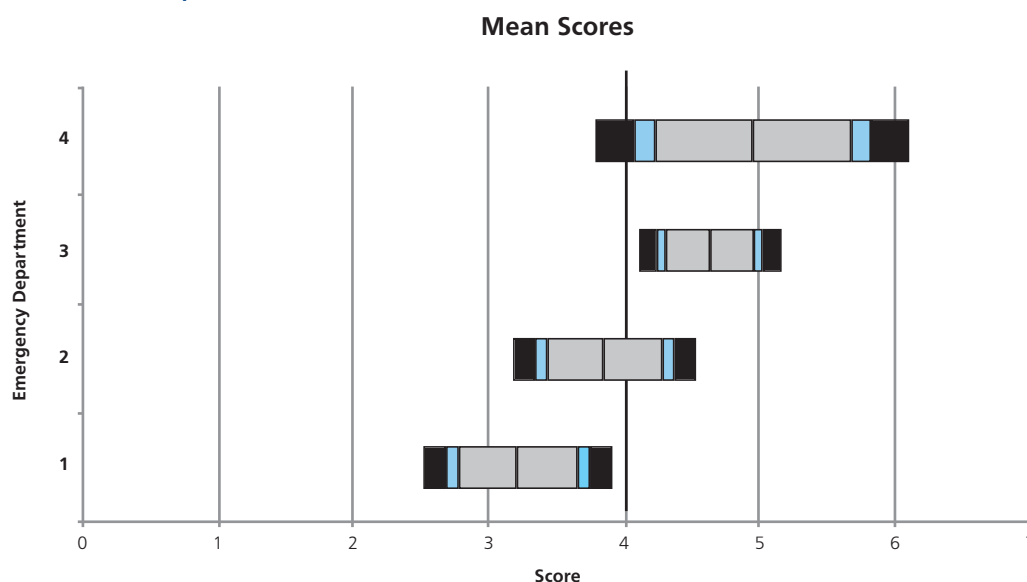
The horizontal bars show the mean score (with 90, 95 and 99% confidence intervals) for each ED. The vertical line gives the overall mean score for all EDs and is used for benchmarking. EDs are anonymously represented on the ordinate's axis.

The MDS items were reported fairly uniformly among medical records within and between participating EDs (overall Gini coefficient=0.2; range: 0.14 to 0.2). Overall, the MDS items showed acceptable inter-observer agreement (kappa scores, 0.73 to 0.86), intra-observer agreement (kappa scores, 0.77 to 0.96) and internal consistency (Cronbach's alpha, 0.95).

CONCLUSION

Many MDS items required to use KPIs to monitor ED performance are absent in current medical records. The currently available MDS items are reproducible and are fairly uniformly reported among patient records within and between EDs.

Figure 1 - Comparison among Emergency Departments Using the Composite Score of 8 MDS Items to Assess Medical Record Completeness



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Development of Key Performance Indicators for Emergency Department in Ireland Using an Electronic Modified-Delphi Consensus Process

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INTRODUCTION

Key performance indicators (KPIs) are specific and measurable elements of healthcare, which can be used to assess the quality of care. The development of a suite of KPIs suitable for audit is essential in defining the role of the Emergency Department (ED), and in monitoring the standard of care by Emergency Medicine (EM), within the healthcare system.

OBJECTIVE

The aim of this study was to develop a consensus among EM specialists for ED key performance indicators (KPIs) in Ireland.

METHODOLOGY

A three-round electronic modified-Delphi process was employed in this study. The electronic databases HealthStar, Medline, Embase and SIGLE were searched to identify studies on ED performance indicators. An online questionnaire with 54 potential KPIs was set up for round one of the Delphi process. The Delphi panel consisted of all registered EM specialists in Ireland. Each indicator on the questionnaire was rated using a 5-point Likert-type rating scale. Agreement was defined as $\geq 70\%$ of responders rating an indicator as "agree" or "strongly agree" on the rating scale. Data analysis consisted of standard descriptive statistics. Data was also analysed as the means of the Likert rating with 95% confidence intervals (95% CIs). Sensitivity of the ratings was examined for robustness by bootstrapping the original sample. Statistical analyses were performed with SPSS version 16.0.

RESULTS

Of the 693 citations identified by the literature search, there was no publication on performance indicators directly referable to Irish EM practice. The response rate in rounds 1, 2 and 3, was 86%, 88% and 88% respectively. In all, 97 potential indicators reached agreement after the three rounds. In the context of the Donabedian structure-process-outcome framework of performance indicators, 41 (42%) of the agreed indicators were structure indicators, 52 (54%) were process indicators and 4 (4%) were outcome indicators. Overall, the top 3 highest rated indicators were: presence of a dedicated ED clinical information system (4.7; 95% CI 4.6-4.9), ED compliance with minimum design standards (4.7; 95% CI 4.5-4.8) and time from ED arrival to first ECG in suspected cardiac chest pain (4.7; 95% CI 4.5-4.9). The top 3 highest rated indicators specific to the clinical care of children in EDs were: time to antibiotics in children with suspected bacterial meningitis (4.6; 95% CI 4.5-4.8), separate area available within EDs (seeing both adults and children) to assess children (4.4; 95% CI 4.2-4.6) and time to analgesia in children with forearm fractures (4.4; 95% CI 4.2-4.7).

CONCLUSION

Employing a Delphi consensus process, it was possible to reach a consensus among EM Specialists in Ireland on a suite of 97 KPIs for EDs.

Using Lean to Achieve International Best Practice for Fractured Neck of Femur Patients

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INTRODUCTION

Hip fractures are an important cause of morbidity and mortality in the elderly. In Ireland the annual average incidence of hip fractures is over 2,800 which is expected to increase by 100% by the year 2026.¹ Improving life expectancy and the increasing overall age of our population means the burden of these injuries on health service providers will increase.

Lean and Six Sigma concepts are widely applied in industry although their application in healthcare is less frequent, it is steadily growing. The Hospital Optimisation Programme Exemplar (HOPE) was created to encompass the intention to use lean methodology and philosophy as an exemplar to evaluate and support the use of Lean and Six Sigma in an Irish healthcare context and support improvements in patient care service delivery.

OBJECTIVE

To evaluate the impact of applying Lean and Six Sigma to the redesign of the journey of non-complex fractured neck of femur patients.

METHODOLOGY

The philosophy of Lean and Six Sigma was developed through the use of case studies, study groups and research. HOPE, a certified programme, followed a structured approach to ensure that Lean and Six Sigma tools were used effectively in this study. A multidisciplinary team followed the Six Sigma DMAIC methodology (Define, Measure, Analyse, Improve and Control). Process flow mapping was used to map the current state of the patient journey. Once this current state was fully understood a pathway was designed to create effective and smooth patient flow. This followed a well-defined evidence-base and best practice for this patient group, where all patients with hip fractures should be admitted to an acute orthopaedic ward within 4 hours of presentation and where medically fit have surgery within 48 hours of admission.² This process was facilitated using workshop discussions with emphasis placed on achieving measureable and sustainable improvements.

