

National Institute of Health Sciences Research Bulletin

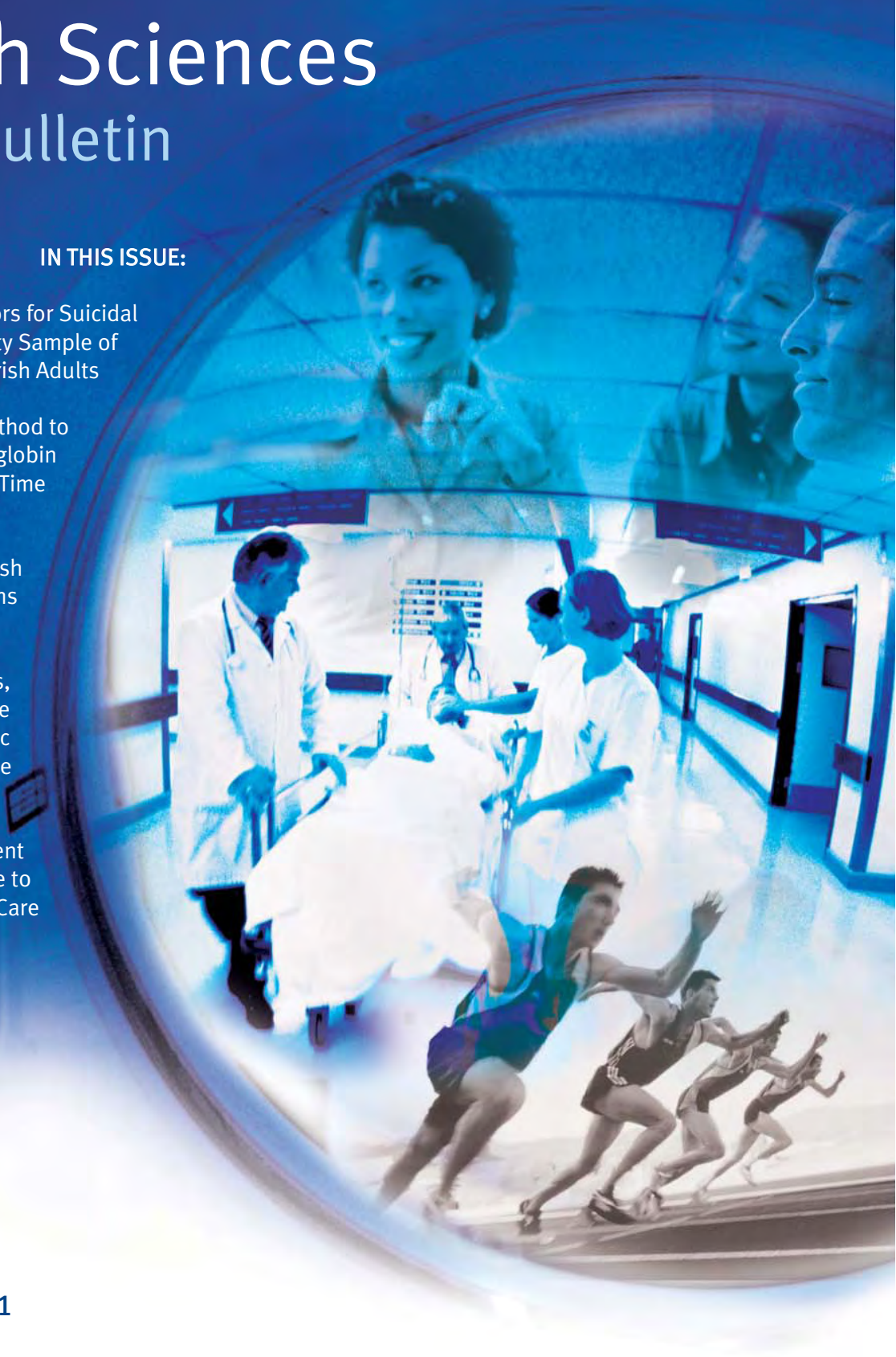
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The background of the entire page is a blurred, blue-tinted photograph of a long, brightly lit hospital corridor. The perspective is from the end of the hallway looking down its length. A person is visible standing in the distance, and the floor reflects the overhead lights. The overall color scheme is a deep blue, with the text and logo in white and the title in light blue and yellow.

