

National Institute of Health Sciences Research Bulletin

IN THIS ISSUE:

- Impact of Fractured Nasal Bones on Sports People
- The Dependency Ratio
- Cannabis Use Among Third-Level Students in Limerick City
- Safeguarding Medical Literature

Volume 6
Issue 1

ISSN: 1649-0681
June 2011

The background of the entire page is a blurred, blue-tinted photograph of a modern hospital corridor. The corridor has a high ceiling with recessed lighting and a polished floor that reflects the light. A person is visible walking away from the camera in the distance. The overall atmosphere is clean and professional.

Research Bulletin

Volume 6 Issue 1



Research Bulletin

ISSN: 1649-0681

Volume 6

Issue 1

2011 National Institute of Health Sciences, St. Camillus' Hospital, Shelbourne Road, Limerick, Ireland

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Research Methodology

TITLE	Safeguarding Medical Literature
AUTHORS	<i>Heffernan, C., Fenton, J. Department of Otolaryngology, Head and Neck Surgery, Mid-Western Regional Hospital, Limerick</i>

INTRODUCTION

There are multiple media to publish research. Within the medical profession the importance of publishing regularly is stressed. As numbers of publications increase is there a risk that ethical breaches will increase? How is the quality and validity of research monitored and maintained?

OBJECTIVE

Liz Wager et al¹ composed a questionnaire on this topic and forwarded it to the editors in chief of one publishing house. Based on their conclusions we replicated the study with editors in chief of otolaryngology related journals.

METHODOLOGY

With the consent of the author we used the same questionnaire. Pubmed was used to produce a list of otolaryngology related journals. A questionnaire and pre-paid envelope was sent to each editor. The questionnaires were anonymous and two reminders at monthly intervals were posted.

RESULTS

In all, 60 letters were sent with a 25% response rate. One editor e-mailed to explain his journal wasn't suitable for the study. A total of 79% of editors felt plagiarism and redundant publications were the biggest problems they faced but 86% felt confident in dealing with these issues. Despite various guidelines on publication ethics, 57% of editors are guided by other journals in these matters.

CONCLUSIONS

Maintaining high standards in medical literature is of utmost importance and to achieve this authors and editors need to have systems to identify and deal with breaches. A further questionnaire focusing on proposed penalties for breaches would be the logical progression for this study.

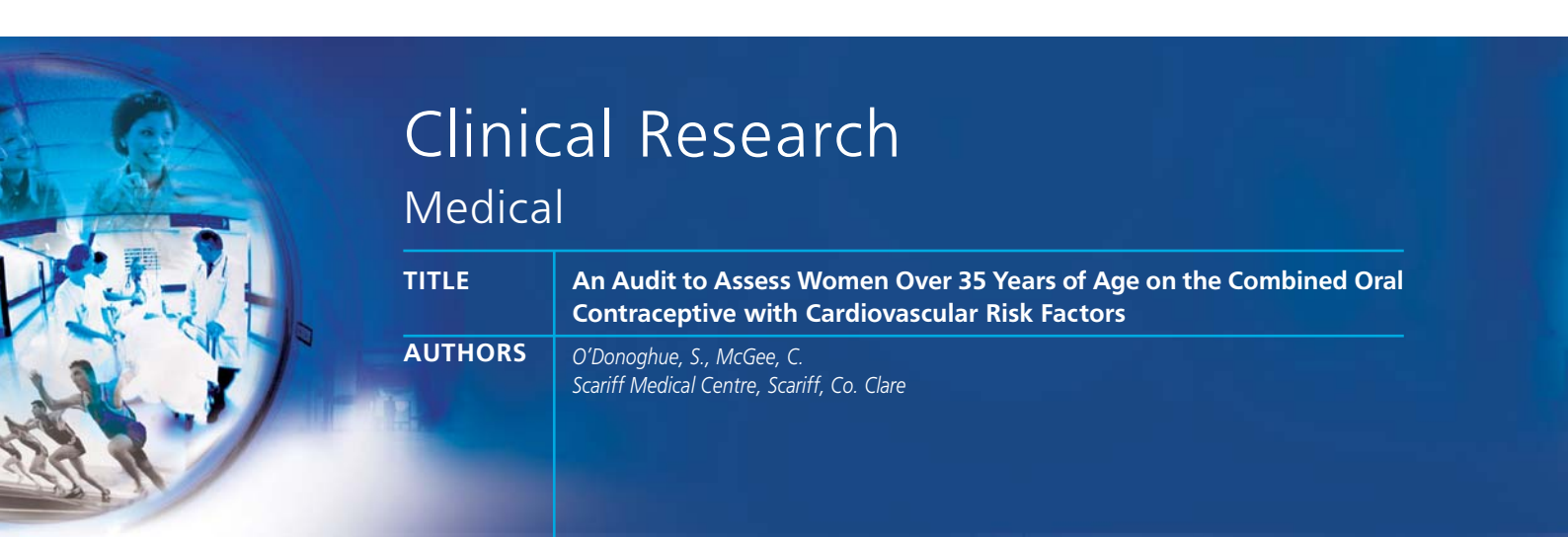
REFERENCES

Available on request.



PRESENTED

At the Head and Neck Session of the Sylvester O'Halloran Surgical Scientific Meeting at the Strand Hotel, Limerick on March 4th, 2011 by Dr. Colleen Heffernan.



Clinical Research

Medical

TITLE	An Audit to Assess Women Over 35 Years of Age on the Combined Oral Contraceptive with Cardiovascular Risk Factors
AUTHORS	<i>O'Donoghue, S., McGee, C. Scariff Medical Centre, Scariff, Co. Clare</i>

OBJECTIVES

To assess the number of women over 35 years on the combined oral contraceptive pill with a cardiovascular risk factor including smokers, BMI>35, BP>140/90, diabetic and hyperlipidaemia.

To assess how many of the women on the combined oral contraceptive pill (COCP)>35 years knew of the risk of cardiovascular disease (CVD).

METHODOLOGY

A retrospective search was performed using Socrates of all women in the practice prescribed the COCP over a one year period from 31/07/2009 to 01/08/2010 >35 years of age.

A questionnaire was devised to assess CVD risk factors and knowledge of risk of CVD when on the COCP if smoker >35years.

Telephone calls were made to all women and the option of discussing alternative methods of contraception was offered.

Data was collected from the notes on Socrates regarding BP recordings and cholesterol recordings were noted from the investigations section.

RESULTS

In the one year period 39 women >35 years were prescribed the COCP. A total of 16 of these women were smokers and 11 of these smoked 15 or more per day. None of the women had a BMI>35. 2 of the women had BP>140/90 recorded and 1 of these women was on antihypertensives. None of the women were diabetic. 11 of the women had a recorded total cholesterol of >5.0mmol/l.

A practice protocol needed to be developed to rectify prescriptions being given to women with a category 3 or 4 according to the Guidelines of the Faculty of Sexual and Reproductive Health Care, Royal College of Obstetricians and Gynaecologists.



CONCLUSION

This audit highlighted the need for a practice protocol and prescribing guidelines for the effective monitoring of COCP prescribing in women over 35 years. A regular recall and review system is necessary for effective monitoring. Note recording needs to be improved to outline all risk factors. Since the audit has been carried out a practice protocol has been drafted and a recording system introduced into the consultation notes of all women on COCP. A recall review policy has been introduced. All women on COCP will be recalled and reviewed every six months. The COCP has been stopped for any women with a UK category 3 or 4 according to the guidelines. A hard copy of these guidelines has been placed on every consulting desk in the practice.

INTRODUCTION

There is significant evidence of the benefits of Pulmonary Rehabilitation Programmes (PRP) including improved exercise tolerance, dyspnoea, health-related quality of life and healthcare utilisation. Despite this, challenges remain related to the intervention offered and the organisational aspects of individual PRP. This study aimed to evaluate the characteristics of PRP in Ireland.



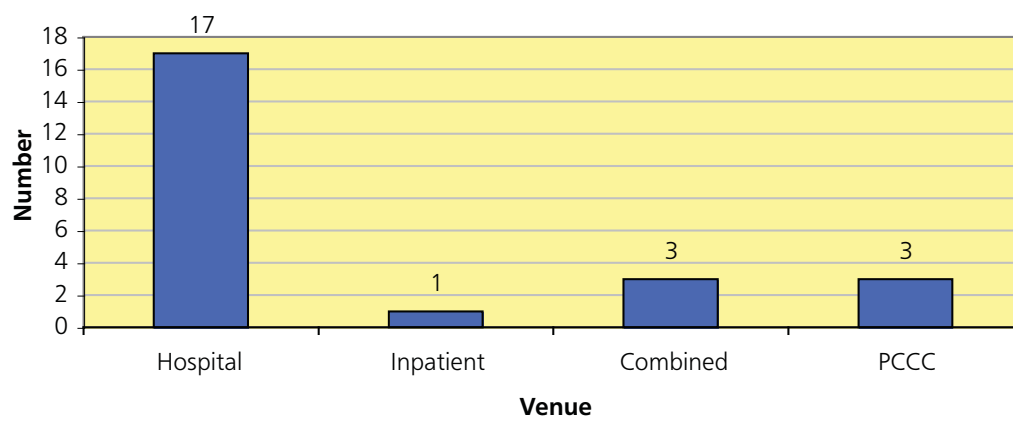
METHODOLOGY

As part of the work for the Quality and Clinical Care Directorate Committee for COPD a questionnaire was developed and piloted based upon existing guidelines and a previous Northern Ireland study.¹ This was sent to all physiotherapy managers in Ireland. Data was collected over one month and analysed using Excel descriptive statistics.

RESULTS

In all, 24 PRP were identified of which 21 of these were hospital-based, 3 PCCC.

Figure 1 – Venues for Pulmonary Rehabilitation Programmes



16 PRP were set up in the last five years. 3 rolling PRP existed. Waiting times ranged from 0-12 months. A standard referral was used in 14 PRP. 3 PRP received funding. 6 PRP had an appointed co-ordinator. All PRP used exercise tests, quality of life and dyspnoea scores, with less consistency in using anxiety and depression scales.

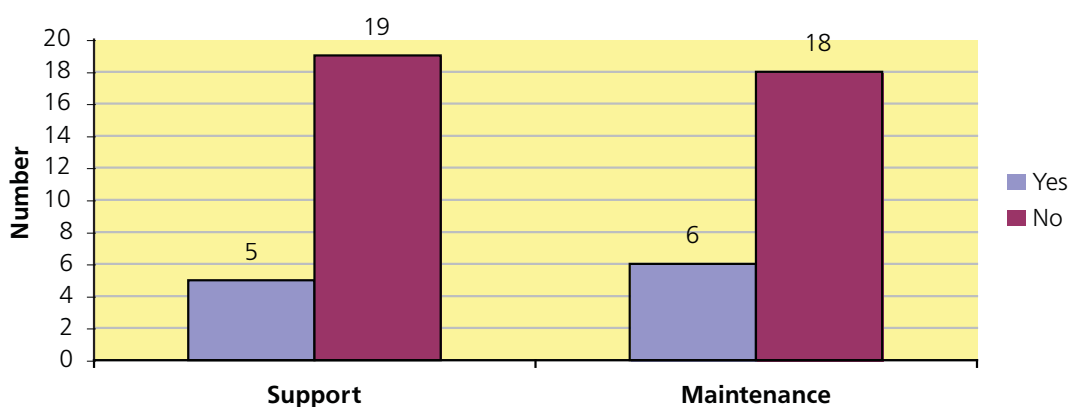


Table 1 – Education Topics by Multidisciplinary Team

Topics	Number PRP	Topics	Number PRP
Anatomy	24	Nutrition	20
Pharmacy	24	Self-Management	19
Chest Clearance	24	Smoking Cessation	19
Dyspnoea Management	24	Anxiety	16
Symptoms	24	Travel	16
Inhalers	24	Bone Health	12
Energy Conservation	23	Goals	12
Relaxation	23	Pollution	9
Exacerbation	23	End of Life	9
Coping Strategies	23	Sexuality	0

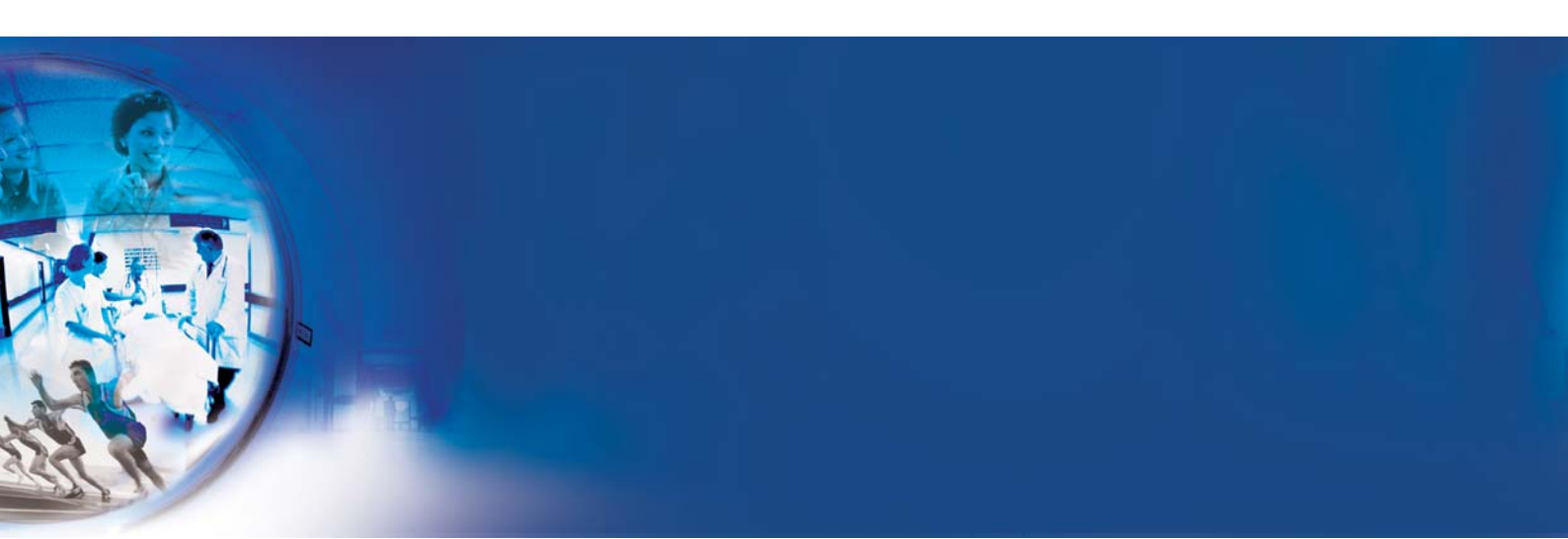
6 maintenance programmes and 5 support groups existed nationwide. All PRP identified transport as an issue.

Figure 2 – Support Groups and Maintenance Groups



CONCLUSIONS

This research provides valuable information on PRP in Ireland. The majority of PRP are in line with current guidelines. Barriers identified included increasing the number of community PRP, standardising referrals, assessment and outcome measures to ensure quality is maintained. These are areas under review by the QCCD committee and will continue to be researched and developed over the coming years.



REFERENCES

Available on request.

PRESENTED

1. At the Irish Thoracic Society Conference (Irish Association of Pulmonary Rehabilitation Subsection) at the Silver Springs Moran Hotel Cork, on November 5th, 2010 by Susan Curtis.
2. As a poster presentation at the HSE Pulmonary Rehabilitation Study Day in the Ashling Hotel, Dublin on March 30th, 2011.
3. As a poster presentation at the Rehabilitation and Therapy Research Society Conference in the University of Limerick on May 13th, 2011.



Clinical Research

Medical

TITLE	An Audit of Calls to a Specialist Nurse-led Rheumatology Advice Line Related to Antibiotic Treatment and Biological Therapies
AUTHORS	<i>Swan, J., Bond, U., O'Connor, M.B., Phelan, M.J. Department of Rheumatology, South Infirmary-Victoria University Hospital, Cork</i>

INTRODUCTION

One of the primary goals of our nurse-led advice line is to enhance and support self-management of our patients. Evaluation of nurse-led advice lines have been proven to be beneficial in such areas as promotion of self management. Patients receiving biological therapies have been shown to have an increased risk of infections. Prior to commencing such biological therapies all patients are educated in relation to deferral of biological therapy while receiving antibiotic treatments. An information pack, with relevant advice concerning individual biological therapy is also given to patients. Those on intravenous (IV) biological infusions are advised to contact the nurse-led advice line if on antibiotic treatment during the week prior to infusion, to facilitate a potential IV biological therapy schedule adjustment.

OBJECTIVE

The objectives of this study were to:

- Assess the calls received by the nurse-led advice line in relation to antibiotic treatment while on biological therapy
- Promote patient confidence and encouragement to enhance self-management on biological therapies

METHODOLOGY

A retrospective audit of all calls received by our nurse-led advice line, in relation to antibiotic use, over a period of six months was carried out (July–December 2009). Data collected included number of calls received, patients' demographics and source of call (patient, carer or primary care team).

RESULTS

A total of 30 calls were received related to antibiotic treatment while on biological therapies. 27 patient calls (9 female, 18 male) and 3 general practitioner (GP) calls (all female patients) were received. 24 calls (80% of all calls) related to subcutaneous biological therapies of which 12 (50%) calls resulted in deferral of subcutaneous biologics for one dose only. 6 calls concerned IV biological therapies, with no call resulting in rescheduling of IV biological therapy.



CONCLUSIONS

Our nurse-led advice line has been shown to be beneficial in minimising missed biological therapies while receiving antibiotic therapy. The number of calls in relation to antibiotic treatment while on biological therapies was higher than expected. However no follow-up call was received following the advice given. Following consultation with rheumatology nurses, rheumatologists and pharmacists a decision has been made to develop an information leaflet, giving clear explanations on management, for all patients receiving antibiotics while on biologic therapies. A guidance document published by the Royal College of Nursing (2006) supports this new approach.

PRESENTED

As a poster presentations at the EULAR Annual European Congress of Rheumatology in London from May 25th to 28th, 2011.



Clinical Research

Medical

TITLE	Vaccine Uptake Patterns and Knowledge among Subcutaneous Anti-TNF Receiving Rheumatology Patients
AUTHORS	<i>Nolan T.J.,¹ O'Connor, M.B.,² Bond, U.,² Swan, J.,² Phelan, M.J.¹ The School of Medicine, University College Cork, Cork¹ Department of Rheumatology, South Infirmary-Victoria University Hospital, Cork²</i>

INTRODUCTION

Despite being immunosuppressed, patients with inflammatory arthropathies are able to develop protective antibodies following pneumococcal and influenza vaccinations when also treated with anti-TNF agents, thus reducing their risk for developing the flu and the most common type of bacterial pneumonia. All such patients are actively encouraged to receive the seasonal vaccines. With the advent of the H1N1 virus, 2009 saw an additional drive to encourage such practice. Due to large stocks of H1N1 vaccine being unused in 2009 we have audited adalimumab and etanercept receiving patients as to their vaccine uptake in 2009 and intended uptake in 2010. In addition to the above we are advised to take certain vaccines, depending on the circumstances, from childhood through adult life. Recall of our vaccination history tends to be poor, especially regarding childhood vaccines. Vaccine history knowledge is particularly important for anti-TNF receiving patients. This has never been assessed to the best of the authors' knowledge.

METHODOLOGY

All patients starting either adalimumab or etanercept in 2008 and 2007 were contacted by telephone during October 2010 and asked to complete a telephone questionnaire regarding vaccine uptake. Patients with a history of a previous anti-TNF therapy (switched), those under 18 years old and those no longer receiving/deceased were omitted from the study. Patients uncontactable after two attempts were also excluded.

Data was analysed using the statistical package SPSS. Ethical approval was prospectively received from The Clinical Research Ethics Committee of the Cork Teaching Hospitals, Cork, Ireland.

RESULTS

A total of 171 patients were eligible. 69 (40%) were contactable and willing to partake (22 adalimumab, 47 etanercept). 10 (6%) patients did not want to partake. 42% were male and 58% female. Mean time since diagnosis was 44 months (range: 23–241 months). 47 (68%) were receiving concurrent MTX with their anti-TNF therapy, 86% (n=40) via the oral route and for a mean time of 43 months. Patients had a mean time since commencing anti-TNF therapy of 29 months.

86% (59) received at least one vaccine (H1N1, Influenza or pneumococcal) in 2009. 64% (44) received the H1N1 vaccine, 61% (42) the influenza vaccine and 9% (6) the pneumococcal vaccine. In 2010, with no active encouragement from our Rheumatology services, 12% (8) intend receiving the H1N1 vaccine, 65% (45) the influenza vaccine and 1% (1) the pneumococcal vaccine. Reasons for not receiving the H1N1 vaccine in 2010 included "don't believe it exists" and "I don't need it".



Table 1 highlights patients' vaccine history knowledge. 50 patients have travelled abroad since starting anti-TNF therapy (43 within Europe, 5 to the US, 3 to Africa, 2 to Asia, 1 to South America and 2 to Australia). All travelling to areas requiring vaccines report receiving travel vaccines. Only one patient can recall what he received (yellow fever).

Table 1: Patients Recall of Previous Vaccines

	Yes	No	Don't Know
H1N1	48	21	0
Influenza	55	14	0
Pneumococcal	14	55	0
BCG	35	33	1
Meningococcal	1	58	6
HepA	8	58	3
HepB	8	58	3
Tetanus	34	35	0
Diphtheria	6	60	5
Pertussis	11	54	4
Herpes Zoster	1	61	7
HPV	0	40 (All females)	0
Polio	42	20	7
Mumps	49	17	3
Rubella	49	17	3
Measles	49	17	3
Typhoid	3	59	7

CONCLUSIONS

Despite active encouragement, including individual letters to patients, there was a poor uptake of seasonal vaccines in 2009. Fewer patients plan to receive the H1N1 vaccine in 2010. However, there is a rise in the planned uptake of the seasonal influenza vaccine. Active encouragement and education regarding vaccination appears to be required among Rheumatology patients on a yearly basis.

Vaccine history knowledge of both childhood and adult vaccinations is poor. Patients need to be encouraged to keep a record of all vaccines received.

Patients continue to travel outside Ireland to all corners of the world after commencing anti-TNF therapy, and importantly appear to receive relevant vaccines.

Clinical Research

Medical

TITLE	HeartBeat – Improving Heart Attack Care in Ireland
AUTHORS	<i>Cavanagh, B.,¹ Jennings, S.,² Bennett, K.,³ Morrissey, M.,⁴ Kearney, P.⁵ HSE, Áras Sláinte, Wilton Road, Wilton, Cork¹ Department of Public Health, HSE, Dr. Steevens Hospital, Dublin 8² Trinity Centre for Health Sciences, St. James's Hospital, Dublin 8³ Health Intelligence HSE, Stewarts Hospital, Palmerstown, Dublin 20⁴ Cork University Hospital, Wilton, Cork⁵</i>

ABSTRACT

We aimed to save lives by assuring best practice in ST elevation myocardial infarction (STEMI) through initiating the Institute for Healthcare Improvement (IHI) methodology nationally.

Following collection of a minimum dataset the annual change in indicators in the five initiating hospitals for the period October 2006 to September 2009 was assessed by analysing the percentage of patients receiving the eight components of evidence-based care on admission and discharge (excluding contraindications) and in-hospital mortality rate.

For 635 patients, performance on seven of the eight indicators of care exceeded 90% annually. Timely reperfusion therapy (thrombolysis, primary PCI) improved non-significantly from 107 (68.2%) in year 1 to 118 (77.1%) in year 3. In-hospital mortality declined significantly from 24 (12.4%) in year 1 to 9 (5%) in year 3. Evidence-based care for STEMI is followed to a very high degree with timely reperfusion improving but remaining a challenge.

SOURCE

Irish Medical Journal. 2011 January;104(1):9-12.



Clinical Research

Medical

TITLE	Abnormal Liver Function Tests (LFTs) in Obstructive Sleep Apnea (OSA) Patients
AUTHORS	Abu Shanab, A., Afridi, S., Kaballo, M., O'Brien, A. Mid-Western Regional Hospital, Dooradoyle, Limerick

INTRODUCTION

Recent studies have suggested that OSA is an independent risk factor for abnormal liver enzymes and patients without other cause of liver disease, should be evaluated for same.

Possible mechanisms include intermittent hypoxia that influences blood pressure, lipid levels, oxidative stress and insulin resistance, factors themselves known to cause non-alcoholic fatty liver disease (NAFLD). Continuous positive airway pressure (CPAP) is the treatment for OSA, but the effects of CPAP on liver enzymes are still controversial.

OBJECTIVE

To study the prevalence of abnormal liver function tests (LFTs) in OSA patients and to evaluate the influence of CPAP on LFTs.

METHODOLOGY

We retrospectively studied 107 patients with diagnosed OSA for abnormal LFTs and/or liver ultrasound.

RESULTS

There were 22 female and 85 male patients, with mean age of 53.1 and 55.07 years respectively. 29.9% had abnormal LFTs. 71% had LFTs measured before initiation of CPAP therapy: 26% of these patients had abnormal LFTs. Of this group, 55% were diabetics and 60% had dyslipidemia. 75% of the abnormal LFTs were due to elevated GGT levels, 35% ALT, 15% ALP, 5% bilirubin, 5% low albumin levels. 75% of the patients who had abnormal LFTs before initiating therapy, and who had repeat LFTs measured while on CPAP showed improvement in their subsequent LFTs. 25.2% of all OSA patients had liver ultrasound performed. 52% of these patients had increased liver echogenicity, consistent with fatty changes.

CONCLUSIONS

The prevalence of abnormal LFTs in OSA patients was 29.9%, mainly related to elevated GGT and ALT. More than half of the OSA patients who had liver ultrasounds performed had a fatty liver appearance. Other medical diseases associated with the metabolic syndrome were frequently present. CPAP therapy appeared to result in an improvement in the abnormal LFTs. We recommend that all patients with abnormal LFTs of unknown cause be evaluated for OSA.



PRESENTED

1. As a Poster Presentation at the Irish Society of Gastroenterology (ISG) Meeting in the Knightsbrook Hotel, Trim, Co. Meath on November 25th and 26th, 2010 by Dr. Ahmed Abu Shanab.
2. At the Irish Sleep Society Meeting in the Carlton Hotel, Dublin on February 19th, 2011 by Dr. Ahmed Abu Shanab.



Clinical Research

Medical

TITLE	An Epidemiological Study of Patients Admitted to Hospital with Infectious Mononucleosis and Bacterial Tonsillitis, with a Particular Focus on the Length of Stay, over a 20 Year Period
AUTHORS	Lennon, P., ¹ Saunders, J., ² Fenton, J.E. ¹ Department of Otolaryngology, Head and Neck Surgery, Mid-Western Regional Hospital, Limerick ¹ Statistical Consulting Unit, Department of Mathematics and Statistics and Graduate Entry Medical School, University of Limerick ²

INTRODUCTION

Sore throat is a very common presenting complaint to medical practitioners, and in severe cases patients are often admitted to hospital for intravenous therapy. Bacterial tonsillitis (BT) and infectious mononucleosis (IM) are the two most infective causes of sore throats. Anecdotally, IM is the more severe infection requiring a longer hospital stay. However there is very little in the literature comparing the epidemiology of the two, and in particular the length of stay in hospital. The aim of our study was to compare the epidemiology of BT and IM and in particular the difference in length of in-hospital stay between the two.

METHODOLOGY

The hospital in-patient enquiry system was used to analyse patients admitted with infectious mononucleosis and acute bacterial tonsillitis, between 1990 and 2009 inclusive. Patients 15 years and older admitted as emergencies were included.

RESULTS

There were a total of 3,435 cases over the 20 years, 3,064 were BT and 371 were IM. The mean age for BT was 25.7 years, median age 22 years, SD 11.06 and range 15-87 years. The mean age for IM was 20.0 years, median age 18 years, SD 6.32 and range 15-70 years. The distributions of age for both conditions were positively skewed. The median ages were tested between the conditions using the Mann-Whitney U non-parametric test and were found to be significantly different ($p<0.001$) i.e. the average age of those with IM was significantly lower than those with BT.

Numbers of each gender per disease were tested for difference between conditions and were not significant ($p=0.098$) using Fishers exact test. However this is almost significant and it should be noted that there was a larger percentage of females in the BT group and a larger percentage of males in the IM group.

Length of stay (LOS) was also tested between diseases and the distribution was positively skewed again. The mean LOS for BT was 3.22, median 3, SD 1.54 and range 1-19. The mean LOS for IM was 4.37, median 4, SD 2.37 and range 1-15. The median LOS's were tested between the conditions using the Mann-Whitney U non-parametric test and were found to be significantly different ($p<0.001$) i.e. the average LOS of those with BT was significantly lower than those with IM.

Mean LOS was significantly different between ages ($p<0.001$). Means tended to increase with age. Mean LOS was significantly different between genders ($p=0.011$). The mean LOS for males was 3.76 and for females it was 4.03.



CONCLUSIONS

Both IM and BT affect young adults, with IM patients tending to be younger. The LOS for females was found to be longer than for males. Infectious mononucleosis requires a significantly longer stay in hospital than bacterial tonsillitis.



Clinical Research

Palliative Care

TITLE	The Views of Community Specialist Palliative Care Nurses on Caring for Children and Families with Palliative Needs – a Qualitative Descriptive Study
AUTHORS	<i>Quinn, C.,¹ Bailey, M.² Milford Care Centre, Castletroy, Limerick¹ Department of Nursing and Midwifery, University of Limerick²</i>

INTRODUCTION

Palliative care has been defined by World Health Organisation² as an approach which aims to improve the quality of life of patients and their families. This definition guides international palliative care services which have evolved in developed countries over recent decades.

Palliative care for children began to emerge primarily in response to the increased recognition and prevalence of children and families coping with lengthening life expectancy of both multi-diagnosed and multi-undiagnosed conditions.³ Such children and their families are living with the reality of high-tech needs that require advance care planning together with management of palliative needs. However incidence is low with the number of deaths of children in Ireland 1996-2001, recorded as 2,222 to include those with life limiting conditions.⁴ During the period 1996-2001, 83% of deaths occurring in children aged less than one year were from life-limiting conditions and for all childhood deaths the majority (66%) were also from life-limiting conditions.⁴

The publication of the Irish Palliative Care Needs Assessment for Children⁶ significantly revealed home as the preferred place of care for the majority. Yet, in 2001, only 11% of children living in Ireland with life-limiting conditions died at home.⁶ This disparity indicates that policy planners and current providers of palliative care services have significant hurdles to overcome in responding to this report.⁶ The recent publication of the first national policy on Palliative Care for Children with Life Limiting Conditions in Ireland⁵ indicates the potential for ongoing and increased collaboration between primary, paediatric and palliative care teams.

OBJECTIVE

The aim of this study was to describe the views of Clinical Nurse Specialists (CNS) in a community palliative care team on caring for a child and family requiring palliative care. A literature review examined national and international research relating to the experience of nurses and health professionals providing palliative care to children and families.

METHODOLOGY

Utilising a qualitative descriptive design (n=18) Community Palliative Care CNSs were purposefully sampled to participate in a focus group interview. Of these n=7 consented to participate. Data analysis was facilitated by Burnard (2006) Framework for Data Analysis.



RESULTS

The need for improved understanding of both palliative care services and the role of the CNS in paediatric palliative care featured significantly in the findings. Challenges in gaining access to patients were described, as were organisational and advanced planning issues. In addition to the above, feelings of isolation experienced by the CNS in caring for these children and families were described.

CONCLUSIONS

The recommendations of this report suggest important implications for existing (adult) palliative care teams who may be invited to collaborate in the care of a child with a palliative condition. Further exploration into present day service provision for children with palliative care needs is required to ensure the development of equitable and inclusive community palliative care services into the future.

Requirements for onsite education, psychological support and role clarity were among the recommendations made in the light of study limitations.

REFERENCES

Available on request.

PRESENTED

This was presented at the Children's Hospice International Conference in Washington DC, USA on October 13th, 2010 by Claire Quinn and Maria Bailey.

FUNDING

This research has received funding from the Irish Hospice Foundation and Patricia O’Gorman Scholarship, Department of Nursing and Midwifery, University of Limerick.



Clinical Research

Surgical

TITLE

Impact of Fractured Nasal Bones on Sports People

AUTHORS

*Jaber S., Lennon P., Fenton J.E.
Department of Otolaryngology, Head and Neck Surgery, Mid-Western Regional
Hospital, Limerick*

INTRODUCTION

Fractured nasal bones requiring an operative reduction (MNB) are a common sequelae of sports injury. The advice on timing of return to sports varies between specialists and there is very little data in the literature regarding the impact that these injuries have on the athlete.

OBJECTIVES

The aim of our study is to analyse the post-operative complications, compliance with doctor's advice, and effect on performance and back to sports between sports people who underwent manipulation of nasal bones for a fracture deviation.

METHODOLOGY

A retrospective study of sports' nasal injuries sustained between 2007 and 2009 was carried out. A telephone survey was performed during which patients were asked questions regarding injury, surgery, satisfaction, compliance with advice and return to sports.

RESULTS

A total of 133 patients with fractured nasal bones due to sports injuries were identified. 103 patients underwent an MNB. There was an 84.4% response rate. Manipulation was carried out within 14 days in 87% of the cases. 4% required analgesia post MNB. 46% complied with medical advice on timing of return to sport. 4 patients underwent a subsequent septorhinoplasty. Over one third (37%) of the patients described fear of re-injury on returning to active sport. 3 patients quit contact sports following their MNB.

CONCLUSIONS

Compliance on return to sports was not always followed. The satisfaction rate from the aesthetic and functional point of view is high. Notable fear of re-injury is reported within sport patients following their Manipulation under Anaesthesia (MUA).



PRESENTED

1. At the Irish Otolaryngology/Head and Neck Society (IOS) Annual Meeting, Lough Erne Resort, Enniskillen, Northern Ireland on Friday, October 8th, 2010 by Mr Samir Jaber.
2. At the Sylvester O'Halloran Surgical Scientific Meeting at the Strand Hotel, Limerick on March 4th, 2011 by Mr Samir Jaber.



Clinical Research

Surgical

TITLE	'Two Week Rule' Referrals for Suspected Head and Neck Cancer – an Audit of Clinical Effectiveness
AUTHORS	Ahmed, T., Pepper, C., Mistry, R. Department of Ear Nose and Throat Surgery, Royal Surrey County Hospital, Guildford, United Kingdom

INTRODUCTION

In 1999 the Secretary of State for Health declared the improvement of cancer care a top priority and a manual of national standards of care was developed (the 'NHS Cancer Plan'). The latter specifies targets for cancer management in Northern Ireland and Great Britain and guarantees hospital outpatient appointments within two weeks of GP referrals being made for suspected cancer. This system was first implemented for head and neck cancer in December 2000. This study aims to assess the effectiveness of the 'two week rule' pathway for suspected head and neck malignancy by examining the referral pattern and yield of significant pathology in a regional cancer network.

METHODOLOGY

Suspected head and neck cancer referrals to the otolaryngology departments at the Royal Surrey County Hospital, Guildford and St Peter's Hospital, Chertsey were audited over a three month period. Data was gathered through a retrospective review of patient charts including GP referral proformas and letters, clinical notes, clinic letters and electronic databases supplemented by radiological and histopathological data.