RESULTS

Post Lean, 37% of fractured neck of femur patients were admitted to the Orthopaedic Trauma Ward within 4 hours, pre Lean this was 27%, an increase of 10% < 4 hours. Post Lean, an earlier mean theatre start time of 8.40am was achieved resulting in a 38 minute gain to daily theatre time. Completed theatre cases per day increased by 7%. A 12% increase in patients receiving surgery within 24 hours of admission (Pre Lean 44%; Post Lean 56%) was achieved resulting in 1 night length of stay (LOS) reduction. A further decrease of 8% in delays of >48 hours resulted in a 2 night LOS reduction. Projected annual cost savings based on post lean improvements to LOS were €97,149, adopting an average of 254 patients per year based on a cost per night hospital stay of €1,366.

CONCLUSION

This case study has shown that the utilisation of Lean methodology is applicable within the healthcare environment. The Lean methodology proved an effective method to guide change resulting in an improved journey for the patient, significant workflow gains through placement of emphasis on having the right patient in the right place, at the right time.

REFERENCES

Available on request.



Using Lean Principles to Harmonise ED Patient Flow - Chest Pain, Fractured Neck of Femur and Cellulitis Pathways

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INTRODUCTION

The Hospital Optimisation Programme Exemplar (HOPE) used lean methodology and philosophy to evaluate the relevance of lean concepts to an Irish healthcare delivery system. At the request of the Department of Health, the Enterprise Research Centre at the University of Limerick co-ordinated seven lean projects at the Mid-Western Regional Hospital, Limerick. This paper summarises the experiences, benefits and lessons learned in applying lean methodology across three patient pathways: low risk chest pain; fractured neck of femur and cellulitis from the perspective of the Emergency Department.

METHODOLOGY

The understanding of lean principles, within the Emergency Department was developed through the use of case studies, reading, study groups and research. HOPE is a certified programme and followed a structured approach to ensure that Lean and Six Sigma tools were understood and deployed effectively. Each multidisciplinary team followed the DMAIC (Define, Measure, Analyse, Improve and Control) methodology. Once the current state was fully understood new pathways were designed by working with key stakeholders to generate potential solutions and objectively assess them. This process was facilitated using workshop discussions with emphasis placed on achieving measureable improvements.

RESULTS

Applying lean methodology provided greater insight and understanding between the Advanced Medical Unit (AMU) and the Emergency Department (ED) in the development of a fully integrated pathway for cellulitis. Lean tools, such as process mapping enabled harmonisation between disciplines and departments across the entire patient pathway. Pre-lean, six gateways for cellulitis patients existed with little or no co-ordination, post-lean two main gateways, ED & AMU, have a unified pathway and a more efficient patient trajectory. Both the fractured neck of femur pathway and the chest pain pathway identified efficiencies and cost savings post-lean, where the projected annual cost savings, based on post-lean improvements, to length of stay (LOS) were €97,149, (adopting an average of 254 patients per year based on a cost per night hospital stay of €1,366) and direct annual savings of €800k on in-patient days respectively.

CONCLUSION

While, within industry, the emphasis is on economies of scale, within the hospital setting, and ED in particular, the emphasis is on economies of flow. All of the lean projects described here demonstrated the benefits of economies of flow not just to the hospital but also to the patient. Considerable benefit is to be gained from focused formal collaborative structures. These projects demonstrated the power of collaboration and reaffirm the need for multidisciplinary integration throughout the entire patient trajectory.

“Where Have All the Good Men Gone?”- A Survey of the Attitudes of Final Year Undergraduate Medical Students to General Practice as a Career

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INTRODUCTION

There is a manpower crisis in General Practice in Ireland at present. In the next 10 years 30% of the current workforce will have retired. There are not enough doctors qualifying from nationwide GP Training Programmes to meet current demand. Furthermore, the number of females in the GP workforce is rapidly increasing and only 80% of them are in full-time practice.

OBJECTIVE

Bearing in mind that the future of General Practice depends largely on the medical student population, I was interested in investigating the attitudes of Irish medical students towards general practice as a career as this has not been previously investigated.

METHODOLOGY

The study sample consisted of 2 Irish final medical classes, NUIG and UCC (n=203), who had all previously had undergraduate exposure to General Practice teaching. An anonymous questionnaire was distributed to the respective colleges and consisted of 5 parts targeting their preferred career path and potential attractions to or deterrents from General Practice as a career.

Of the 97 students of the NUIG Final Year class 56 responses were obtained, from the final year class of UCC there were 79 replies from a total of 106. In total 64% of the responders were female and 36% male. 43.4% of students had decided about their choice of postgraduate speciality. 28.8% (n=17) of students picked General Practice as their first choice. The 3 most common determinants of career choice were experience as a student (87.5%, n=119), enthusiasm/commitment for a certain speciality (73.5%, n=100) and hours/working conditions (50.7%, n=69).

Of the attractions to General Practice, the most frequent were Lifestyle Choice i.e. flexible hours and options to work part-time or in various localities (91.2%, n=124), Job Satisfaction (59.6%, n=81), Self-Employment (58.8%, n=80) and Variety (55.9%, n=76). The top 3 perceived deterring factors toward General Practice were Lack of Support/Isolation (46.3%, n=63), Favour Hospital Environment (44.2%, n=60), and Uncertainty in Practice (43.4%, n=59).

RESULTS

Gender	NUIG	UCC	Total
Female	43	44	87
Male	14	35	48
Total	57	79	136

Figure 1 - What would attract you to General Practice as a Career?