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If you wish to contribute to future editions of this publication, please contact:

The National Institute of Health Sciences
St. Camillus' Hospital
Shelbourne Road
Limerick

t: 061-483975
f: 061-326670
e: catherinem.kennedy@hse.ie
w: www.nihs.ie





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Clinical Research

Medical

TITLE	Rapid Access Clinics for Osteoporotic Vertebral Fractures
AUTHORS	<i>O'Connor, M.B.,¹ Woods, C.,¹ Walsh, C.,² Bond, U.,¹ Swan, J.,¹ Phelan, M.J.¹ Department of Rheumatology, South Infirmary-Victoria University Hospital, Cork¹ Department of Radiology, South Infirmary-Victoria University Hospital, Cork²</i>

INTRODUCTION

Osteoporosis is a condition characterized by a decrease in the density of bone, decreasing its strength and resulting in fragile bones susceptible to fracture. Most osteoporosis-related fractures occur in the hip, spine or wrist. A total of 1.5 million osteoporosis-related fractures occur in the United States each year with vertebral fractures the most common (approximately 750,000 each year). It has been shown that patients with severe osteoporosis and vertebral fracture(s) benefit from prompt assessment and intervention to prevent further fractures and complications. In response to this we set up a 'Rapid access clinic for osteoporotic vertebral fractures' in our hospital for GP referrals.

OBJECTIVE

This audit examines the patients seen via this service.

METHODOLOGY

All notes for patients referred and accessed via the rapid access clinic were manually audited. Patient referrals were from clinic launch in January 2009 to review in January 2010. Osteoporosis risk factors, blood results, fracture details, DEXA imaging reports and patient demographics were analysed using SPSS.

RESULTS

In all 14 patients were referred and managed in this rapid access clinic from 14 different GPs. All patients were seen within a mean of 9 days of GP referral (range: 2-21; median= 6). 12 (86%) were female and 2 (14%) male, with a mean age of 68 years (range: 50-82; median=65). All patients were Irish. 29 fractures were recorded among these patients (mean=2; mode=1; range: 1-7) with 6 Lumbar and 23 Thoracic fractures. The modal HAQ score at review was 1.125/3 (range: 0.375-2.375/3). The mean serum calcium, alkaline phosphatase, PTH and Vitamin D levels were 2.38mmol/L, 91U/L, 62ng/L and 62pmol/L respectively. All patients were commenced on PTH therapy along with calcium and Vitamin D supplementation. T-scores (mean) on DEXA imaging prior to PTH therapy were -3.2 and -2.3 for spine and femur respectively. 9 patients were newly diagnosed with osteoporosis due to the fracture(s) leading to GP referral.

CONCLUSIONS

This rapid access clinic has a valuable role to play in managing patients with osteoporotic related vertebral fractures. Despite the successful management of numerous patients so far, primary care physicians need a reminder of this service to highlight its availability and maximise patient care.



PRESENTED

As a poster presentation at:-

1. The Irish Society for Rheumatology Autumn Meeting in Dublin from September 23rd to 24th, 2010.
2. The National Osteoporosis Society Conference in Liverpool from November 28th to December 1st, 2010.



Clinical Research

Medical

TITLE	Prevalence of Vitamin D Deficiency in a Healthy Elderly Community-Dwelling Population - Data from the Health Inequalities and Ageing in the Community Evaluation (HIACE) Study
AUTHORS	McAlister, S., ¹ Omar, A., ¹ Clarke, B., ¹ Curtin, J., ¹ O'Sullivan, F., ¹ De Búrca, S., ³ Humphries, E., ³ Cooke, J., ¹ Ryan, C., ² O'Connor, C., ² O'Connor, M., ¹ Clinch, D., ¹ Lyons, D. ¹ Department of Medicine, Division of Ageing and Therapeutics, Mid-Western Regional Hospital, Limerick ¹ St. Camillus' Hospital, Limerick ² Department of Sociology, University of Limerick ³

INTRODUCTION

Low levels of vitamin D (25(OH)D) are known to have unfavourable effects on bone, vascular and general health. Our objective was to establish the prevalence of 25(OH)D deficiency in a healthy, elderly, community-dwelling population.

METHODOLOGY

Community-dwelling subjects >65 years participating in the HIACE study were selected from a socio-economically diverse urban population. All participants had a comprehensive health assessment performed. Data collected included age, gender, 25(OH)D (nmol/L), corrected calcium (mmol/L), lumbar spine and hip T-score (iDEXA).