RESULTS

In all, 114 referrals were made via the fast-track pathway (48 at Guildford, 66 at Chertsey). Data on 6 patients was incomplete or not retrievable. All patients received initial outpatient appointments within the stipulated two week time frame. Ages of referred patients ranged between 18 and 94 (mean 60.1). A total of 17 referrals (14.9%) were made without the national suspected cancer referral proforma. The quality of information provided with the referrals was very variable: past medical history and medication details were present in only 55.3% (63 patients) and 56.1% (64 patients) of referrals respectively. The most common referral reasons were 'persistent hoarseness >6 weeks' (47 patients, 41.2%) and 'unresolving neck masses >3 weeks' (34 patients, 29.8%). Several referrals were inappropriate. 55 patients (48.2%) required no investigation and only 6 patients (5.3%) were found to have underlying malignancy.

CONCLUSIONS

Most patients with head and neck cancer are not referred via the fast-track pathway. The system has good intentions but whether there are overall patient benefits is controversial. Most fast-track referrals have a very low probability of having an underlying malignancy. The 'worried well' may have an improved service as a result of this care pathway at the expense of 'genuine' cancer patients who continue to be referred via standard letter, whose wait times may actually have increased. A review of the referral criteria and GP education may help improve the system's efficiency.



PRESENTED

At the Irish Otolaryngology/Head and Neck Society (IOS) Annual Meeting, Lough Erne Resort, Enniskillen, Northern Ireland, on Friday, October 8th, 2010 by Mr Timothy Ahmed.



Clinical Research

Surgical

TITLE	Emerging Routine Day Case Laparoscopic Cholecystectomy in Ireland – Regional Hospital Experience
AUTHORS	<i>Akhigbe, T., Johnston, S., Rayis, A., Hehir, D. Midland Regional Hospital, Tullamore, Co. Offaly</i>

INTRODUCTION

Laparoscopic cholecystectomy has now become the treatment of choice for symptomatic cholelithiasis. The evolution of surgical and anaesthetic management with introduction of better postoperative pain control leads to a decrease in length of hospital stay and period of convalescence which makes it technically feasible to perform laparoscopic cholecystectomy as a day case procedure. Opponents of day case laparoscopic cholecystectomy argued that patients discharged within 24 hours after surgery are at risk for early severe complications and generally may be at risk of readmission,⁶ others feel many patients might be safer if observed in the hospital for at least one night.

OBJECTIVE

The primary aim of this single-centre retrospective review is to evaluate the feasibility, safety and efficacy of day-case laparoscopic cholecystectomy.

METHODOLOGY

A retrospective chart review was performed on 150 charts that were admitted to the day ward for laparoscopic cholecystectomy between January 2009 and June 2010 in the Midland Regional Hospital, Tullamore. Hospital in-patient enquiry (HIPE) was used to identify these patients. Inclusion criteria were all patients admitted through the day ward for elective LC, ASA grade 1 or 2. Exclusion criteria were patients who had significant comorbidity and who were not fit for day surgery.

RESULTS

During this 18 month period 151 consecutive day cases of laparoscopic cholecystectomy were performed. 79.5% (120) were female and 20.5 % (31) male, with male: female ratio of 1:4. The mean age is 39.5 ± 12.5 (range 14-75 years). The majority (75%) were in ASA 1, while 25% were in ASA II. All of the patients had symptomatic gall bladder disease.

The mean operating time was 55 ± 12.3 minutes (range 30-110minutes). There were no conversions to open, no injury to the viscera and no mortality. 48 (32%) went home on the same day while 68% (103) stayed overnight largely due to nausea and vomiting, 2 of the male patients stayed overnight on account of post-operative urinary retention while 3 of the patients developed port site cellulitis post-operatively.



CONCLUSIONS

Day-case laparoscopic cholecystectomy in selected patients is a well established treatment for symptomatic cholelithiasis but not routinely performed in Ireland.^{8,9} The commonest predictor of unplanned admissions are patients over 50 years of age, ASA score of 3 or more or having surgery delayed till midday. Also, an operating time with general anaesthesia of over 60 minutes seems to be a significant factor.¹⁰ Good patient selection is the key, in our experience, patients with no significant comorbidities preferably ASA score 1 or 2.

The success rate for day-case cholecystectomy in this study was 32% which is clearly lower than success rates of approximately 80% usually reported.^{11,12} We must point out that almost 62% of patients admitted overnight were admitted without medical reasons; objectively they were fit for same day discharge, which suggests that overnight stay does not really add significant value to the level of medical care or monitoring. There is a huge potential to increase the success rate in day-case cholecystectomy to 80%.

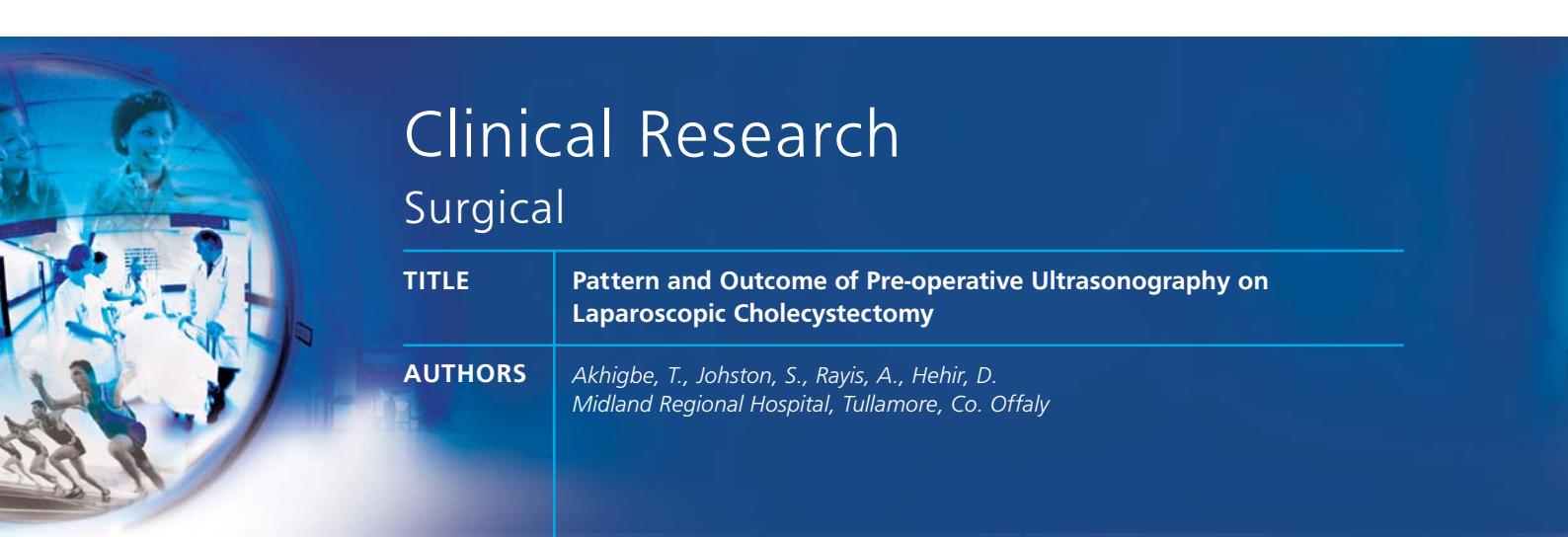
Day-case laparoscopic cholecystectomy is a safe, feasible and acceptable procedure for selected patients. It also provides a substantial reduction in cost and resources used including reduced hospital length of stay. Patient selection is the key which can impact on patient safety and confidence of performing the procedure.

REFERENCES

Available on request.

PRESENTED

At the Sylvester O'Halloran Surgical Scientific Meeting at the Strand Hotel, Limerick on March 5th, 2011 by Dr. Taiwo Akhigbe.



Clinical Research

Surgical

TITLE	Pattern and Outcome of Pre-operative Ultrasonography on Laparoscopic Cholecystectomy
AUTHORS	Akhigbe, T., Johnston, S., Rayis, A., Hehir, D. Midland Regional Hospital, Tullamore, Co. Offaly

OBJECTIVES

Evaluation of symptomatic gallbladder disease has improved with greater clinical accuracy due to introduction of more sophisticated ultrasound equipment. Ultrasound has been able to reliably detect stones in 90% of patients with symptomatic cholelithiasis.² Gall bladder wall thickness on pre-operative ultrasonography represents the presence of inflammation or fibrosis due to previous attack of cholecystitis.⁴ Some studies indicate that gallbladder wall thickness measured by pre-operative ultrasonography did not equivocally correlate with the severity of cholelithiasis and inflammation encountered during surgery and histological assessment.⁶ Gallbladder wall thickness greater than 3mm is suggestive of cholecystitis in some but not all reports.⁷ The aim of this study is to evaluate the effect of pre-operative ultrasonography of laparoscopic cholecystectomy.

METHODOLOGY

From January 2009 to June 2010, a total of 241 patients with symptomatic cholelithiasis were studied retrospectively. Radiology reports of pre-operative ultrasound were analysed for separate findings routinely reported by the radiology including, gallbladder wall thickening, presence of gallstones, common bile duct dilatation and their attendant effects on operative time, length of hospital stay and complications.

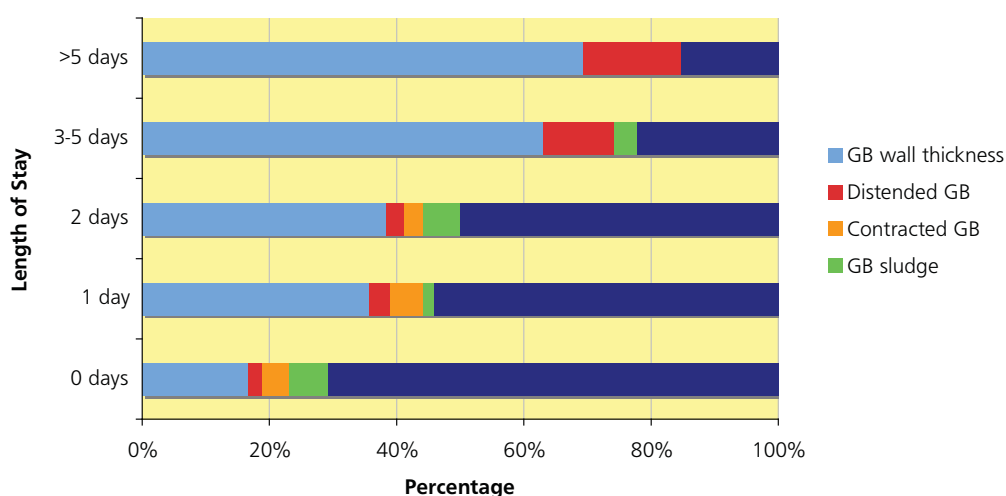
Patients were excluded from these studies if they have no ultrasound finding of cholecystitis and those that had no laparoscopic cholecystectomy.

RESULTS

Of the 241 patients in this series 188 were female (78%) and 53 were males (22%) with mean age of 44±15, largest cohort of patients were between 31-40 years (29%), 32 (13%) patients were done as acute cases while 209 (87%) as elective cases. 10 patients had no gallstones but findings of gallbladder sludge and one case of gall bladder polyp. 90 patients had gall bladder wall thickness while 123 had only gallstones. CBD was dilated in 31 patients (13%). Pre-operative ERCP and MRCP was carried out in 24 (10%) and 11 (5%). The mean operating time was 60±15.6 minutes (range 30-140 minutes). 195 (81%) of the laparoscopic cholecystectomy were done by consultants while 19% (46) were carried out by trainees under supervision. The length of hospital stay for half of the patients was one day while 20% (48) did not require a hospital stay. Most patients with pre-operative ultrasound findings of gall bladder wall thickness stayed more than three days while the majority of patients with only gall stones without gallbladder wall thickness stayed a day or less.



Figure 1 - Ultrasound Findings Versus Length of Stay



CONCLUSIONS

Increased operative time was more associated with patients with gallbladder wall thickness. In about 48 patients operating time was more than 60 minutes but there was no case of any conversion. Several clinical studies have reported that a thickened gallbladder wall found by pre-operative ultrasonography was associated with much difficulty and increased risk of conversion to open cholecystectomy.⁸ Gallbladder wall thickness can be a predictor of a long operation time. Surgery proceeds faster with less difficulty in patients without gallbladder wall thickness. Thickened gallbladder wall was associated with increased length of hospital stay as compared to those without gallbladder wall thickness. An equal number of complications was recorded between those with gallbladder wall thickness and those without.

Prolonged operative time was more associated with patients with gallbladder wall thickness. Thus, gallbladder wall thickness can be a predictor of a long operation time.

REFERENCES

Available on request.

PRESENTED

As a Poster Presentation at the Sylvester O' Halloran Surgical Scientific Meeting in the Strand Hotel, Limerick on March 4th and 5th, 2011 by Dr. Taiwo Akhigbe.



Clinical Research

Nutrition and Dietetics

TITLE	Validation of a Nutrition Screening Tool for Use with Adult Hospital Patients
AUTHORS	<i>Macken, K. Dietetics Department, Bon Secours Hospital, Cork</i>

INTRODUCTION

Corish et al¹ reported that 11% of adults admitted to hospital in Ireland were malnourished, with an additional 63-84% 'at risk' of malnutrition. UK incidence of malnutrition is reportedly 10-55% of hospital and community adult patients.³ The consequences of malnutrition are widely recognized such as muscle wasting, fatigue, reduced respiratory function and reduction of immune functioning. In addition impaired wound healing and delayed recovery from illness can result in increased risk of admission to hospital, longer hospital stays and higher readmission rates.⁵ Appropriate early and adequate nutritional support can reduce malnutrition risks, and reduce morbidity and mortality.⁴ Early identification of individuals who are malnourished or at risk of malnutrition is an essential component of hospital admission. Nutrition screening using a validated screening tool is a quick and simple process of identifying those at risk individuals and guides the medical team to devise appropriate nutrition care plans.⁶

METHODOLOGY

In our hospital compliance with use of a nutrition screening tool SIP (Screening In Practice) was 76-80%. However, due to the subjectivity of data collated in the tool, the reliability and validity needed to be assessed. This comparative quantitative study used MUST (Malnutrition Universal Screening Tool), to assess the validity and reliability of the adapted tool. The independent variable was nutrition score, with 2 conditions; 1) observer reliability of SIP (nurse versus dietician); 2) validity of the tool comparison of SIP with MUST. The dependent variable was the nutrition score obtained in each condition.

Over a 72 hour period, 101 adults admitted to hospital were screened by both a dietician and a nurse. Reliability of screening practices between nurse and dietician were assessed.

RESULTS

Findings indicated that compliance rates with use of a screening tool were high (95%). However, nursing staff underestimated approximately 30% of patients identified as at risk of malnutrition by a dietician. Validity of the SIP tool was reviewed through comparison of identification rates of malnutrition risk using MUST.



Table 1 – Comparison between Observers, Screening Tools and Predictive Rates using MUST Score as the Definitive Value

Malnutrition Risk	Nursing Scores using SIP	Dietician Scores using SIP	MUST Scores
Not at risk (score 0)	79.6	70	67
At low-moderate risk (score 1-6)	14	17	0
At high risk (score 7-14)	4.3	11	30
Total 'at risk'	18.3	28	30 out of 101
Predictive rate	64.2% Based on no. 96	93%	No. 30 = 100%
Patient malnourished (score 15+)	2	2	3
Predictive rate	67%	67%	No. 3 =100%
	No. 96 5 not screened	No. 101	No. 101

CONCLUSION

The study identified that while valid for use as a nutrition screening tool, the subjective nature of SIP meant reliability was open to observer bias. Recommendations for use should include adequate training, and regular updates for nursing staff, to ensure that reliability is enhanced. Inpatients identified as 'at high risk' (score 7-14) who are due for repeated fasting/reduced nutrition for 5 days should be referred to a dietician. Recording of accurate weights and heights should be carried out for all patients to enable more accurate reviews when readmitted.



Clinical Research

Occupational Therapy

TITLE	Social and Occupational Engagement of Staff in Two Irish Nursing Homes for People with Dementia
AUTHORS	<i>Morgan-Brown, M., ^{1,2} Manley, D. ³ Assessment and Rehabilitation Unit, Cavan General Hospital, Cavan¹ Doctoral Programme of SURFACE Inclusive Design Research Centre, School of the Built Environment, University of Salford, UK² Occupational Therapy Department, Cavan General Hospital, Cavan³</i>

INTRODUCTION

Because the prevalence of dementia is linked to increasing age, and the number of the oldest old is rising, the costs of dementia care will increase considerably in the next decades and will be major drivers of costs in health care in developed countries.¹ The research concerning which care environments provide a better quality of life for people with dementia is limited in quantity and is difficult to evaluate and compare due to the complexity of analyzing resident, staff and visitor interactions, differently configured built environments and individual approaches to programming.² This research evaluated the interactive occupation and social engagement behaviours of staff which most typifies person-centered care.

METHODOLOGY

This study adopted a 'snapshot' technique, with an observation being taken every five minutes of the behaviours of staff working within the sitting room environments of two distinct dementia specific nursing home units, when these rooms were in most active use by residents, visitors and staff. These observations were spread over 11 days and comprised 44 hours of direct observation. The staffing levels varied from 2 to 4 staff. In each nursing home, a nurse headed the team during the morning hours, but her time was shared with another unit within the greater nursing complex during the rest of the day. All staff had care duties outside the main sitting room areas, including getting dressed, getting out of bed and toileting duties. In addition, each nursing home had an activity co-ordinator on a session basis.

The authors created an assessment tool in order to categorise staff behaviour. A three month pilot project enabled the authors to define and refine categories. A written protocol was devised to enable future consistency in observation procedure and behaviour categorisation. The Assessment Tool for Occupation and Social Engagement (ATOSE) categories for staff were (1) interactive occupation, (2) social engagement, (3) non-engagement with environment, (4) work tasks, and, (5) providing care. Categories 1 and 2 were defined by specific person-centred interactions with the residents. Conversely, the other interactive categories were work based, care orientated (preventing an unsafe mobilisation or assistance to eat or drink) or directing a resident (mobilizing to chair, toilet or dining room).

RESULTS

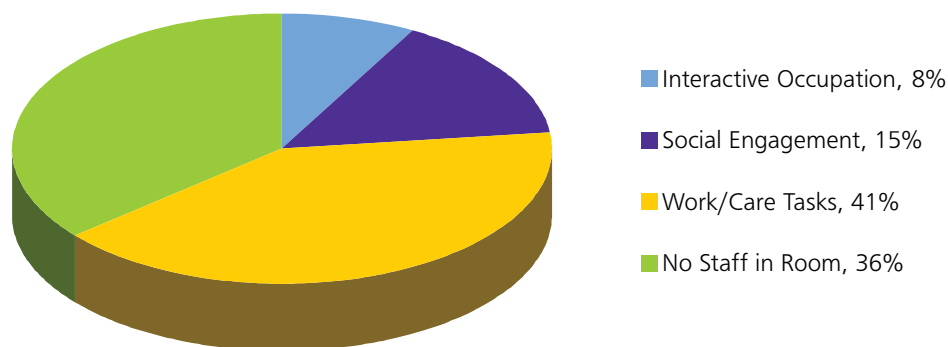
The inter-rater agreement coefficient was 91.1% for Nursing Home 1 (NH1) and 98.2% for Nursing Home 2 (NH2). The results for both were markedly similar and their results have been combined.

When staff were in the room, they spent approximately 65% of their time in work and care tasks, with 24% of the time spent in social engagement and 11% in interactive occupations.



However, when adding the time that staff were not in the room, these interactive occupation and social engagement categories decrease to 8% and 15%. This represents the proportion of non-work related interaction that residents could expect from the staff (Figure 1) whenever they were in the main communal rooms.

Figure 1 – Staff: Personal Interaction Activity (Combined NH1 + NH2)



CONCLUSIONS

This research demonstrated that it is possible to quantitatively measure the interactive occupation and social engagement of staff in care environments. As was hypothesised, the research found that residents were often without staff contact. When staff were in the communal room, they spent most of their time engaged in work and care tasks, and little time engaging in interactive occupation and social engagement.

REFERENCES

Available on request.

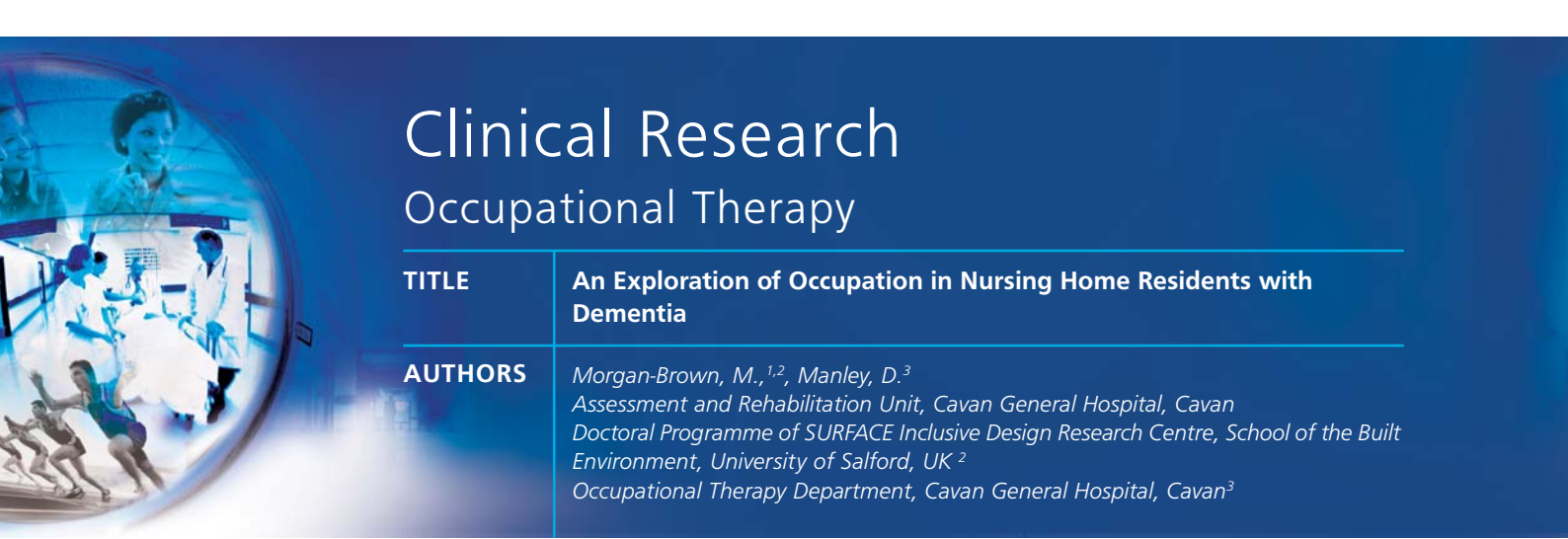
PRESENTED

1. At the Dementia Services Development Centre International Conference on Dementia in York on September 16th, 2009 by Mark Morgan-Brown.
2. At the Association of Occupational Therapists of Ireland Annual Conference in Dublin on May 28th, 2010 by Mark Morgan-Brown.



ACKNOWLEDGEMENT

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



Clinical Research

Occupational Therapy

TITLE	An Exploration of Occupation in Nursing Home Residents with Dementia
AUTHORS	Morgan-Brown, M., ^{1,2} , Manley, D. ³ Assessment and Rehabilitation Unit, Cavan General Hospital, Cavan Doctoral Programme of SURFACE Inclusive Design Research Centre, School of the Built Environment, University of Salford, UK ² Occupational Therapy Department, Cavan General Hospital, Cavan ³

INTRODUCTION

In Ireland the overall baseline cost for dementia care in 2006 was estimated to be €400 million or 0.7% of GNP.¹ One third of this was spent on residential care, 25% of which was paid for by direct public funding.² Since the care of people with dementia in nursing homes is expensive, it is important for it to be evaluated and studied³ to establish standards of care and value for money.

METHODOLOGY

This study adopted a snapshot observational recording technique, with recordings made of the behaviours of 36 residents with dementia within the sitting room environments of two distinct dementia specific nursing home units, when these rooms were in most active use. The observations were spread over 11 days and comprised 44 hours of direct observation.

The authors devised a suitable assessment tool that would encapsulate the behaviours of residents in the main communal rooms of care environments. A three month pilot project enabled the authors to define and refine categories. A written protocol was devised to enable future consistency in observation procedure and behaviour categorisation. The Assessment Tool for Occupation and Social Engagement (ATOSE) categories for residents were (1) interactive occupation, (2) social engagement, (3) non-engagement with environment, (4) eyes closed, (5) receiving care, and, (6) agitation and self-stimulation. Categories 1 and 2 were defined by positive, active and purposeful interaction, either with the environment or with a person. The other categories represented time spent dozing, staring into space, exhibiting agitated or restless behaviour, or, being given care or being directed by others.

Table 1

Nursing Home 1	% of total
1. Interactive Occupation	17.7%
2. Social Engagement	9.9%
3. Non-Engaged	38.4%
4. Eyes Closed	30.7%
5. Receiving Care	1.4%
6. Agitation + Self-Stimulation	1.8%
Total	100%
Categories 1 + 2	27.7%
Categories 3+4+5+6	72.3%

Table 2

Nursing Home 2	% of total
1. Interactive Occupation	15.9%
2. Social Engagement	4.0%
3. Non-Engaged	47.8%
4. Eyes Closed	21.5%
5. Receiving Care	2.4%
6. Agitation + Self-Stimulation	8.5%
Total	100%
Categories 1 + 2	19.8%
Categories 3+4+5+6	80.2%



RESULTS

The inter-rater agreement coefficient was 91.1% for Nursing Home 1 and 98.2% for Nursing Home 2.

Residents spent 70-80% of their time in non-purposeful behaviour, with the majority of this time categorised as environmental non-engagement (staring into space) or sitting with eyes closed (dozing or sleeping). They spent only one-quarter of their time in interactive occupation and social engagement.

CONCLUSIONS

This research demonstrated that it is possible to measure interactive occupation and social engagement behaviours as a means of evaluating care environments. This knowledge can be used to differentiate and compare environments, enabling better care environments and improvement in quality of life for people with dementia. As was hypothesised, the findings of the research identified that residents with dementia in nursing homes were subject to extended periods of time when they did not engage in interactive occupation or social engagement, having spent the majority of their time asleep or staring into space.

REFERENCES

Available on request.

PRESENTED

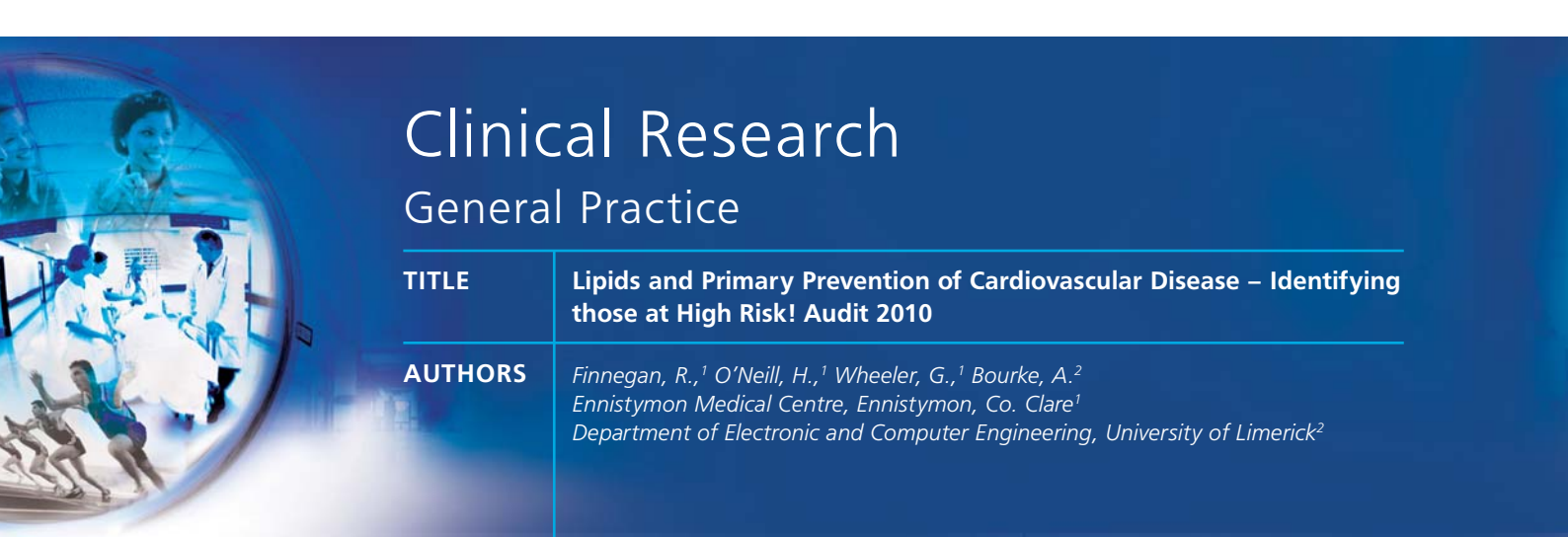
1. At the Dementia Services Development Centre International Conference on Dementia in York on September 16th, 2009 by Mark Morgan-Brown.
2. At the Association of Occupational Therapists of Ireland Annual Conference in Dublin on May 28th, 2010 by Mark-Morgan Brown.

PUBLICATION

The journal article "An Exploration of Occupation in Nursing Home Residents with Dementia" has been accepted for publication by the British Journal of Occupation Therapy.

ACKNOWLEDGEMENT

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



Clinical Research

General Practice

TITLE	Lipids and Primary Prevention of Cardiovascular Disease – Identifying those at High Risk! Audit 2010
AUTHORS	<i>Finnegan, R.,¹ O'Neill, H.,¹ Wheeler, G.,¹ Bourke, A.² Ennistymon Medical Centre, Ennistymon, Co. Clare¹ Department of Electronic and Computer Engineering, University of Limerick²</i>

INTRODUCTION

Cardiovascular disease (CVD) is a major cause of premature death in Europe and accounted for 36% of all deaths in Ireland in 2006.⁵ To date, little or no emphasis has been placed on targeting asymptomatic individuals at high, multifactorial risk. Blood cholesterol has a log-linear relationship to CVD risk and it is a key modifiable risk factor, which can be reduced by dietary change, physical activity and medication. Since starting work in general practice, I noticed that most of our cholesterol checks seemed to be due to opportunistic screening and wondered how many patients were being missed? I felt it would be more economical for our practice if we had a strategy for identifying which patients should be tested, and how often, and it would ultimately benefit our patients from a CVD risk reduction point of view.

Our audit was based on the NICE (National Institute for Health and Clinical Excellence) Clinical Guideline 67 on lipid modification, May 2008 (reissued March 2010)⁶ which states: 'For the primary prevention of CVD in primary care: A systematic strategy should be used to identify people aged 40–74 who are likely to be at high risk' and 'Opportunistic assessment should not be the main strategy used in primary care to identify CVD risk in unselected people.'

METHODOLOGY

We performed a search on our computerised system, 'Socrates', for all active patients; GMS (General Medical Services) and private, aged 40-74 years inclusive, from 01/01/1996 to 20/09/2010. We excluded all temporary and deceased patients. Among the included patients (n=852), we searched for how many had a fasting lipid checked at any time aged 40-74 years and subtracted these from our total list of patients, to find out who has never had their fasting lipids checked, and therefore, has never had a full CVD risk assessment performed. We then subtracted patients with documented CVD, cerebrovascular disease and conditions such as diabetes, familial hypercholesterolaemia and chronic kidney disease, which are not covered by the NICE guideline. The subtractions were initially done manually, but were then completed with the help of Dr Alan Bourke, using the 'Matlab' software package.

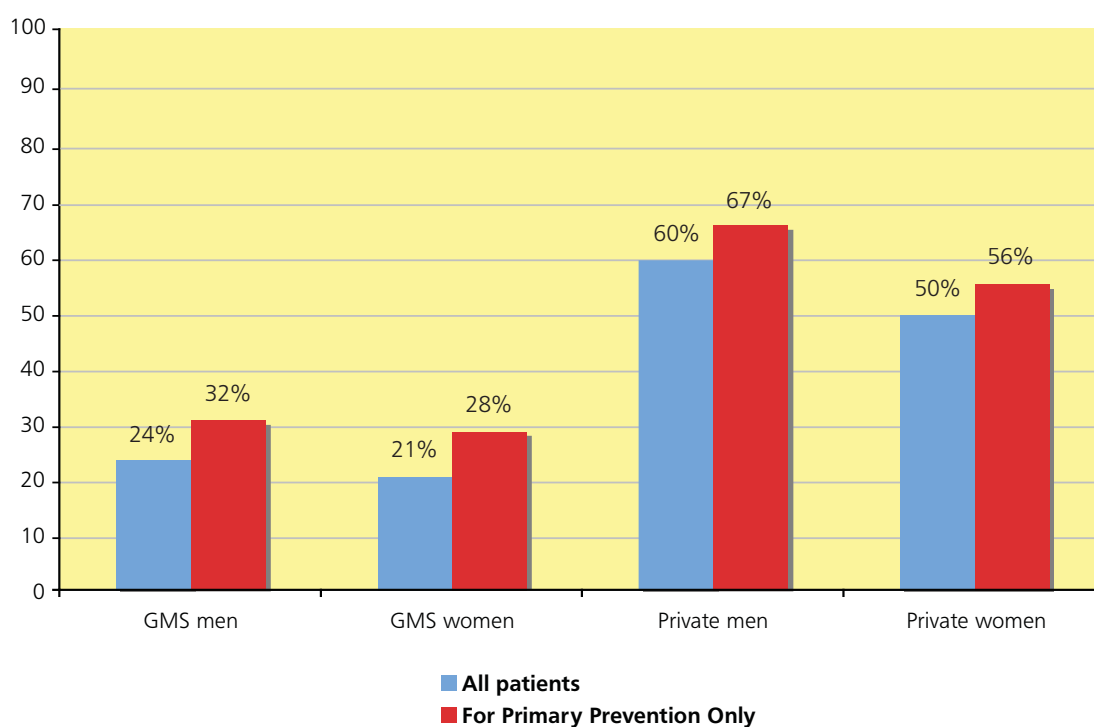
RESULTS

In total, 47% of men (n=206) and 40% of women (n=165) in our practice aged between 40-74 years have never had their fasting lipids checked. That equals a total of 44% (n=371) patients with no lipids done. On exclusion of patients with risk factors other than their age, as mentioned above, which limits our data to the primary prevention of CVD (n=690), 56% (n=201) of men and 48% of women (n=160) have never had their fasting lipids checked. Thus, over half of our patient population 52% (n=361) are not receiving an assessment for full CVD risk. The results were better for GMS population i.e. 32% (n=34) of GMS men compared with 67% (n=167) of private



men and 28% (n=28) of GMS women compared with 56% (n=132) of private women, have never had fasting lipids checked (See Figure 1).