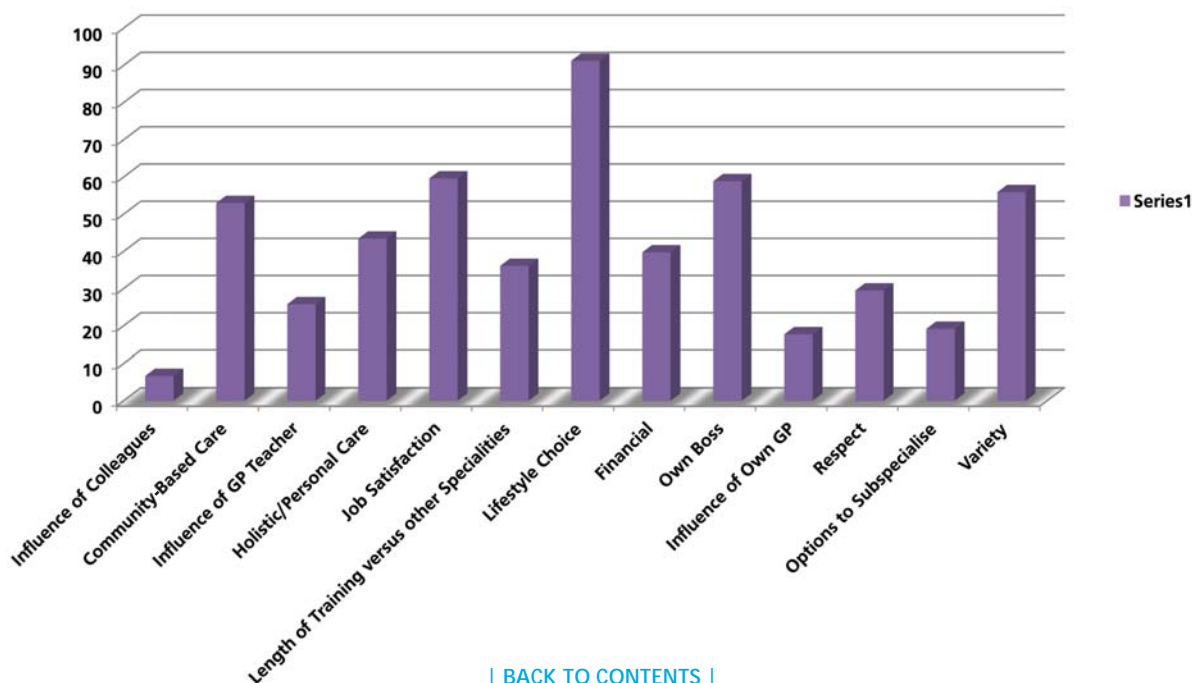
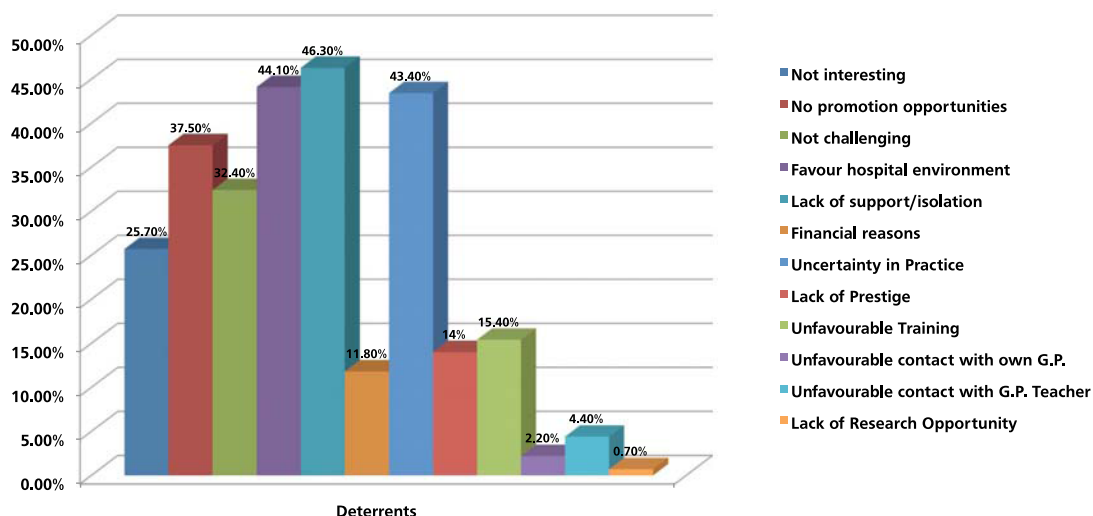




Figure 2 - What would deter you from a career in General Practice?



CONCLUSION

General practice is well placed to promote itself as an exciting and interesting career within medicine. From this study one can conclude that the undergraduate experience is the most important determinant of career choice. The GP attachment is a vital element in this experience. This suggests that the GP undergraduate teaching role is crucial in future recruitment to the speciality. The desirability of general practice as a career choice from a lifestyle perspective combined with the rapid change in gender balance suggests that major changes lie ahead.

PRESENTED

Presented as a Final Year Project on the Mid-Western GP Scheme 2006-2007 at The Limerick ICGP Christmas Meeting in December 2006 at the Mustard Seed Restaurant, Ballingarry, Co. Limerick.

REFERENCES

Available on request.



Enabling Change and Quality Improvement in a Mental Health Treatment Centre - Spreading Evidence-Based Practice

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INTRODUCTION

Quality improvement is held, quite rightly, to be one of the principal priorities throughout all arms of the Irish health system. Some disciplines, however, lend themselves more easily to the cycle which underpins the management of any quality improvement intervention. Mental Health services, for example, have less well-developed end-points than many other specialties, and there is much less evidence from which to draw conclusions as to methods for change management. What research there is in the field suggests that small, focused interventions can be sufficient to trigger large benefits for the clients and end-users.

In 2008, a mental health treatment centre providing services for Problem Drinkers in Dublin's north inner city identified within itself a number of factors which were proving to be barriers for their own organisational development, and for providing appropriate services for their clients. These included: growing waiting lists; absence of protocols; disagreement within the staff; no central database; and an organisational impasse that that proved impossible to overcome. A SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis revealed that there was requirement for change in four areas:

1. Service Design
2. Repositioning of Service
3. Client-Needs Identification
4. Metrics (quantifying clinical outcomes)

OBJECTIVE

To provide a framework upon which a Mental Health Treatment Centre is able to develop as an organisation, overcome its impasse, and to provide appropriate, patient-centred programmes for all of its clients.

METHODOLOGY

Two psychologists were deployed, one from within HSE Health Intelligence, and one from a private consulting firm. One of these furnished the statement of purpose and conducted baseline and post-intervention evaluation. The second carried out the intervention sessions on a weekly or monthly basis over a period of 18 months. Two teams, each with a specific remit, were created:-

1. Design Group: to create new policies and protocols; this was effected through small group facilitation bi-monthly.
2. Operational Group: to implement the changes and to support the Design Group.

The two psychologists made use of a "toolbox" of diagnostic and treatment interventions, including training in the use of decision-making tools; parallel process interventions; "fishbone" problem-solving exercises; evidence-based education sessions; and visualisation

techniques. "Hard end-point" outcomes were taken as being attendance numbers at the various programmes that the centre was providing. Original diagnosis of the group working was of an 'impasse' and an organisational barrier to effective working.

All 9 staff were included in the study. Intervention consisted of a series of facilitated meetings which generated the work that helped develop a series of policy documents addressing issues which had been identified by staff. Over the course of the following 18 months a number of practice improvements were established: additional staff recruitment; more perceived cohesion among staff; greater standardisation of programmes based on best evidence: improvement profiling of the centre and great education opportunities for staff.

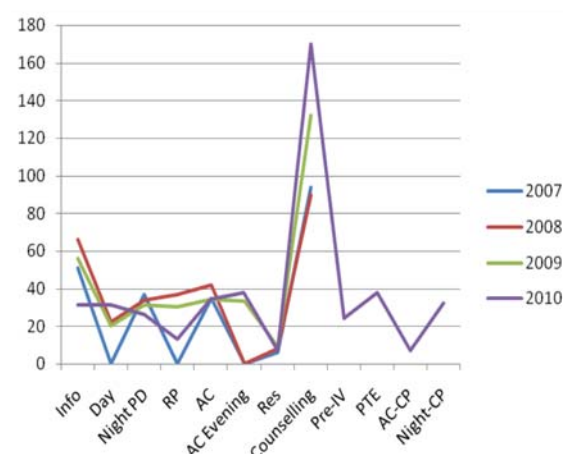
After 18 months these self reported improvement were identified in an evaluation review with all staff.

RESULTS

Clinical outcomes

The following graph shows attendance at each of the programmes for the months of September 2007, September 2008, September 2009 and September 2010. The recent addition (2010) of new programmes can be seen.