RESULTS

Of the HIACE 393 participants, 273 had 25(OH)D measured. Mean age (\pm SD) was 74 (\pm 6) years. Female: male ratio was 1.8.

Mean 25(OH)D was 54nmols/L (\pm 26). Mean corrected calcium was 2.35mmol/L (\pm 0.09). Mean T-score lumbar spine (data available in n=244 patients) was -0.7 (\pm 1.7). Mean T-score hip (n=242) was -0.9 (\pm 1.1).

48% of subjects had 25(OH)D deficiency < 50nmols/L (44% of males; 50% of females). Severe deficiency <25nmol/L was present in 12% (8% of males; 14% of females). In this severely deficient group, corrected calcium was 2.33mmols/L (\pm 0.08).

In this population, 18% were taking calcium supplementation, 10% were prescribed vitamin D supplementation. Mean 25(OH)D in this group was 79nmols/L (\pm 24).

CONCLUSION

There is growing awareness of the health benefit of adequate vitamin D status. Vitamin D deficiency is widely under-recognised and under-treated. In our study population, severe 25(OH)D deficiency (<25nmol/L) was present in 12% and insufficiency (<50nmol/L) was present in 48%. This is comparable to previous published data from the US and Europe, confirming a widespread prevalence of vitamin D insufficiency in an Irish, community-dwelling, older population.



PRESENTED

As a poster presentation at the European Union Geriatric Medicine Society (EUGMS) in Dublin from September 29th to October 1st, 2010.

FUNDING

This research was supported through funding provided to the Health Systems Research Centre, Department of Sociology, UL by the Health Service Executive/Department of Health and Children. Financial support to contribute to the costs of the fieldwork was provided by the PAUL Partnership and West Limerick Resources. Financial support for support of the clinical research was provided by HSE West.



Clinical Research

Medical

TITLE	A Study of Childhood Non-Fatal Home Accidents in the Mid-West Region September 2003
AUTHORS	<i>Breslin, B. Mid-Western Regional Hospital, Limerick</i>

INTRODUCTION

The collection of accident data from Accident and Emergency Departments is one indication of the accident trends, but other data sources include general practitioner records which need also to be computerised. Unintentional injury generally stems from interaction between a child's developmental stage, a parent's and supervising adult's understanding of the child's abilities and vulnerability, and a product or environmental circumstance.¹

OBJECTIVE

This study aimed to enhance the data of unintentional injuries in childhood by applying an objective severity measure to non-fatal childhood home accidents in the HSE Mid-West Region in 2003.

METHODOLOGY

This was a descriptive, prospective study of a defined resident childhood population less than 6 years of age, carried out for a 9 month period, in two Accident and Emergency Departments in the Mid-West Region of Ireland. The subjects for the study were children under 6 years of age who attended the Accident and Emergency Department of either an inner city hospital or regional hospital following an unintentional home accident. Data was analysed using SPSS 9.0. Missing values were included and given the code 999. Pearson chi-square tests were obtained to measure association statistically. Cross tabs were done to provide a variety of tests and measures of association for two-way tables.