Figure 1 – % of Fasting Lipids not Measured in Different Subgroups

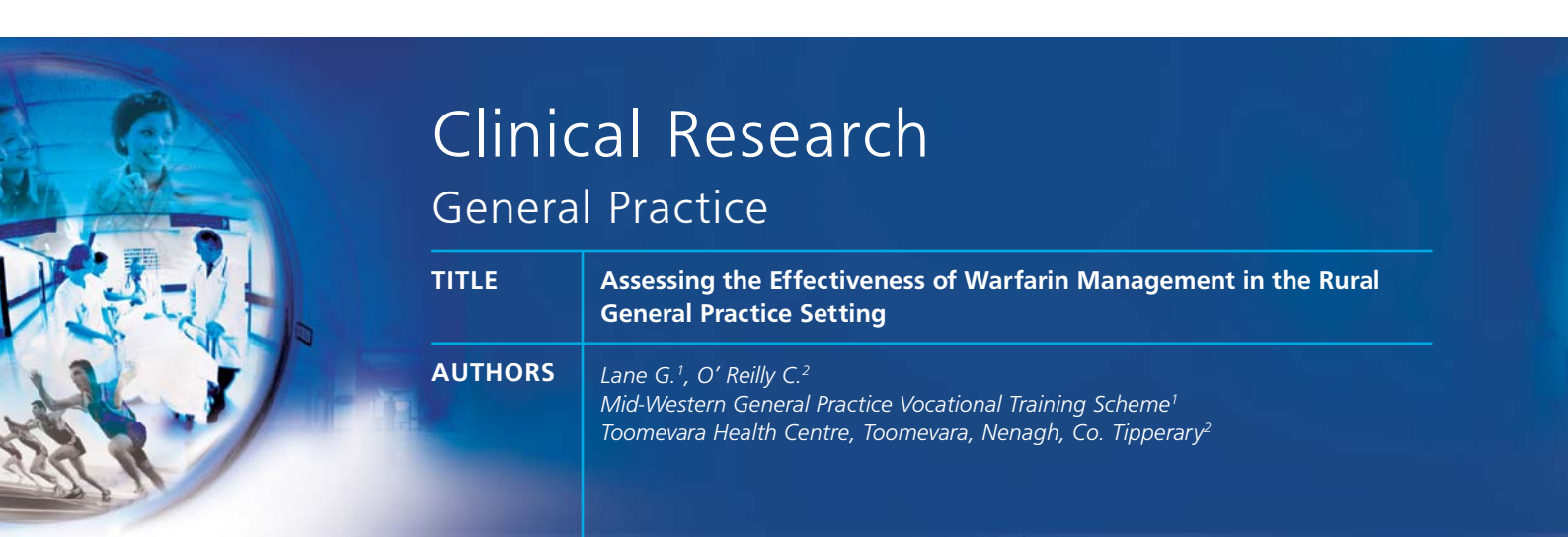


CONCLUSIONS

Results highlight that our current practice, for identifying patients between 40-74 years, who are at high risk of CVD, is mainly opportunistic screening, as many non-frequent private attendees are being missed. This audit shows the obvious need for community based CVD programmes and clear national guidelines for general practitioners in Ireland, with regard to lipid management and primary prevention of CVD.⁷

REFERENCES

Available on request.



Clinical Research

General Practice

TITLE	Assessing the Effectiveness of Warfarin Management in the Rural General Practice Setting
AUTHORS	Lane G. ¹ , O'Reilly C. ² Mid-Western General Practice Vocational Training Scheme ¹ Toomevara Health Centre, Toomevara, Nenagh, Co. Tipperary ²

INTRODUCTION

Warfarin (coumadin) is an anti-coagulant agent used in the management of patients with various conditions including atrial fibrillation, venous thromboembolism and prosthetic cardiac valve replacement, who are at risk of thrombosis. Its' management in the rural community setting involves regular attendance at the general practitioner for an International Normalised Ratio (INR) blood test. General Practice is now required to provide increasing time and resources to manage chronic diseases such as atrial fibrillation and associated warfarin management. In view of same, our practice planned to formalise our patient warfarin management system. However, we first needed to audit and assess the effectiveness of our current management as per recommended guidelines.¹ To do this we assessed the time spent within the INR target range. We also assessed the documentation of both INR target range and underlying diagnosis.

METHODOLOGY

Patients on warfarin were identified using the drug search function on the Socrates health patient management system. In total, 42 patients were on warfarin during the given study period. All INR checks for the year period from September 2009 to August 2010 were identified on the Socrates system and individually analysed using the Rosendaal analysis method.² Patient notes were individually analysed for diagnosis and target range documentation. The diagnoses are listed in Figure 1 and demographics in Table 1. The following information on each patient was documented on a proforma: name, age, sex, diagnosis, documentation of diagnosis/target range – yes/no, the number of INR checks in the 12 month period and the range of INR results within the same period. The desired goals regarding documentation and time in target range are listed below:

To Identify:

- % of time patients are within INR Target Range +/- 0.5 I.U. (target as per British Committee for Standards in Haematology [BSCH] – 60%)¹
- % of patients with their formal medical diagnosis clearly documented (target 100%)
- % of patients with target INR range clearly documented (target 100%)

Figure 1 – Number of Patients in Each Diagnostic Group

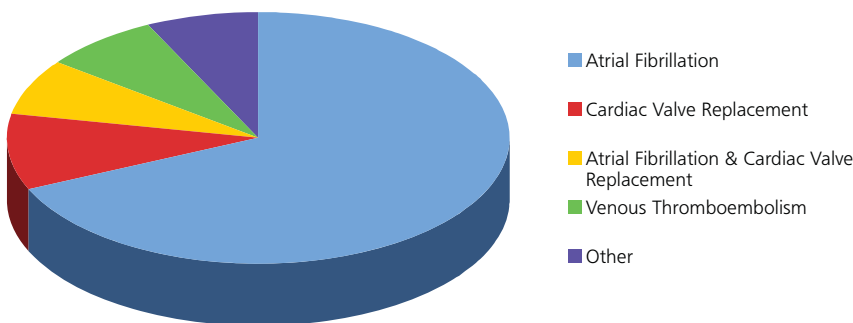




Table 1 – Demographics

Demographics

- Mean Age is 69.14 years
- Male 26:16 Female Patients
- Mean number of patient INR Checks/Year - 13.19
- Total Practice Number of INR checks - 554

RESULTS

- Underlying diagnosis documented in 41/42 patients (97.6%)
- Target range documented in 14/42 patients (33%)
- Mean Time spent within (\pm 0.5 I.U.) target range - 75.19%

CONCLUSION

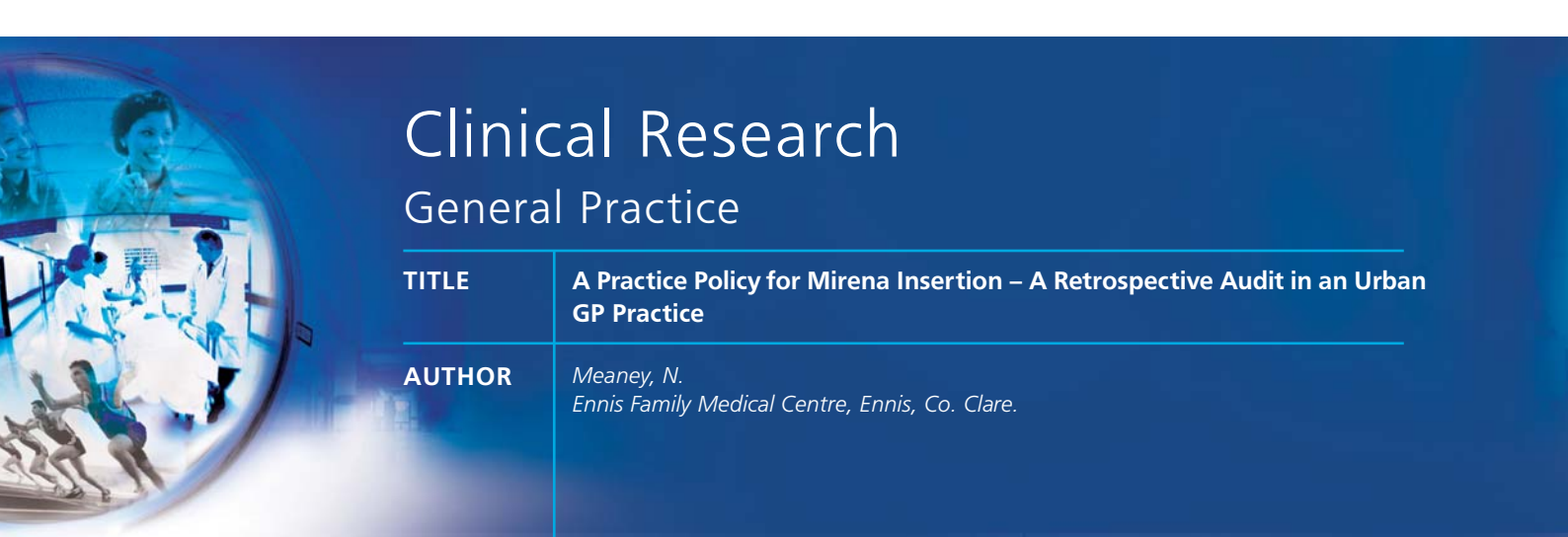
Current management standards for our practice patients on warfarin are to the current required standard. However, improved documentation of desired INR target range and diagnosis is required. Any introduction of a new warfarin management system will need to maintain, at a minimum, the current standards of care for our patients with regard to time in target range. Warfarin management is a significant resource issue which needs to be addressed like the management of many chronic diseases in general practice. Utilising a warfarin flowsheet and adhering to the American Association of Family Physicians (AAFP)³ and the Irish College of General Practitioners⁴ guidelines for dosing adjustment and management of elevated INR results will facilitate tight INR control and enhanced patient outcomes.

REFERENCES

Available on request.

PRESENTED

As a poster presentation at Irish College of General Practitioners (ICGP) Limerick Christmas Meeting on December 15th, 2010 in the Dunraven Arms Hotel, Adare, Co. Limerick.



Clinical Research

General Practice

TITLE	A Practice Policy for Mirena Insertion – A Retrospective Audit in an Urban GP Practice
AUTHOR	<i>Meaney, N. Ennis Family Medical Centre, Ennis, Co. Clare.</i>

INTRODUCTION

Hormonal contraception has been part of clinical practice for over 50 years. A recent Irish study confirmed that 69% of women used contraception, of whom 5% used an intrauterine device.

OBJECTIVES

The main aim of doing this audit was to establish a policy for mirena insertion within the practice.

METHODOLOGY

Following a Literature Search of data regarding intrauterine contraception, a practice policy for mirena insertion was drafted.

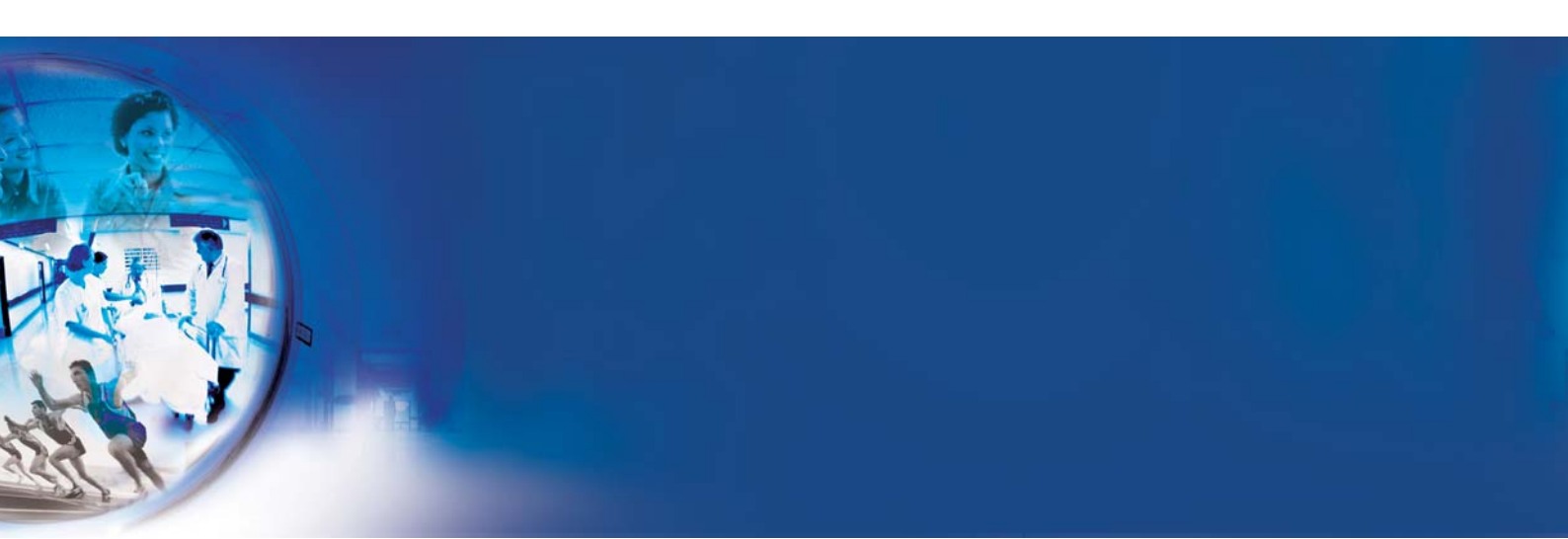
It was compiled from recommendations from the RCOG Faculty of Sexual and Reproductive Healthcare Clinical Guidance Intrauterine Contraception Clinical Effectiveness Unit 2007 and the Mirena Summary of Product Characteristics.

A retrospective audit on mirena insertions within the practice was then performed over a six month period between March 1st, 2010 and August 31st, 2010. The outcomes measured were the age profile, number of women who were patients of the practice, the number of women who had a pre-consultation, swabs, an up to date smear, bimanual exam documented, consent documented and a six week check.

RESULTS

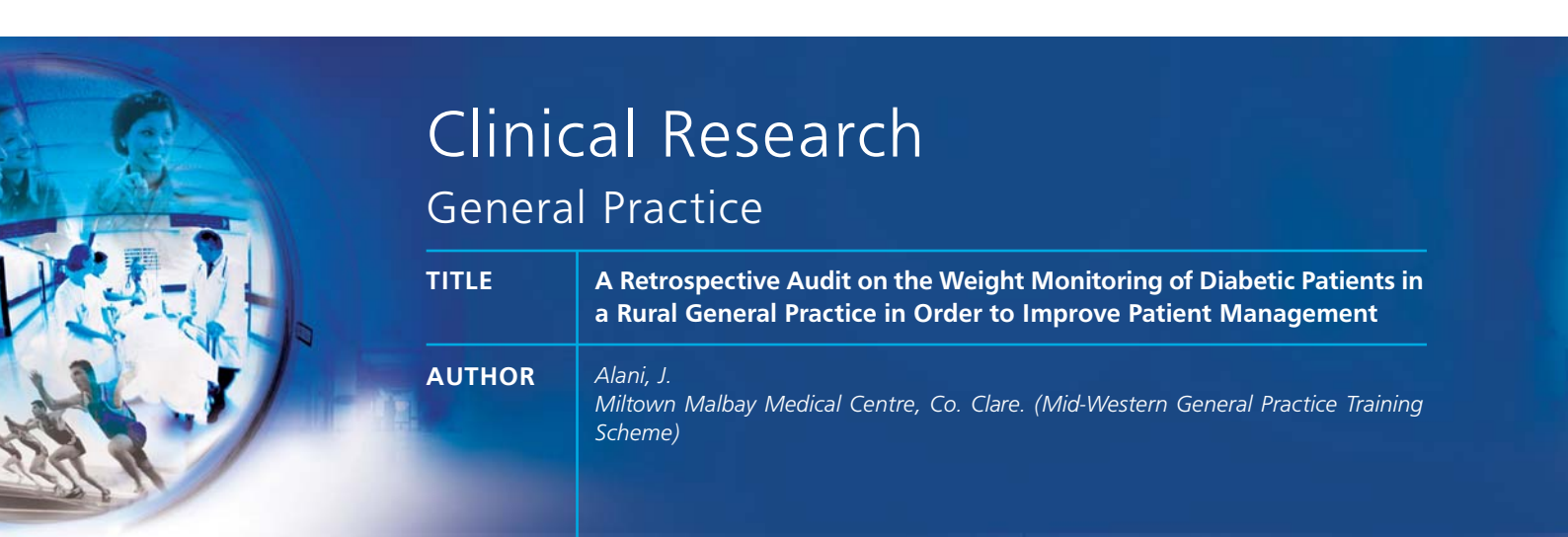
The results of the audit were as follows:

- 40 mirenas were inserted between March 1st, 2010 and August 31st, 2010
- 25 women (62%) were patients of our practice and 15 women (38%) were referred from local practices
- 39 women (97%) had a pre-mirena consultation
- 39 women (97%) had no indication for swabs
- 22 women (55%) had an up to date smear
- 18 women (45%) had no up to date smear
- 2 women (5%) had the results of their bimanual exam recorded
- 4 women (10%) had consent documented
- 36 women (90%) had no consent documented
- 29 women (72%) attended for their 6 week check
- 11 women (28%) did not attend for a six week check



CONCLUSIONS

The Audit highlighted the need for a practice protocol for mirena insertion and also a recall system for the six week check following insertion. The results were presented at the December practice meeting and a mirena check list and consent have been drafted and entered into the consultation notes to improve documentation.



Clinical Research

General Practice

TITLE	A Retrospective Audit on the Weight Monitoring of Diabetic Patients in a Rural General Practice in Order to Improve Patient Management
AUTHOR	<i>Alani, J. Miltown Malbay Medical Centre, Co. Clare. (Mid-Western General Practice Training Scheme)</i>

INTRODUCTION

Diabetes is a chronic medical condition of glucose impairment which results in significant worldwide morbidity and mortality. Type 1 Diabetes is caused by insulin absence whereas Type 2 Diabetes is caused by insulin resistance which is greatly affected by patient lifestyle. Diabetes is becoming more prevalent due to a growing global increase in obesity levels (so called "Globesity") due to a combination of sedentary lifestyle and nutritionally poor foods. However, changes in lifestyle, such as increased exercise and healthy eating will lead to decreased Weight (Wt)/Body Mass Index (BMI) and Waist Circumference (WC) which results in better outcomes for the patient. Therefore careful monitoring of these objective indices (Wt/BMI/WC) is a key component in the long term management of diabetes in order to ensure patient risk factors are being successfully reduced.

OBJECTIVE

The principal aim of this audit was to improve the quality of patient care and optimise diabetic patient management by analysing the frequency of Weight (Wt)/Body Mass Index (BMI)/Waist Circumference (WC) recording in a rural primary care setting. Furthermore, the audit findings will allow the establishment of a systematic approach in patient monitoring. Finally, this work will result in all diabetic patients receiving suitable diet education.

METHODOLOGY

A search of the Dynamic GP 3.0 database was performed to establish all patients who are Type 1 and Type 2 Diabetics from September 1st, 2010 to January 1st, 2011. We established how many of our diabetic patients have an annual record of their Wt/BMI and Waist Circumference (WC). In addition age/gender/private or public status and insulin or non-insulin medication was recorded. The gold standards used for this audit were the Diabetic Resource Manual, HSE West 2009 and Protocols for Community Diabetes Care, Irish College of General Practitioners, Diabetes Task Force Group 2000. The standards for this audit were that a patient with diabetes should have an annual Weight/BMI/Waist Circumference documented in the patient notes.

RESULTS

After carefully analysing the medical records of 79 diabetic patients (10 Type 1, 69 Type 2), it was shown that 80% of diabetic patients had their weight recorded by the GP. However, interestingly, only 34% of patients' BMI was recorded and surprisingly, only 19% of diabetic, outpatient department letters had the patients' BMI recorded. Further analysis of the patient data (who had their weight recorded over the six years) showed a lack of regular recording of the patients' weight/BMI in either primary care or diabetic outpatient clinic. For example 28 patients had their BMI/Wt recorded only once in six years. The most insightful discovery of the audit was that waist



circumference measurement was not recorded in either the GP or OPD documentation. Finally, of the 34 patients whose BMI was recorded, 15 were classified as Obese and 2 were classified as Morbidly Obese. This shows that 50% of the GP diabetic patients who had their BMI recorded, had a BMI >30 .

CONCLUSIONS

The results of this audit clearly show that patient Wt/BMI is not recorded regularly for all diabetic patients by either the GP or OPD documentation. This may be due to multifactorial reasons such as a lack of recording patient height, too busy to carry out the required calculation of weight to BMI or simply the clinician in OPD not recording the BMI in the GP letter. Regardless of causation, it is a priority that this oversight is corrected to ensure best practice in diabetic management for patients. Another issue identified is the lack of recording of waist circumference by either GP or OPD documentation for any of the 79 patients; again it should be recorded in future. Finally, with this audit suggesting that over 50% of the diabetics in this primary care practice had a BMI recorded of being obese (BMI >30), that lifestyle modification and patient empowerment through exercise, nutritional and diabetic programmes (e.g. DAFNE/DESMOND) is central to long term improvement in diabetic outcomes.



Clinical Research

General Practice

TITLE	Frequency of Medication Review in Repeat Prescribing in Polypharmacy Patients
AUTHORS	<i>O'Donovan, J., Murphy, K. Westbury Medical Centre, Athea, Co. Limerick</i>

INTRODUCTION

Repeat prescribing is an increasing and necessary part of general practice. This involves the issuing of a subsequent prescription in a given time period whether it is accompanied by a consultation or not. With the computerisation of most GP practices there has been an explosion in the speed and number at which repeat scripts are issued. These are often issued by the secretary and simply signed by the doctor without ever seeing the patient. This may save time for the practice, however it is less likely that the doctor will think critically about each prescription. Certain groups are at higher risk of medication complications, namely the elderly and patients on large numbers of medications. The purpose of this study was to ascertain whether patients with polypharmacy (4 or more drugs) were having medication reviewed on a regular basis with a full face to face consultation. The findings were to be compared with a UK guideline that suggested these patients should have a full medication review every six months.¹

METHODOLOGY

A retrospective analysis was performed on a cohort of patients over a two week period. All patients with polypharmacy were selected and had their clinical notes reviewed using a proforma. Their notes were reviewed over the preceding seven months to assess percentage of prescriptions issued by practice staff without a face to face consultation. In addition all patients' notes were reviewed for any evidence of medication review in the same period.

RESULTS

A total of 341 patients' notes were reviewed in the 2 week period, with 116 having polypharmacy (34%). The mean age was 71.4 years and the mean number of medications was 6.9. In the cohort, 50 (43%) had all of their prescriptions issued by the secretary, without consultation in the previous 6 month period. Of these, only 9 had evidence of medication review at some stage, thus 41 (35%) had no documented evidence of review.

CONCLUSION

The audit shows evidence that this high risk group of patients are not being reviewed regularly enough, or it is not being documented. In consultation with the practice staff it has been decided to implement a guideline to ensure that all polypharmacy patients will have a fixed repeat interval of six months set on their repeat prescriptions, so a warning will present on the system if they are due review. In addition a typed action plan of medication review will be entered into their notes, and be present for all consultations so it can easily be checked when their last review was and when the next is due. These changes will lead to safer prescribing, more compliant patients and eventually more cost-effective service.



REFERENCES

Available on request.



Clinical Research

General Practice

TITLE	A Retrospective Audit of the GP Exercise Referral Scheme in Limerick
AUTHORS	Houlihan, N., ¹ Fullam, M. ² ULGP Scheme, University of Limerick ¹ General Practice, Bishop Street, Newcastlewest, Co. Limerick ²

INTRODUCTION

There is substantial evidence of the benefits of physical activity in the primary and secondary prevention of illness.¹ Studies have shown that the healthcare system would benefit from reduced costs if people were more physically active.^{2,3} There is sufficient evidence to support Exercise Referral Schemes, the most recent evidence being the Evaluation of the National Exercise Referral Scheme in Wales.⁴ The principle of the study was to audit the GP Exercise Referral Scheme in Limerick in the previous eighteen months with regard to uptake by general practitioners, numbers of patient referrals and patient demographics. These figures were then compared with the pragmatic standard which was the scheme in Wales and a previous pilot scheme in Cork.⁵

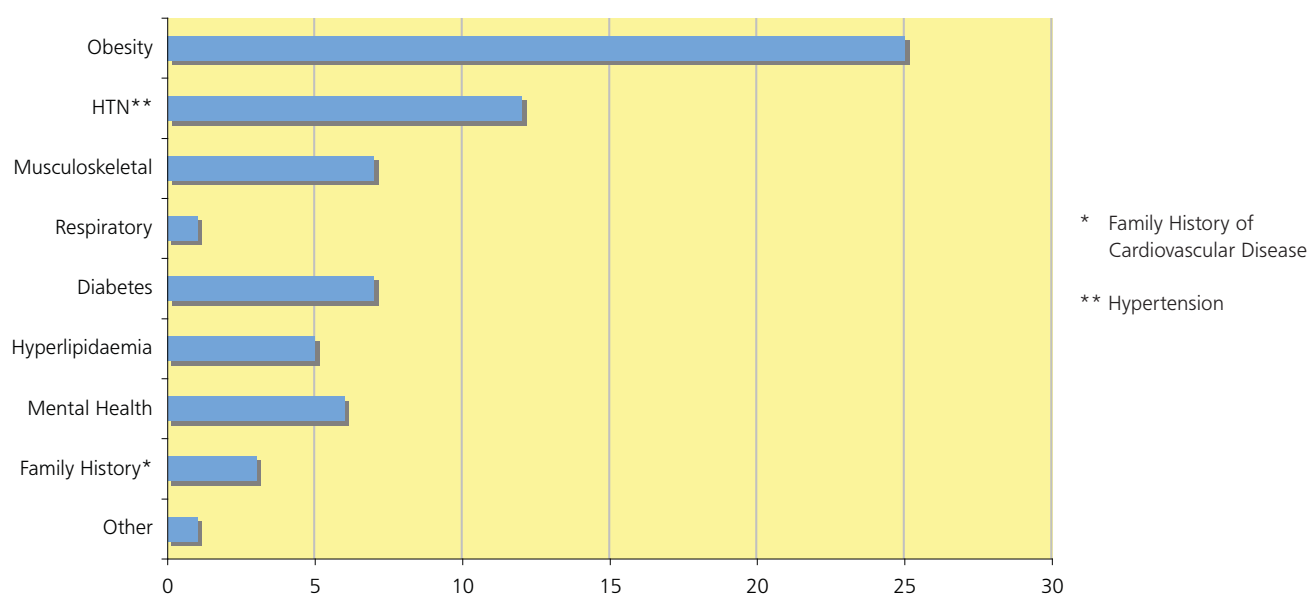
METHODOLOGY

A literature review of the evidence for the benefits of a physically active lifestyle for our health and for our healthcare system, and the evidence for exercise referral schemes was performed. Information was collected from patient referral forms at the three centres in Limerick. From this we could obtain age, gender and medical reason for referral. It was also possible to trace which GP referred which patient, and from this information we could analyse uptake of the scheme and patient distribution of referrals.

RESULTS

- The patients referred were predominantly female. 76% of participants were female and 24% male
- Patient ages range from 19 years to 79 years, with the average age being 45 years
- Obesity was the main medical reason for referral, followed by Hypertension, Diabetes and Musculoskeletal (See Figure 1)
- There are 102 GMS practices in Limerick city and county²⁵
- Of the 102 GPs on GMS in Limerick there are 30 GPs registered for the GP Exercise Referral Scheme (25%)
- There are also 6 private GPs registered
- However, all 6 of these GPs run their private practice in one of the GMS practices above
- Of the 36 GPs registered, 13 GPs (36%) have referred patients to the scheme
- These GPs are all based in Limerick city

Figure 1 – Medical Reason for Referral



CONCLUSIONS

This audit shows that the GP Exercise Referral Scheme in Limerick is a valuable but underutilised resource. There was a low volume of patient referrals in comparison to the Welsh scheme and the previous pilot scheme in Cork over the same time period, however patient demographics were similar. There was a low uptake by GPs, particularly in the private sector. This may reflect a lack of awareness of the facility or perceived barriers to the GP Exercise Referral scheme by GPs such as lack of time, cost, transport difficulties, patient unsuitability or lack of awareness of the evidence for Exercise Referral Schemes. This audit highlights the need for increased awareness of the availability and benefits of the scheme for our patients. We aim to re-audit in 12 months time.

REFERENCES

Available on request

PRESENTED

As a poster presentation at a General Practice Trainers Meeting on December 8th, 2010 in The Mustard Seed Restaurant, Ballingarry, Co. Limerick.



Clinical Research

Mental Health Services

TITLE	Evaluation of an Infant Parent Training Programme (Incredible Years Project) – Qualitative Assessment of Change in the Parent-Child Relationship Using the Marschak Interaction Method
AUTHORS	Flynn, E., ¹ Coughlan, B. ² Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick PhD Candidate ¹ Supervisor ²

INTRODUCTION

The Incredible Years (IY) Infant Parent Training Programme (IPTP) is the first of its kind in Ireland. The IY programme components are being implemented across Limerick City, Ireland as part of a substantial regeneration project. There is limited research in the wider IY field which has focused specifically on attachment or the quality of the parent-child relationship from a qualitative perspective.

OBJECTIVES

The current research aimed to explore changes in the parent-infant relationship which may have occurred as a result of participation in the Infant Parent Training programme.

METHODOLOGY

In all, 6 mothers participated in the training programme and 5 mothers participated in the research. The Finnish version of the Marschak Interaction Method (MIM) was used to assess the quality of the parent-child relationship at Time 1 (Pre-programme) and Time 2 (Post-programme). Change in parental stress was explored using the Parenting Stress Index before and after the programme. A focus group format was also employed to glean further qualitative data on how participants found the programme in terms of benefits, areas of weakness and learning points. Thematic analysis was conducted on each participant’s MIM observations (pre-programme and post-programme) using the core domains of the Finnish MIM; Structure and Challenge, Emotional Reciprocity and Initiative, Nurture, Playfulness and Representation of Child. With regard to the results of the MIM, pre-programme to post-programme data provide a somewhat mixed picture.

Baseline MIM results demonstrate that each mother who participated in the IPTP provided evidence of a positive and healthy relationship with their babies prior to the programme starting. Therefore, it may be the case that there was little room for improvement in terms of significant change in the parent-infant relationship from pre-programme to post-programme. However, some mothers appeared to make significant gains post-programme. Other mothers demonstrated slight positive shifts in some domains, for example, Mother and Infant C demonstrated improvements in ‘child’s emotional reciprocity and initiative’, ‘parental nurture’ and ‘child’s playfulness’. In terms of parental stress, 3 out of 5 mothers reported a reduction in stress post-programme. The focus group results provide evidence that these mothers all benefited in some way from participation in the Infant Parent Training IY Programme.



CONCLUSIONS

Future directions for clinical research and practice are discussed, with emphasis on issues such as how researchers and practitioners can access the individuals most in need of support and intervention. Perhaps further research is needed to explore the reasons behind reluctance to participate in preventive early intervention programmes in Ireland specifically, what are the barriers to participation? Which demographic variables best predict withdrawal or refusal to participate? The importance of gaining access to these families and individuals most at risk cannot be overstated. The clinical utility and cost effectiveness of implementing parent training programmes with parents who are already doing a good job is questionable.

REFERENCES

Available on request.

FUNDING

This research has received funding from the Limerick Regeneration Board.



Clinical Research

Mental Health Services

TITLE	An Exploratory Study of the Effectiveness of an Online Divorce Education Programme in a Child Community Clinical Psychology Service
AUTHOR	<i>O'Connell Kehoe, D., ¹ Ryan, P. ²</i> <i>Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick</i> <i>PhD Candidate¹</i> <i>Supervisor²</i>

INTRODUCTION

The aim of the study was to explore the effectiveness of an online version of 'Children in the Middle' (CIM) Divorce Education Programme (DEP) in an Irish Clinical Setting. Participants were 16 parents of the children who were referred to a Child Community Clinical Psychology Service whom the clinicians agreed were experiencing adjustment difficulties related to parental separation/divorce.

METHODOLOGY

The study employed a mixed methodology design. The independent variable had two levels: control and treatment group, to which participants were alternately assigned. Questionnaires were administered at pre and post-test in order to measure the dependant variables and for exploratory purposes.

Those who completed the programme were interviewed regarding their experience. Quantitative and qualitative results were analysed using SPSS V16 and interpretative phenomenological analysis respectively. The generalisability of the findings are impeded by limitations discussed herein.

RESULTS

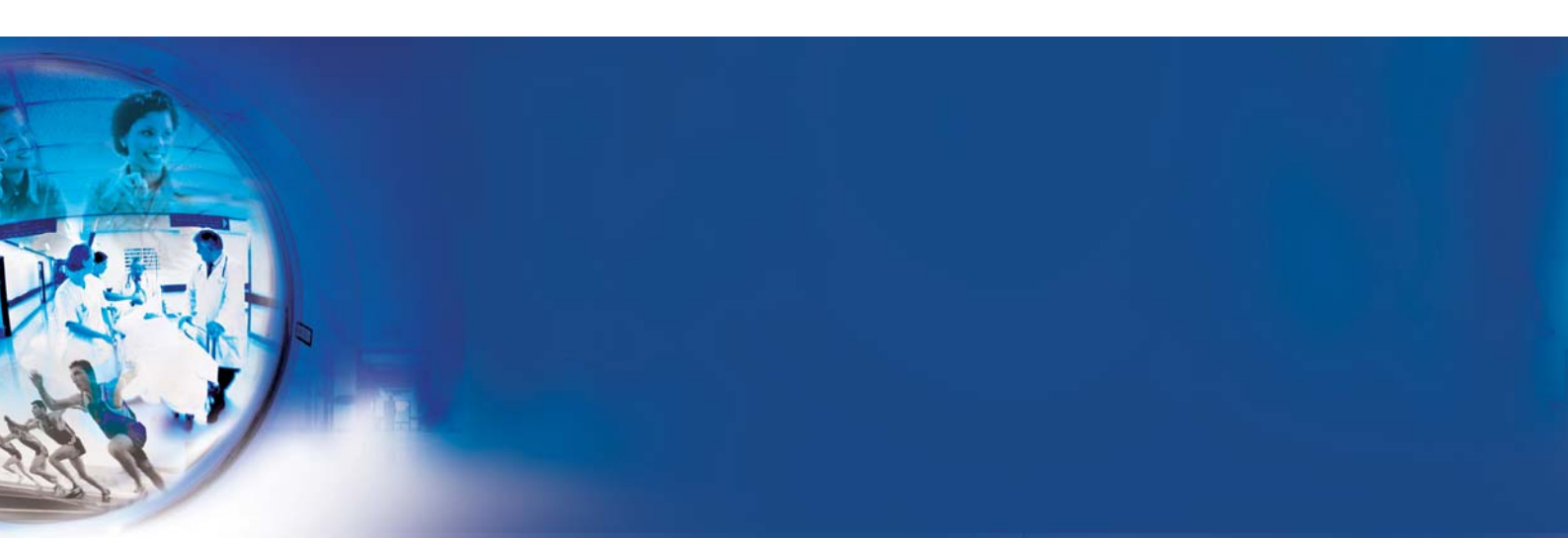
The present study suggests CIM may make a meaningful contribution to clinical practice and the development of services in Ireland, in addition to international literature on divorce and relationship dissolution.