Figure 1 - Client Attendance at Named Programmes each September from 2007 to 2010



Info = Information Programme

Day = Day Programme

Night-PD = Night Programme for Problem Drinkers

RP = Relapse Prevention

AC = Aftercare

AC Evening = Evening Aftercare

Res = Residential Programme Counselling

Pre-IV = Pre-Intervention

PTE = Primary Treatment Education

AC-CP = Aftercare Concerned Persons

Night-CP = Night Programme Concerned Persons



Total service and programme delivery have increased by just over 100% since 2007, the majority of the increase being between 2009 and 2010.

Staff self report

Staff reported a better atmosphere in the workplace; increased ease of communication between colleagues and with clients; greater clarity around evidence and policies; and overall a more professional, improved and unbiased approach. There were particular improvements reported in: confidentiality; record-keeping; consent; greater use of evidence to support programmes; and competence assurance.

Overall Outcomes

Over 40% increase in productivity in a number of areas; Development of, and agreement on, policies and procedures that had not existed prior to the intervention; Increased client attendance; Standardisation of programmes; and Opportunity for the development of a template that may be applied to other settings, with a view to achieving similar benefits.

DISCUSSION

The study identified the need to identify with those requesting help in implementing change, recognise their key requirement to be changed, and identify their specific priority. It is not so much that people resist change, more that they resist being changed. For sustainable change, it is important for the support team (HSE Health Intelligence) to work with every element of the service that is being affected by change. It is also crucial to work with the key influencers, and to remember that key influencers can be positive or negative.

In terms of causality, the following points are noted:

- Strength of association: 20 hours total input and intervention; 10 sessions would likely have had poorer outcome
- Coherence: self-reports were consistent among all the staff
- Appropriate time relationship: before the intervention, results were poor; there was significant improvement after the intervention
- Analogy: the intervention can be used to manage other, similar situations (e.g. organisational impasse)
- Plausibility: it makes sense that agreed protocols and shared vision contribute to increased productivity

The combination of all of the above strongly suggest that the outcome was a direct result of, or caused the intervention, that is, it did not occur due to chance.

CONCLUSIONS

It is possible, using a framework, to overcome organisational impasse with resulting benefits for staff and for patients. This is an area that requires further study.

A blue-tinted photograph of a long, empty hallway with a person standing in the distance. The hallway has a high ceiling and a polished floor that reflects the light. The person is standing in the center of the hallway, looking towards the camera. The overall mood is quiet and contemplative.

News & Events

Research Bulletin
Volume 6 Issue 2

CAMPAIGN CHALLENGING BACK PAIN MYTHS RECEIVES IRISH HEALTHCARE AWARD

The Move4Health Campaign: Challenging Back Pain Myths run by the Irish Society of Chartered Physiotherapists has received a commendation at the Irish Health Care Awards, which took place in the Shelbourne Hotel, Dublin on Thursday November 10th, 2011.

The campaign, chaired by Kieran O'Sullivan, MISCP, Lecturer, University of Limerick, involved a series of nationwide events aiming to challenge the myths associated with low back pain. The Irish Society of Chartered Physiotherapists and Pfizer (who sponsored the campaign) received a commendation in the "Patient Lifestyle Education" category of the Irish Health Care Awards.



L. to R: Dr. Bernadette Carr, VHI Healthcare, Emer O'Connell, Pfizer, Ciaran McGreal, Pfizer, Kieran O'Sullivan, MISCP, Lecturer, University of Limerick, Chairperson Move4Health, Sharon Hurley, Pfizer

Back Pain is a huge cause of disability worldwide. The best approaches to managing back pain often contrast with the beliefs of the public, and international research has shown that educating people about this issue can be very effective in reducing back pain and the related costs on society.

This campaign focuses on some of the most common myths about back pain so that public understanding is enhanced. The challenge is to take what is known about back pain, and translate this into greater public understanding in a way that is likely to cause changes in both beliefs and behaviours.

Information and material about the campaign are free to all from www.move4health.ie



Forthcoming Events



SYLVESTER O'HALLORAN MEETING

Theme of 20th Conference -

The Challenges of Modern Surgical Practice

Friday 2nd & Saturday 3rd of March, 2012

Irish World Academy of Music & Dance, University of Limerick

Call for abstracts deadline - Friday 4th November 2011

Day 1:

14.00 - 15.50	Clinical Session 1
15.50 - 16.10	Coffee & Visit Posters & Trade Exhibition
16.10 - 18.00	Session 2 - Prize Session
16.45 - 18.35	Session 3 - Head & Neck Session
18.00 - 18.20	Visit Posters & Trade Exhibition
18.20 - 19.10	20th Sylvester O'Halloran Lecture <i>Presented by: Professor John MacFie</i>
20.30	Reception, The Dunraven Arms Hotel, Adare, Co. Limerick
21.00	Dinner (Dress Informal)

Day 2:

Clinical Session II – 09.00 – 10.50	
09.00 - 10.50	Session 6 - Orthopaedic Session
09.30 - 11.50	Session 8 - Anaesthesia Session
10.50 - 11.10	Coffee & Visit Posters & Trade Exhibition
11.10 - 12.30	Session 7 - Orthopaedic Session
11.10 - 13.00	Session 5 - Surgical Practice "Managing Change"
11.50 - 12.50	Head & Neck Guest Lecture <i>Presented by: Mr. Ben Hartley</i>
12.40	Panel Adjudication for Sylvester O'Halloran Prize
13.00 - 14.00	Sir Thomas Myles Lecture <i>Presented by: Professor Micheál O'Suilleabháin</i> Followed by Presentation of Prizes

Speakers:

Professor John MacFie, President ASGBI, Professor of Surgery/Consultant Surgeon, Scarborough Hospital

Professor Micheál O'Suilleabháin, Chair of Music, Irish World Academy of Music and Dance, UL

Mr Ben Hartley, Consultant Paediatric Otolaryngologist, Head & Neck Surgeon, Great Ormond Street Hospital

UL SURGEON RECEIVES INTERNATIONAL AWARD FOR OUTSTANDING CONTRIBUTION TO THE SCIENCE OF SURGERY

PROFESSOR CALVIN COFFEY RECEIVES PRESTIGIOUS JAMES IV FELLOWSHIP AWARD

Professor Calvin Coffey (Chair of Surgery, Graduate Entry Medical School, University of Limerick and Consultant General and Colorectal Surgeon, Limerick University Hospital) has been selected to receive a James IV Fellowship from the James IV Association of Surgeons. This Fellowship is awarded to candidates who have made outstanding contributions to the art and science of surgery.

Each year surgeons are selected from around the world to receive this prestigious Fellowship. In the coming months, Professor Coffey will travel to clinical sites in North America, Korea, and across Europe to present his experiences of novel techniques and innovation in minimally invasive colorectal cancer surgery.

Professor Coffey acknowledged the importance of the award saying; "This fellowship is a key piece in the jigsaw as we continue to develop educational programmes at the highest level possible for undergraduate students and postgraduate surgical trainees."