RESULTS

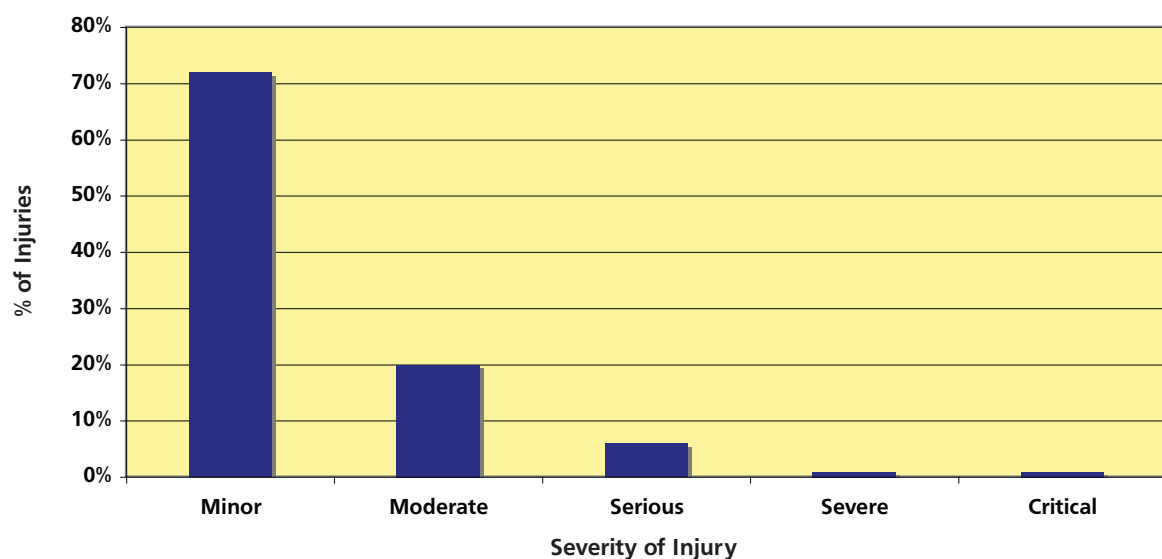
Out of a total of 120 childhood accidents which occurred in the home, 57% of home accidents in children were due to slips, trips and falls while a further 8% were due to falls from beds.

- Cut, pierce and graze accidents in the under 6 year olds accounted for 65 of the home accidents while stings or bites from animals accounted for 3%.
- Burns accounted for 6% of home accidents to children under 6 years of age.
- Accidents involving jamming or pinching accounted for 18%, while those involving ingestion or poisoning accounted for 2%.
- Children aged 3-4 years of age accounted for the highest percentage of home accidents while children over 4 years and under 6 years accounted for less than 1% of accidents.



There are clear links between the stages of development of the child and the type of injury occurring. Minor injuries may not require treatment in the hospital and may be best treated by a GP.

Figure 1 – Injury Severity of Childhood Home Accidents



CONCLUSIONS

Greater supervision of children in gardens and kitchen areas is required to prevent them gaining access to hand tools and kitchen utensils.



Clinical Research

Medical

TITLE	Use of Computed Tomography Pulmonary Angiography
AUTHORS	Chong, S.G., O'Brien, A. Respiratory Department, Mid-Western Regional Hospital, Limerick

INTRODUCTION

We believe that there is excessive use of computed tomography pulmonary angiography (CTPA) in the diagnostic work-up of pulmonary embolism (PE).

METHODOLOGY

We performed a prospective observational study on the diagnostic work-up of CTPA at our hospital over a 2 month period. A total of 32 patients were enrolled in the study.

RESULTS

Of the 32 patients, 3 (9%) had a positive CTPA; the other 29 had a negative CTPA. As part of the diagnostic work-up, only 13 (42%) of patients had adequately performed arterial blood gas (ABG); 3 (9%) had a Wells score calculated; 25 (81%) had D-Dimers measured; 27 (91%) had an ECG and 31 (97%) had a chest X-ray (CXR). All patients who had a Wells score calculated also had D-Dimers measured even though all had Wells scores ≥ 2 . We also retrospectively calculated every patients Wells score. Based on this, of all patients with Wells score of ≥ 2 , 8 (62%) had D-Dimers measured.

CONCLUSION

In conclusion, most patients present evaluations for PE are not being performed according to guidelines. The majority of CTPAs performed as part of the diagnostic evaluation of PE are negative; however, if present diagnostic guidelines are adhered to, all patients would still have required CTPA.

Clinical Research

Medical

TITLE	Outcomes of 100 women with Type 1 and Type 2 Diabetes in Pregnancy
AUTHORS	<i>Moloney, Y.,¹ Slevin, J.,¹ Saunders, J.,² O'Hare, J.¹ Department of Midwifery, Obstetrics and Endocrinology, Mid-Western Regional Hospitals, Limerick¹ Statistical Consulting Unit, University of Limerick²</i>

INTRODUCTION

Recommendations of the UK Confidential Enquiry into Maternal and Child Health (CEMACH) 2005 study included improved pre-conception services, multidisciplinary care and improving care for women with diabetes.

METHODOLOGY

This retrospective audit focused on the outcomes of diabetes in pregnancy in women with both Type 1 and Type 2 diabetes.