CONCLUSIONS

The findings of the study provide some support for the effectiveness of CIM. The quantitative study failed to provide evidence of statistical significance due to the nature of the sample size. Both the qualitative and quantitative studies highlighted variance in the sample, this is an important factor in terms of how the present findings are interpreted.

The limitations discussed herein are not solely applicable to the study of DEPs but are characteristic of divorce and relationship dissolution research in general. Suggestions are presented regarding how to work towards addressing these challenges in the future.

The literature emphasised the need for research and development of these programmes for both clinical and research positions.¹ In the case of the former, we are now at a critical point to intervene and develop preventative approaches to address the potential negative effects of divorce on children. In the case of the latter, divorce education programmes provide a way to investigate the causal mediators of child adjustment to divorce.



Implications for theory, clinical practice and service provision are outlined. Future research directions are discussed. Recommendations are made for the development of the programme, clinical practice, service provision and research.

REFERENCES

Available on request.



Health Systems Research

Mental Health Services

TITLE	An Exploration of Older Adolescents' (16 and 17 Year Olds') Experiences of Adult Inpatient Psychiatric Units
AUTHORS	Ward, M., ¹ Ryan, P. ² <i>Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick</i> <i>PhD Candidate¹</i> <i>Supervisor²</i>

INTRODUCTION

It is universally accepted in the research literature that dedicated adolescent units are best placed to meet the complex developmental needs of young people in need of inpatient psychiatric treatment. These obligations exist in international law and in national policy however in 'real life' these commitments have not yet been fulfilled by Irish services. Young people, particularly the 16 and 17 year old population, continue to be admitted into adult psychiatric units in Ireland.

METHODOLOGY

The current study used a grounded theory methodology to explore 16 and 17 year old adolescents' experiences of adult inpatient psychiatric units. It also sought to elucidate the adolescent developmental processes that may have impacted on these young peoples' experiences. In-depth, qualitative interviews were used to collect the narratives of six young people who experienced inpatient treatment on adult psychiatric wards.

RESULTS

The grounded theory analysis revealed seven core themes and twenty subthemes. These were subsumed into four meta themes:

- 1. Isolation:** Isolation from family and peers felt prior to hospitalisation, isolation felt as a result of being treated with adults and a self-imposed isolation used as a means of coping with the unpredictability and sometimes fear associated with the behaviour of some adult patients on the ward.
- 2. Lack of Specialist Services:** The adolescents believed there was an over reliance on medication and a lack of psychotherapeutic and allied health services made available to them. In addition, they highlighted the lack of facilities and activities to engage their time and this led to a pervasive feeling of "boredom" on the ward. They were aware of the special administration and logistical considerations required when a minor is admitted to an adult ward i.e. the assignment of a nurse special. As the "specials" were the professionals they had the most contact with, their influence over the adolescents' experience of treatment was substantial. Adolescents had very mixed experiences of being 'specialised'. The participants identified factors such as inconsistency of personnel and the resultant differing interpersonal approaches of 'specials' as problematic. They asserted that the 'specials' personality and willingness to work with them were crucial factors in how they were experienced by the adolescent. They also experienced the use of agency nurses with a lack of specialised training as particularly negative. The adolescents also described the impact their presence had on ward staffing levels, with the requirement to assign a 1:1 nurse to them and the impact this had on the care of other patients. This contributed to a feeling of being "a burden" on the ward.



3. Empowerment and Disempowerment: 5 of the 6 young people experienced a power imbalance between themselves, other patients, and staff on the ward. This Power Imbalance derived from the adolescents' perceptions that they had no choice, no control and no information in relation to their treatment. Some of the adolescents believed they were valued less than the adult patients. Two participants described feeling forced to resort to behavioural means of expressing their needs which in turn left them feeling further de-valued and distressed.

4. Adolescent Developmental Processes: The participants described the conflict between leaving the psychological safety of childhood and transitioning into late adolescence, a transition complicated by their psychological difficulties. This seemed to have been further complicated by the conflictual manner in which they experienced their treatment i.e. being an adolescent treated in an inappropriate adult setting. All of the adolescents highlighted the importance of peers, their fear of stigmatisation and their preference to be treated on specialist adolescent units.

CONCLUSIONS

It is forwarded that adolescents' developmental needs are crucial to their overall psychological adjustment and are not best met in adult inpatient services. It is suggested that many of the findings extend beyond the confines of adult treatment settings to inform the inpatient treatment of adolescents, irrespective of service type. The findings, together with the theoretical, clinical, and service implications emanating from the study are discussed in terms of the existing research. The paper calls for a synthesis in research and practice between developmental and clinical approaches to the treatment of adolescents experiencing mental health difficulties.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

TITLE	Attachment and Psychological Distress – Links between Coping and Maladaptive Perfectionism in a Group of Younger and Older Irish Adults
AUTHORS	<i>Dempsey, H.,¹ Ryan, P. ²</i> <i>Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick</i> <i>PhD Candidate¹</i> <i>Supervisor²</i>

INTRODUCTION

This research investigated the influence of perfectionism and coping on the relationship between attachment and psychological distress, in younger and older Irish people.

RATIONALE

Evidence confirms the role of attachment style in psychological well-being. Coping is also known to co-vary with attachment and play a central role in psychological adjustment. Research has sought to identify mediating routes between coping, attachment and psychological distress. Maladaptive perfectionism, linked with distress via negative working models of self and fear of failure, is one possible pathway. Lifespan differences in these interactions are likely.

OBJECTIVE

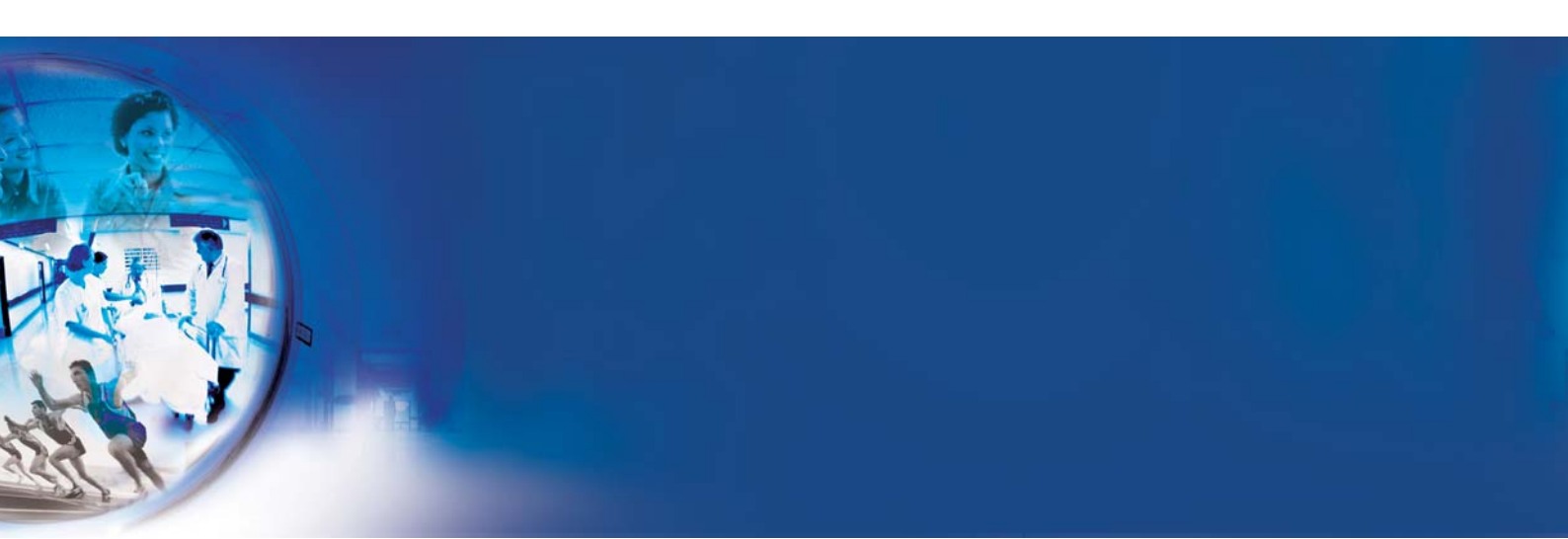
To investigate the hypothesised mediating role maladaptive perfectionism and ineffective coping would play in relationships between insecure attachment and psychological distress in younger and older age groups in Ireland.

METHOD

A community cross-section of older and younger Irish people (N=287), comprising two age groups, (15-19 years) and (60+), participated. Attachment was assessed using the Experiences in Close Relationships Scale-Revised; perfectionism evaluated using the Frost Multidimensional Perfectionism Scale and coping via the Problem-Focused Style of Coping. Psychological distress was measured using the Beck Anxiety and Depression Scales.

RESULTS

Younger Irish people endorsed higher levels of attachment anxiety and avoidance, higher levels of anxiety and depression and used more ineffective coping strategies than older adults. Few differences were revealed in maladaptive perfectionism. Regression analyses revealed coping and perfectionism to be good preliminary mediating candidates. Structural Equation Modelling tested the mediating effects of ineffective coping and maladaptive perfectionism in the relationship between attachment insecurity and psychological distress. Attachment was not directly linked to distress; rather, a direct path from ineffective coping to psychological distress was a significant for both groups and explained a large percentage of the variance in distress scores for young adults.

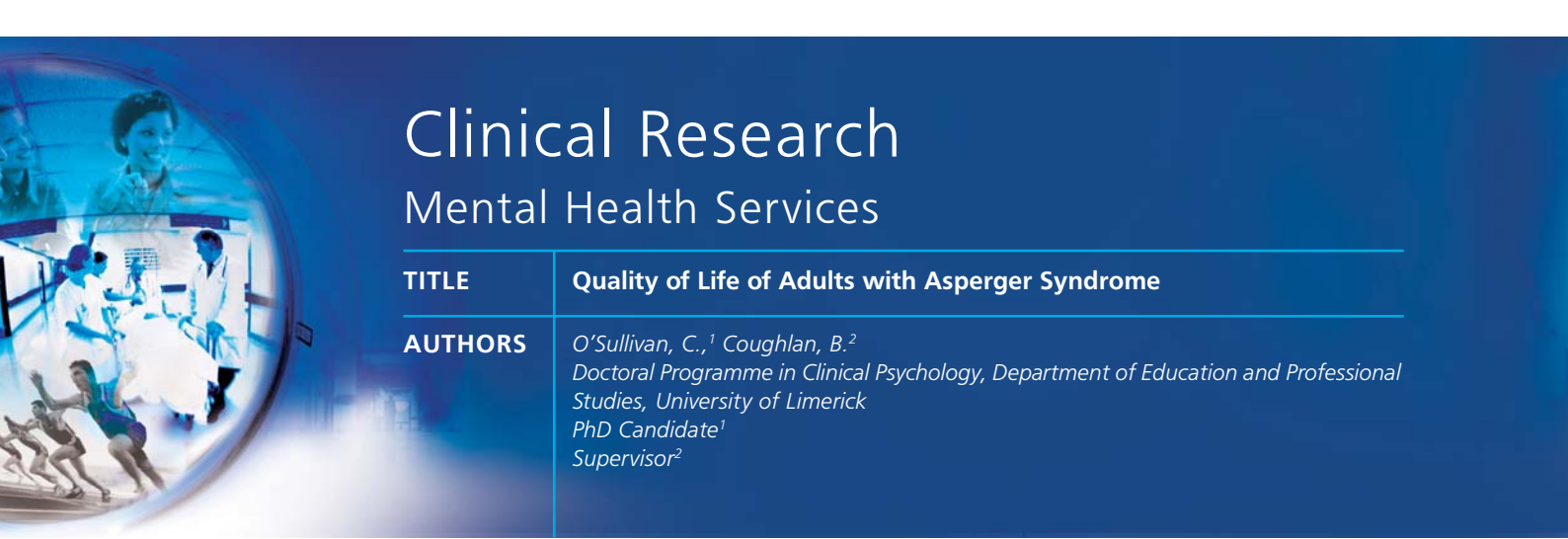


CONCLUSION

Findings demonstrate clear support for the full mediational role of ineffective coping in explaining the relationship between attachment and distress for both older and younger adults. This relationship is more clearly defined for younger people. Coping is a powerful construct whose influence on psychological distress overrides many other related factors such as attachment style and perfectionism or even life-stage and gender.

RECOMMENDATIONS

Future research must test alternate models of distress to illuminate the process of choosing coping strategies. Interventions focusing on attachment, perfectionism or coping are likely to reduce distress but must be based on assessment of these characteristics and be tailored to match the developmental stage of the client.



Clinical Research

Mental Health Services

TITLE	Quality of Life of Adults with Asperger Syndrome
AUTHORS	O’Sullivan, C., ¹ Coughlan, B. ² Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick PhD Candidate ¹ Supervisor ²

INTRODUCTION

On a national and international level, studies which focus on a homogenous sample of Adults with Asperger syndrome are uniquely rare. Factors contributing to the quality of their life have received little attention and are not yet understood.

OBJECTIVES

The current research aimed to develop rich insights into the concept of Quality of Life as perceived and experienced by 8 adults with Asperger syndrome, who continue to reside with their parents. By giving a voice to 16 parents, supplementary perspectives of the quality of life of these adults were gained. Experiences of support were also sought.

METHODOLOGY

The grounded theory approach of data collection and analysis uncovered seven core themes from adults with Asperger syndrome’s perspectives and six core themes from their parents.

RESULTS

Findings revealed a large commonality between themes which included an experience of separateness, a value for social connections, being occupied and empowered, a negative self-view, mental health, dependency on parents, and a struggle in balancing autonomy with support. Themes which contribute/detract from their QOL were integrated into a tentative model based on grounded theory. This model depicts how core impairments and a late diagnosis of Asperger syndrome compromised the development of their self-identity, emotional maturity, adaptive living skills and autonomy. The model highlights their sense of isolation and the value they place on interests, supportive relationships and opportunities to connect with others. Being occupied serves to distract them from their feelings of loneliness and difference and helps build their self-worth. During the transition to adulthood, the absence of formal supports for adult and parent, coupled with parental over-protectiveness, serve to perpetuate the adults’ fears of inadequacy and a potential loss of parental support, which culminates in their postponement of individuation.



CONCLUSIONS

Findings highlight how support acts as a significant ecological factor which mediates the QOL of these adults with Asperger syndrome. Early diagnosis, intervention, and internet based social supports, access to occupational activity, the promotion of a positive image of Asperger syndrome and the facilitation of choice and self-determination were identified as needs for these Irish men and women, coupled with the development of a systemic and co-ordinated approach to service delivery. Implications for clinical practice and future research are discussed.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

TITLE	An Exploratory Study of Stress, Depression, Social Support and Care-Giver Distress in Family Carers of Individuals Following an Acquired Brain Injury
AUTHORS	<i>O'Rourke, L.,¹ Coughlan, B.²</i> <i>Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick</i> <i>PhD Candidate¹</i> <i>Supervisor²</i>

INTRODUCTION

It is estimated that approximately 10,000 individuals sustain an Acquired Brain Injury (ABI) each year in Ireland. Given advances in the fields of medicine and technology within the last decade, there has been a substantial increase in the number of individuals who survive with an ABI. The majority of these people return home to live with and be cared for by their family. However, this care-giving relationship can have a significant impact on the life of the carer.¹

OBJECTIVE

The aim of this research examines psychosocial factors namely stress, distress, depression and social support in family carers of an individual with ABI.

METHODOLOGY

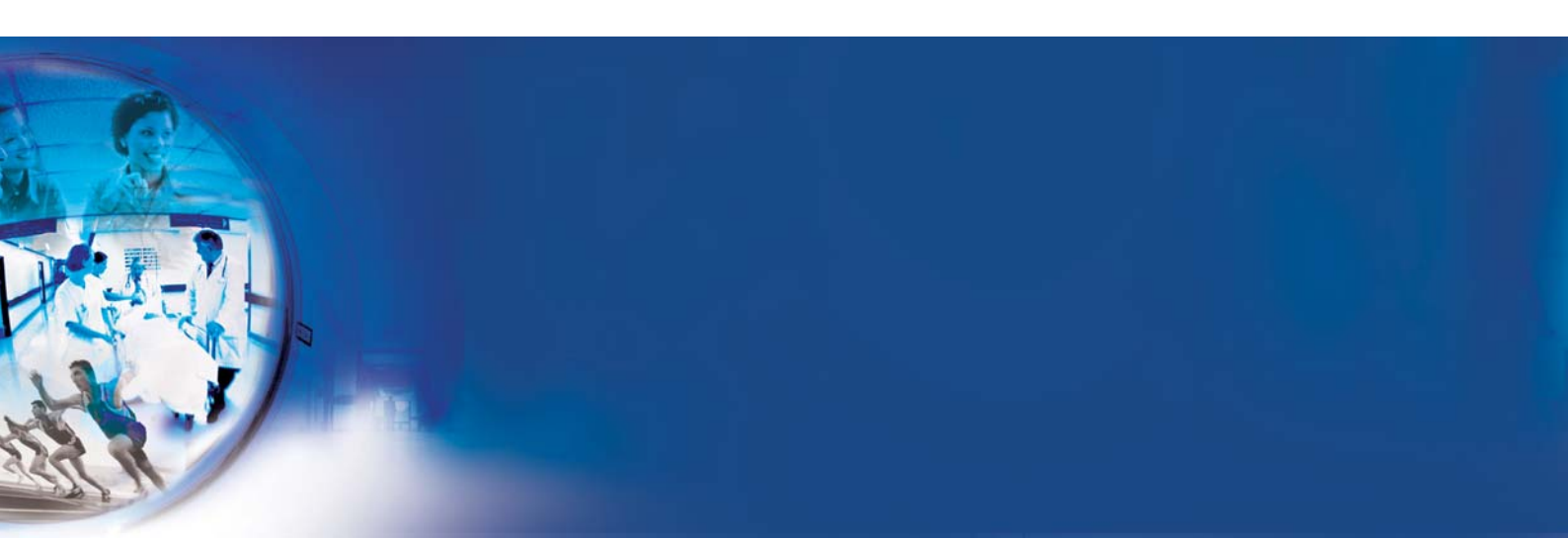
This current study utilised a mixed methodology design. The qualitative component utilised standardised measures to assess psychosocial factors as mentioned above. These are further explored in the qualitative component, along with the positive consequences experienced by carers. Participants were recruited from a national Service Provider.

RESULTS

Self administered questionnaire packages were returned from 71 carers who provided information on their levels of stress (Perceived Stress Scale), depression (Beck Depression Inventory), a caregiver's distress (Head Injury Behaviour Scale) and social support (Medical Outcomes Social Support Survey). The qualitative component of the study consisted of a semi-structured interview. The method of analysis chosen was thematic analysis. The main findings from the study indicate a positive correlation between stress, distress and depression in carers. However, increased levels of social support were associated with a lower depression scores. A predictive model accounting for 51% of the variance in carer's depression scores was generated. Positive experiences associated with care-giving were also identified by carers.

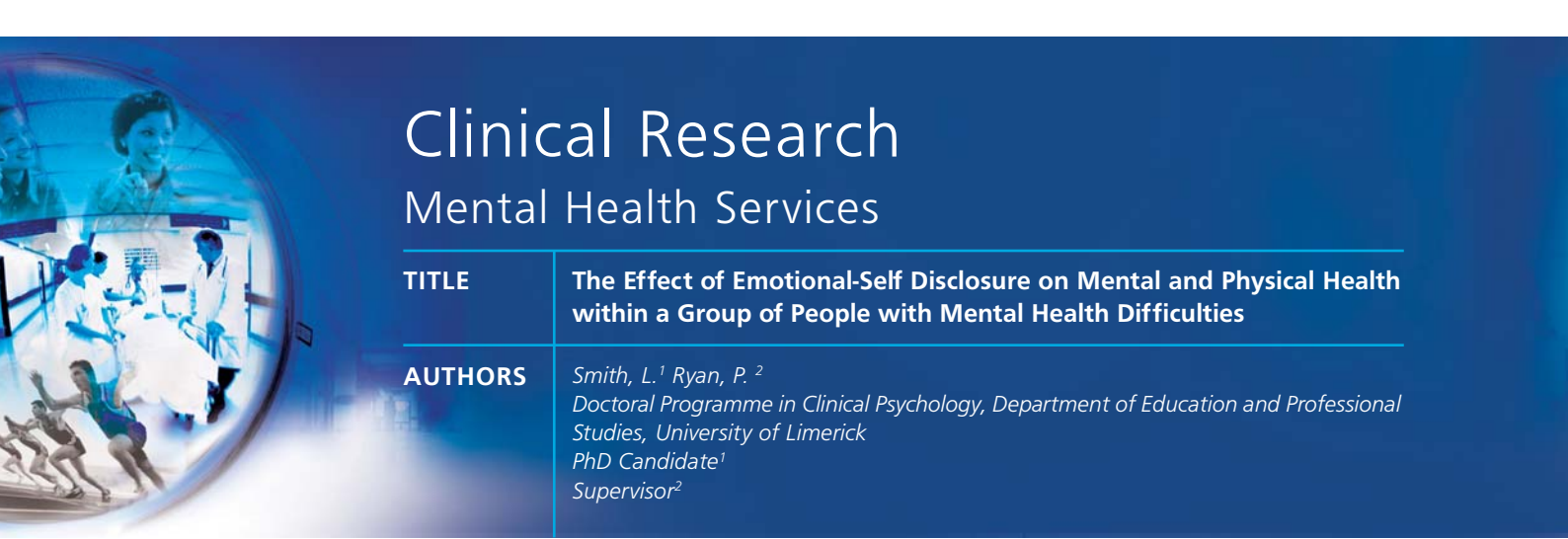
CONCLUSIONS

Findings are discussed in light of present research and future service delivery.



REFERENCES

Available on request.



Clinical Research

Mental Health Services

TITLE	The Effect of Emotional-Self Disclosure on Mental and Physical Health within a Group of People with Mental Health Difficulties
AUTHORS	<i>Smith, L.¹ Ryan, P.² Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick PhD Candidate¹ Supervisor²</i>

INTRODUCTION

The inhibition of negative emotions is considered a general health stressor¹ and stress has long been established as detrimental to health.² In general, the disclosure of emotion facilitates cognitive and emotional processing which has been demonstrated to promote physical and psychological recovery.³ Healthy men and women display different patterns of emotional self-disclosure and specific patterns of emotional self-disclosure⁴ have been linked to types of psychological distress.⁵ However, those with mental health difficulties do not benefit from disclosing their emotions. It is suggested that adverse early life factors and maladaptive coping mechanisms impede recovery.⁶

OBJECTIVES

The current work had three aims. The first was to identify levels and patterns of emotional self-disclosure within a group of people engaged with mental health services. The second was to investigate whether or not such disclosure contributed to their physical and mental health, using the Emotional Self-Disclosure Scale (ESDS). Finally, the third aim was to factor analyse the structure of the ESDS using this Irish data.

METHODOLOGY

100 patients at a psychiatric day hospital completed the ESDS and either the General Health Questionnaire or the Symptom Checklist.

RESULTS

In general, levels of emotional disclosure in this group were significantly lower than those of the control group. Furthermore, no gender differences existed within the mental health sample. The inhibition of positive emotions was found to contribute to psychological and physical health problems for men and women. The factor structure of the ESDS was found to be slightly different to that originally presented by its authors.

It is possible that the lower level of emotional disclosure within the mental health group prevents strong patterns emerging within the data. However, the current study supports previous findings regarding the health benefits of positive emotion.



CONCLUSION

The findings suggest a number of points:

1. That generalised low emotional expression affects psychological health. This is particularly so for women who become anxious, phobic and experience somatic symptoms.
2. The inhibition of negative emotions also inhibits positive emotions. This is unfortunate as positive emotions act as buffers against prolonged distress. Such prolonged inhibition accounts for the presentation of disorders such as depression, anxiety, phobia, and OCD.
3. The factor structure of the Emotional Self-Disclosure Scale is different to that previously thought. Six underlying emotional factors were identified as contributing to the scale, and the number of items per factor did not match those suggested by the original authors¹. The main factors identified include the expression of happy emotions, the inhibition of upset emotions and the inhibition of fearful emotions

Therapeutically, narrative therapy might be overly advanced for such non-emotional disclosures. Initial work should focus on the development of coping skills, relaxation skills, learning to identify emotions and regulate these, and generating social supports. Such skills might be gained by group interventions, and may even alleviate the need for narrative therapy for some people, thus making best use of time and resources both for the therapist and the client.

ACKNOWLEDGEMENT

The author wishes to acknowledge the assistance of Dr. Pat Doyle, Tevere Day Hospital, Shelbourne Road, Limerick with data collection for this study.



Clinical Research

Mental Health Services

TITLE	An Explorative Study of Clinical Psychologists Working in Family Law in Ireland
AUTHORS	<i>Smyth, M.,¹ Ryan, P. ²</i> <i>Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick</i> <i>PhD Candidate¹</i> <i>Supervisor²</i>

INTRODUCTION

The present study utilised interview methodology to explore the experiences of 8 clinical psychologists working in the area of Irish family law. A review of the research literature reveals that there is limited quantitative and qualitative research into the dual area of clinical psychology and family law in Ireland.

OBJECTIVE

There is a significant need for research in this area as supported by the increasing statistics of marriage breakdown and divorce in Ireland and the increasing need for the role of the clinical psychologist in family law cases.

METHODOLOGY

Qualitative data analysis guided primarily by thematic analysis led to the identification of seven core themes. These core themes included; (1) motivations to engage in family law work, (2) assessment, (3) the role of the clinical psychologist, (4) difficulties in family law work, (5) the need for change, (6) effects of the work and, (7) protective factors. Each core theme consists of a number of sub-themes, of which there were twenty three in total.

RESULTS

The findings indicate why and how clinical psychologists engage in family law work, the difficulties inherent in the work, the impact of the work on the clinical psychologist and on their clinical practice and the protective factors necessary and utilised by the 8 clinical psychologists to prevent the impact of burnout. These findings are discussed in relation to existing research.

CONCLUSIONS

Implications and suggestions for future research, clinical practice and service delivery are delineated with an emphasis on the need for change both within the psychology profession and within the legal system. A curriculum module for the education of psychologists, parents and legal professionals involved in family law cases is offered.

REFERENCES

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Clinical Research

Mental Health Services

TITLE	Factors which Contribute to Staff Stress for those Working in Residential and Daycare Intellectual Disability Services – a Descriptive Survey
AUTHORS	<i>O'Donovan, R. Brothers of Charity, Bawnmore, Limerick</i>

INTRODUCTION

Workplace stress is not a new phenomenon and much has been written about the stress experienced by health professionals and nursing staff. The implications of workplace stress can be damaging to the individual, physically and psychologically. It also adversely affects the organisation in terms of absenteeism, with the temporary or permanent loss of experienced staff, and financially, in terms of the added costs of recruitment and re-training.

OBJECTIVE

The aim of this research is to identify factors which contribute to staff stress in those working in residential and daycare services for individuals with intellectual disability (ID).

METHODOLOGY

Various questionnaires were regarded prior to conducting this research such as the General Health Questionnaire, the Workplace Employee Relations Survey and the Copenhagen Burnout Inventory. It was decided that in order to survey the targeted group a specific instrument needed to be formulated, to that end following a comprehensive literature review, an expert review of the questionnaire and the rigorous process of ethical approval the research was conducted using a descriptive self-reporting questionnaire. The questions were posed to elicit information from staff regarding the factors which contribute to stress for those working in residential and daycare services for individuals with ID. The questionnaires were distributed to all residential and daycare staff (n=240). The response rate was 48% (n=108). Data was then inputted into SPSS16 and factor analysis was carried out.

RESULTS

The data collected as part of the quantitative research established that respondents demonstrated an unequivocally high level of satisfaction from working with individuals with ID and a high level of satisfaction with the manager/staff relationship. Conversely an analysis of the data obtained from the open-ended questions indicates that there is room for improvement in this area.

CONCLUSIONS

From the data it is clear that caring in the residential and daycare setting is challenging, demanding and highly stressful. However the respondents appear to display a strong bond with clients and good team cohesion within the workplace and job satisfaction remains high.



FUNDING

This research has received funding from the Patricia O’Gorman Scholarship, Department of Nursing and Midwifery, University of Limerick.



Clinical Research

Mental Health Services

TITLE	An Exploratory Study of Smoking Behaviours in Psychiatric Clients – A Quantitative Study
AUTHORS	Smith, A. HSE Mental Health Services, Dublin Mid-Leinster

INTRODUCTION

The literature clearly shows there is a lack of research performed on smoking cessation among people suffering from mental illness. 88% of the psychiatric population smoke compared to 27% of smokers in the general population, which is an alarming trend.² Psychiatric Services postulate that smoking cessation has been neglected so as not to exacerbate the clients' current mental illness.

This is a very complex issue as there are serious health risks to smokers but there are definite short term benefits to be gained by smoking in the people suffering from mental illness. Like any other addiction the participant needs to gain satisfaction or pleasure which forms an addiction.¹ Smoking is so addictive that 80% of people who try to give up the drug fail in the first year.⁷

The clients who suffer from depression experience an increase in dopamine after smoking, which mimics actions of antidepressants and provides a short lived rise in mood.⁴ In clients suffering from schizophrenia, smoking acts as a catalyst to the anti-psychotic medication causing the drug to pass through the body more quickly and within a therapeutic range throughout the day.³ The client consciously or unconsciously is not affected by the debilitating side effects of the anti-psychotic medication used in the treatment of schizophrenia because it does not remain in the body long enough to manifest adverse reactions.³

To compound this issue there is little health promotion research present on smoking cessation in a mental health setting in an Irish or any other context. This led to the development of the following research questions which stem from gaps in the literature: What are the smoking patterns in psychiatric clients? What are the incentives for psychiatric clients to engage in smoking cessation? What is the level of dependence on nicotine products by people suffering from mental health issues?

METHODOLOGY

In this study the questionnaire consisted of compilation of three pre-existing questionnaires which are Fagerstrom et al (1991), Escher (2004) and Global Health Professional Survey (2005). The target population was the 1,561 clients who were admitted to the psychiatric units from the two service areas in a one year period.⁵

The study was carried out over four months, the first month organising and carrying out the pilot study, and the following three months the actual study. All the clients in the psychiatric units were invited to take part in the research as long they met the eligibility criteria. The estimated target sample within a three month period was 360 participants containing both smokers and non-smokers who were being discharged as they were at the optimal level of recovery. The researchers carry out research in the acute mental health services to identify the variables as to why there is such a high level of smoking among this population. Subsequently the research



methodology underwent three ethics committees to ensure the safety of the participants who took part in this study.

RESULTS

The Questionnaire found through statistical analysis that there was not a link between starting smoking and the first contact with the mental health services. There was a response rate of 32.5% (n=79) with the majority 74% (n=53) of subjects who suffered from mental illness reporting they smoke. Furthermore 72% (n=52) reported to have started smoking between the ages of 9 and 14. The largest group 32% (n=26) reported smoking 21 to 40 units of tobacco per day with the mean 27 units of tobacco a day. The largest amount of nicotine products comes in the form of cigarettes with rolled tobacco a second choice. The study found that 71% (n=51) have attempted to give up smoking over their smoking careers with the mean average of the subjects giving up smoking for a number of weeks. In addition this study identified that the incentives for giving up smoking include the achievement of better health or to assist improvement in an underlying health problem. Moreover, the advice of health professionals was found to be an encouragement in giving up smoking. It was found in comparison to the general population the psychiatric population had a significantly higher level of dependence on nicotine products than the general public.

CONCLUSION

Smoking cessation needs to be revised using the findings of this study to engage the service users who have mental illness. This study identifies 20% of the service users who are in the contemplation stage at any given time of the behaviour change model. Thus, specially devised programmes are needed for people suffering from mental illness in the areas of cognitive behaviour therapy and smoking cessation. These programmes would use the earlier identified incentives to aid the service users to proceed through the stages of the behavioural change model and to give up smoking. Applying occupational therapy to provide an alternative to smoking in the mental health settings can encourage the service user to give up smoking.

The following recommendations have evolved from the findings of this study:

- Carry out further research to ascertain how people under the age of 18 are accessing tobacco products
- Increase the penalties for shops and outlets that dispense cigarettes to people under the age of 18
- Carry out this study in the community to ascertain if the environment had influenced this research
- Revise the current smoking cessation programme and implement the findings of this study into the programme
- Further research is essential in the areas of smoking cessation and people with mental illness
- Further research into devising an assessment tool to find when a client is susceptible to smoking cessation
- Creation of a smoking cessation programme in partnership with people suffering from mental illness



- Increased awareness of side effects for people suffering from mental illness who are taking antipsychotic medication
- Education on smoking cessation among health professionals
- Further research into the rationale for the high level of dependence on tobacco products



Clinical Research

Mental Health Services

TITLE	Agomelatine - Early Clinical Experience and Safety Audit of a Novel Antidepressant
AUTHORS	<i>Sinnott, C.,¹ Reidy, J.,² Morris, M.² South East GP Training Scheme and Department of Psychiatry, St Luke's Hospital, Kilkenny¹ Department of Psychiatry, St Luke's Hospital, Kilkenny²</i>

INTRODUCTION

Agomelatine is an agonist at melatonin receptors, which are involved in the maintenance of circadian rhythms. Clinical trials show it to have beneficial effects on sleep and mood. In these trials, increases in serum transaminases in patients taking agomelatine were also observed. In 2009, the European Medicines Agency (EMA) licensed agomelatine for use in major depressive disorder, recommending that liver function tests (LFTs) be performed at baseline, 6, 12 and 24 weeks post commencement of treatment.

OBJECTIVE

To review clinical experience with a novel antidepressant, agomelatine, and audit physician compliance with associated EMA recommendations.

METHODOLOGY

The study involved patients attending general adult psychiatry services in Carlow/Kilkenny (catchment population 120,000). An electronic search of patient records identified those prescribed agomelatine between January and December 2010.

RESULTS

62 patients prescribed agomelatine were identified. The majority were female (77%). Median age was 42 years, range 18–70 years. The most common diagnoses were depression (52%), mixed anxiety/depression (23%) and bipolar affective disorder (13%).

At the time of starting agomelatine, patients were on a median number of two psychotropic medications (range 0-6). Agomelatine was used as adjunctive treatment to another antidepressant in 45 (73%) cases. 28 patients (45%) were on anti-psychotics, 16 (25%) were on benzodiazepines and 6 (10%) were on lithium.

LFTs were recorded before commencement of agomelatine in 97% of cases. Of those still on the medication, 53% (30/57) had repeat LFTs checked at 6 weeks, 36% (18/50) at 12 weeks, and 46% (19/41) at 24 weeks. No significant elevations in transaminases were seen.



CONCLUSIONS

This audit of agomelatine use in a general adult psychiatry setting shows that screening of baseline LFTs was high (97%). Approximately half of patients did not have further LFTs as recommended. To improve adherence to EMA recommendations, specific management systems need to be introduced that will govern the performance and monitoring of these tests.