Professor Calvin Coffey

A Cork city native from Blackrock who went to school with the Presentation Brothers, Coláiste an Spioraid Naoimh, Professor Coffey earned a B.Sc (Anatomy) Hons and PhD

from UCC and completed his surgical training at the Royal College of Surgeons Ireland (AFRCISI, FRCS - General Surgery). His research has led to ongoing emphasis in cancer genetics, surgical trauma, infections and generating novel therapeutic modalities aimed at targeting each. Professor Coffey returned to Ireland in 2010 to join the Graduate Entry Medical School from the Digestive Diseases Institute, Cleveland Clinic, Ohio, USA where he completed a fellowship in colorectal surgery and furthered his research into immunology and colorectal cancer as well as the expression of genes in this cancer.

Professor Colum Dunne, Graduate Entry Medical School at University of Limerick, added "Professor Coffey and his surgical colleagues at each of the clinical sites affiliated with UL have created an effective and enjoyable learning experience for GEMS students. We welcome the opportunity to disseminate the knowledge generated by these teams in surgical teaching and research, and like all learning organisations look forward to implementing new approaches that may result from this fellowship."

The James IV Association of Surgeons, Inc. was founded in 1957 by three distinguished surgeons from England, Scotland and the United States so that surgeons from around the world could be brought together to exchange ideas and techniques regarding surgery. The aim of the Association is to foster the exchange of knowledge among distinguished surgeons in countries where English is freely spoken. The Association was founded in 1957 by Ian Aird of London, John Bruce of Edinburgh and J. William Hinton of New York who choose the name of the new surgical association in honour of the fourth Stuart King of Scotland who was noted for his interest in scientific affairs.

UL MEDICAL SCHOOL REACHES €1 MILLION RESEARCH FUNDING MILESTONE

UL's Graduate Entry Medical School (GEMS) continues its commitment to progressive medical education and research with a recent announcement of a €1 million funding milestone achieved. GEMS is implementing a research strategy focused on the themes of metabolic mediators of chronic disorder, life stage-specific conditions including aspects of ageing, and the provision of prophylactic guidance and therapeutic care in the community and acute facilities.

Director of Research at the Graduate Entry Medical School, Professor Colum Dunne welcomed the development; "Achieving €1million in research funding is a specific initial milestone for GEMS. It represents progress in implementing what is an ambitious research strategy for Ireland's newest and largest provider of graduate-entry medical places."

For further information about the Graduate Entry Medical School (GEMS), UL go to: www.ul.ie/medicalschoo



UL Medical School Reaches €1 million Research Funding Milestone (pictured from left) members of the Graduate Entry Medical School Faculty- Professor Colum Dunne, Director of Research, Professor Walter Cullen, Professor of General Practice, Professor Clodagh O'Gorman, Professor of Paediatrics, Professor David Meagher, Professor of Psychiatry

The School has pursued recruitment of experienced professorial leaders across the clinical specialties who are actively engaged in relevant top-tier health-oriented research. GEMS has succeeded in attracting competitive research funding from Irish agencies such as the Health Research Board (HRB), Health Services Executive (HSE), and The Childrens' Medical and Research Foundation.

Established in 2007, the Entry Medical School celebrated the first graduates of its Bachelor of Medicine Bachelor of Surgery (BM BS) degrees this year. The Graduate Entry Medical School Programme at UL is open to graduates from any discipline and employs practical and interactive approaches to learning.

UL RESEARCHER ELECTED TO THE COUNCIL OF THE IRISH ASSOCIATION FOR CANCER RESEARCH

UL researcher, Dr. Patrick Kiely was recently elected to the council of the Irish Association for Cancer Research (IACR). The IACR is an All-Ireland non-profit organisation that is focused on bringing researchers from different disciplines together to generate a world class environment for cancer research in Ireland. A native of Tarbert, Co. Kerry, Dr. Kiely was recently appointed Lecturer in the Department of Life Sciences, UL and is Principal Investigator of the Laboratory of Cellular and Molecular Biology and a member of the Materials and Surface Science Institute (MSSI).



Dr. Patrick Kiely

Dr. Kiely highlights the importance of the work of the IACR in saying; "The IACR is nurturing cancer research by promoting collaboration and communication between cancer researchers on the island of Ireland." Dr. Kiely's research is predominantly focused on understanding how cancer cells migrate from the primary tumour. Dr. Kiely believes that understanding the molecular mechanisms that regulate cell migration may reveal fresh approaches to target cancer as well as developmental and neurodegenerative diseases.

Dr. Kiely's work has led to a number of significant publications and several prestigious postdoctoral fellowships and international awards including; The European Association for Cancer Research (EACR) Young Scientist Award (2010), The 'Roche Gold Medal' for Postdoctoral researcher of the year (2007), 'The Pfizer Gold medal for Excellence in Research' in 2007 and 2002, and 'Young Investigator of the Year 2006', awarded by the Biochemical Society, UK.

UL INNOVATIONS CLINCH ENTERPRISE IRELAND CLINICAL INNOVATION AWARDS

A Safety device for transurethral catheter deployment won first place and design for sensor-integrated nasogastric tubes took third, in the recent Cleveland Clinic and Enterprise Ireland Innovation Award.

The University of Limerick swept the boards in the Med in Ireland Awards presented on November 2nd, 2011 by Minister for Jobs, Enterprise & Innovation, Richard Bruton TD. Med in Ireland is Ireland's leading Medical Technologies and Healthcare Conference and Exhibition where over 200 international visitors met with Ireland's leading indigenous lifescience companies.



L. to R: Mr Frank Ryan, CEO, Enterprise Ireland; Professor Calvin Coffey, Chair of Surgery, (GEMS) and Consultant General & Colorectal Surgeon, Limerick University Hospital; Mr Richard Bruton T.D.; Dr Niall Davis, CABER & Department of Urology, Mid-Western Regional Hospital; Dr Mary Shire, Vice President Research, UL

First place was awarded to the cross-disciplinary team of clinicians and biomedical engineers based at The Centre for Applied Biomedical Engineering Research (CABER) at the University of Limerick's Materials and Surface Science Institute (MSSI) who developed an innovative safety device for improved deployment of transurethral catheters which affects 10-25% of hospitalised patients. The urology device reflects the excellent working relationship that has been developed between the CABER team and the Department of Surgery at Limerick University Hospital. "The collaboration aims to bring engineering solutions for improved patient care" said Professor Tim McGloughlin (CABER).

The Team members were Dr Niall Davis (CABER and Department of Urology, Mid-Western Regional Hospital), Dr Michael Walsh, Rory Mooney, Eoghan Cunnane and Professor Tim McGloughlin.

Third place was awarded to the Graduate Entry Medical School (GEMS) in collaboration with the Tyndall Institute, for their project which was cost-effective sensor-integrated nasogastric tubes to enhance patient safety and clinical outcomes.

Team members included; Professor Calvin Coffey, Chair of Surgery, (GEMS) and Consultant General and Colorectal Surgeon, Limerick University Hospital, Professor Colum Dunne, Director of Research at the Graduate Entry Medical School, UL and Mr Frank Stam, Tyndall, National Institute, UCC.