RESULTS

Of the 100 women with a mean age of 31, 63 had Type 1 and 37 had Type 2. 38% of the women attended the pre-conceptual care clinic, 44% took pre-pregnancy folic acid 5mgs. The booking HbA1cs were significantly higher for Type 1 DM (7%) compared to Type 2, (6.7%), $p=0.035$. The mean booking HbA1c for those who attended for pre-conceptual care was 6.6% versus 7.5% for those who didn't attend for pre-conceptual care. The mean HbA1c for an age matched group of non-pregnant women with diabetes was 7.8%. The median HbA1c at delivery was 6.1%. There was no statistical relationship between birth weight and HbA1c at booking, $p=0.51$ or at delivery, $p=0.183$. 35% had a vaginal delivery and 42% had a caesarean section compared to a background rate of 28%. There were 74% live births, 23% miscarriages, similar to the background rates and 3% stillbirths compared to a background rate of 0.5% stillbirth. There were no neonatal deaths compared to national background rate of 0.4%. The median birth weight of 3440kgs, $p=0.088$ was not significantly different between the Type 1 or Type 2 groups.

CONCLUSION

We conclude that this cohort achieved reasonable HbA1cs before attending for pre-conceptual care and the majority achieved good diabetes control with conventional insulin treatment. Women who participate in pre-conceptual planned pregnancy achieve better diabetic control.



Clinical Research

Surgical

TITLE	Improving the Quality of Informed Consent for Surgical Procedures - A Retrospective Audit of 105 Consecutive Consent Forms
AUTHORS	<i>Akhigbe, T., Abubakr, R., Johnston, S., Hehir, D. Department of Surgery, Midland Regional Hospital, Tullamore, Co. Offaly</i>

INTRODUCTION

The consent form is an important document which should depict the goals of informed consent and reflect an adequate patient-physician relationship. Informed consent is an ethical concept and the process is intended to protect patients and promote an enlightened ethic in the patient physician-relationship.¹ The minimum requirements for informed consent are well defined, and experts in medical ethics have identified four constant features of informed consent which are; nature of procedure (diagnostic or therapeutic), risks involved especially those which are severe with a high rate of recurrence, benefits of the procedure and alternatives to the procedure.² An improper consent procedure may breed litigation leading to waste of resources and time, and damage to the integrity of the hospital and the clinician involved. An informed consent form which is well designed can improve the patient's understanding, strengthen comprehension and foster a good patient-physician relationship.

OBJECTIVE

The objective of this audit is to assess the quality and efficiency of the existing consent forms and to examine the content and extent to which the forms meet medical, ethical and legal standards.

METHODOLOGY

This retrospective clinical audit was undertaken in the Midland Regional Hospital Tullamore. Inclusion criteria were signed consent forms for surgical procedures for day cases (colonoscopy, esophagogastroduodenoscopy, excision of lesion) and elective surgeries (hernia repair, laparoscopic cholecystectomy, colectomy, anterior resection, colonoscopy, oesophogastrosocopy) which were consecutively selected and evaluated between January and June 2010. Data was analysed using frequency and percentages.

RESULTS

A total number of 105 consent forms were examined; 62% (65) from day cases and 38% (40) from elective surgeries. The patients' demography was incomplete. All had name of procedure, patient and signatures of doctor. However, risks, benefits and alternative options associated with the procedures were not fully documented. 94 (89%) of the consent forms had "complications of procedure explained to patient" written on them. The nature of the procedure was legible in 90% (95), abbreviation of nature of procedure used in 45% (47). None had all four of the basic elements of informed consent all included. The rationale of the procedure was not stated in any of the consent forms examined.



CONCLUSION

The proceedings for ensuring informed consent have recently come under scrutiny as patient care processes are evaluated to ensure their quality. The completion of consent forms is good practice, particularly with regard to interventions such as surgery. Significant consent forms insufficiently completed could not only leave the patient confused about the procedure but also leaves the doctor open to litigation.

This audit demonstrates that existing forms are neither adequate in content for demonstrating legal or ethical standards for informed consent nor for improving the patient-physician relationship. It is hoped that a new and improved informed consent form will stimulate further discussion on how to improve our informed consent process coupled with periodic auditing. Minor changes in consenting methods and more precise documentation could improve patient satisfaction.

REFERENCES

Available on request.