Clinical Research

Mental Health Services

TITLE	A Randomised-Controlled Trial of Intensive Case Management in an Irish Community Mental Health Service
AUTHORS	<i>O'Brien, S.¹, McFarland, J.¹, Kealy, B.², Pulella, A.³, Saunders, J.⁴, Meagher, D.⁵ Limerick Mental Health Services^{1,3,5} Graduate Entry Medical School, University of Limerick^{2,4,5}</i>

INTRODUCTION

In Ireland, psychiatric services are delivered predominantly according to a generic model by multidisciplinary community mental health teams. More recently, A Vision for Change,¹ has embraced a range of augmented models of community care; assertive community teams (ACT), intensive case management (ICM) and home-based treatment/home care teams (HCT). Parallel to this, the desire to embrace the principles of recovery within mental health services has gained increasing currency.² Although these models are supported by evidence from international studies,³ little is known about their effectiveness within the Irish setting where the relationship between mental health services and other aspects of care differs considerably from the countries where these service models have been tested.

In order to explore the effectiveness of an alternate approach to service delivery, we conducted a randomised controlled trial of intensive case management (ICM). We report the findings over a nine-month follow-up period specifically examining the impact of the ICM programme upon symptom profile, socioadaptive functioning and service utilisation during the programme.

METHODOLOGY

The study was conducted in the St. Anne's Community Mental Health Service which provides a general adult psychiatry service for a catchment area of approximately 50,000 in south-east Limerick. An annual audit of all service attendees for diagnosis and health and social functioning, assessed with the Health of the Nation Outcome Scales (HoNOS),⁴ identified the demographic and clinical profile. Of the 504 current service attendees, 80 patients with severe and enduring mental illness characterised by outstanding disability were selected for a programme of intensive case management.

These patients were subsequently randomized into two groups: One that continued to receive treatment as usual (TAU) and one that underwent the programme of intensive case management (ICM). Assessments included the Health of the Nation Outcome Scales (HoNOS), the Brief Psychiatric Rating Scale (BPRS),⁵ and the self-rated How Are You? Scale.⁶

RESULTS

The overall study group (mean age 44.5 ± 13.2 years; 60% male) had mean total HoNOS scale scores 10.5 ± 4.6 with problems in social functioning especially prominent (mean social subscale score 5.0 ± 2.7). The ICM and TAU groups were similar in clinical characteristics but with some differences in that the ICM group were younger ($p < 0.01$) and had higher baseline scores on the HoNOS social subscale and BPRS ($p < 0.05$). The frequency of service contact during programme was greater for the ICM group ($p < 0.001$) and the ICM group experienced



numerically less service dropout. An analysis of covariance (ANCOVA) controlling for the baseline scores and age indicated that in comparison with the TAU group, patients undergoing ICM experienced a significantly greater improvement in BPRS scores ($p=0.001$) and How are You? scores ($p=0.02$).

CONCLUSIONS

In summary this study demonstrates improvements in symptomatology and subject-rated wellness in a group of individuals receiving a nine month programme of intensive case management compared to a group continuing to receive treatment as usual.

The results are remarkably positive when compared with previous studies, particularly those from the UK. Postulated explanations for this disparity include the emphasis on recovery principles, local arrangements with more optimal use of the multidisciplinary team and differences in what is construed as treatment as usual between different geographical contexts.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

TITLE	Emotion Regulation in Mental Health Workers Offering Help to Vulnerable Clients
AUTHORS	Shahid, Z. ¹ , Ryan, P. ² <i>Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick</i>

INTRODUCTION

Mental health work involves professionals’ ability to understand their patients’ mental states, respond appropriately to clients’ emotions and work therapeutically. The topic of helper’s emotion regulation is a complex concept which involves interpersonal and intrapersonal processes. In the process of empathetically connecting with clients, the professionals are also connecting with their clients’ pain. This exploratory qualitative research with its roots within Theory of Mind (ToM), explored how clinical psychologists make a distinction between self and others’ pain and how they regulate their emotions when offering help.

OBJECTIVE

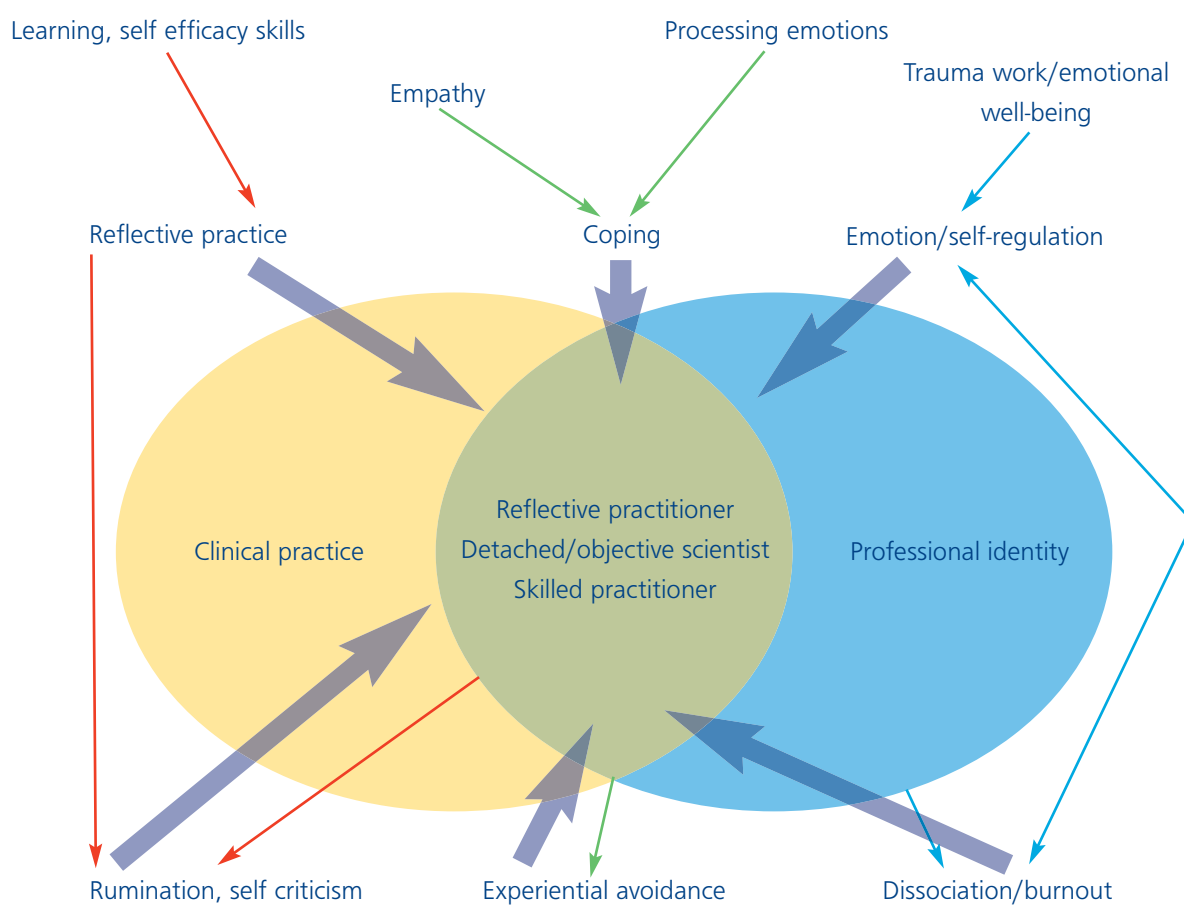
The primary objective of this study was to explore clinical psychologists’ reflections on their emotion regulation processes when offering help to vulnerable people.

METHODOLOGY

This research project is located in the qualitative, interpretive approach of phenomenology which seeks to understand human experience and their meanings. A semi-structured interview schedule was developed based on earlier work (Theory of Mind, empathy, emotion regulation models). A purposive sample of male and female clinical psychologists working in one organization was recruited. They were all working full time with 15 to 30 years of experience in the mental health area. Nine interviews were conducted, recorded and transcribed and then analysed using the “Interpretive Phenomenological Analysis.”

RESULTS

Figure 1 – Emotion Regulation Model of Mental Health Workers



Key:

Reflective practice

Coping

Trauma work/emotion well-being



This figure illustrates the concept of clinician's emotion regulation at work, along with associated negative consequences (e.g., self criticism, burnout, experiential avoidance etc.) for the professionals and their clinical practice as gleaned from the findings of this study. This figure details the relevant features/components of professional identity which are professional as reflective, objective and skilled practitioners.

The results are divided into three major themes, the first one focusing on the relevance of reflective practice to the clinical work; the second one on coping and finally the third one on professional identity. These findings are summarized in Figure 1 which indicates that the emotion regulation of the helper is not linear and the features of professional identity and professional emotion regulation appear to be inter-connected, and require constant ongoing monitoring and regulation. Differences emerged in terms of the professionals' training background, and their current work setting. Overall no gender differences were found.

CONCLUSION

This study finds that mental health professionals held a variety of views about the value of detachment (objectivity) versus engagement (subjectivity) as applied to the care of the patients. Overall, the majority, while espousing detachment as a desirable end, also acknowledged that too much emotional detachment/dissociation not only warrants professionals' emotional exhaustion, but it may also render their clients incapable of engaging in the therapeutic process.

The findings are in keeping with the literature review which demonstrated that structured and unstructured clinical supervision and peer consultation facilitate professional, emotional and self regulation skills development in clinicians. Overall, this study's findings indicate that existing supervision models for the experienced clinicians lack an explicit helper's emotion regulation component. Participants have highlighted the need for the recognition of peer supervision, individual reflective time and revision of supervision models at the organizational level. The study finds that the clinical psychologist's emotion regulation is an under-researched area. This study has addressed some of the issues on work related emotion regulation and well-being. Subsequently, it can be concluded, that the research questions posed at the beginning of the study have been addressed and discussed.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

TITLE

Grieving Romantic Relationship Breakup

AUTHORS

*Mc Kiernan, A.¹, Ryan, P.²
Doctoral Programme in Clinical Psychology, Department of Education and Professional
Studies, University of Limerick*

ABSTRACT

Romantic relationships are central to young peoples' lives. Romantic relationship breakup, which can be conceptualised as a process of grieving, is one of the strongest predictors of depression, suicide attempts and suicide completions; and is associated with alcohol and drug use, poor academic performance, externalising and internalising symptoms, poor emotional health and poor job competence. Project BreakUp is a research initiative co-ordinated by the Doctoral Programme in Clinical Psychology at the University of Limerick and hosted by www.SpunOut.ie, a HSE partner website that offers health and lifestyle information and advice to 16 to 25 year olds in Ireland.

The aim of the study was to explore ways of understanding and managing the distress associated with young peoples' romantic relationship breakups.

A total of 41 young people posted messages on the Project BreakUp discussion forum over a 12-month period. Participants were registered users of Spunout.ie and forum moderators. Data were analysed using a qualitative approach combining content and thematic analysis. Ethical approval for the present study was granted by the Health Service Executive Scientific Research Ethics Committee.

Themes and their respective sub-themes (in parentheses) were (1) Going Out (Initiating Relationships, Relationship Highlights, Working on the Relationship); (2) Dumped (Signs of Trouble, Reasons for Breakup, Breaking the News); (3) It Hits Hard (Thoughts, Feelings, Physical Impact); (4) The Ex (Feelings Remain, Reconciling Image of Ex, Giving it Another Go, Behaving Badly); (5) Dealing with the Aftermath (New Routines, Change of Plans for the Future, New Me, Other Problems); (6) Learned (Deciding What's Important, New Opportunities, Acceptance). Themes and their respective sub-themes were interpreted within the Dual Processing Model of Grieving, which describes adaptive coping as a process of alternating between confronting and avoiding the details of the loss itself and focusing on and avoiding the Ways of Thinking about Breakup (Lucky Escape, Challenging, Loss, Regret, Not Taken Seriously); (7) Tips for Breakup Survival (Support, Self-Expression, Distraction, Indulgence-(Self)Deprivation); and (8) Coming to Terms (Lessons Secondary Consequences of the Loss. Secondary consequences include coping with concurrent stressors, changes in roles, routines and identity and need to re-think the future. Findings will be used to inform the design of psychoeducational material for young people on the topic of adjusting to relationship breakup.

SOURCE

Refereed Paper in National Conference Proceedings

Mc Kiernan, A., Ryan, P., Mc Kiernan, R., Dooley, B., & Hodges, H. It's Not Me, It's You: Investigating Young



People's Experience of Romantic Relationship Break-Up. 40th Annual Conference of the Psychological Society of Ireland, Wexford, November 5th to 8th, 2009.

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PUBLISHED

National Institute of Health Sciences Research Bulletin. 2010 June;5(3):32.



Clinical Research

Mental Health Services – Nursing

TITLE	Psychiatric Nurses' Perceptions of the Constituents of the Therapeutic Relationship
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AUTHORS	<i>Scanlon, A.</i> <i>ACCEPT, Waterford Mental Health, Brook House, Cork Road, Waterford</i>
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ABSTRACT

Psychiatric nursing is invariably linked with a therapeutic role; however the question remains unanswered in relation to the extent psychiatric nurses perceive the importance of the constituents of the therapeutic relationship. The aim of this research is to ascertain the nature and comprehension psychiatric nurses assign to this therapeutic role. The subject relates significantly to the role of the psychiatric nurses in relation to awareness of elements of the therapeutic relationship in his or her practice and the understanding and identifying of this role clearly and unambiguously.

The objective of the research was to formulate a theory relating to constituents of the therapeutic relationship to inform professional psychiatric nursing practice and to provide a theoretical framework to inform conscious psychiatric nursing practice in relation to forming therapeutic relationships. Strauss and Corbin describe one of the purposes of research is to guide practitioners' practices and to develop a basic knowledge.¹ The aim of this research was to fulfil this purpose; building theory implies interpreting data that must be conceptualised and the concepts related to a view of reality.

Grounded theory methodology was utilised to develop these conceptualisations to elicit a theory relating to what comprises the therapeutic relationship. Semi-structured in-depth interviews were conducted with 6 generic registered psychiatric nurses who have between two and ten years of experience.

The main findings of the research related to how psychiatric nurses learn to form these relationships and what skills are utilised within the relationship. The research discovered that the therapeutic relationship is therapeutic, but the degree of positive change is difficult to measure. The study also highlighted that the learning that takes place in relation to the development of therapeutic relationships is an experiential process and begs the question is the focus of psychiatric nurse training, in relation to the therapeutic relationship, located appropriately.

The question posed refers to perceptions of the constituents of the therapeutic relationship and the evidence supplied by the literature would indicate possibly the most appropriate method would be a grounded theory approach as the therapeutic relationship is a circumstance driven process. What the literature is also generating is a need to advance an epistemological basis for the exploration of professional practice and relate this issue to the impact on the clarification of the role of the psychiatric nurse.

The research also shows that psychiatric nurses are at times practicing at an intuitive level; this begs the question; is the psychiatric nurse practicing what he or she espouses to practice or is it a paper exercise? The flip side of this scenario is that the therapeutic relationship is such an individualistic activity that some aspects of this relationship are described as immeasurable and need to remain such to allow spontaneity without measurement.

**SOURCE**

Journal of Psychiatric and Mental Health Nursing. 2010;319-329.



Population Health

Public Health

TITLE	Trends in COPD Mortality and In-Patient Hospital Admissions in Males and Females – Evidence of Convergence
AUTHORS	<i>O'Farrell, A., De La Harpe, D., Johnson, H. Health Intelligence Unit, Health Service Executive, Stewart's Hospital, Palmerstown, Dublin 20</i>

INTRODUCTION

Chronic obstructive pulmonary disease (COPD) is an umbrella term for a number of chronic lung disorders including chronic bronchitis and emphysema. COPD is one of the leading causes of mortality and morbidity worldwide. Smoking is the primary cause of COPD. Although the disease is more prevalent in men, it is hypothesized that, due to the convergence in male and female smoking rates, the rates of COPD among women will surpass those of men in around 10 years.

OBJECTIVES

The aim of this paper is to compare trends in COPD mortality and COPD morbidity over the last 10 years in Irish men and women aged >40 years with trends in smoking rates among men and women over a 30 year study period.

METHODOLOGY

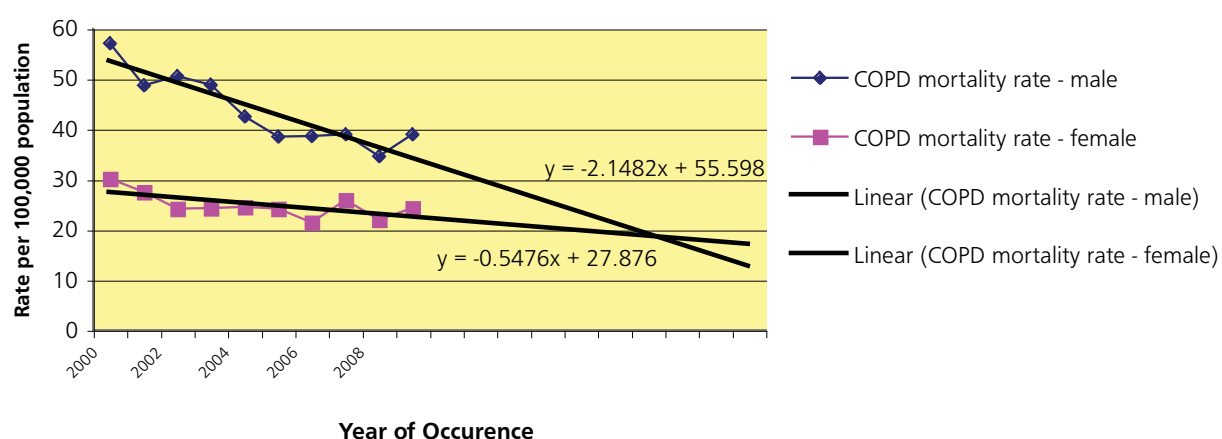
Data on COPD mortality data was based on Central Statistics Office (CSO) data for which a principal or underlying cause of death was identified as COPD (ICD-9 Codes 490-496, excluding 493). Data on morbidity were based on the Hospital In-patient Enquiry (HIPE) data for which a hospital discharge with a principal diagnosis of COPD was recorded for 5 years (2005-2009 inclusive). The data was limited to those aged 40 years and over to exclude any wrongly diagnosed asthma cases. The smoking prevalence data were obtained from the "World Health Organisation (WHO) Health For All" database and the Office of Tobacco Control (OTC). The data were analysed using JMP and StatsDirect. Rates were age-standardised to the EU standard population (direct method). Poisson regression was used and significance was set at $p < 0.05$.

RESULTS

There were 14,519 deaths attributable to COPD in the period 2000-2009. Although deaths decreased for both sexes, the percentage reduction in deaths was significantly higher among males 118/920 (12.8%) vs. 9/740 (1.2%) $p < 0.001$. This has led to a convergence in the male and female mortality rates and if the rate of mortality continues the same the female mortality rate will surpass the male mortality rate in 10 years. See Figure 1.

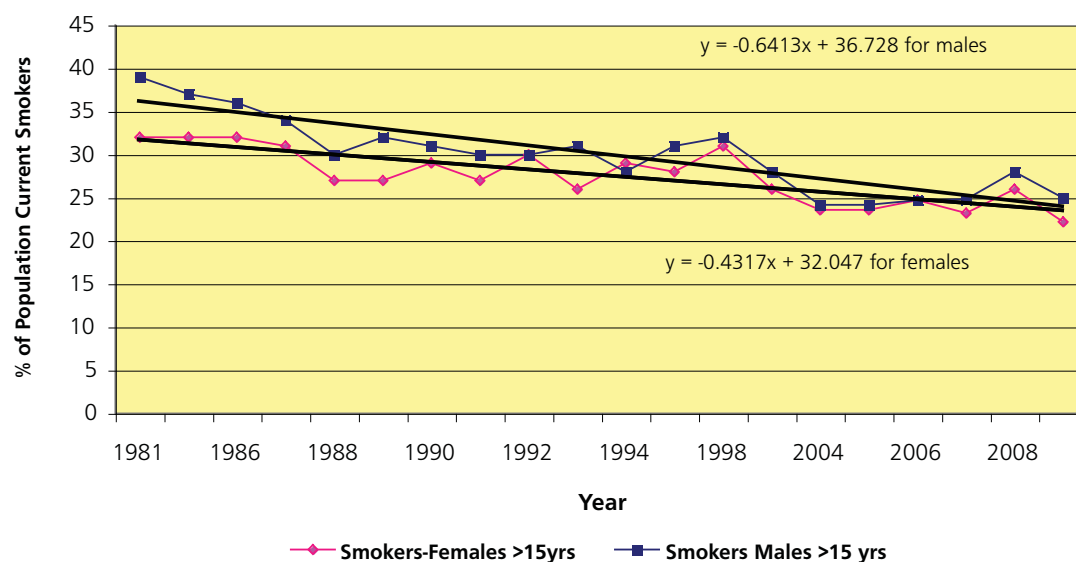


Figure 1 – Age Standardised Mortality Rate for Deaths with COPD Recorded as Underlying Cause of Death by Year of Occurrence



There were 91,648 hospital discharges representing 65,445 patients with a principal diagnosis of COPD over the 10 year study period. The number of discharges increased by 56.1% over the study period from 7,350 in 2000 to 11,505 in 2009. Smoking rates decreased for both sexes from 1980-2009 with a greater significant reduction in prevalence of cigarette smoking in males compared to females i.e., 14.1% vs. 9.9%. This has led to a convergence in smoking rates (Figure 2) that mirrors the trend in COPD mortality and in-patient hospital discharge rates.

Figure 2 – Smoking Prevalence Figures for Males and Females Aged > 15 years by Year





CONCLUSIONS

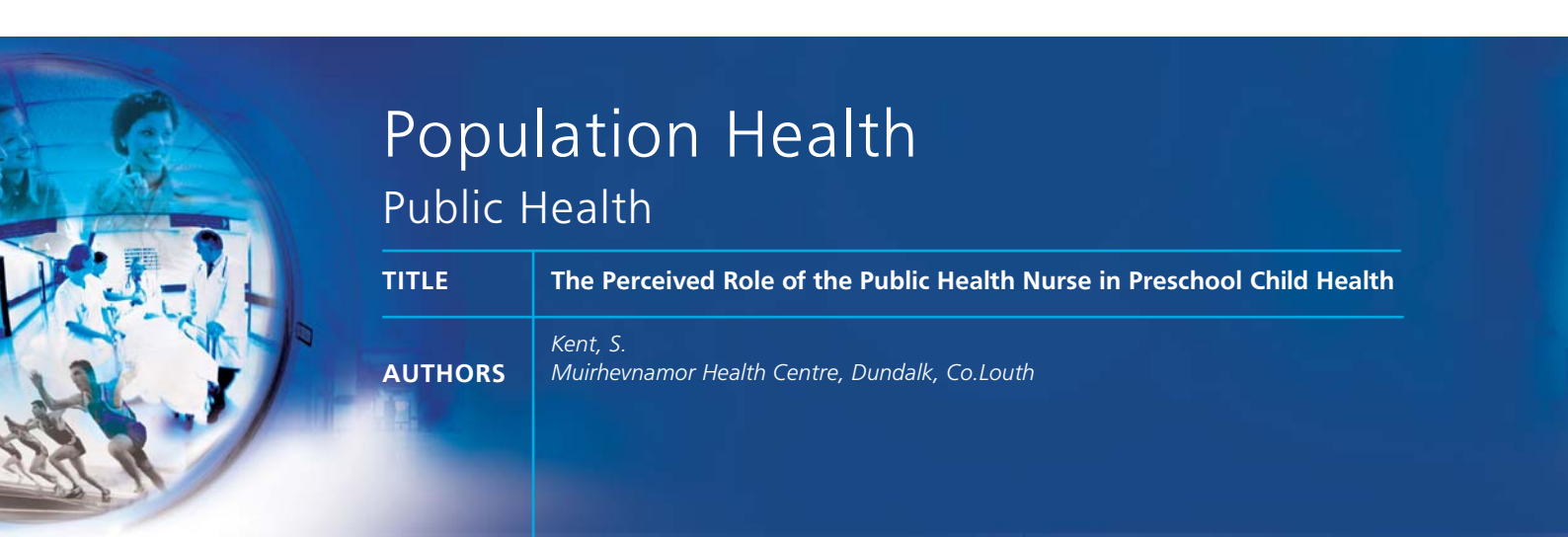
There has been a convergence in COPD deaths and COPD hospital in-patient discharges for males and females that mirrors the trend in the convergence of male and female smoking rates. This study provides evidence of the need for effective smoking cessation programmes that are targeted at women as well as men.

PRESENTED

As a poster presentation at the Faculty of Public Health Winter Scientific Meeting on December 8th, 2010.

REFERENCES

Available on request.



Population Health

Public Health

TITLE	The Perceived Role of the Public Health Nurse in Preschool Child Health
AUTHORS	<i>Kent, S. Muirhevnamor Health Centre, Dundalk, Co.Louth</i>

INTRODUCTION

Public Health Nurses (PHNs) in Ireland are generalist practitioners who practice within a geographical area and have a remit to care for clients from the ‘cradle to the grave.’ Impacting on the PHN’s role are the changes in child health practices and changes in the academic requirements for PHN education. Therefore, it was an opportune time to enquire from the PHNs what they do and what they hope to do in the future in relation to child health.

OBJECTIVE

The aim of this study is to explore what PHNs perceive their role is in child health. This study has the following objectives: 1) to ascertain the perceived role of the PHNs on their current practices in child health, 2) to identify the barriers and facilitators to practicing this role, and 3) to recognise the perceptions of the PHNs future role in child healthcare.

METHODOLOGY

A qualitative approach was taken which involved interviews with 10 PHNs in a rural area of Ireland. Data collection was continuous with data analysis and led to a number of themes. King’s template analysis was employed to interpret the data.

RESULTS

The main findings from the data were the uncertainty of the PHN in their role in child protection after a child is deemed at risk. The findings also suggest that the current changes in child health education are welcome but fears are that they would not continue. Other findings suggest that the PHN sees a role for future practice in child health as Clinical Nurse Specialist (CNS)/Advanced Nurse Practitioner (ANP) without losing the generalist specialist role.

CONCLUSIONS

The research highlights the necessity to define the role boundaries in child protection between health professionals. Future practice may require the development of a CNS/ANP role in this area of the PHN practice. However, keeping the role of PHN as a generalist practitioner was still paramount among some of the participants. Child health screening has been standardised nationally, other aspects of the PHN role in child health also need to be standardised.



Population Health

Public Health

TITLE	Single Item Self-Report Global Measure of Health Status in Limerick Secondary School Children
AUTHORS	<i>Houghton, F.,¹ Chambers, Y.,² Gurnett, C.,³ Slattery, E.,⁴ Meagher, T.⁵ Department of Humanities, Limerick Institute of Technology¹ Health Promotion, HSE West, Ennis, Co. Clare² Health Promotion, HSE West, Pery St., Limerick³ Limerick Food Partnership⁴ PAUL Partnership, Tait Business Centre, Limerick⁵</i>

INTRODUCTION

The development of questionnaires assessing health status has been characterised by a continual struggle between longer, more rigorous, in-depth and time consuming measures and less rigorous, shorter, quicker versions. However, there is increasing interest in short form measures that are quick, cheap, efficient and place little burden on either the researcher/clinician or participants.¹⁻⁵ It must be acknowledged that both researchers^{1,5} and psychometricians⁶ are often very wary of single-item measures. However, a focus on the use of such measures is likely to increase following the Irish Government's decision to include a single-item self-report measure of global health in the 2011 Census.

OBJECTIVE

Limerick Food Partnership conducted this study with the intention of providing baseline local data on health and health behaviours from a cross-section of secondary school children in Limerick City. The focus of this paper is the single item self-report global measure of health status used in the survey.

METHODOLOGY

Data was collected from a quota sample of 5 secondary schools in Limerick City, stratified on the basis of perceived affluence. The target sample was all 2nd year and pre-Leaving Certificate students in these schools. The response rate achieved was 67.4%. 756 participants took part in the study, ranging in age from 12 to 18 (mean age=14.3, SD=1.6) with both genders well represented (males- 48.3%, females- 51.2%).

The single item self-report global measure of health status has been previously used in the HBSC study⁷ and asked the question 'Would you say your health is...?' and offered four possible answers: Excellent; Good; Fair; Poor.

RESULTS

This question was answered by 98.8% of respondents, indicating its' general acceptability to respondents. Table 1 details the responses to this question broken down by age group and gender.



Table 1 – Responses by Age and Gender to the Question “Would you say your health is . . . ?”

	Excellent	Good	Fair	Poor
All Participants (12-18 years)				
Total	20.2% (151)	64.3% (480)	14.1% (105)	1.5% (11)
Males	25.7% (92)	63.1% (226)	10.1% (36)	1.1% (4)
Females	15.1% (58)	65.2% (251)	17.9% (69)	1.8% (7)
Younger Participants (12-14 years)				
Total	20.4% (91)	65.8% (294)	12.8% (57)	1.1% (5)
Males	27.1% (54)	62.8% (125)	9.0% (18)	1.0% (2)
Females	15.0% (37)	68.0% (168)	15.8% (39)	1.2% (3)
Older Participants (15-18 years)				
Total	20.1% (60)	61.7% (184)	16.1% (48)	2.0% (6)
Males	24.2% (38)	63.1% (99)	11.5% (18)	1.3% (2)
Females	15.2% (21)	60.1% (83)	21.7% (30)	2.9% (4)

It is clear from Table 1 that males tend to report their health status more positively than females. Although no significant differences were noted on the basis of age group, statistical analysis using the Mann-Whitney U test noted significant differences in self-reported health status between males and females generally ($z = 4.375$, $p < .001$, $n = 743$), and when comparing both younger ($z = 3.449$, $p = .001$, $n = 446$) and older groups ($z = 2.889$, $p < .01$, $n = 295$) on the basis of gender.

CONCLUSIONS

Self-report single item measures of global health status are a quick, efficient and publicly acceptable way of exploring health. It should be noted though, that differences in health status by gender are evident even among relatively young adolescents (12-14 years). Further research is required to explore the possible implications of answers on such a scale with reference to both longer health status measures and morbidity.

REFERENCES

Available on request.

FUNDING

This research has received funding from the PAUL Partnership, Limerick.

INTRODUCTION

Ireland has the fourth highest rate of asthma in the world and its prevalence is rising.¹ However, hospital admissions for asthma have decreased. It has been hypothesized that this downward trend in hospitalisation may be due to better prescribing.

OBJECTIVES

The aim of this study was to investigate trends in paediatric hospital admissions and prescribing for asthma. The objectives were to determine whether trends in paediatric hospital admissions correlated with trends in prescribing for paediatric asthma.

METHODOLOGY

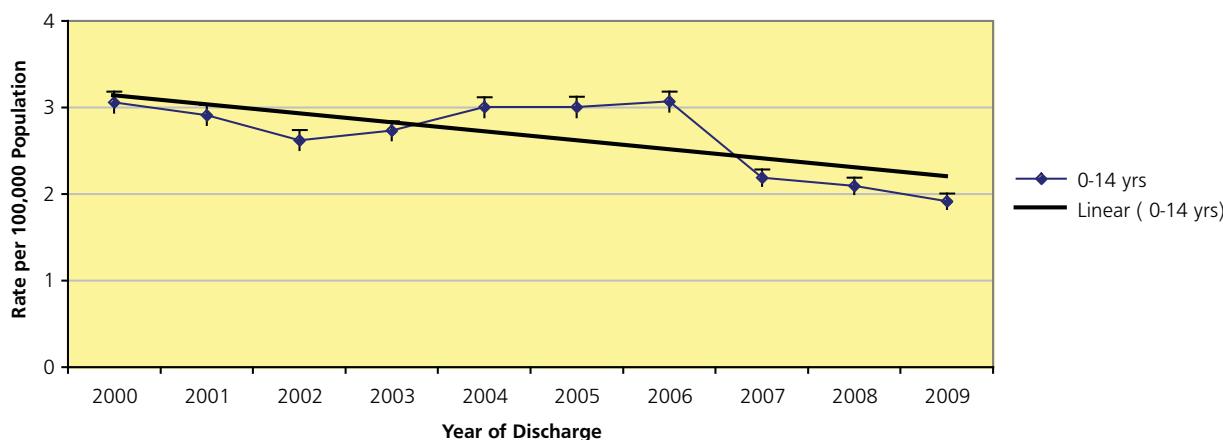
Patients aged less than or equal to 15 years (0-15 years) with a principal diagnosis of asthma (ICD-9 493; ICD-10 J45, J46) were identified using the Hospital Enquiry Dataset (HIPE) from 2000-2009. HIPE is a computer-based health information system that collects data on discharges from acute public hospitals in Ireland. Data on prescribing of asthma drugs were obtained from the HSE-Primary Care Reimbursement Services scheme, which provides free medical care to 30% of this population. Data were analysed using JMP, SAS and StatsDirect. Rates were age-standardized to the EU standard population (direct method). Poisson regression was used and significance set at $p < 0.05$. Further trend analysis was carried out in StatsDirect. Poisson regression was used and significance was set at $p < 0.05$.

RESULTS

There were 22,906 paediatric hospital discharges (17,634 patients) with a principal diagnosis of asthma over the 10 years. The number and age standardised rate reduced significantly over time from 3.04/1,000 to 1.45/1,000 (See Figure 1).



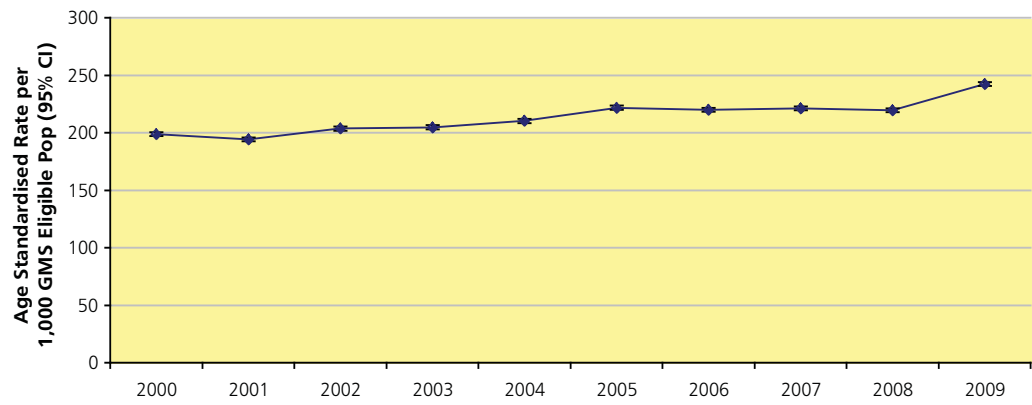
Figure 1 – Age Standardised Hospital Discharge Rate 1,000 Population for those Aged 0-14 years with a Principal Diagnosis of Asthma



The majority were male (64.2%) The median length of stay was 2 days (range 1-47) and the majority (99.5%) were discharged home. In 2000, 50,447 children received asthma medications which had increased to 73,184 children by 2009 (See Figure 2).

The age standardised rates increased from 198.6/1,000 to 242.3/1,000 children over this period, and the trend was highly significant ($p<0.0001$) (Figure 2). Males and the youngest age were most likely to receive asthma medication.

Figure 2 – Age-Standardised Rate for Asthma Prescribing in Children (0-15 years) 2000-2009





This is the first study of its kind in Ireland to look at prescribing patterns and hospital discharges for asthma in paediatric patients. This study found that even though the prevalence of asthma has increased over time, the number and rate of hospital admissions is decreasing, whilst prescribing of asthma drugs among young patients has increased over the same time period. Further studies need to be carried out to determine if there has been a concomitant decrease in A&E attendances for paediatric asthma over the study time-period.