In response to UL's success, Vice President Research, University of Limerick, Dr Mary Shire said; "to have two UL innovations taking first and third in the final of the Cleveland Clinic and EI Clinical Innovation Award is testament to UL's focus on linking clinical and engineering expertise in the development of novel products which benefit patients. The most important part of the process is actually getting engineers into clinical settings where they can engage with clinicians at a practical level and actually observe the challenges facing clinicians."

Director of Research, Graduate Entry Medical School, Professor Colum Dunne said "Medical research at UL aims

to be relevant to real life challenges. Clinicians are at the coal face of innovation pipelines. In this case, UL clinical researchers identified areas where improvements in technology enhance patient safety and clinical outcomes. We have ensured through patent and literature searches that UL teams have the freedom to operate in developing technology solutions. It is possible that some day, having completed all of the necessary regulatory and commercial steps, these innovations may contribute to Ireland's GNP as successful export products."

The transurethral catheter deployment invention has been patented by the University of Limerick, Technology Transfer Office (TTO) and partners to assist in its commercialisation and opportunities are currently being sought. For further information regarding the commercialisation of this invention contact: seamus.browne@ul.ie

The Clinical Innovation Award is a joint award by the Cleveland Clinic and Enterprise Ireland to recognise the importance of clinical innovation in Ireland. The winner of the award will receive a grant of €15,000 and the opportunity to work with Cleveland Clinic and Enterprise Ireland to develop the commercial feasibility of the innovative idea.

UL RESEARCHERS EVALUATE RISK IN CHILDREN OF PARENTS WITH EARLY HEART DISEASE

Researchers at the Graduate Entry Medical School, University of Limerick (GEMS) and the Department of Paediatrics at Limerick University Hospital have launched a study to evaluate risk in children of parents with early heart disease. The research study will search for evidence of early heart and vessel disease in children and teenagers whose parents have had either heart attacks or heart bypass surgery at young ages. The research is supported by The National Children's Research Centre and The Children's Medical & Research Foundation (Crumlin).



Professor Clodagh O'Gorman, Professor of Paediatrics at the University of Limerick and Limerick University Hospital and GEMS Director of Research, Professor Colum Dunne at the launch of a new study which will evaluate risk in children of parents with early heart disease. The research is supported by The National Children's Research Centre and The Children's Medical & Research Foundation (Crumlin)

Professor Clodagh O’Gorman, lead researcher and Professor of Paediatrics at the University of Limerick and Limerick University Hospital explains the significance of this study; “This research is the first of its kind to evaluate risk in children whose parents had early heart disease. We are interested in identifying and monitoring indicators of early acquired heart disease in young children. Potentially, we can follow these children for progression of heart disease. And, if appropriate, we may consider treatments to alter the process of acquired heart disease.”

Speaking at the launch of the study, GEMS Director of Research and lead researcher, Professor Colum Dunne said; “Research is a fundamental component of paediatric medicine. We already know that having a parent with a heart disease places the child of that parent at increased risk when they reach adulthood, but we do not have information on the health of their hearts and vessels during youth. This study will begin to address these complex issues.”

NEW SUITE OF SPECIALISED CLINICAL PRACTICE PROGRAMMES FOR PRIMARY HEALTHCARE LAUNCHED AT UL

Innovative healthcare education in Ireland has been furthered with the launch of a suite of postgraduate certificates for clinical practice at the University of Limerick. At a recent open evening event, the Faculty of Education and Health Sciences unveiled a range of programmes focused on areas of clinical practice and designed for working healthcare professionals.



Pictured at the Open Evening in Clinical Therapies in UL were Dr. Amanda Connell, Head of Department of Physiotherapy, UL, Jothikumar Ramakrishnan, Maria Escueta and Mary Beth Gallagher Course Director, MSc Occupational Therapy Picture Credit: Brian Gavin Press 22



Dr. Amanda Connell, Head of the Department of Physiotherapy, UL at the launch of the new suite of Specialised Clinical Practice Programmes for Primary Healthcare Picture credit: Brian Gavin, Press 22

The programmes launched are:

- Postgraduate Certificate in Musculoskeletal Therapy
- Postgraduate Certificate in Neuro-Rehabilitation
- Postgraduate Certificate in Occupation and Well-Being
- Postgraduate Certificate in Advanced Clinical Practice
- Postgraduate Certificate in Pain
- Postgraduate Certificate in Developmental Speech and Language Disorders

Dr. Amanda Connell, Head of Department of Physiotherapy, UL said; “These programmes reflect the changing and emerging emphasis in Ireland on primary healthcare. 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 certificates 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.”

The programmes are open anyone with a BSc (Hons) in a healthcare profession. These programmes are directly aimed at bridging the gap between academia and clinical practice. Applications are open until mid-December with programmes starting on January 23rd, 2012. For further information contact www.physiotherapy.ul.ie and follow link to PG Certificates.

UL RESEARCHER DEVELOPS MATHEMATICAL TECHNIQUE WHICH WILL BETTER PREDICT THE SPREAD OF EPIDEMICS

University of Limerick based researcher, Professor James Gleeson has invented a new mathematical technique which analyses and predicts the outcome of dynamic changes on large-scale networks. This new technique will provide more accurate prediction of a diverse range of spreading phenomena such as epidemics, computer viruses and social media trends. Professor Gleeson’s paper entitled ‘High-accuracy approximation of binary-state dynamics on networks’ has been published by leading science journal Physical Review Letters.



Professor James Gleeson, Co-Director, Mathematics Applications Consortium for Science and Industry (MACSI) at the University of Limerick

Professor Gleeson explains the application of the model as "a way of seeing how links in our connected world affect us in many ways. This model can be applied to examine the spread of diseases such as H1N1 (swine flu) by understanding the complex networks within society. The airline network, for example, tells us how many people fly to and from each airport in the world every day, and these travellers are often the primary spreaders of epidemics and pandemics."

Professor Gleeson sees the application of this research to have a significant impact for society; "As an applied mathematician my focus is to use maths to solve real-world problems, and to see how different spreading phenomena, like diseases or rumours on social networks, can have a unified mathematical description. One of the most significant results of this technique will be its application in global healthcare. This research will enable scientists in many different fields to obtain more accurate predictions for spreading behaviours, in particular epidemics. Better understanding how diseases spread can inform how vaccination should be rolled out and targeted at specific groups, and so guide the response required by governments and healthcare."

Prediction of the spread of epidemics has implications in the impact on the wider healthcare community and its ability to respond effectively. In the case of swine flu in Ireland, the economic impact to the state in responding to a virus and understanding the reach it may have within the population is significant. This research can be applied to allow more accurate prediction of the size of an epidemic and therefore inform preparations to combat the disease.

Professor Gleeson is the co-director of the Mathematics Applications Consortium for Science and Industry (MACSI) at the University of Limerick. This research is funded by Science Foundation Ireland. Professor Gleeson's paper is available to view on Physical Review Letters:
<http://prl.aps.org/abstract/PRL/v107/i6/e068701>

UL LAUNCHES INNOVATIVE PROGRAMME AIMED AT IMPROVING PATIENT CARE AND REDUCING WAITING TIMES

The University of Limerick (UL) in partnership with the Health Services Executive (HSE) has launched an innovative programme targeted at enabling nurses to take a leading role in primary and community care in Ireland. The Certificate in Nursing (Nurse/Midwife Prescribing) aims to develop a professional knowledge base and competence in the education of nurses and midwives in relation to the development, delivery and evaluation of education for nurse/midwife prescriptive authority. The six-month programme has been designed to facilitate flexible, student friendly access to learning.