Clinical Research

Surgical

TITLE	Pattern of Presentation and Outcome of Paediatric Appendicitis - A Regional Hospital Experience
AUTHORS	Akhigbe, T., Adeyanju, A., Nasir, A., Smith, F., Condon, E. Waldron, D. Department of Surgery, Mid-Western Regional Hospital, Limerick

INTRODUCTION

Acute appendicitis in children is a common presentation and diagnosis is majorly clinical. Evaluating the pattern of presentation can be challenging especially when dealing with a child with abdominal pain.

OBJECTIVE

This study evaluates our experience of the pattern of presentation and outcome of appendicitis in children.

METHODOLOGY

This is a descriptive study which involves a retrospective review of 218 paediatric cases from January 2006 to November 2009 in the Mid-Western Regional Hospital in Limerick. Patient ages ranged from 2 to 14 years with clinical diagnosis of acute appendicitis. Signs, symptoms, investigation, surgery, histology findings, post-operative length of stay, complication and histology reports were analysed to determine the pattern and outcome.

RESULTS

Of a total of 218 paediatric patients who presented over the three year period, 130 were males and 88 females with ages ranging from 2 to 14. Almost all of the patients had pain on their right lower quadrant and a quarter had the classical periumbilical pain which radiates to the right iliac fossa along with 33 patients who had anorexia. 11 patients presented with diarrhoea while 7 had constipation. Raised white cell count was seen in 66.97% of the patients. The majority had open appendectomy, (approximately 74.3%), as compared to 23.85% who had laparoscopic appendectomy including conversion rate of 7.69% (4 conversions). An histology finding of normal appendix was 12.39% (27), perforated and gangrenous appendix was found in 14 and 12 patients respectively. Wound infection occurred in 17 cases (7.80%) with 4 and 2 cases of intra abdominal and pelvic abscess respectively. The average post-operative length of stay was three days except for complicated cases which were more than five days.

CONCLUSIONS

Paediatric appendicitis is a common surgical emergency which requires prompt diagnosis primarily based on clinical presentation. However a delay in diagnosis and improper management can cause morbidity. Wound infection and dehiscence are common complications and laparoscopic appendectomy is a safe alternative for the treatment of both simple and complicated appendicitis. A lack of laparoscopic equipment is a limitation to laparoscopic appendectomy in children.



Clinical Research

Surgical

TITLE	Paediatric Pinworm Appendicitis - A Surgical Enigma
AUTHORS	Akhigbe, T., Smith, F., Adeyemo, A., Adeyanju, T., Condon, E., Waldron, D. Department of Surgery, Mid-Western Regional Hospital, Limerick

INTRODUCTION

Enterobius vermicularis (pinworm) is a widespread parasitic infection and its association with acute appendicitis varies from 0.2 to 41.8% worldwide. Appendiceal pinworms can cause symptoms of acute appendicitis irrespective of microscopic evidence of acute inflammation. Our purpose was to determine the significance of pinworm associated appendicitis.

METHODOLOGY

During the five year period between January 2005 and December 2009, a retrospective chart review was performed on 382 consecutive patients who underwent either paediatric laparoscopic or open appendectomy for diagnosis of acute appendicitis and their consequent histology report was examined in the Mid-Western Regional Hospital in Limerick.

Inclusion criteria were children aged 2 years to 14 who had histologically proven *Enterobius vermicularis* following either open or laparoscopic appendectomy. Exclusion criteria were patients above 14 years and those without *E. vermicularis* on histology report. Data collected include age, gender, weight, symptoms and signs, hospital length of stay, histology report and complications. Measures of central tendencies and variance were used to describe the data.

RESULTS

A total of 382 appendectomies were carried out with histological proof of 12 cases of *Enterobius vermicularis* including 7 males and 5 females seen. The mean age was 10.2 ± 3.10 and ranged from 5-14 years. An infection rate of 3.14% was noted. The average weight was 41.32 ± 17.5 and ranged between 18 and 69kg while the mean length of stay was 3.20 ± 1.42 , range 1 to 9. 5 were associated with acute appendicitis while 4 cases were associated with normal appendix. The majority of them had clinical features of appendicitis.

CONCLUSION

Enterobius infestation is an uncommon cause of acute appendicitis in children in Ireland and may be associated with acute and normal appendicitis. It is imperative that these patients should be investigated with faecal sampling and night time application of cellophane tape. Also they should receive antihelminthic treatment because appendectomy treats the consequence and not the root cause.