PRESENTED

As an oral presentation at the Faculty of Public Health Winter Scientific Meeting on December 8th, 2010.

REFERENCES

Available on request.



Population Health

Public Health

TITLE	The Dependency Ratio
AUTHORS	<i>O'Leary, M. Public Health, Health Service Executive, Limerick</i>

INTRODUCTION

At least a third of a nation's economic success can be attributed to the dependency ratio which can be predicted years in advance based on what is now known about demographic trends. Ireland's economic success in part can be credited to an improved dependency ratio together with other factors such as a strong emphasis on education.¹

The dependency ratio provides crude but useful summary measures of the age structure of the population at a particular time. Ireland's young and old dependency ratios are derived by expressing the young population (aged 0-14 years) and the old population (aged 65 years and over) as percentages of the population of working age (15-64 years). The total dependency ratio is the sum of the young and old ratios.²

Those who were born in the 1950s will soon reach retirement age and the low birth rate that exists means a smaller work force population. Shifts in the old-age dependency ratio suggest that support of the aged will become increasingly problematic.

OBJECTIVE

The aim is to get an understanding of the nature of the population change and to try to recognise some potential impacts of these demographic shifts for Ireland.

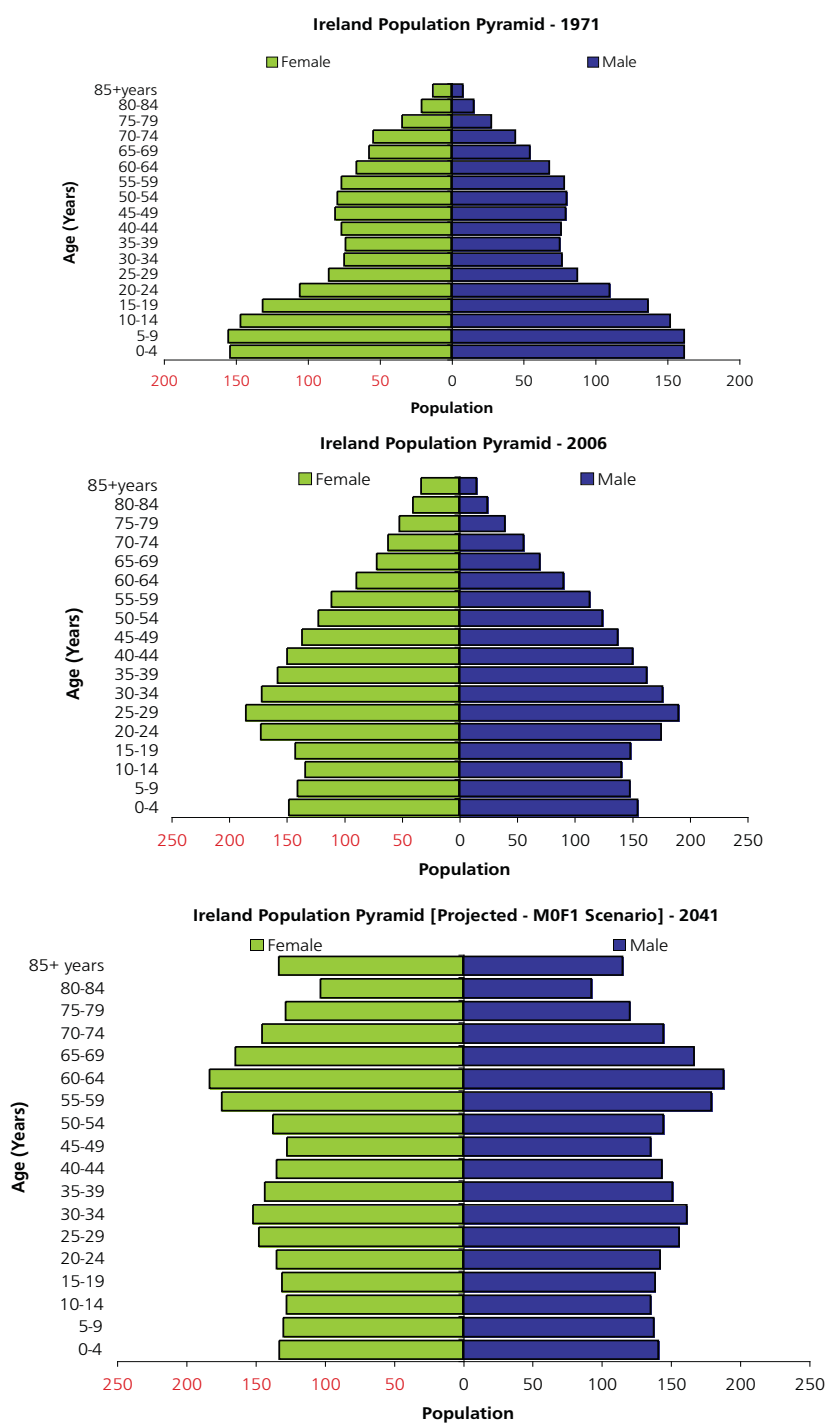
METHODOLOGY

Research and analysis was conducted on data results from the censuses of 1971 and 2006 and the projections for year 2041. The study looked at the population of Ireland by age groups and gender. The country's population structure is presented using population pyramids which show at a glance the distribution of the Irish population. (See Figure 1). The young, old and total dependency ratios were also calculated and presented in graph format.

RESULTS

The dependency ratio is a useful comparative indicator of the average number of people that each member of the active or potentially active (i.e. employed) population has to support. Changes in dependency ratio may have profound implications for social and economic policy.³ Analysis of the census years 1971 and 2006 identified the population as being almost 3 million and over 4 million respectively. For 2041 it is projected to reach over 5 million using the scenario M0F1.⁴

Figure 1 – Ireland Population Pyramids, 1971, 2006 and 2041



Source: CSO data

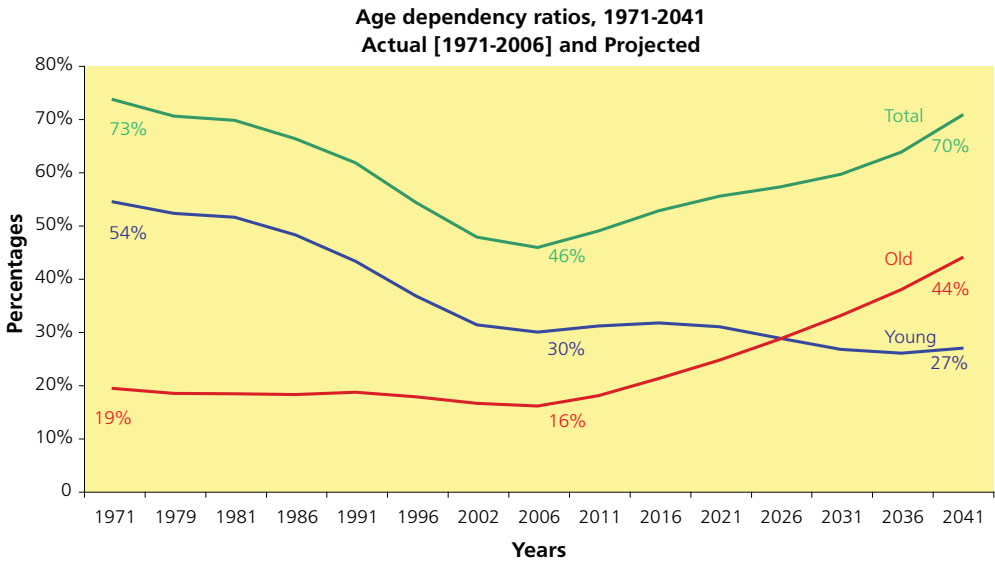


Pyramid A -1971- is wide at the base which means that there were a large number of young people in Ireland in 1971.

Pyramid B - 2006 - depicts a smaller number of young people and a larger number of old people than for 1971.

Pyramid C - 2041- shows a smaller number of young persons than for 1971 and 2006 and a huge increase in the old population especially for those aged 85 years and more. The young dependency ratio for 1971 was 54% and 70 years later is projected to be 27%, while the old dependency ratio for 1971 was 19% and for 2041 is projected to reach 44%. The result is an overall high dependency ratio in 1971 and 2041. See Figure 2.

Figure 2 – Dependency Ratios, 1971-2041



Source: CSO data

One of the greatest challenges for healthcare organisations is identifying the changes that are most likely to occur and then planning for that future. One area that will need to be managed is the social/demographic area.⁵

CONCLUSIONS

Projected change in age structures highlights the proportion of young people aged 0-14 years decreasing and old people 65 years and over continuing to increase.

The dependency ratio becomes a source of economic concern as more old people are healthier and living longer, due to improvements in mortality rates. (See Table 1).

Table 1 – United Nations Data on Actual and Projected Old-Age

Dependency Ratio for G7 Countries⁶

Old-Age Dependency Ratios			
G7 Countries	2000	2025	2050
Italy	0.267	0.406	0.681
Japan	0.252	0.49	0.713
Germany	0.241	0.39	0.547
France	0.245	0.362	0.467
United Kingdom	0.244	0.328	0.392
United States	0.186	0.293	0.349

Source: United Nations data

The extremely high ratio projected for Japan reflects that country's special longevity and low birth rate.

The dependency ratio is a complex subject.

- 15-64 years olds are not all working
- 3rd Quarter 2010, there were 2.15 million people in the labour force, 13.9% of these were unemployed⁷
- Those aged 65 years and over are not all dependent

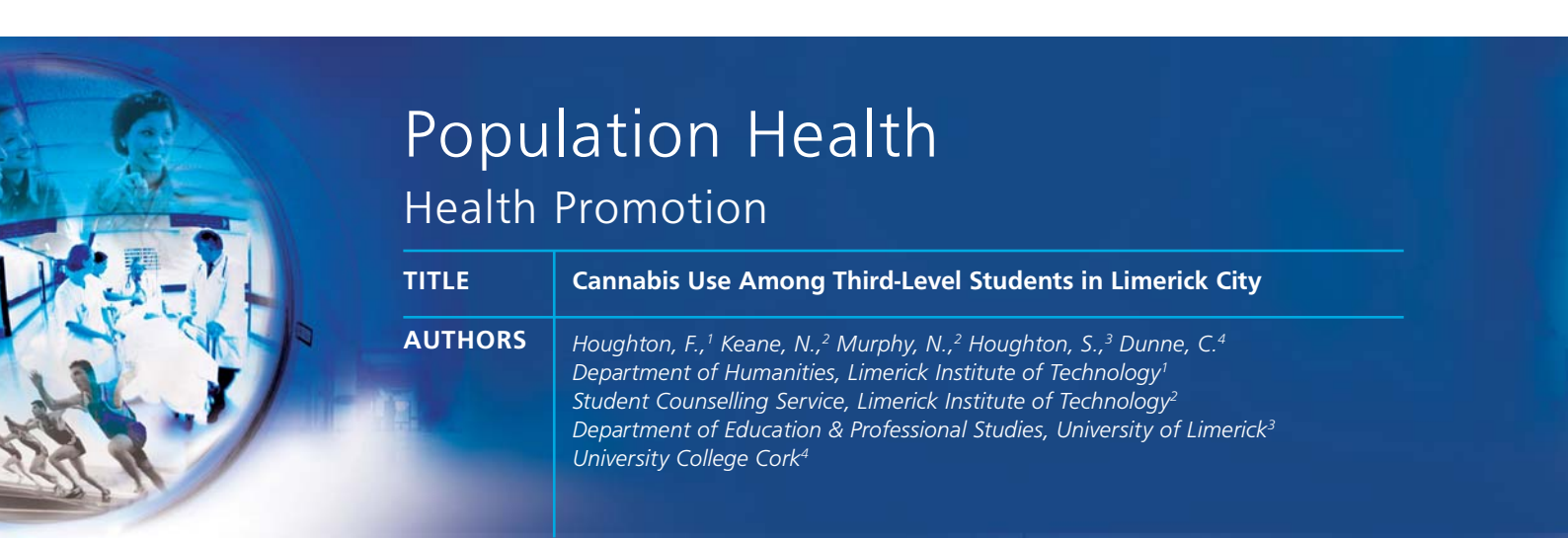
Suggestions/Recommendations:

- Because of the use of age groups it may be necessary to take account of change in the retirement of people or the school leaving age
- It is known what can facilitate the raising or lowering of the dependency ratio so there is a need to make long-range comprehensive plans in relation to health, birth rates, education and employment

Finally, with the current recession and the loss through emigration, of many thousands of young well-educated people, the whole population profile will change leading to profound implications for the provision of services and pensions.

REFERENCES

Available on request.



Population Health

Health Promotion

TITLE	Cannabis Use Among Third-Level Students in Limerick City
AUTHORS	Houghton, F., ¹ Keane, N., ² Murphy, N., ² Houghton, S., ³ Dunne, C. ⁴ <i>Department of Humanities, Limerick Institute of Technology¹</i> <i>Student Counselling Service, Limerick Institute of Technology²</i> <i>Department of Education & Professional Studies, University of Limerick³</i> <i>University College Cork⁴</i>

INTRODUCTION

Drug misuse remains a crucial concern in modern Ireland,¹⁻⁴ particularly in relation to adolescents, students and young adults.⁵⁻⁷ Nationally representative information on this issue among students was published in 2005 as part of the College Lifestyle and Attitudinal National (CLAN) Survey.⁷ However, given the dynamic and evolving nature of this problem there was a need for more up to date information.

OBJECTIVE

This study was designed to provide current local information on student health and lifestyles in Limerick City. This paper focuses on cannabis use.

METHODOLOGY

1,000 questionnaires were distributed during lectures in a third level college in Limerick City. A quota sampling frame was used to achieve a representative sample of the various Schools in the College, course years, and an even gender split. Data was collected from a total of 763 participants, yielding a response rate of 76%. These participants ranged from 17 to 63 years of age. The mean age was 22.2 years (SD=5.65), while the median age was 20. Of the 742 participants who indicated their gender, 52% were male (386) and 48% (356) were female. The survey included a combination of measures including the 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 as well as a brief section on tobacco, alcohol and drug use and misuse.⁶

RESULTS

Analysis of the drugs, alcohol and smoking responses was restricted to those students who had not claimed to have taken a ‘dummy drug’ named ‘Relevin’. This routine strategy helps to reduce the impact of those individuals inflating their drug-use experiences. Only 5 people (3 males and 2 females) out of the entire sample claimed to have taken ‘Relevin’ (0.66%). These respondents were excluded from the subsequent analysis reported herein.



Table 1 – Cannabis Use Frequency by Gender

	Never	1-2 Times	3-5 Times	6-9 Times	10+ Times
Lifetime Use	T= 50.9% (327) M= 53.3% (186) F= 48.4% (135)	T= 11.8% (76) M= 10.6% (37) F= 13.6% (38)	T= 8.3% (53) M= 7.2% (25) F= 9.3% (26)	T= 4.2% (27) M= 3.4% (12) F= 5.4% (15)	T= 24.6% (158) M= 25.2% (88) F= 23.3% (65)
Last 12 Months	T= 66.8% (412) M= 67.9% (226) F= 65.6% (177)	T= 11.2% (69) M= 9.9% (33) F= 13.0% (35)	T= 6.2% (38) M= 6.0% (20) F= 6.3% (17)	T= 3.4% (21) M= 1.8% (6) F= 5.2% (14)	T= 12.5% (77) M= 14.4% (48) F= 10.0% (27)
Last 30 Days	T= 81.4% (499) M= 80.2% (268) F= 83.4% (221)	T= 8.0% (49) M= 6.6% (22) F= 9.4% (25)	T= 3.3% (20) M= 3.0% (10) F= 3.8% (10)	T= 1.1% (7) M= 1.5% (5) F= 0.8% (2)	T= 6.2% (38) M= 8.7% (29) F= 2.6% (7)

T= Total, M= Male, F= Female

As can be seen from Table 1, almost one in two respondents (49.1%) have tried cannabis at some point in their life, with almost one in three (33.2%) having tried it in the last year and one in five (18.6%) having used it in the last month. Overall rates are broadly similar by gender, a notable exception being in the heaviest (10+ times) ongoing use category in which males reported a rate more than three times higher than females.

DISCUSSION

The high rate of cannabis use noted in this research is a serious issue, particularly as it is thought to be a risk factor for psychosis, schizophrenia and mental ill-health among those with a genetic predisposition. It is clear that effective, focused, and adequately funded interventions are required to combat the issue of cannabis misuse.

REFERENCES

Available on request.

Population Health

Health Promotion

TITLE	Parents' Perception Regarding Physical Activity Needs in Children with Down's Syndrome in Lahor, Pakistan
AUTHORS	<i>Campbell L., Raufi S. Faculty of Health and Well-Being, Collegiate Campus, Sheffield Hallam University, Sheffield S11 8FQ, United Kingdom</i>

INTRODUCTION

Down's syndrome (DS [trisomy 21]) is one of the most common congenital abnormalities and is defined as the presence of an extra 21st chromosome.¹⁻³ Research has shown low fitness levels in children with DS which is due to their sedentary lifestyles,⁴ fewer opportunities for social and recreational activities and low motivation to become involved in physical activities.⁵ To prevent obesity participation in physical activity programmes proved to be helpful in promoting healthy lifestyles.¹

Various studies were conducted to show the effectiveness of physical activity programmes in DS adults.⁶⁻⁸ However, the literature regarding physical needs in DS children is lacking and needs future research to explore this issue.

Pakistan is a developing country and has a population of over 118 million and resources are limited to fulfil the needs of its large healthcare system.³¹ The population of Pakistan had very low awareness of western ideas regarding mental retardation and vice versa.³² The term mental retardation was brought to the attention of the Pakistani public in the 1970s due to changes in family structure through urbanisation and increasing availability of media.³² Within limited resources, permissive and sometimes hostile environments, families of mentally retarded individuals tried their level best to cope independently in this situation without any support.³²

Studies on DS and other learning disabilities in Pakistan are scarce, but now some studies have been conducted to bring forth the available knowledge and data associated with mental retardation.³² So far, published literature is not appreciable related to intellectual disability in Pakistan. It is worth knowing and exploring this area of interest in Pakistan.³³

As compared to western countries the incidence of DS in Pakistan is 3 to 4 times higher and is about 3.4 per 1,000 live births.³⁴ Less pre and perinatal facilities for pregnancy in older age and lack of counselling on genetic disorders are a few main reasons for the high incidence of DS.³¹ As a whole, there was no published literature regarding the need for physical activity in DS children and this study would not only add to the literature but also help Pakistan in developing health policies for children with DS.

METHODOLOGY

Qualitative telephonic semi-structured interviews were used in this study. This design has been chosen as it is the most suitable method to capture the participants' thinking views and beliefs about the particular topic. 7 parents were purposively selected from the physiotherapy department of Ghurki Trust Teaching Hospital (GTTH) in Lahore, Pakistan.



Thematic analysis was used for the analysis of interviews. This method is considered to be the most appropriate method because it helps in direct representation of participants' own views, beliefs, perceptions and experiences.²⁹ Thematic analysis is recursive in nature where there is movement back and forth throughout the analysis to ensure rigour.²⁹

RESULTS

The six themes which emerged were: Awareness among parents regarding the need for physical activity in DS children; participation of parents in physical activities with DS children; barriers for physical activity participation in DS children; prevention of obesity; need for community based interventions and government role in organising physical activity programmes. Overall, the parents expressed their views that participation in physical activity programmes has an immediate and long term benefit on the health of their children. Parents also showed their concern regarding parental education and support from the government to develop community based programmes.

CONCLUSIONS

The study showed that children with DS were physically active and parents supported their children in order to involve them in physical activities. However, due to many barriers there were certain limitations which decreased the physical activity levels of these children.



Population Health

Health Promotion

TITLE	An Examination of Prisoners' Health Needs in the Irish Prison Setting
AUTHORS	<i>McKeever, B., McKenna, V. College of Medicine, Nursing and Health Sciences, (Health Promotion), NUI, Galway</i>

INTRODUCTION

Prison populations contain an over representation of members of the most marginalised groups in society with an estimated ten million people held in penal institutions around the world.^{1, 2} In Ireland incarceration rates are increasing as is the average prison length.³ The aim of healthcare within the Irish prison system is to provide prisoners with access to the same quality and range of health services as those available to recipients of the General Medical Service in the community.⁴ Imprisonment is also viewed as an opportunity to assess, maintain and improve the health of prisoners and key service provision is focused on primary care and chronic disease management, mental health and addiction services.^{5, 6} However it is also clear that there are many challenges associated with promoting health in prison as well as features of prison life that mitigate against a healthy lifestyle.

OBJECTIVE

This study aimed to explore prisoners' health needs and the extent to which these needs are being met in the Irish prison setting. While much research has examined the issue of poor prisoner health and the detrimental effects of incarceration on health, the views of prisoners themselves have remained largely unheard.

METHODOLOGY

A qualitative study design was used and convenience non-probability sampling was employed. Semi-structured interviews were conducted and audio recorded with 19 male prisoners. Ethical approval was sought and received from the Prisoner Based Research Ethics Committee. Thematic content analysis was undertaken on all interview transcripts.

RESULTS

The majority of participants were between the ages of 20 and 50 years with 1 participant over the age of 50. 14 of the participants were serving their first prison sentence and 2 were serving life sentences. Current health status was reported favourably by the majority of respondents and many also reported that they were in better health now than before entering prison. All respondents spoke about the importance of trying to maintain good mental health in prison as a means of coping with prison life and this was seen as one of the greatest challenges facing prisoners within the prison setting. Being able to engage in physical exercise was viewed as an important factor in maintaining mental health although opportunities to engage in physical exercise could be quite limited. Stigma in seeking help with mental health issues was also reported. Barriers to accessing many prison-based health and support services including addiction services were highlighted as a major concern for many prisoners. Long waiting lists and limited availability of healthcare staff were cited as reasons here.



CONCLUSIONS

The viewpoints of prisoners in this study strongly support many studies in identifying mental health and addiction issues as areas of greatest need in prison.^{7,8} Investing in prisoners' health offers major public health benefits outside the prison perimeter as the majority of prisoners return to their own communities.

REFERENCES

Available on request.



Health Systems Research

Public Health

TITLE	Teaching Quality in Public Health Medicine in Ireland
AUTHORS	Morrissey, M., McKeown, D., Sayers, G., Weakliam, D. Health Intelligence Unit, Health Service Executive, Stewart's Hospital, Palmerstown, Dublin 20

INTRODUCTION

The importance of the concept of Quality is well established in international healthcare. While many clinical disciplines are beginning to introduce a more Quality-based agenda, such an approach is just as important, if not more so, in disciplines that deal with populations rather than individuals. However, many Public Health programmes internationally have been slow to adopt this approach, and in Ireland we are no different. Now, more than ever, with finite resources available for health, it is vital to ensure that the resources we have are used as efficiently as possible.

METHODOLOGY

This was a cross-sectional interviewer-based questionnaire survey of all five third-level university or professional training departments throughout the island of Ireland, which deliver Public Health Medical teaching or training. Interviewees were those who have lead responsibility in the area. The questionnaire comprised a number of open-ended questions, particularly inquiring into what the interviewee considered to be enablers and barriers to the teaching of Quality in Public Health. It was piloted on the course director of a non-medical Public Health programme. Interviews were conducted by telephone. Data were analysed qualitatively using the five stages of data analysis proposed by Pope et al (2000).

RESULTS

Four of the respondents offer "teaching" in Public Health, that is, a structured, often modular, theoretical curriculum; one offers "training" in Public Health, that is, the application of theory into practice, with a view to higher Specialist Medical Registration. All of the respondents recognised and acknowledged the importance of Quality, but each had their own working definition of the concept; this made it difficult to compare findings across institutions. *Enablers* were listed as:

- Practical links to health services and health practitioners
- Local champions
- Commitment to Quality (e.g. by overall University or institution)
- Appropriate role models
- When Quality is seen as important in everyday practice

Barriers were listed as:

- Quality not seen or appreciated as a priority by University or Faculty
- Not enough student interest
- Where Quality Modules conflict in time and resources with other, often clinical modules
- Where no individual department takes responsibility
- Where there is an overall reductionist approach in service delivery



Respondents suggested a number of ways in which the teaching of Quality in Public Health could be improved. These included:

- Appreciating the need for a practical approach, and the involvement of experienced practitioners
- Buy-in by management
- A modular approach to teaching
- Links to other courses and programmes on Quality, significantly, including non-healthcare courses

DISCUSSION

The variation in teaching content and approach underlines the need to embed Quality as part of health systems and health management training and understanding. One of the most effective ways of doing this, at a local level, is the involvement of “local champions” and those with practical expertise in the subjects being taught. Indeed, those courses with strong links to practical service delivery are perceived as more dynamic. It is important, within a teaching environment, that ownership and responsibility for course delivery are clearly defined; of equal importance, in the opinion of the respondents, is a structured, modular approach to teaching these subjects. Public Health has a role at each level in influencing how a Quality approach can inform and influence health services.

REFERENCES

Available on request.



Health Systems Research

Nurse Education

TITLE	An Exploratory Study of Role Transition from Student to Registered Nurse (General, Mental Health and Intellectual Disability) in Ireland
AUTHORS	<i>Deasy, C., Doody, O., Tuohy, D. Department of Nursing and Midwifery, University of Limerick</i>

ABSTRACT

Ireland has experienced dramatic changes in nurse education, moving from certificate to diploma (1994) and to a degree (2002) model of nurse education and training for mental health, general and intellectual disability. A unique aspect of these programmes was the incorporation of rostered internship. The programme undertaken by the students comprised both theoretical (72 weeks) and clinical (74 weeks) components. Supernumerary clinical placements (27 weeks) are undertaken over the first three years, followed in the fourth year by a substantial period of ‘rostered internship’ (47 weeks). During the rostered internship, students are paid employees of the health service, assigned responsibility for patient/client groups and receive support from both university and health services. The transition from student to graduate nurse marks the end of initial educational preparation and the beginning of the professional journey as a nurse. A major challenge in the transition from student to registered nurse is the adjustment between role expectations and practice reality, the first few months post-registration being the most difficult. While a considerable amount of research has been undertaken internationally exploring transition from student to registered nurse there is little published in Ireland apart from Mooney’s (2007) study¹ exploring newly qualified nurses’ experiences of transition. Our survey is timely and explored the perceptions of a student cohort, from one Irish university, regarding their transition, six months prior to and six months post-registration.

The aim of this study was to explore role transition from student to registered nurse (mental health, general and intellectual disability) in Ireland. Data were collected over two phases. In phase one, fourth year student nurses (n=116) registered on BSc nursing within a Department of Nursing and Midwifery in an Irish university, completed a pre-registration survey. In phase two the students who had graduated were surveyed six months post-registration (n=96). SPSS (version 16) was used to analyse and compare pre and post data.

The total number of pre-registration respondents was 98 (84%) and post-registration respondents was 21(22%). Most (95%) of the respondents to both surveys were female. The key findings in relation to pre-registration expectations and the reality of practice post-registration are presented in Table 1.

Table 1 - Comparison of Pre-Registration and Post-Registration Responses

Statement	Pre agree	Post agree
<i>I am adequately prepared for taking up a post as a registered nurse</i>	53%	62%
<i>The course content is relevant to my future role as a registered nurse</i>	62%	57%
<i>The transition from student to registered nurse will be problematic</i>	61%	33%
<i>I am afforded the opportunity to discuss the transition from student to registered nurse</i>	43%	19%
<i>I have reflected on the transition from student to registered nurse</i>	68%	81%
<i>I am confident in my clinical abilities</i>	58%	67%
<i>I am proficient in prioritising care delivery</i>	81%	95%
<i>I work effectively within a multi/interdisciplinary team</i>	86%	86%
<i>I have good time management skills</i>	68%	48%
<i>I am confident that I can successfully manage my workload</i>	75%	76%
<i>I will receive ongoing formal support as a registered nurse</i>	65%	29%
<i>I will be/am supported by the registered nurses in the ward/unit</i>	66%	62%
<i>I will be/am supported by the CNM(s) in the ward/unit</i>	61%	52%
<i>I will be/am supported by the multidisciplinary team</i>	35%	48%

In conclusion the rostered internship provided students with a valuable opportunity for adjustment and preparation for their role. Recommendations include a formal stress management component within undergraduate programmes. A more uniform support system is also recommended, to include staff induction, orientation, feedback and preceptorship. The difference between respondents' expectations and the reality of practice suggests a need for more dialogue between graduates, educators and service providers regarding the role of the graduate. The rostered internship is a new development in undergraduate nurse education in Ireland so research on this initiative and its role in facilitating the transition from student to registered nurse is warranted.

SOURCE

Nurse Education in Practice. 2011(11):109-113.

PRESENTED

1. At the 3rd International Nurse Education Conference "Nursing Education in a Global Community: Collaboration and Networking for the Future" in Sydney, Australia, on April 14th, 2010 by Christine Deasy.
2. At the 10th Annual Interdisciplinary Research Conference in Trinity College, Dublin on November 5th, 2009 by Owen Doody.



Health Systems Research

Continuing Professional Development – Physiotherapy

TITLE	Perception of Continuing Professional Development Among Pakistani Musculoskeletal Physiotherapists
AUTHORS	<i>Stephen, M., Sheikh, U.Q. Faculty of Health and Well-Being, Collegiate Campus, Sheffield Hallam University, Sheffield S11 8FQ, United Kingdom</i>

INTRODUCTION

The delivery of healthcare service is in a transitional state throughout the world, focusing more on quality and accountability.¹ All healthcare professionals are now obliged to maintain up to date knowledge and clinical skill through career-long developmental activity.² Continuing professional development (CPD) is central to this process and plays an important role in the delivery of safe and effective quality health services.¹ Various definitions and types of CPD have been proposed in the literature and consensus has yet to be reached among the experts.¹ However, in the domain of Physiotherapy, CPD involves professional and personal development which starts in undergraduate training and continues until retirement.⁴ It requires the individual to identify their learning needs and subsequently evaluate if those needs have been met or not.^{5, 6}

In the literature, there was a huge amount of evidence supporting the value and importance of CPD.¹ All of these studies were conducted in developed countries and nothing much has so far been reported about developing countries. Pakistan is facing many challenges and one of them is to bring in health sector reforms. Recently, the concept of CPD was introduced by the Society of Physiotherapy in order to update members' knowledge and skills and to boost the musculoskeletal physiotherapy profession. So far, no research or study has been conducted in Pakistan to explore the perceptions of musculoskeletal physiotherapists regarding the CPD. It is important to explore this area as any potential changes in patient improvement may be helpful in determining and developing a framework of practice in Pakistan.

This study investigated the perception of musculoskeletal physiotherapists about CPD and the impact CPD had on their professional and personal life. So far, in the literature few studies explored the impact of CPD on the practice and this study further explored this topic of interest. Every effort was made to explore the perspectives of developing country physiotherapists providing an insight into the challenges faced by them and a comparison was made with what had been reported so far in the literature.

METHODOLOGY

This study employed the use of a qualitative method in order to explore and understand the multiple individual experiences and attitudes about a complex area of study. The information was gathered through ongoing analysis and interpretation of themes until the saturation point had been reached. The use of a qualitative method had been advocated when research seeks to describe and understand individual perspectives.³ Data collection took the form of qualitative one to one in-depth semi-structured telephonic interviews. This type of approach increases credibility and involves open ended, broad and non-directive questions with allowances for probe or follow-up questions.¹ Flexibility to explore and develop new themes as they emerge until no major insights were being revealed was the strength of this approach.



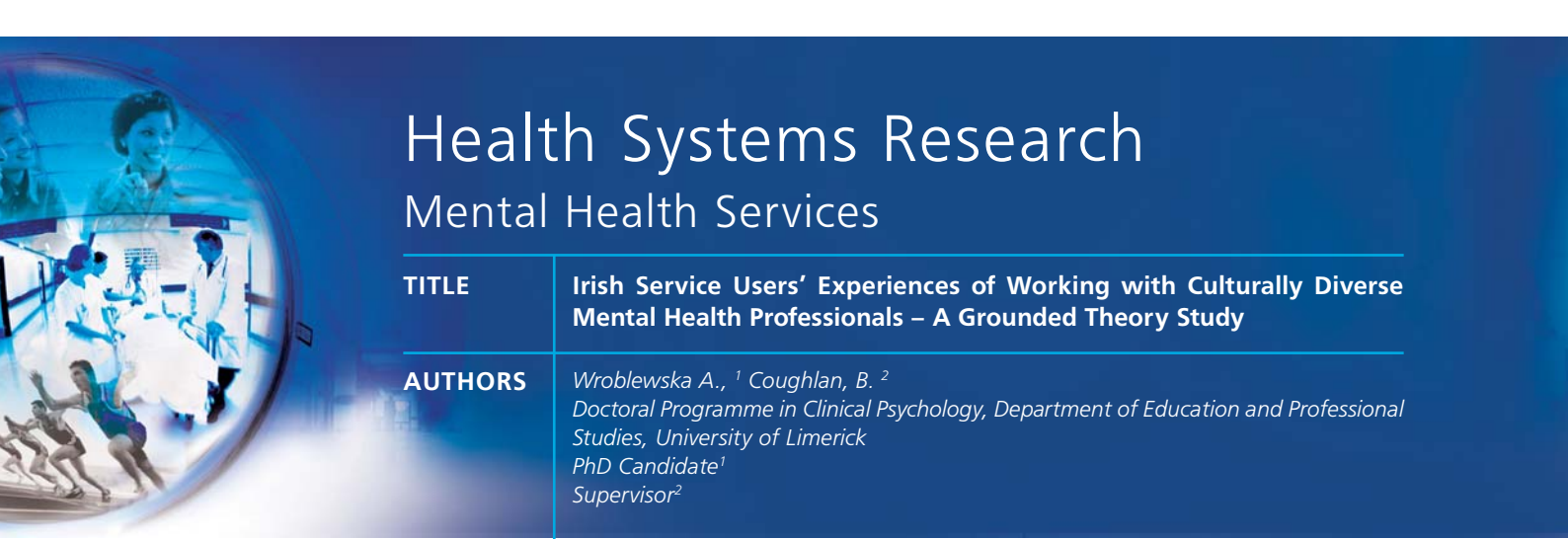
Purposive sampling was utilized to recruit 8 physiotherapists from the physiotherapy department of the Ghurki Trust Teaching Hospital, Lahore, Pakistan (GTTH). Thematic analysis was used for data analysis, transcription, coding and for the generation of themes.

RESULTS

Five main themes emerged: Perception and importance of CPD in Pakistani MSK Physiotherapists; types of CPD; barriers to CPD; motivation for CPD; need for CPD to upgrade MSK physiotherapy in Pakistan. Participants were fully aware of the importance of CPD and the role CPD played in boosting the profession in Pakistan. Course based learning and postgraduate courses were quoted as the most common form of CPD undertaken by this group. Reflective practice and keen to learn were reported as the main sources and motivating factors for CPD. Participants reported various barriers including funding, time and lack of employer support for CPD.