The new programme is open to Registered General Nurses, Registered Psychiatric Nurses, Registered Intellectual Disability, Registered Children's Nurses, Registered Midwives and Registered Public Health Nurses (with more than three years experience). The programme was launched by Maureen Flynn, National Lead for Clinical Governance Development in the Quality and Patient Safety Directorate, HSE.



Larry O'Connor, Head of Department, Department of Nursing & Midwifery, UL and Maureen Flynn, National Lead for Clinical Governance Development in the Quality and Patient Safety Directorate, HSE at the European Transcultural Nursing Association Conference hosted at UL

Larry O'Connor, Head of Department, Department of Nursing and Midwifery, UL said; "The political and professional landscape of nurses and midwives has changed in the past few years to expand opportunities to provide faster more effective care for patients and clients in many aspects of healthcare delivery. There has been a significant growth in nurse-led clinics for primary and community care. The introduction of nurse/midwife prescribing is a real and significant change in nursing and midwifery practice in Ireland. Improving patient care is at the heart of the initiative on nurse/midwife prescribing."

In 2009 a National Evaluation of The Nurse and Midwife Prescribing Initiation carried out by University College Dublin found that patients and parents of children who received a prescription from a nurse with prescriptive authority were highly satisfied with the care they received.



Waiting time was also perceived to have been impacted upon with over 90% of patients reporting that it had reduced their waiting time for treatment. Overall satisfaction with the consultation process was also high with the majority of patients surveyed of the opinion that the nurse prescriber was comprehensive in the delivery of their care, listened to their concerns and treated them as a person. This provides evidence to support the demand for continued educational provision for nurses and midwives.

UL RESEARCHERS INVESTIGATE THE EFFECTS OF -110°C CRYOTHERAPY ON MUSCLE RECOVERY

UL researchers at the Department of Physical Education and Sport Sciences have published a paper which is the first to explore the effects of whole body cryotherapy (WBC) on recovery from muscle soreness and on muscle function. Whole-body cryotherapy (WBC) is a treatment which is drawing considerable debate among elite athletes. The treatment involves athletes being repeatedly exposed to temperatures of minus 110° celsius with the aim of aiding muscle recovery.

Joseph Costello, doctoral student at UL and lead author on the paper explains; "Whole Body Cryotherapy (WBC) is colder than any temperatures ever recorded or reported on earth. It is currently being used by athletes and patients for various clinical and rehabilitative reasons. However, research into the area of (WBC) is extremely limited."

Costello added; "This is the first study which has addressed WBC as a method of recovery following exercise induced muscle damage. In addition, this is also the first published study to assess the potential of WBC to reduce functional movement. Our findings indicate that WBC, administered 24 hours after strenuous exercise, is ineffective in alleviating muscle soreness or enhancing muscle force recovery. However, these results also indicate that WBC does not increase the risk of injury, as functional movement is maintained following exposure."

Professor Alan Donnelly, co-author of the report said; "Cryotherapy, in the form of cold water immersion and ice packs, has been used for decades as a post-exercise recovery strategy in a variety of sports. However, the application of whole-body cryotherapy has recently attracted much attention, with one athlete in particular, Justin Gatlin, who recently experiencing frostbite following the treatment. This study shows that WBC is not an effective treatment for muscle recovery."

Effects of whole-body cryotherapy (-110°C) on proprioception and indices of muscle damage' by J. T. Costello, L. A. Algar, A. E. Donnelly was published in the Scandinavian Journal of Medicine & Science in Sports in April 2011.

UL STUDENT SHORTLISTED FOR INTERNATIONAL JAMES DYSON AWARD

Ronan Leahy, a Product Design and Technology student at the University of Limerick, has been shortlisted for the International James Dyson Award 2011. A native of Croom, Co Limerick, Ronan invented Medimover, a patient transfer system for hospitals. Medimover is designed to transfer patients from hospital trolleys to beds without having to roll or lift the patients. Ronan's inspiration for this new medical device came from working as a part-time hospital porter.

Ronan explained the inspiration for his invention; "I saw first-hand the difficulty with the traditional method - for patients it was uncomfortable when they had to be rolled on to their sides or manually lifted by hospital staff to use the current products on the market, particularly following surgery, and for hospital staff their backs suffered from physically transferring patients from trolleys to beds. Medimover is designed to alleviate both problems. Patients can be transferred easily and it requires far less effort from hospital staff, introducing the double layered rotating fabric system has made this possible. This system greatly reduces the force created by the patient lying on the bed so the Medimover can be pushed between the patient and the mattress."



Ronan Leahy (Croom, Co. Limerick) with his prototype for Medimover at the Product Design and Technology End of Year Show DESIGNed2011 (Image: Press 22)

Ronan is one of 20 students internationally who is now in the running for the prize of €12,000 and a further €12,000 donated to his university department. This year, Chris Murphy, also a Product Design student at the University of Limerick, was awarded the Irish James Dyson Award for his innovative access system called the 'Open Pool Transfer' designed to transfer people from poolside to water.

In recent years the Product Design and Technology students at the University of Limerick have excelled in the area of innovation, with five students being shortlisted for the James Dyson award. One of the graduates from 2010 has since become an employee of Dyson in the UK. The design for Ronan Leahy's MediMover has been filed for patent with PurdyLucey, the European Intellectual Property (IP) firm based in Dublin, with the support of the University of Limerick's Technology Transfer Office.

UL RESEARCHERS AWARDED FUNDING TO IMPROVE DETECTION OF DELIRIUM

Researchers at the Graduate Entry Medical School, University of Limerick (GEMS) have been awarded €175,000 funding to develop a portable automated device that can be used in any clinical or community setting to allow early diagnosis and treatment of delirium.

Professor David Meagher, Chair of Psychiatry, GEMS, UL and lead researcher explains the clinical significance of delirium. "Delirium is a medically urgent, acute neuro-psychiatric syndrome that is associated with considerable morbidity and mortality and poor prognosis in the elderly."

"Delirium affects 11-42% of medical-surgical inpatients and as many as 80% of intensive care and nursing home patients. Poor detection results in about 50% of cases being missed in real-world practice. This poor level of detection is a direct consequence of the absence of systematic and formalized approaches to cognitive assessment in routine healthcare."



L. to R: Professor Colum Dunne, Director of Research, Graduate Entry Medical School, Dr. Chris Exton, Computer Sciences and Information Systems, UL and Professor David Meagher, Chair of Psychiatry, Graduate Entry Medical School and Consultant Psychiatrist, University Hospital Limerick

This research is a good example of fundamental clinical research being translated into a practical device. Professor Meagher has collaborated with Professor Paula Trzepacz, Eli-Lilly & Company/Indiana University Medical School, USA for a number of years in order to clarify the characteristics of delirium. Through clinical research, the features of delirium have been identified and can now be assessed using a computerized diagnostic device that minimizes the demands upon patients, many of whom may be un-cooperative due to presence of delirium.