Clinical Research

Surgical

TITLE	Open versus Laparoscopic Appendectomy in Children - A Comparison of Outcomes
AUTHORS	<i>Akhigbe, T., Smith, F., Adeyemo, A., Adeyanju, A. Condon, E., Waldron, D. Department of Surgery, Mid-Western Regional Hospital, Limerick</i>

INTRODUCTION

Laparoscopic treatment of paediatric appendicitis remains controversial especially in cases of complications including perforated and gangrenous appendicitis and their attendant overall post-operative outcomes.

OBJECTIVE

This study evaluates the comparison of various outcomes in open (OA) and laparoscopic appendectomy (LA).

METHODOLOGY

A retrospective chart reviewed was performed on 382 consecutive patients who underwent either paediatric laparoscopic or open appendectomy for diagnosis of acute appendicitis between January 2005 and December 2009. Data was reviewed for age, sex, weight, type and length of operating time, operative findings, complications, length of stay and histology reports.

RESULTS

Of a total of 382 cases of paediatric appendectomy reviewed, 276 (72%) were performed as OA and 106 (28%) by LA. There were only six conversions (LA+OA) which were excluded from this analysis representing a conversion rate of 5.66%. The age for the OA group was 9.71 ± 2.91 versus 11.24 ± 2.11 for the laparoscopic group ($P < 0.001$). Patients weighed between 21 and 50kg in 204 (74%) in OA and 72kg (68%) in LA group ($P < 0.01$). The mean operating time was 38.0 ± 11.6 minutes for the OA group as compared to 45.7 ± 14.3 minutes in the LA group ($P < 0.0018$).

During surgery 30 (10.9%) in OA and 10 (9.4%) in the LA were found perforated, while gangrenous appendix were found in 24 (8.7%) of the OA group and 3 (2.8%) of the LA group which brought the total of complicated appendicitis to 19.6% in the OA group and 12.2% in the LA group. There were 26 post-operative complications; 23 (8.3%) in OA and 3 (2.8%) in LA ($P < 0.25$). OA patients were hospitalized 3.49 ± 2.43 on the average while the LA group was 2.71 ± 1.71 ($P < 0.012$). The histology was negative for 28 (10.1%) in OA cases and 16 (15%) in LA ($P < 0.25$), producing an overall 25% negative appendectomy rate.



CONCLUSION

These findings show that the laparoscopic appendectomy is a safe and effective alternative in the management of paediatric appendicitis. This technique allows for a complete visualization of the abdominal cavity enabling diagnosis and treatment of other abdominal pathologies. Less post-operative complications and shorter hospital stays were evident in this study, although early discharge did not appear to be influenced by age, gender or weight.



Clinical Research

Nursing & Midwifery

TITLE	Womens' Experience of Control in Labour and Childbirth
AUTHORS	O'Hare, J. <i>Maternity Unit, Letterkenny General Hospital, Co. Donegal</i>

INTRODUCTION

Pregnancy and childbirth must be recognised as not only a physical journey but a journey that has many social, cultural, spiritual and psychological dimensions.^{1,2,3} A positive childbirth experience can greatly influence a woman's transition to motherhood; it can empower her, fulfil her and promote the bond between mother and baby.⁴ However, a negative birth experience can have many detrimental effects on the woman, and may contribute to depression or post-traumatic stress disorder (PTSD).^{5,6} From the literature regarding the experience of childbirth one of the central themes which emerged was control. The extent to which women experience control can influence them in either a positive or a negative way.^{7,8,4,9,2}

It is recognised that the experience of childbirth has many implications for the health and well-being of the woman as she makes her transition into motherhood.^{10,11,12,13} The perception of the birth experience can have lasting effects, both positively and negatively on the mother.¹⁴ A woman may have many preconceived ideas about how the birthing experience will go. If things do not go 'as planned' or hoped, the woman may be left feeling inadequate, disempowered and without a sense of achievement.

OBJECTIVE

The purpose of this study was to interpret the lived experience of control in childbirth in the hope of transforming this knowledge into 'disciplinary understanding.'¹⁵

The aim of the research was to ask women about the lived experience of control in childbirth and provide an interpretive account of this experience. For the purpose of this study the term 'childbirth' represents both the labour and the delivery and control is conceptualised as the woman having:

- 'Internal control' - Control of her own behaviour and coping mechanisms
- 'External control' - Feeling in control of the environment, of what staff did and in decision-making.
- 'Relinquishing control' - This is that the woman was content to relinquish control and decision-making to the midwife or obstetrician.