CONCLUSIONS

Despite any obligations musculoskeletal physiotherapists in Pakistan are highly motivated and are undertaking CPD. Participants have a range of motivating factors and recognise the fact that CPD is bringing a change to their professional practice. Together, these effects foster an evidence-based practice in Pakistan which is helpful for boosting the profession as a whole.



Health Systems Research

Mental Health Services

TITLE	Irish Service Users’ Experiences of Working with Culturally Diverse Mental Health Professionals – A Grounded Theory Study
AUTHORS	Wroblewska A., ¹ Coughlan, B. ² Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick PhD Candidate ¹ Supervisor ²

INTRODUCTION

This article presents the lived experience perspective of adult mental health service users of Irish origin receiving treatment from culturally diverse mental health professionals.

OBJECTIVE

A broad literature review highlighted a dearth of qualitative research in the area of client experience of working with professionals who are of non-Irish origin.

METHODOLOGY

The current study applied Grounded Theory principles to explore the service users’ experiences of mental health service and being treated by ethnically diverse professionals within it. The aim of the research was to focus on the quality of the therapeutic process. The project is based on nine comprehensive interviews exploring the service users’ experiences of their journey to recovery.

RESULTS

Four core themes emerged: (a) treatment and recovery, (b) positive service attributes, (c) negative service attributes along with appreciation, and (d) acceptance of cultural diversity. The subthemes of: positive, empowering therapeutic relationship with the service provider and trust in the expertise of the professional, regardless of the service provider’s nationality pervaded through other issues. Initial apprehension of cultural difference in relation to e.g. the professional’s English language comprehension and pronunciation were among the findings encountered.

CONCLUSIONS

The interviewees considered the presence of culturally diverse MH professionals as an integral part of the contemporary Irish MH service, as oppose to a separate entity. The therapeutic relationship in clients’ overall appraisals of treatment was defined as central in addressing core needs and aiding the achievement of recovery. Focusing on similarities between the service user and the service provider facilitated positive rapport.



REFERENCES

Available on request.

PRESENTED

At the 40th Psychology Society of Ireland (PSI) Conference in Athlone on November 11th, 2010 by Dr. Anna Wroblewska.

Health Systems Research

Mental Health Services and Primary Care

TITLE	Developing the Role of Primary Care in Addressing Youth Mental Health in Deprived Urban Areas – a Mixed Methods Study in Limerick and Dublin South
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AUTHORS	<p>Cullen, W.,¹ O'Keane, V.,² Bury, G.,³ O' Connor, R.,⁴ Meagher, D.,⁵ Latham, L.,⁶ Gavin, B.,⁷ Hodges, C.,⁸ Keenan, E.,⁹ McGorry, P.,¹⁰ McNicholas, F.,¹¹ O'Dea, E.,¹² O'Toole, T.,¹³ Reilly, E.,¹⁴ Ryan, P.,¹⁵ Sanci, L.,¹⁶ Smyth, B.,¹⁷ Keane, R.,¹⁸ Cussen-Murphy, P.,¹⁹ Ryan, G.,²⁰ Armstrong, C.,²¹ Leahy, D.,²² Schaffalitzky, L.²³</p> <p>Graduate Entry Medical School, University of Limerick^{1, 21, 22, 23, 5} St. James's Hospital, Dublin² UCD School of Medicine, Dublin³ HSE Mid-West Specialist Training Programme in General Practice, Limerick⁴ Liberties Primary Care Centre, Dublin⁶ Lucena Clinic, Dublin^{7, 11} 'Headstrong', Dublin⁸ Addiction Services, HSE Dublin Mid-Leinster, Dublin⁹ Orygen Youth Health Research Centre, University of Melbourne, Australia¹⁰ South Inner City Partnership/Dublin South City, Dublin¹² Brown University, USA¹³ Fatima Regeneration Board, Dublin¹⁴ Department of Education and Professional Studies, University of Limerick¹⁵ Department of General Practice, University of Melbourne, Australia¹⁶ Addiction Service, Cherry Orchard Hospital, Dublin¹⁷ Regional Drug Co-ordination Unit, Limerick¹⁸ Limerick Primary Community and Continuing Care, Limerick¹⁹ Limerick Regeneration, Limerick²⁰</p>
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INTRODUCTION

Mental illness is the number one burden on the health of young adults between 15 and 24 years of age, with depression, anxiety and problem substance use accounting for 75% of this burden.¹ 'Early intervention', involving diagnosis and treatment soon after illness onset, is associated with considerable health, economic and social gains for a number of psychological illnesses, including psychosis,² depression,³ bipolar illness,⁴ personality disorder⁵ and problem drug use.⁶ Young people attend primary care regularly. However, only a minority of young people with mental illness seek help from healthcare professionals, including GPs.⁷ The reasons for this are complex. Firstly, emotional distress is not always seen as a medical problem by young people.⁸ Other barriers include their beliefs that GPs lack training in mental health, will be dismissive of them, will not offer 'talking therapy' and that a prescription of antidepressants is the most likely outcome.⁹

Though mental disorders are common among young people attending general practice (31-39%), most cases are neither diagnosed nor actively treated.¹⁰ Nonetheless, GPs are the healthcare professional most often consulted by young people with mental disorders and therefore, have a central role in detecting mental disorders among young people.¹¹ Although some evidence supports screening for depression among young adults in primary care, the use of standardised tools by GPs is limited and variable.¹² The objective of this research programme is to inform the future role of primary care in screening and early intervention for mental and substance use disorders among young people. This is to be achieved by developing an intervention which addresses barriers to early intervention that is both informed by international best practice and sensitive to local contexts.

METHODOLOGY

The project will adopt a three phase approach. Phase 1 aims to describe the experience of (and attitudes towards) 'early intervention' for mental and substance use disorders among young adults and service providers recruited from community agencies, primary care and secondary care. Phase 2 aims to develop a 'complex intervention' (i.e. educational, clinical and organisational supports) to improve early intervention in primary care for young people which is based on what we have learned from Phase 1 and on international best practice. Phase 3 aims



to provide iterative feedback to participating healthcare professionals in the study on findings from Phase 1, 2 and to determine what, if any, care components have been incorporated and any barriers encountered.

The study will take place in two deprived urban centres – Limerick City and Dublin South Inner City, where youth mental health has been identified as a priority issue.^{13,14} Both Dublin South Inner City and Limerick City contain some of Ireland’s most deprived areas. Problem drug use is an important issue in both centres – in Dublin South City this has been a longstanding problem, while recent data report a rise in problem drug use in other urban centres, including Limerick City.¹⁵

CONCLUSIONS

This project will benefit both young people and service providers by developing an evidence-based clinical intervention addressing local implementation barriers in areas of high need. The research team’s links with national initiatives in youth mental health will potentially inform care delivery elsewhere in Ireland

REFERENCES

Available on request.

FUNDING

This research has received funding from the Health Research Board of Ireland.

Health Systems Research

General Practice

TITLE	Heartwatch – Strengthening the Foundation of General Practice Evidence in Ireland
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AUTHORS	<i>Collins C., Finn C., Meade B., O’Cuinneagáin, F. Heartwatch Project, The Irish College of General Practitioners, Lincoln Place, Dublin 2</i>
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INTRODUCTION

The Heartwatch Programme provides a protocol for the continuing care of patients for the secondary prevention of cardiovascular disease in general practice in Ireland. The programme targets 20% of general practices with patients seen on a quarterly basis and care implemented according to defined clinical protocols.¹

METHODOLOGY

The Independent National Data Centre (INDC) receives data from the participating practices and is responsible for data management and report production. The INDC system features full automation and data processing, query functionality, online facilities for participating practices and the INDC administration, financial reports, the ability to produce pre-defined and customized GP, regional and national demographic and clinical reports. One of the most innovative features is online access for practices to their own data compared to their regional and national data.²

RESULTS

Heartwatch is the largest database on cardiovascular disease in primary care in Ireland with 17,399 patients and 185,855 consultations. The programme has involved considerable change management within general practice which has had far reaching benefits in many areas other than coronary heart disease prevention. As noted internationally,³ there is substantial potential in capitalising on the economy of scale benefits to establish other healthcare programmes and projects which also necessitate reliable and valid data capture from general practice.

CONCLUSIONS

It is envisaged that information and analysis extrapolated from the Heartwatch database will assist in service planning. It has been shown that such activities can also influence policy-making and planning processes through strengthening the foundation of evidence.⁴

REFERENCES

Available on request.

ACKNOWLEDGEMENT

The Heartwatch Programme was undertaken by the Department of Health and Children and the Health Service Executive in partnership with the Irish College of General Practitioners and the Irish Heart Foundation.



News & Events

SYMPOSIUM ON GENDER AND CHILD WELFARE TO BE HELD ON JUNE 15TH 2011, ARAS MOYOLA, NUI GALWAY

Hosted by Professor Bríd Featherstone, School of Political Science and Sociology, NUI, Galway

The Gender and Child Welfare Network, which is an international group of researchers and practitioners, is pleased to announce that its fourth conference is being held for the first time in Ireland on June 15th, 2011 in conjunction with the Child and Family Research Centre and the Masters in Social Work Programme at NUIG. The network has organized three successful conferences previously on the relationship between gender and child welfare.

There will be an exciting range of workshop presentations from Ireland, New Zealand, Canada, US and UK on the following topics:

- Fathering a child with a disability
- Fathers in family support
- Fathers in domestic violence
- Mothering and ambivalence
- Incarcerated mothers and child protection
- Working with mothers in sexual abuse cases
- Child to parent violence
- Gender symmetry in domestic violence
- Perceptions of risk and 'gender harm' in practice

Confirmed Keynote speakers:

Norah Gibbons (Director of Advocacy, Barnardos):

Gender, child protection and welfare

Dr Jonathan Scourfield (Cardiff University):

Engaging fathers: Does training make a difference?

Dr Stephanie Holt (Trinity College Dublin):

Mothering and Domestic Violence

Further information on this event is available from:

<http://www.conference.ie/Conferences/menu.asp?menu=704&Conference=129>

RESUS – INTERNATIONAL RESUSCITATION CONFERENCE & SKILLS SHOWCASE 2011, LIMERICK

The international resuscitation conference and skills showcase, Resus 2011, was held at the Radisson Blu Hotel in Limerick on April 1st and 2nd, 2011. The theme of the conference was the new ILCOR guidelines for basic and advanced life support, with additional sessions on topics including stroke, education, acute coronary symptoms and advanced care. The conference was opened by Mr Tom Mooney, Chair of the Pre-Hospital Emergency Care Council and Dr Cathal O'Donnell, Conference Chair and new Medical Director of the National Ambulance Service.

Dr Ruud Koster, Co-Chair of the ILCOR 2010 BLS taskforce introduced elements of the new basic life support protocols. The main changes are that for the lay rescuer a pulse check is no longer advised, breathing assessment time is reduced to less than 10 seconds, and the relaxation of the chest is emphasised during compression. Even a slight lean on the chest during decompression reduces venous return to the chest, but hand placement itself must not alter and this will be important in future BLS training. Compression only cardiopulmonary resuscitation (COCPR) is recommended to be taught, especially to the non-trained bystander, and may be used by everyone, although outcomes are not the same as for CPR using both compressions and ventilations. The new guidelines recommend a change in the BLS sequence of steps from A-B-C (Airway, Breathing, Chest Compression) to C-A-B (Chest compressions, Airway, Breathing). However, oxygen provision remains a critical element in BLS for all cardiac arrests, especially for non-cardiac caused arrests and paediatric patients.

The Irish Defence Forces performed an inspiring demonstration of a casualty evacuation from a hostile situation. Two Air Corps helicopters took part, as did a MOWAG and two ground vehicles. Judging by the number of cars pulled up outside and slowing traffic on the road, the public were also attracted by the activity. The difficulties of providing medical care under fire were clear, and the cramped conditions in which medical personnel in the military operate make it even more impressive.

Sessions on stroke and acute coronary syndromes (ACS) illustrated the impact of evidence-based medicine on improving treatment of these critical conditions. Standardised responses to ACS, whether ST elevated myocardial infarction (STEMI) or non ST elevated myocardial infarction (NSTEMI) were explored. PPCI (Primary Percutaneous Coronary Intervention) is the gold standard treatment for ACS, but requires a specialist centre that is staffed and available 24 hours a day. PPCI is also recommended only within 2 hours of the onset of symptoms. In that respect the geographical distribution of suitable centres is not ideal for national coverage, since transport time from parts of the north-west is over 3 hours. In such situations, thrombolysis becomes the more viable option.



Dr Ruud Koster, Netherlands,
Co-Chair ILCOR 2010 BLS/AED



SYLVESTER O'HALLORAN MEETING, MARCH 4TH & 5TH, 2011, LIMERICK STRAND HOTEL, ENNIS ROAD, LIMERICK

The Sylvester O'Halloran meeting is held annually in Limerick. The 2011 meeting was well attended by trainees and consultants from Ireland and the UK.

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

The Sylvester O'Halloran Lecture entitled **Breast Reconstruction in the 21st Century – the Present and the Future** was presented by Ms. Eva Weiler-Mithoff, Consultant Plastic Surgeon, Canniesburn Plastic Surgery Unit, Glasgow Royal Infirmary.



L. to R: Ms. Shona Tormey, Consultant General & Breast Surgeon, Mid-Western Regional Hospital, Limerick, Ms. Eva Weiler-Mithoff, Consultant Plastic Surgeon, Canniesburn Plastic Surgery Unit, Glasgow Royal Infirmary - Guest Lecturer

The Sir Thomas Myles Lecture entitled **Surgical GEMS** was presented by Professor J. Calvin Coffey, Chair, Department of Surgery, Consultant General and Colorectal Surgeon, Graduate Entry Medical School, University of Limerick and Mid-Western Regional Hospitals, Limerick.



L. to R: Ms. Shona Tormey, Consultant General & Breast Surgeon, Mid-Western Regional Hospital, Limerick, Professor J. Calvin Coffey, Chair, Department of Surgery, Consultant General and Colorectal Surgeon, Graduate Entry Medical School, University of Limerick Mid-Western Regional Hospitals, Limerick.



L. to R: Professor Pierce A. Grace, Consultant Vascular Surgeon, Mid-Western Regional Hospital, Limerick, Ms. Louise Kelly, Consultant General, Breast & Endocrine Surgeon, Cork University Hospital (Co-Chairs of Session 5 Surgical Practice "Managing Change")

The ENT Lecture entitled **Minimally Invasive Thyroid Surgery; Why I Do It?** was presented by Professor Conrad Timon, TCD Medical School, St. James's and Royal Victoria Eye and Ear Hospitals, Dublin.

The prizes were awarded as follows:

1. O'Halloran Prize: €3,000.00 - Paper No.15 (Sponsored by LEO Pharma)



L. to R: Dr. Gemma Solon, Dept. of Surgery, York House, RCSI, St. Stephen's Green, Dublin 2, Ireland, Ms. Orla O'Donnell, Representative, Critical Care, LEO Pharma (IE) (Sponsor of the O'Halloran Prize)

Trastuzumab Promotes Signalling Through the Endocrine Pathway in ER- Expressing Breast Cancer Cell Lines

J.G. Solon, D. Collins, M. McIlroy, A.D.K. Hill, L. Young (Department of Surgery, York House, RCSI, St Stephen's Green, Dublin 2)



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

Clinicopathological Variables of BRCA 1 and 2 Gene Mutations in the West of Ireland Population

J.J. Dorairaj¹, R. Irwin¹, D. Wall², N. Cody³, N. Miller¹, K.J. Sweeney¹, A. Green³, M.J. Kerin¹ (Department of Surgery, University Hospital Galway, Galway¹, Department of Biostatistics, National University of Ireland, Galway, Galway², National Centre for Medical Genetics, Crumlin, Dublin³)

3. Orthopaedic 1st Prize: €1,000.00 - Paper No. 55 (Sponsored by Merck Sharp & Dohme)



L. to R: Dermot O'Farrell, Consultant Orthopaedic Surgeon, Mid-Western Regional Hospital, Limerick, Dr. Oisín Breathnach, Mid-Western Regional Hospital, Croom, Limerick, 1st Prize Winner of the Orthopaedic Sessions, Mr. Gary Hannify, ARCOXIA® Brand and Customer Manager, MSD (Sponsor of Orthopaedic Prizes)

The use of Neuromuscular Electrical Stimulation (NMES) in the Early Recovery Period Following Total Hip Arthroplasty to Enhance Lower Limb Haemodynamics

O. Breathnach¹, B. Broderick², G. O'Laighin², F. Condon¹, E. Masterson¹ (Mid-Western Regional Orthopaedic Hospital, Croom, Limerick¹, National Centre for Biomedical Engineering Science, National University of Ireland, Galway²)

4. Orthopaedic 2nd Prize: €500.00 – Paper No. 65 (Sponsored by Merck Sharp & Dohme)

Operative Scaphoid Fixation in an Irish Regional Trauma Centre - 5 Year Prospective Study of a Single Surgeon Case Series

P. S. Waters, S. J. Roche, P. Sexton, M. E. O'Sullivan (Department of Orthopaedics, Merlin Park Hospital, Galway)

5. Head and Neck Prize: €1,000.00 – Paper No. 26 (Sponsored by Sylvester O'Halloran Meeting)



L. to R: Professor Conrad Timon, TCD Medical School, St. James's and Royal Victoria Eye & Ear Hospitals, Dublin, Dr. Colleen Heffernan, Mid-Western Regional Hospital, Limerick (Head & Neck Prizewinner), and Mr. Ishteque Ahmed, Consultant ENT Surgeon, The Bon Secours Hospital, Tralee



News & Events

Safeguarding Medical Literature

C. Heffernan, J. E. Fenton (Mid-Western Regional Hospital/University of Limerick, Dooradoyle, Limerick, Ireland)

6. Anaesthesia Prize: €500.00 and Brooke O'Shaughnessy Medal - Paper No. 77 (Sponsored by Astellas Pharma Co. Ltd)

Ultrasound-Guided Scapulocostal Syndrome Injection Technique

C. McCarthy, G. Weeks, V. Alexiev, S.Z. Ali, D. Harmon (Department of Anaesthesia and Pain Medicine, Mid-Western Regional Hospitals, Dooradoyle, Limerick, Ireland)

7. Anaesthesia Prize: €500.00 and Brooke O'Shaughnessy Medal - Paper No. 78 (Sponsored by Astellas Pharma Co. Ltd)



L. to R: Dr. Gavin Weekes, Dr. Ciana McCarthy, Department of Anaesthesia and Pain Medicine, Mid-Western Regional Hospital, Limerick (Prizewinners of the Anaesthesia Prize) and Professor Dominic Harmon, Consultant Anaesthetist, Mid-Western Regional Hospital, Limerick

Analgesic Effect of Deep Peroneal Nerve Block and Metatarsalgia

G. Weeks, D. Harmon (Department of Anaesthesia and Pain Medicine, Mid-Western Regional Hospitals, Dooradoyle, Limerick, Ireland)

REGIONAL MEDICAL LIBRARY, MID-WESTERN REGIONAL HOSPITAL, DOORADOYLE, LIMERICK

To date, 2011 has marked a year of change for the Regional Medical Library (RML) with the introduction of a number of new services and initiatives designed to further support and promote evidence-based patient care.

In January, a new full-time librarian, Michelle Dalton, was appointed to the Library. Michelle joined existing staff member Patsy Walsh, who has worked in the Regional Medical Library for almost four years, and the new staffing arrangements have reinforced the availability of library and information support for staff working in the region.



The Library's collection also continues to reflect new and emerging demands, most notably through the addition of a new bibliotherapy collection. The introduction of the collection is congruent with the *Power of Words* programme which has been successfully rolled out on a national basis. The collection itself comprises a selection of recommended titles which can be borrowed by all staff members, and covers a range of areas, including cognitive psychology, relationships, parenting and stress management.

This year also heralded a significant improvement in the computing and I.T. services available within the Library. The upgrade involved the replacement



Michelle Dalton, Assistant Librarian, RML

of all existing PCs to ensure fast and reliable access to high quality online information for staff, whilst improved printing and photocopying facilities (including colour printing) are also now available. A further development, saw the introduction of a new dedicated priority or 'quick access' PC. This service allows users to log-on for a maximum of ten minutes at a time, to ensure that all staff have on-demand access to key resources when they are most needed.

The aforementioned improvements aim to support the role played by www.hselibrary.ie as the key access point for evidence-based practice, clinical and management decision-making and continued professional development. Indeed, the wealth of full-text electronic journals and database subscriptions which are available through the gateway, has meant that many staff now exhibit a strong preference for the convenience of using online resources over print material.

Simultaneously, this shift in user behaviour has presented an opportunity to streamline the number of existing print journal subscriptions. This ongoing review process in consultation with staff, is essential to ensure that the Library's collection remains relevant, and that access to resources is maintained and developed in response to user needs within the necessary budgetary parameters. By providing staff with a more efficient 'just in time' information service rather than adopting a 'just in case' approach, the Library can continue to provide access to high quality resources at the point of need. In this context, offering a relevant print collection, whilst simultaneously supporting staff requirements for information at the desktop, will ultimately help to ensure that the Regional Medical Library remains a core support service for quality patient care both now and in the future.

'SMOKING CESSATION – WHAT WE NEED TO KNOW!' – PUBLIC INFORMATION EVENT ON SMOKING CESSATION HELD ON ASH WEDNESDAY, MARCH 9TH, 2011 IN CLARE

Tobacco use accounts for one in ten adult deaths¹ but for many smokers, quitting is a prolonged struggle towards nicotine abstinence. In 2006, almost half of adult Irish smokers tried quitting but only 5% of unaided quit attempts are ever successful. The best formula for quitting is a combination of structured behavioural support and



News & Events

medication aid which can quadruple cessation rates to 20%. However, UK data suggests that only half of smokers use Nicotine Replacement Therapy (NRT) and only 3% access free smoking cessation clinics when quitting. Hence, this motivated Clare Health Promotion Services to use Ash Wednesday as an opportunity for informing smokers of the best routes to quitting.

The event was held in the County Museum and almost a hundred smokers booked a place. Dr. Casserley, Respiratory Consultant, Mid-Western Regional Hospital, Limerick presented on the harsh realities of smoking from an addiction perspective and he also highlighted that there are now more ex-smokers than smokers in the USA. Ms. Catherine Quinn, Physiotherapist at Mid-Western Regional Hospital, Ennis outlined how getting fit can improve the chances of successfully quitting. Catherine challenged smokers to replace smoking with exercise. Mary Mac Mahon, Smoking Cessation Facilitator, explored the best routes to quitting and motivated smokers to use Lent as an opportune time for quitting. The top tip for daily smoke-free survival is the 'not a single puff today' rule. As a follow-up to the event, a smoking cessation group is now up and running whilst other smokers have accessed individual support at the smoking cessation clinics.

The event concluded with lung function and carbon monoxide testing by Carmel McNerney, Respiratory Nurse Specialist, Mid-Western Regional Hospital, Ennis and the presenters. Evaluation of the event revealed a high level of satisfaction among the participants. Mary Mac Mahon, Smoking Cessation Facilitator, believes this event provided a unique opportunity to engage directly with a large group of smokers and one of the outcomes was the high level of interest in group support. Smokers interested in accessing smoking cessation services in Clare are welcome to contact Clare Health Promotion Services at 086-6865839 clarehealthpromotionservices@hse.ie

NATIONAL BABY FRIENDLY HOSPITAL INITIATIVE AWARD GRANTED TO MID-WEST REGIONAL MATERNITY HOSPITAL

The Baby Friendly Hospital Initiative (BFHI) is a global campaign by the World Health Organisation and the United Nations Children's Fund (UNICEF) which recognises that implementing best practice in the maternity service is crucial to the success of programmes to promote breastfeeding.

The Initiative was launched in 1991 and there are more than 19,000 hospitals/maternity units in 148 countries worldwide, including over 300 in Europe, which have been officially recognised as Baby Friendly. Ireland's BFHI commenced in April 1998.

The Baby Friendly Hospital Initiative can be viewed as a quality initiative implementing research based best practices. The successful implementation of the **Ten Steps to Successful Breastfeeding** ensures that the hospital/unit supports and promotes informed parental choice through the provision of appropriate, accurate and unbiased information and discussions. The initiative involves health promoting practices and so is ideally linked with the objectives of the Health Promoting Hospitals Network.

The Mid-West Regional Maternity Hospital has been involved in the baby friendly project since 1998. The hospital got its first full award in 2004. As a baby friendly hospital annually the hospital submits:



1. Breastfeeding statistics
2. Report on audit activities and outcomes (to cover all 10 steps plus the international code of marketing of breast milk substitutes)
3. A new action plan
4. Evaluation of the previous year's action plan
5. Evidence of sharing practice with other hospitals by speaking at a conference or publishing an article

An external assessment of the hospital is required every 5 years. The Mid-West Regional Maternity Hospital is delighted to announce that following this assessment the Hospital has maintained its designation as a baby friendly hospital.

In Ireland, BFHI also has a **Breastfeeding Supportive Paediatric Unit Project** and a **Breastfeeding Supportive Workplace Project**. The Mid-West Maternity Hospital also holds a Bronze Award as a supportive workplace.



**HospiceFriendly
HOSPITALS**

Putting Hospice Principles into Hospital Practice.



In 2008/2009, the Mid-Western Regional Hospital, Dooradoyle, Limerick, under the guidance of Ms. Catherine Hand, Nurse Service Manager Cancer Services, participated in a national audit assessing the quality of end-of-life care in Irish hospitals. The results of this audit identified 18 separate influences on end-of-life care and informed the 'Quality Standards for End-of-Life Care in Hospitals.' The four standards developed incorporate these influences, addressing the needs of the hospital, the staff, the patient and the family. These standards have been endorsed by HIQA and are the goals which our hospital strives to attain in relation to end-of-life care.

In our efforts to meet and, if possible, exceed these standards, the Hospice Friendly Hospitals (HFH) Programme was launched in the MWRH complex with the appointment of Ms Miriam McCarthy as End-of-Life Care Co-ordinator in January 2011. The purpose of this role is to support hospitals in developing their capacity to meet and sustain the 'Quality Standards for End-of-Life Care in Hospitals.'



The HFH Programme is a national end-of-life care programme jointly supported by the Irish Hospice Foundation and the HSE. It works to ensure that end-of-life care is central to the mission and everyday business of the hospital. It aims to improve the culture and organisation in all aspects of death, dying and bereavement, promoting a quality service for all patients at the end of life, whether their death is expected or sudden.

The four key themes of this Programme are as follows:



News & Events

Competence and Compassion: staff are supported through training and development to ensure that they are competent and compassionate in carrying out their roles in end-of-life care.

Planning and Co-ordination: being able to answer the question 'what happens next?' is essential to ensuring that patient and family needs are met as well as those of the staff and hospital, so that end-of-life care planning and co-ordination becomes part of the hospital's everyday business.

The Physical Environment: Evidence suggests that three aspects of the physical environment have significant influences on the quality of care outcomes at end-of-life: whether a patient died in a single room or a multi-bedded ward, the physical attributes of that room or ward and the mortuary facilities.

An Ethical Approach: The HFH Programme has developed *An Ethical Framework* in conjunction with UCC, RCSI and IHF, to assist staff in addressing the various ethical issues that arise in the care of patients such as the ethics of breaking bad news, patient autonomy and managing pain.

A Standing Committee on End-of-Life Care has recently been established in MWRH, with representation from a wide variety of disciplines and perspectives. The role of this Committee is to address end-of-life care issues locally and, together with the audit results and the standards, draw up End-of-Life Care Development Plans which will guide them as they implement the standards over the coming years. These development plans will also enable progress to be monitored both at hospital and national levels.

As well as establishing a Standing Committee on End-of-Life Care in MWRH, an awareness campaign to highlight the importance of good quality end-of-life care has also been launched. A key component of this is the introduction of the End-of-Life Care Spiral Symbol at ward level.



The symbol is inspired by ancient Irish history and is not associated with any one religion or denomination. The 3-stranded white spiral represents the interconnected cycle of life – birth, life and death. The white outer circle represents continuity, infinity and completion. Purple was chosen as the background colour as it is associated with nobility, solemnity and spirituality.

This symbol appears on many of the resources developed by the Hospice Friendly Hospitals Programme to respectfully identify items connected with the end of life in hospitals. It aims to add respect and solemnity to items used following the death of a person and to make resources relating to the end of life instantly identifiable. These items include signs at ward level to inform staff and visitors that a person is imminently dying or has died; ward altars, patient handover bags in which to return the deceased patient's personal effects to their family, and a trolley drape when bringing the deceased person to the mortuary.



FIRST EVER GRADUATE OF UL GRADUATE MEDICAL SCHOOL IS CONFERRED WITH MASTER OF SURGERY

The first graduate of the University of Limerick Graduate Entry Medical School has been conferred with a Master of Surgery Degree. Dr Francis O'Neill from Garryspillane, Co Limerick was conferred with his research masters degree as part of the January Conferring Ceremonies at the University of Limerick.



L. to R: Professor Colum Dunne (Director of Research), Dr Francis O'Neill, Professor Calvin Coffey (Chair of Surgery)

Dr O'Neill, who is a qualified doctor, undertook research in the area of orthopaedic surgery under the supervision of Mr Finbarr Condon, Consultant Surgeon at Mid-Western Regional Orthopaedic Hospital, Croom and Dr Michael Walsh, MSSl and has had a number of research papers accepted by leading medical peer reviewed journals.

Dr O'Neill is hoping to go on to further training with the Higher Surgical Training Scheme with a view to becoming an Orthopaedic Surgeon.

The first cohort of undergraduate medical students of UL's Graduate Entry Medical School will graduate in June 2011.

LEADING CLINICAL PSYCHOLOGIST EXPLORES THERAPIES FOR BEREAVEMENT COUNSELLING AT THE UL GRADUATE ENTRY MEDICAL SCHOOL 4TH ANNUAL RESEARCH FORUM

The University of Limerick welcomed leading clinical psychologist and Director of Psychosocial and Bereavement Services at Blackrock Hospice, Ms Ursula Bates for a keynote address entitled "Mindfulness Based Interventions in Oncology and Palliative Care and Bereavement Research Advances." The address was part of UL's 4th Annual Research Forum hosted by the Graduate Entry Medical School. The address took place on Wednesday, January 19th at 2pm, in the Jean Monet Lecture Theatre, UL.

Ms. Ursula Bates, Director of Psychosocial and Bereavement Services at Blackrock Hospice who delivered the keynote address which explored the impact of meditation for bereavement counselling at the 4th Annual Medical School Research Forum and Professor William T. O'Connor, conference organiser and Head of Teaching & Research in Physiology, Graduate Entry Medical School, UL



Speaking in advance of the lecture, Ms Bates said; "this lecture will address the relevance of mindfulness as a preventative and therapeutic intervention, recent research in the field and indicators for future developments." Research has shown that training in mindfulness-based techniques improved mood and reduced stress in a wide variety of populations. The standardised 8-week Mindfulness-Based Stress Reduction (MBSR) programme is effective in reducing psychological symptoms in patients with anxiety and pain. The use of MBSR continues to be explored and developed in a wide range of clinical populations such as community adult mental health, recurrent personality disorders and medical populations.

Professor William T. O'Connor, Head of Teaching and Research in Physiology, UL and conference organiser said; "Recent discoveries have shown that the practice of meditation changes the shape of the brain by allowing discrete areas in the brain to grow or change. This finding has established a new field of contemplative neuroscience, 'the brain science of meditation' and helps to explain how meditation acts to improve brain function and mental health."

"The Annual Research Forum is a unique event in the university sector in Ireland. This type of forum provides a broad overview of the interdisciplinary and collaborative research in the field of healthcare undertaken across UL's student body, faculty and research community."

Ms Bates has over 20 years experience in the field of psycho-oncology and palliative care. Recent publications include The CANSURVIROR Project: Meeting the Post-Treatment Cancer Survivors' Needs HSE 2010 and she is a contributing author in Palliative Medicine Elsevier 2009. Having trained in Mindfulness at the University of Bangor she facilitates groups in palliative care and runs training days nationally.

As with previous years - over twenty researchers from the University of Limerick presented their research findings in the forum - covering research in the areas of pharmaceuticals, biomedical devices, medical technology, community health, gastrointestinal and vascular surgery, psychiatry and communications.



GRADUATE ENTRY MEDICAL SCHOOL AT UL IS SETTING THE STANDARD OF MEDICAL EDUCATION ACCORDING TO PRESIDENT MARY MCALEESE

President of Ireland, Mary McAleese visited the University of Limerick on Thursday, February 24th, 2011 where she addressed a packed audience of UL's Graduate Entry Medical School (GEMS) students as well as medical professionals and educators from across the region. President McAleese spoke at UL on the theme of "Ireland's enduring Contribution to Medicine" as part of the GEMS public lecture series.



Pictured are 4th Year Graduate Entry Medical School Students from UL Eimear O'Malley and Michael O'Callaghan with Dr Martin McAleese and President Mary McAleese

President McAleese, was welcomed to the campus by UL President, Professor Don Barry and Professor Paul Finucane, Founding Head of the Graduate Medical School as well as by almost 300 GEMS students, 32 of whom are current fourth years, who in June, will become the first medical graduates of the University of Limerick.

In her address President McAleese said, "the University of Limerick's Graduate Entry Medical School has set the highest of standards designed to ensure the rounded professional formation of highly competent, confident and caring medical professionals. You take seriously the WHO's espousal of social accountability, making it your own duty to be responsive to the needs of the community and of every strata of society. This very lecture series is part of that mission of integrated outreach to the community and we who are part of that community are now major beneficiaries of the advanced healthcare which is now part of everyday life on this island."

"Many of the future graduates of the UL Medical School will also go on to serve humanity with great distinction, as so many Irish-born and Irish-trained doctors have done before them. When the very first cohort of students graduates from the medical school in June this year, it will be a proud moment in the short history of medical education in UL and the long history of medical education in Ireland. Prouder still will be the chapter that UL's first graduates and staff will help write in the long distinguished narrative of Irish medicine, which for the first time will include the imprint and unique ethos of UL medical school. I hope it will be the best chapter yet in the history of Irish medicine."

"All Students and staff at the GEMS feel greatly honoured that President McAleese has agreed to visit our school shortly before the time of graduation of its first students. The GEMS has very high expectations of its graduates

and of their future role in Irish society. At this particular time it is important to both reflect on the past and to look to the future of Irish Medicine. We thank the President for her very important contribution to the school at this historic time."

Established in 2007, the University of Limerick Graduate Entry Medical School is the first new medical school to be established in Ireland in over 150 years. GEMS students and faculty are currently working across 10 hospitals and over 40 primary care centres, making the school one of the most community integrated and focused medical facilities in the country.

Michael O'Callaghan GEMS Student who thanked President McAleese said "It's great that President McAleese has taken the time to come and speak at the University of Limerick for the GEMS Annual Public Lecture. We hope to be the first class to graduate from the school this summer, and to see such an important public figure attending such an event is yet another step towards putting the UL Graduate Entry Medical School firmly on the map."

COCHRANE REVIEW AT GRADUATE ENTRY MEDICAL SCHOOL

A collaborative team, based at the University of Limerick's Graduate Entry Medical School, has been successful in its bid for a HRB award to complete a Cochrane Review on the benefit of 'psychosocial interventions' for problem alcohol use among problem drug users. The review, which involves collaborations with the UCD School of Medicine and Medical Science and NUI Galway and will be conducted over two years, will improve our understanding of whether interventions that are based on behavioural, motivational or social theories of change and can be effective in treating alcohol problems are also effective for people with co-existing addiction issues.