UL is continuing to build on its success in medical device research, the University was recently awarded top prizes at the Enterprise Ireland Clinical Innovation Award. Professor Colum Dunne, Director of Research, Graduate Entry

Medical School highlights the significance of research in this field: "This funding is another important step in building on UL's success in medical device and diagnostic research. Our clinicians are leading research which will not only enhance patient safety and clinical outcomes but they are developing innovative products which will drive Ireland's leading role in the medical device and diagnostics sector."

Ireland's medical technologies sector is a significant global cluster for medical device and diagnostic products. Exports of medical device and diagnostics products are valued in excess of €7 billion annually, representing 9% of Ireland's total merchandise exports. The sector employs 25,000 people, the highest number of people working in the industry in Europe, per head of population, with 60% employed in the West and Mid-West region.

This research is led by Professor David Meagher, Chair of Psychiatry, Graduate Entry Medical School and Consultant Psychiatrist, University Hospital Limerick and involves a multidisciplinary team including Professor Colum Dunne, Director of Research, GEMS, Professor Walter Cullen, Chair of General Practice, GEMS, Dr. Chris Exton, Computer Sciences and Information Systems, Dr. Con Cronin, St John's Hospital, Limerick, Professor Paula Trzepacz, Eli-Lilly & Company/Indiana University Medical School, USA and Dr. Marion Conroy, Milford Hospice and University Hospital Limerick.

This research is funded by the Health Research Board under the Health Research Award Scheme 2011.

AN OVERVIEW OF THE MEDICAL EDUCATION LIAISON GROUP (MELG)

Background

In 2009, the HSE initiated a process to reform the organisation and delivery of undergraduate clinical teaching on HSE-owned clinical sites. In consultation with the Higher Education Authority (HEA) and the six institutions with medical schools, a 'Concord' document was formulated and this was signed by all relevant parties in March 2010. The Concord paved the way for the establishment of 'Service Level Agreements' (SLAs) between individual medical schools and their affiliated clinical sites. Under the terms of these SLAs, the HSE envisaged the establishment of a Medical Education Liaison Group (MELG) at each clinical site, which would oversee all aspects of



Some Model GEMS Students in the Skills Laboratory

undergraduate clinical training at a local level. For example, the MELG would decide on the number of students which could be accommodated on any clinical site, would decide on the clinical disciplines to which they would be allocated and would ensure that the teaching provided was of an acceptable standard. It would also oversee the distribution of funding to support clinical teaching at the relevant site. In implementing the Concord, UL and HSE Mid-West signed an SLA in 2011 that dealt with the placement of UL Graduate Entry Medical School (GEMS) students at five HSE-owned hospitals in the Mid-West (i.e. MWRH, MWMH, Ennis, Nenagh, Croom). SLAs have also been signed with St John's Hospital and Milford Care Centre. A local Medical Education Liaison Group (MELG) was established to oversee the clinical placement of GEMS at the seven clinical sites in the Mid-West. The MELG has representation from local clinicians, from local HSE management and from the GEMS. The HSE appointed Mr Eamon Kavanagh (Consultant Vascular Surgeon) as Chair of the local MELG.

Funding to support clinical training in 2010/11

For the 2010/'11 academic year, the GEMS provided a total of €300,000 to support clinical training in hospitals in the Mid-West. Much of this money was used to fund Clinical Tutors in Medicine and Surgery at the MWRH and to part-fund academic administrative and technical support staff. In 2010/'11, some €40,000 was also made available to support the Regional Medical Library at the MWRH.

Funding to support clinical training in 2011/12

For the present academic year, the GEMS made an additional €620,000 available to support clinical teaching across the seven clinical sites in the Mid-West. €75,400 of unspent money from 2010/'11 was also rolled over into the 2011/'12 budget.

So far, for this academic year, the following budget decisions have been made:

- €335,000 has been allocated for the appointment of Clinical Tutors across a range of disciplines.
- €124,000 has been allocated to part-fund academic administrative and technical support staff for hospitals in the Mid-West.
- €26,000 has been allocated to support the MWRH Library.

In March of 2011, there was a call for bids for the residual MELG funding for the current academic year and a number of bids were successful. The MELG will publish its accounts at the end of the academic year so that the manner in which it expends its funds is totally transparent.

Paul Finucane,
October 28th, 2011



MELG (MEDICAL EDUCATION LIAISON GROUP) MID-WEST FUNDING AWARDED TO DATE FOR 2011/'12 TOTAL AMOUNT €512,407

Hospital	Department	Application	Amount
MWRH/ Maternity	Surgery, Medicine, Paediatrics, Obstetrics & Gynaecology, Psychiatry	Clinical Tutors	€337,111
MWRH	Paediatrics	Education for staff nurses	€3,477
MWRH	Regional Medical Library (RML)	Library contribution @ €870 per Student	€26,000
MWRH	Regional Medical Library (RML)	Access to UpToDate, an evidence-based clinical queries reference tool for HSE Mid-West supplied via the RML	€17,271p/a*
MWRH/ Maternity	Graduate Entry Medical School (GEMS)	Administrative and Technical Support Staff @50% of each salary - Clinical Liaison Manager - Executive Administrator - Senior Administrator - Senior Technical Officer	€110,985
MWRH	GEMS	Clinical Academic Liaison (CAL) Office Consumables	€6,000
MWRH	Radiology	Stat-DX software	€5,825 p/a*
MWRH	Cancer Services Department	Teaching Materials and PC for Symptomatic Breast Unit	€2,401
MWRH	Respiratory	Software for Videoconferencing for Journal Club	€85 p/a*
MWRH	Library /Post-Graduate Centre	Broadband @ €104.01 per month	€1,248
Maternity	Education Centre / Office Space	Broadband @ €83.49 per month	€1,002
MWRH	GEMS - Clinical Academic Liaison Building	Broadband @ €83.49 per month	€1,002

*3 year commitment



UNIVERSITY of LIMERICK
O L L S C O I L L U I M N I G H

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 next set of SCU/CSTAR courses will run between **January 10th and 20th, 2012**. Provisional dates are:

Tuesday 10th:	Questionnaire Design
Wednesday 11th:	Introductory SPSS
Thursday 12th - 13th:	Basic Statistics for Researchers (2 days)
Monday 16th - 17th:	Introduction to Structural Equation Modelling using Mplus (2 days)
Wednesday 18th:	Introductory NVIVO
Thursday 19th:	Analysing data with NVIVO
Friday 20th:	NVIVO workshop – for those who have attended first 2 days

People wanting to enrol or obtain further details including costs and registration form should email cstar@ul.ie. Please also visit our websites 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 UL 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. For a course-list of regular courses offered by CSTAR@UL please see Limerick website given above.

(Please Note that if you work for the HSE (Mid-West) area you can still 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.)



Notes



National Institute of Health Sciences

St. Camillus' Hospital, Shelbourne Road, Limerick

T: 061-483975 W: www.nihs.ie