L. to R: Professor Colum Dunne, Professor Walter Cullen, Professor David Meagher and Mr Jan Klimas are members of the team completing a Cochrane Review at UL's Graduate Entry Medical School

The award will fund a 'Cochrane Fellowship', the aim of which is to build capacity in conducting systematic reviews in the health and social care field in Ireland by freeing up protected time for applicants to conduct a systematic review of an important health issue. The Cochrane Collaboration is a not-for-profit and independent organisation dedicated to making up-to-date, accurate information about the effects of healthcare interventions readily available worldwide. It produces and disseminates systematic reviews of healthcare interventions in over fifty topic areas and makes them available as The Cochrane Library (www.thecochranelibrary.com). In 2002, Ireland became the first country in the world to provide free national access to the Cochrane Library, an initiative co-funded by the Health Research Board (HRB) and the Research and Development Office in Northern Ireland.



The team at UL includes Mr Jan Klimas, Professor Walter Cullen, Professor Clodagh O'Gorman, Dr Jean Saunders, Professor David Meagher and Professor Colum Dunne (all Graduate Entry Medical School) with colleagues Ms Catherine-Anne Field and Professor Gerard Bury (UCD) and Dr Eamon Keenan (HSE Addiction Services, Dublin) and Dr Liam Glynn (National University of Ireland, Galway).

UL OVERCOMING BARRIERS IN YOUTH MENTAL HEALTH

Mental and substance use disorders are important issues for young people in Ireland, especially those living in deprived areas. They are common and associated with severe, enduring health outcomes. If identified and treated at an early stage ('early intervention'), health and social outcomes can be considerably improved.

A collaborative group of researchers, headed by Professor Walter Cullen at University of Limerick Graduate Entry Medical School, has been successful in attracting funding from the Health Research Board of Ireland to develop an approach which addresses barriers to 'early intervention' for mental and substance use disorders among young people that is both informed by international best practice and which addresses local barriers.



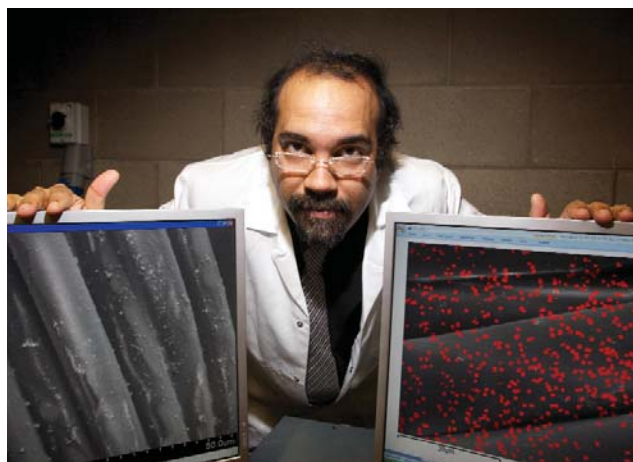
L. to R: Professor Walter Cullen, Professor David Meagher, Ms Dorothy Leahy, and Dr Claire Armstrong are HRB-funded researchers at UL's Graduate Entry Medical School

The programme will establish a clearer understanding of attitudes towards and experience of screening and treatment for mental health/substance use disorders among service users and health/social care professionals, subsequent development of a complex intervention to improve screening and treatment rates, and assessment of optimum implementation of this approach.

The team of collaborators includes representatives of Fatima Regeneration Board, Limerick Regeneration Agencies, Health Services Executive, University College Dublin, University of Melbourne, Brown University Rhode Island, and Headstrong.

UNIVERSITY OF LIMERICK-LED TEAM DEVELOPS HOSPITAL TEXTILES TO KILL MRSA SUPERBUG

A European Research Team co-ordinated by leading Irish Research Institute, MSSI at the University of Limerick have recently (18th March, 2011) announced the development of textiles which will kill the MRSA (Methicillin Resistant Staphylococcus Aureus) superbug. The BioElectricSurface Research Team has used nanomaterials on textiles used in hospital drapes, bed linens and upholstery. Nanomaterials, which are a thousand times smaller than a human hair, are known to possess extraordinary properties that the team has harnessed to develop this technology to fight MRSA.



Dr Syed Tofail of the Materials and Surface Science Institute (MSSI), UL who co-ordinated the BioElectricSurface Research Team's breakthrough into the development of textiles which will kill the MRSA (Methicillin Resistant Staphylococcus Aureus) superbug.

The MRSA bug is one of the major causes of hospital-acquired infections. In June 2007, the European Centre for Disease Prevention (ECDC) identified antibiotic resistant micro-organisms as the most important infectious disease threat in Europe. One in 10 patients entering a European hospital can expect to catch an infection caused by drug-resistant microbes. Every year, around 3 million people in the EU catch a healthcare-associated infection, resulting in approximately 50,000 deaths.



Dr Syed Tofail and John Mulcahy at the Materials and Surface Science Institute (MSSI), University of Limerick.

Within the BioElectricSurface project, scientists and engineers from the University of Limerick, Ireland, Wroclaw University of Technology, Poland, Wroclaw Medical University, Poland and Comenius University, Slovakia have been working on developing this technology since 2008. They have embedded both commercial and custom-made nanoparticles into textiles through a patent-pending process that is effective against MRSA and other superbugs. The patent pending process ensures the nanoparticles adhere tightly to the textile which is an essential feature in commercialisation as it minimises "free" or "loose" nanoparticles.

Co-ordinator of this research, Dr. Syed Tofail of the Materials and Surface Science Institute, University of Limerick, expressed his excitement in the development of this new method as the social impact and commercial potential for such technology are very high. The US and European market size for medical textiles was estimated to be over \$7 billion and current sales only meet one third of the market potential. 'Our technology will be used to produce practical, economical and effective products for this huge potential market,' he adds.

According to Professor Noel O'Dowd, Director of the Materials and Surface Science Institute, "This is an excellent example of translational research where fundamental studies have been successfully transformed into a practical application. The use of MSSI's state-of-the-art facilities and equipment has been pivotal to such successes."



Dr. Ewa Dworniczek, a microbiologist from the Wroclaw Medical University, Poland and a member of the BioElectricSurface team, notes 'most textiles used in non-surgical environments are conventional, which partly gives rise to the spread of infectious diseases even among patients who go to hospital for non-surgical care.' These garments can pose a public health risk due to the inability of current hospital laundries to annihilate bacteria that have grown antibiotic resistant in the hospital environment.

Team member, Professor Halina Podbielska, Director of the Institute of Biomedical Engineering and Instrumentation, at Wroclaw University of Technology, Poland considers that the use of nanotechnology for such conventional, reusable textiles with superior anti-microbial performance will also provide significant cost savings due to reusability. 'Such textiles' she expects 'will find ready use in the manufacture of reusable hospital garments for non-surgical applications such as bedding, pillow covers, nurses' uniforms etc.'

UL PROFESSOR OF GENERAL PRACTICE ASKS – 'IS PRIMARY CARE THE ANSWER?'

Inaugural Lecture of Graduate Entry Medical School Professor of General Practice

UL Professor of General Practice, Walter Cullen highlights the importance of developing primary care and general practice within the healthcare system to lead to improved patient care. Speaking at his inaugural address entitled 'Is Primary Care the Answer?' Professor Cullen said; "Our healthcare system faces many challenges. Extensive reforms are proposed and general practice and primary care are central to these. While general practice and primary care are well placed to address these challenges, further developing these important national assets can lead to more effective and integrated patient care for the Irish population. Important reforms in how we train doctors, in particular community placements for medical students are key to these developments in the longer term."



Professor Paul Finucane, Foundation Head, Graduate Entry Medical School, Professor Walter Cullen, Professor of General Practice, Graduate Entry Medical School, UL, Professor Don Barry, UL President, Professor Mary O'Sullivan, Dean of the Faculty of Education & Health Sciences, UL.

In his role as Professor of General Practice, Professor Cullen has continued the work of the Graduate Entry Medical School in developing links with over fifty general practices in. This academic year, 90 students will spend 18-weeks on clinical placement in general practices in Counties Limerick, Clare, Tipperary, Kerry, Cork and Waterford.

Professor Cullen's research and clinical interests include: youth mental health, problem drug and alcohol use, the interface between primary and secondary care and helping students learn in general practice. He is principal investigator on two HRB-funded research projects – examining the role of primary care in screening for problem alcohol use among drug users and early intervention in youth mental health. This work involves collaborations with community agencies, general practices, primary care, secondary care and public health in the Mid-West region and national/international collaborators.

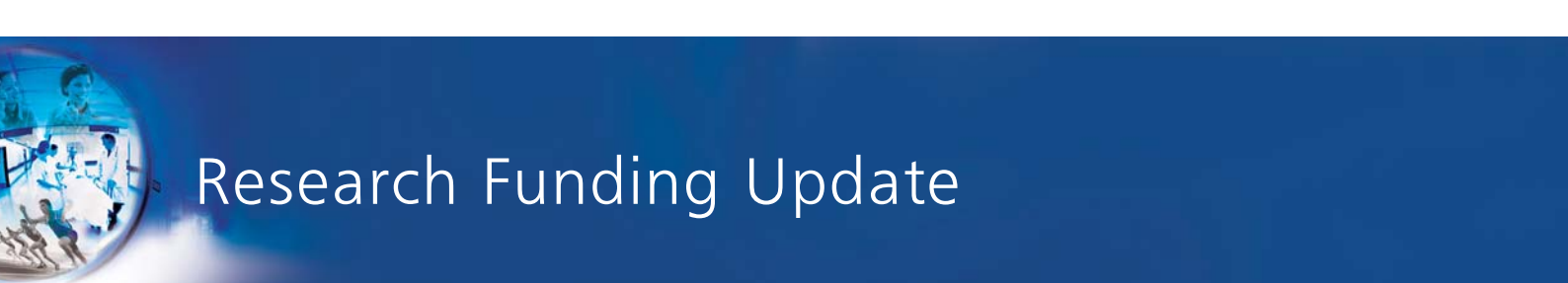


News from University of Limerick

Speaking at the lecture, Professor Don Barry, UL President said: "Professor Cullen's research, particularly on the social problems of today, alcohol, drug abuse and mental care, to name a few is providing a pivotal insight into these issues which now more than ever are greatly affecting our community thanks to the troubled times in which we find ourselves."

A native of north Dublin, Professor Cullen is a graduate of UCD and the Eastern Regional Specialist GP Training Scheme, where he completed his GP Training in County Wicklow. Professor Cullen subsequently lectured at the UCD School of Medicine and was appointed Fellow in Teaching & Academic Development in 2009. During this time, he worked as a general practitioner in Dublin's South Inner City, and was appointed a GMS Principal at the Coombe Healthcare Centre in 2001. In 2008, he was a 'Visiting Academic' at 'Orygen' Research Centre & the Department of General Practice, Melbourne University. While at UCD, Professor Cullen led a team to establish a national network of teaching practices. This network now supports UCD's new undergraduate curriculum which allows medical students to spend more time learning in the community.

For further information about the Graduate Entry Medical School, UL go to www.ul.ie/medicalschooll



Research Funding Update

1. HEALTH RESEARCH BOARD (HRB)

Check www.hrb.ie for updates on future calls. The HRB funds a wide range of health research projects including;

- HRB-SFI Translational Research Awards
- HRB-SFI Centres of Excellence in Neurodegeneration
- SFI-HRB Wellcome Trust Biomedical Research Partnership

2. SCIENCE FOUNDATION IRELAND (SFI)

Open calls include:

- HRB-SFI Translational Research Awards
- SFI President of Ireland Young Research Award
- HRB-SFI Centres of Excellence in Neurodegeneration
- SFI Conference and Workshop support
- SFI-HRB Wellcome Trust Biomedical Research Partnership

For further information visit www.sfi.ie

3. WELLCOME TRUST

Funding opportunities are frequently available in the areas of;

- Biomedical Science
- Technology Transfer
- Biomedical Ethics.

For further information visit www.wellcome.ac.uk

4. IRCSET (IRISH RESEARCH COUNCIL FOR SCIENCE, ENGINEERING AND TECHNOLOGY)

For information on;

- Postgraduate Scholarship Schemes
- Postdoctoral Fellowship Schemes
- Enterprise Partnership Schemes

Visit www.ircset.ie

4. ENTERPRISE IRELAND

For information on funding supports and advice for academic researchers based in higher education institutes visit www.enterprise-ireland.com



Education, Training & Continuing Professional Development

REDSPOT is the Retrieval, Emergency and Disaster Medicine Research and Development Unit. REDSPOT was set up through the Department of Emergency Medicine, MWRH, Limerick in 2010. The aim is to formally foster research, education and development in emergency medicine and related sub-specialty fields. The unit is currently governed by five consultants in Emergency Medicine and supported by hospital administrative staff. Biostatistical support has been facilitated through the University of Limerick. The focus is to help maximise opportunities for research and education through practical exposure and protected clinical research time. Hence, fellowships at registrar grade have been set up to provide a mix of practical and research opportunities under the umbrella of REDSPOT.

Funding is currently being sourced for a full time research nurse co-ordinator and nurse facilitator.

Focused training and research opportunities

Emergency Medicine evolving subspecialty areas of interest

Areas of existing and evolving subspecialty interest in Emergency Medicine (EM) are focused upon **pre-hospital EM, observational EM and geriatric EM**. Three fellowship/registrar grade posts have been created to provide education and exposure in these areas. Posts are full time and incorporate 1:3 protected research time. These are the first such posts in this country and the UK.

Pre Hospital EMS Fellowship

The one-year fellowship in Pre-Hospital and EMS is being offered to practicing emergency physicians to augment practical experience. The programme seeks to facilitate doctors in their development of a necessary skill-mix in Pre-Hospital and EMS. The fellowship will be provided under the supervision of emergency physicians through the MWRH in conjunction with the Centre for Pre-Hospital Research at the University of Limerick. This year-long fellowship offers an opportunity to obtain clinical, administrative and academic experience. The fellow's focus will be on integration of the patient journey by the development of improved systems to bridge the pre-hospital emergency medicine interface while working with ambulance service and other rescue service personnel. A structured block curriculum has been set up to maximise the fellow's learning experience. Clinical skills to be gained would include working in a more challenging environment with limited resources in tandem with ambulance service personnel. There will be experience in land and aero medical platforms. Administrative skills to be gained would include, project development, critical incident review, pre-hospital and EMS program development and maintenance, paramedic education at national level, quality assurance, process flow and the development of evidence-based protocols, field testing of novel equipment and devices, major incident management. During non-clinical hours, the fellow will work closely with the fellowship director and assistant director. Ongoing opportunities are available to work with the medical director for the national ambulance service. The fellow will be expected to function clinically as a registrar in the emergency department and will be responsible for working two shifts/week. Research in the field of Pre-Hospital and EMS will be strongly emphasized during the fellowship. The formal research resources of the University of Limerick will be available to the fellow. A minimum of two core research projects will be completed during the fellowship with one of the projects to be presented at IAEM, ASM.

Observational Emergency Medicine

The one-year fellowship in observational emergency medicine seeks to prepare future leaders in observational emergency medicine through the development of academic, clinical and administrative skills in observational



emergency medicine. The fellowship will be provided under the supervision of emergency physicians through the MWRH in conjunction with the University of Limerick. This year-long fellowship offers an opportunity to obtain clinical, administrative and academic experience. The fellow will gain experience in the day to day running of an 8 bed Emergency Medicine Short Stay Unit. The fellow's focus will be on fast tracking of patients suitable for observational and optimisation of the outcome for these patients. Implementation of point of care diagnostics will be highly focused as part of the clinical workings of the Emergency Medicine Short Stay Unit. The fellow will be expected to function clinically as a registrar in the emergency department and will be responsible for working two shifts/week.

Administrative skills to be gained would include observational emergency medicine programme development and maintenance, especially quality assurance, process flow and the development of evidence-based protocols. During non-clinical hours, the fellow will work closely with the fellowship director and assistant director as well as various physicians in the Emergency Department. A structured block curriculum has been set up to maximise the fellow's learning experience. The development of novel care pathways pertinent to observational emergency medicine will be paramount. Research in the field of Observational Emergency Medicine will be strongly emphasized during the fellowship. The formal research resources of the University of Limerick will be available to the fellow. A minimum of two core research projects will be completed during the fellowship with one of the projects to be presented at IAEM, ASM.

Geriatric EM Fellowship

The one-year fellowship in geriatric emergency medicine is being offered to practicing emergency physicians to augment practical experience. The programme seeks to prepare future leaders in geriatric emergency medicine through the development of academic, clinical and administrative skills in geriatric emergency medicine. The fellowship will be provided under the supervision of emergency physicians and aged care physicians through the MWRH in conjunction with the University of Limerick. This year-long fellowship offers an opportunity to obtain clinical, academic and administrative experience. **Clinical:** In-depth appreciation of factors that precipitate acute presentations of chronic conditions will be emphasised. This includes falls, investigation and work-up of syncope with tilt-table testing and assessment and mitigation of deterioration of cognitive dysfunction and fragility fractures. The fellow will be expected to function clinically as a registrar in the emergency department and will be responsible for working two shifts/week. The fellow's focus will be on geriatric emergency medicine patients and optimisation of the outcome of these patients. **Administrative:** geriatric emergency medicine programme development and maintenance, especially quality assurance, process flow and the development of an aged care service in emergency department team (ASET). During non-clinical hours, the fellow will work closely with the fellowship director and assistant director as well as various physicians in the Department of Geriatrics. A structured block curriculum has been set up to maximize the fellow's learning experience. **Academic:** Research in the field of Geriatric Emergency Medicine will be strongly emphasized during the fellowship. The formal research resources of the University of Limerick will be available to the fellow. A minimum of two core research projects will be completed during the fellowship with one of the projects to be presented at IAEM, ASM.

Retrieval Medicine

The MWRH, Limerick and its affiliated hospitals in Ennis, Nenagh and St. John's provide the ideal 'hub and spoke' model for bi-directional retrieval of patients to and from the regional centre. To complement the formal



Education, Training & Continuing Professional Development

development of a national retrieval service and to optimise the process flow and research opportunities REDSPOT will co-ordinate the EM based retrieval of patients in this model of care. Definitive overseas retrieval training opportunities are available for Specialist Registrars in EM, anaesthesia and intensive care who are post-fellowship who would like to train formally in retrieval medicine. Current research projects include information transfer between accepting and receiving clinicians and delays in definitive transfer of care.

Disaster Medicine

A core function of emergency medicine is the provision of support in the event of a disaster. The REDSPOT group has a Disaster Medicine pedigree with national experts in this field on staff. Primary and secondary research opportunities are available via links with European Masters in Disaster Medicine and CareFlight, NSW. Current projects involved triage assessment tools and triage tags in disaster medicine.

Ongoing Training and Research Opportunities

The application process is ongoing for the registrar posts for the 2011-2012 and 2012-2013 programmes and interested applicants can access information through the publicjobs.ie or Irish Association for Emergency Medicine websites or through the Department of Emergency Medicine, MWRH Limerick directly.

Dr. Fergal H. Cummins FRCSEdA&E, MCEM, DMMD, EMDM, FCEM, FACEM

Consultant in Emergency Medicine, Retrieval Specialist

REDSPOT Retrieval, Emergency and Disaster Medicine Research and Development Unit

Department of Emergency Medicine

Mid-Western Regional Hospital - Limerick, Ireland

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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 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 21 3471, email: cstar@ul.ie

Dublin office: Tel: 01 716 2076, email: cstar@ucd.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 Graduate Entry Medical School (GEMS) 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.)

HSE LAUNCHES THE NEW FIRST TIME MANAGERS PROGRAMME

The HSE First Time Managers Programme (FTM) represents a milestone as it is the HSE's first standard, organisation-wide, multi-disciplinary management development programme. It was launched in autumn 2010 and delivery starts in all Areas in Q1 2011.

- For the first time, every first time people manager should be identified and invited to attend a single programme, in a multi-disciplinary group, irrespective of his/her work environment or geographical base, grade, profession or the basis for promotion (permanent or acting)
- FTM replaces all similar programmes with a standard management development programme, setting out the organisation's expectations in terms of behaviours in clear and transparent terms and the supports it provides to participants as they transfer and extend their learning beyond the programme
- FTM is organised locally by Regional HR and co-delivered by in-house trainers from HR-Performance & Development, Nursing & Midwifery and Child Care. There is also growing interest from the voluntary sector.



L. to R: Annette Connolly (Trainer), Rose Doyle (First Time Managers Project Manager) and Marie O'Haire (Trainer) at the first HSE West session, in Ballinasloe on February 16th, 2011

The programme was short listed for the IITD National Training Awards 2011 and came second in the *Large Public Sector, Commercial & Non-Commercial Semi-State* category.

Needs Identification

The HSE Transformation and Integrated Services Programmes set out the strategy for a sustainable and integrated health and social model, shifting the focus from hospital care and moving care as close to patients/service users as possible. The Ryan and Madden Reports are examples of external pressure for change.



In this context, managers endeavour to maintain staff morale despite negative media coverage, “change fatigue” and uncertainty. Like any health service, the HSE is made up of what Mintzberg (1998) termed machine and professional bureaucracies, as administrators and clinicians traditionally organise their work in very different ways. Effective outcomes now require these professionals to work together and differently, in inter-disciplinary fashion. As a highly complex and geographically dispersed organisation, the HSE also requires managers at all levels to lead and motivate staff and to manage performance and resources pro-actively. The new FTM programme is a starting point of a developmental pathway for all managers.

The HSE requirement for FTM was that the organisation’s expectations regarding how its managers should behave (the “HSE way”) would be communicated to all newly appointed first time managers, in a programme minimising off-the-job time and providing participants with the means to continue their learning afterwards.

Participants required a generic core programme on which they might build, in line with the requirements of their various workplaces, and a learning environment that encouraged peer support beyond the confines of the programme.

To meet these requirements, a multi-disciplinary advisory group proofed the learning objectives prior to their approval nationally. Stakeholders from Nursing & Midwifery, health and social care professionals, national and regional HR, trainers and Children & Family Social Services collaborated. Input was provided in parallel by senior administrative managers, clinical leaders and internal subject matter experts.

From Theory to Practice

FTM takes a contingency approach to leadership (there is no one “right” way that fits all occasions). It sets out the organisation’s expectations of managers vis-à-vis their teams (managing performance day to day, confidence and skills to manage issues at an earlier stage...) and as networkers and influencers (engaging with others to get things done in a complex environment). It helps them to understand the effects on patients and staff of managers’ behaviours and supports them as they begin to develop their personal leadership styles.

Programme Design

Design began with the HSE’s learning objectives which fell naturally under four headings:

- The organisation’s expectations (1/2 day)
- Moving from operator to manager role (1/2 day)
- Self-awareness and resilience (1 day)
- Leading people and managing performance (2 days).

FTM is designed according to the principles of learning by Gagne (1965) and is structured over four intensive days with practical pre-programme work involving the participant’s line manager, a structured session with a senior manager on Day 1 and work-based inter-modular exercises. Participants learn how to use peer supports, including coaching and an online Forum, and individual supports such as the Johns model of reflective practice (2009) and Personal Development Planning.

Internal trainers base delivery on the facilitator’s guide and a CD that contains short, health-specific video clips. Participants receive a workbook and a wallet of refresher cards designed for easy access on the move.



Education, Training & Continuing Professional Development

In 2010, National HR – Leadership, Education and Development created a Leadership Development Hub on the HSE's Learning & Development website, www.hseland.ie. The Hub continues to evolve and houses an FTM section, accessible to all, where participants can download supplementary materials. This innovative blending of classroom, individual workbook and online elements encourages participants to go online and represents a pioneering approach for HSE programmes.

Evaluation

This is the first time the organisation has attempted to conduct a national evaluation of a single programme delivered regionally. National HR will lead formative evaluation; the first interim review is scheduled for mid-2011 based on the trainer and participant feedback that will be available at that point. A fuller evaluation/programme revision is planned after two years of delivery.

From the start, design incorporated summative evaluation including an invocation of Kirkpatrick's model (1994). The participant workbook contains evaluation forms at level 1 to 3. Level 1, reaction to the programme, will be collected on the spot. At level 2, participants will identify their learning outcomes and action plan each day using a personal reflective journal. Trainers will contact 10% of participants by phone and a further 10% by email after three months using the level 3 questionnaire, focusing on learning transfer/participant behaviours. Questions are a mixture of Likert scale, semi-structured and open. Regional HR will send anonymised data to National HR to feed into evaluation of FTM and to assist the organisation in developing other interventions. Evaluation at levels 4 and 5 will be considered at a later stage.

Related Interventions

FTM participants should attend the relevant modules of a complementary health services programme entitled *People management – the legal framework*, which provides managers with a comprehensive knowledge of formal HR procedures.

Participants with financial responsibilities will be encouraged to complete the HSE's 2010 online *Foundation Programme in Financial Management*.

This combination aims to provide new clinical and non-clinical managers with a strong foundation for leading people and managing performance and resources.

Work has recently begun on scoping a multi-disciplinary *Senior Executive Development Programme* aimed at supporting managers through the re-structuring of services into ISAs (Integrated Services Areas) and the roll-out of National Clinical Programmes.

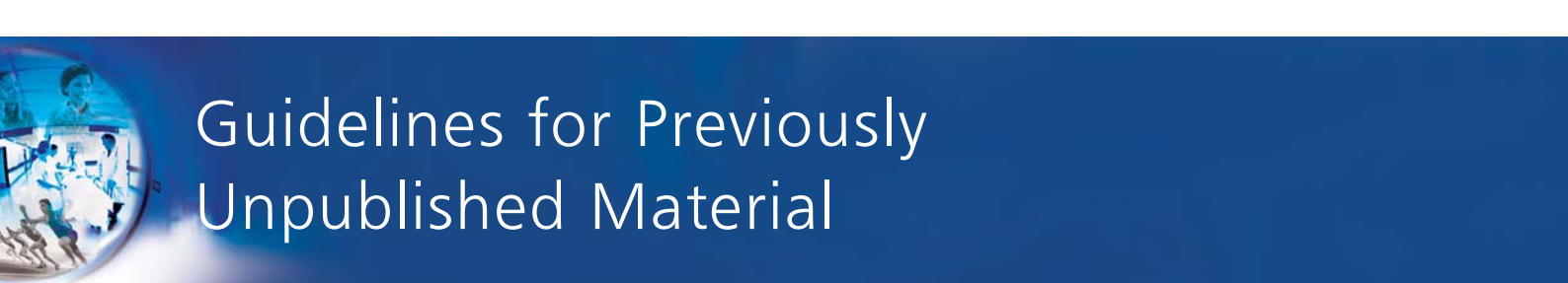
To learn more about the First Time Managers programme and delivery dates in your Area, or indeed the other programmes mentioned above, please log onto www.hseland.ie and visit the Leadership Development Hub or email us at leaders@hse.ie



Final Journeys

The 'National Audit of End-of-Life Care in Hospitals in Ireland 2008/'09 found that staff training when dealing with end-of-life issues was significantly important, from the perspectives of doctors, nurses and family members, in ensuring high quality care at the end of life.

To this end, we are delighted to announce that a development programme, Final Journeys, aimed at enhancing the quality of interactions between patients at end-of-life, their families and hospital staff, has commenced in the Mid-Western Regional Hospital, Dooradoyle, Limerick with the support of the Centre of Nurse & Midwifery Education. This day-long course aims to promote a culture of awareness in end-of-life care among all hospital staff as well as facilitating good communication between staff, patients at the end-of-life and their families. It is suitable for all staff, clinical and non-clinical, who have interactions with patients and their families. Places can be reserved by contacting Ms Anne Chawke, School of Nursing, on 061-482967.



Guidelines for Previously Unpublished Material

PLEASE USE THESE GUIDELINES WHEN PREPARING AN ABSTRACT FOR SUBMISSION TO THE NIHS. THE ABSTRACT SHOULD BE STRUCTURED AS FOLLOWS:

- **Title**
- **Author(s)**
- **Work Location of each author when involved in doing this research**
Specify Department, Institution, Town/City
- **Introduction**
Providing the background for study and defining why the study was conducted, this section should be informative and brief.
- **Methodology**
Indicate the context, number and type of subjects or materials being studied, the principal procedures, tests or treatments performed.
- **Results**
State the main findings/results of the study, supported by statistics, graphs, tables as appropriate.
- **Conclusion(s)**
Do the results confirm or reject the original hypothesis? What do the conclusions drawn from the results add to the existing knowledge base? Refer to future studies which may follow from this one if appropriate
- **Presented (if appropriate)**
Listing meeting name, location, date(s), name and title of speaker
- **Funding (if appropriate)**
Indicating any sources of funding/sponsorship received which author(s) wish to have acknowledged

ABSTRACT FORMAT

1. All text should be typed in 12 point font size Times New Roman.
The length of the Abstract must be kept to an overall word limit of 1.5 A4 Pages (600 words)
2. The abstract should be typed single-spaced with one line of space between paragraphs and under headings.
3. Paragraphs or headings should not be indented.
4. Type the title in **bold-face**.
5. List all authors (last name, first name initial) under Title, indicating main author by superscript¹ placed after the first name initial, the second author by superscript² etc.
6. In the Location Section, list the place where each author was based when they carried out the research. Place superscript¹ after the location of the main author and number other locations according to the order of the authors in the previous list.



7. Use the following headings to structure your abstract: Introduction, Methodology, Results, Conclusions, Presented*, Funding* (if appropriate).
8. **Figures and Tables may be included but only if the overall length can be kept to 1.5 A4 pages when these are included.**
They should be labelled Table 1-/Figure 1 and provided with a title which should be inserted above the graphic.
9. In the text of the abstract use standard abbreviations and symbols and **define each abbreviation when it is used for the first time.**
10. References may be included at the end of the abstract using the Vancouver Style. These may or may not be published depending on space restrictions.

It is **essential** that all references are numbered in the text with superscript and listed at the end in the following format:

Author's surname, Author's initial(s). Title of Article. Title of Journal. Year of Publication; Volume Number (Issue Number): Page Numbers of Article.

For Example:

Withrow R, Roberts L. The videodisc: Putting education on a silver platter. Electron Learn.1987;1(5):43-4.

References may or may not be published depending on space available in the final draft of the publication.

SUBMISSION PROCEDURE

1. Online Submission via www.nihs.ie
2. Abstracts may only be submitted on the Abstract Submission Form available at <http://www.nihs.ie/ResearchBulletin/index.cfm>

For any queries you may have with regard to responding to the Call for Abstracts, please contact

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Abstract Submission Guidelines for Previously Published Material

PLEASE USE THESE GUIDELINES WHEN PREPARING ABSTRACT FOR SUBMISSION TO NIHS

The piece of research should have been published in the 6-9 month period prior to December or June for inclusion in this section of the National Institute of Health Sciences Research Bulletin.

Please structure the abstract using the following subheadings:

- **Title**
- **Author(s)**
- **Work Location of each author when involved in doing this research**
Specify Department, Institution, Town/City
- **Abstract**
A summary of the piece of research providing brief descriptions of the background, rationale, methodology, results and conclusion. This can all be included in one segment of text without the use of any subheadings.
- **Source of the Abstract**
Full Details of the name of publication, volume, issues, year, page range.
- **Keywords**
Main terms covered by the research.
- **Presented** (if appropriate)
Listing meeting name, location, date, name and title of speaker.
- **Funding** (if appropriate)
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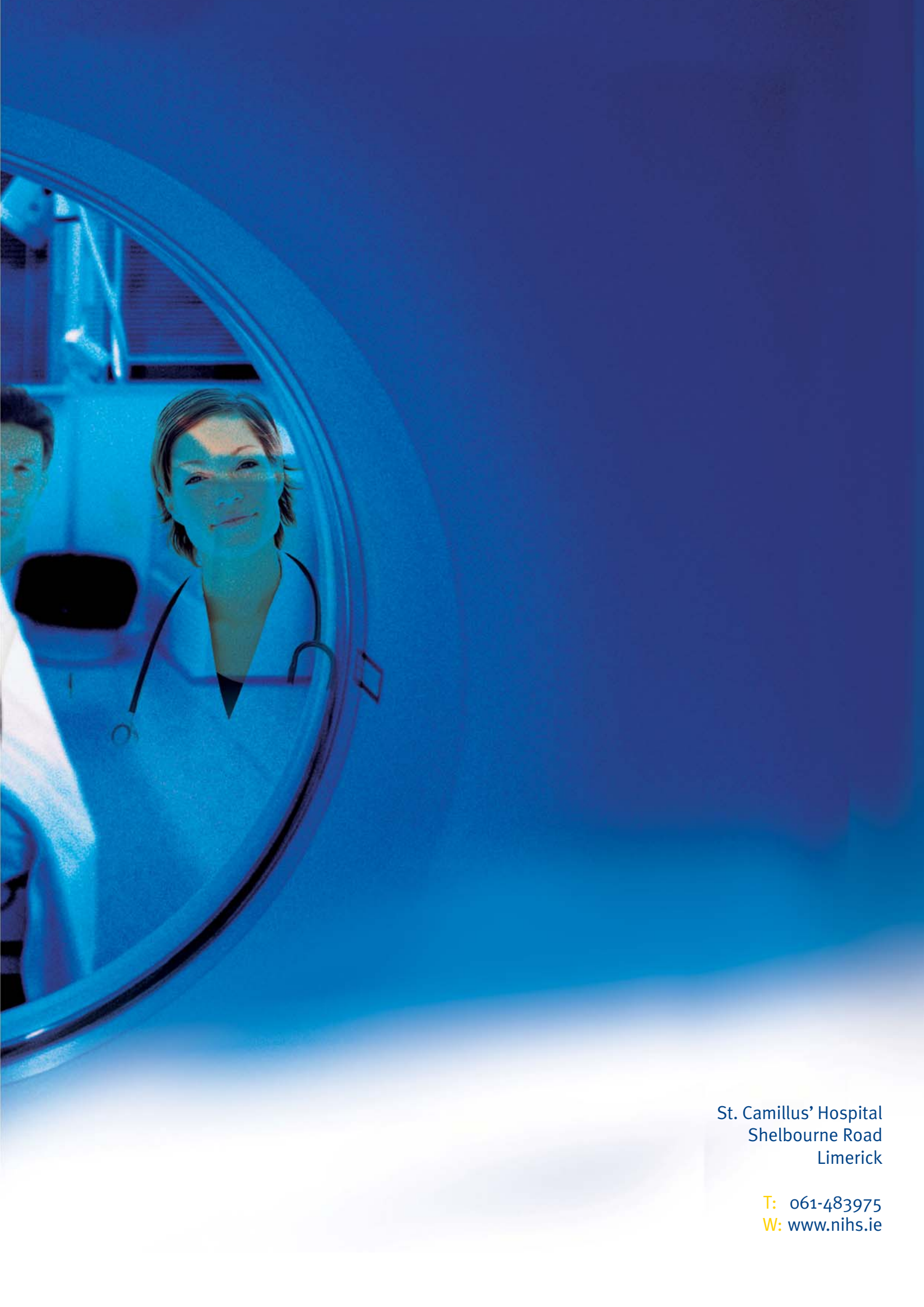
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