METHODOLOGY

The methodology used for this study was interpretive phenomenology. This methodology allows the researcher to enter into the world of the person experiencing or having experienced a phenomenon and to interpret the meaning of the experience. A sample of 9 was achieved through purposeful sampling. Semi-structured interviews were carried out and the recordings were transcribed verbatim. Data analysis was carried out using frameworks as suggested by Van Manen¹⁶ and Smith et al.¹⁷ Themes emerged which were then categorised again under what Smith et al.¹⁷ refer to as 'superordinate themes'. The subordinate themes were 'Breathing', 'It's not meant to be like this,' 'Communication' and finally 'Going with the flow.'



RESULTS

The findings were in keeping with the literature review which demonstrated that control is indeed important in terms of a positive experience of childbirth. The participants felt prepared for childbirth, but found the experience quite different from what they had expected. The findings were consistent with the literature which indicated that women are sometimes not prepared for the unpredictable nature of childbirth. The women also made reference to feeling like an object rather than a subject of care.

CONCLUSIONS

The study highlighted the need for greater midwifery input into the provision of antenatal care. This is not only important in terms of education but also to be able to work in partnership with women and to empower them for childbirth.

For some of the women the experience of childbirth was not quite how they imagined and for a couple of the women some negative feelings linger on. There needs to be a service for women which is readily available and accessible in which they are afforded the opportunity to discuss any issues and receive the appropriate support.



Clinical Research

General Practice

TITLE	Do Irish GPs Take Opportunities to Communicate with Patients about Behaviours which Promote Health and Preventative Examinations?
AUTHORS	<i>Collins, C., Vahey, C., Sheehan M. Irish College of General Practitioners, Lincoln Place, Dublin 2</i>

INTRODUCTION

As the first point of contact for patients in primary care, GPs and practice nurses (PNs) are ideally placed to offer health promotion advice and preventative examinations and investigations to patients.¹ Health promotion is identified as a key aspect of the role of a GP.² However, research shows that such activities often are overlooked in general practice.³

The study reported here is part of an overall project being conducted at European level, led by the European Network for Prevention and Health Promotion in Barcelona (EUROPREV).

OBJECTIVE

The study aims to determine the reported level of health promotion and prevention activities being offered to patients of Irish general practice, focusing on a number of behaviours known to affect health and on key examinations, and to determine patient attitudes to different supports available to assist them in improving their health.

METHODOLOGY

The self administered Europrev questionnaire was completed by 299 patients in 9 practices as per the European wide EUROPREV protocol, developed by an international team of researchers. In line with the requirements set by EUROPREV, participants were aged between 30 and 70 years (166 (55.5%) patients 30 to 49 years, 133 (44.5%) patients 50 to 70 years).

The questionnaire was designed by EUROPREV, although some minor changes and additions were agreed for the version used in Ireland.

RESULTS

Patients were asked whether their GP/PN had ever initiated a discussion about a range of behaviours known to affect health or relevant health checks and examinations. Excluding gender specific issues (cervical smear, mammogram and prostate exam) participants were most likely to have discussed their blood pressure, blood cholesterol and blood sugar levels with their GP. Alcohol use was the topic least likely to have been discussed during consultations with a moderate increase found for heavy drinkers. An important factor was patient preference with patients preferring information leaflets for all behaviours, followed by individual counselling.



CONCLUSION

GPs and PNs nurses have access to a large proportion of the national population and have the opportunity to speak to individuals who are already concerned about their health. They are also generally perceived to be the most reliable and credible sources of information and advice for health.⁴ Despite the apparent advantages of promoting positive health in general practice the transition from its traditional predominant focus on curative care has been slow.

REFERENCES

Available on request.



Clinical Research

General Practice

TITLE	Smoking Patterns amongst Patients Attending a Rural General Practice Surgery
AUTHORS	<i>Davoren, P.,¹ Lehan, D.,² Graduate Entry Medical School, University of Limerick¹ Tarbert Medical Centre²</i>

INTRODUCTION

The Survey of Lifestyle, Attitudes and Nutrition in Ireland (SLÁN) 2007 report¹ highlighted that downward trends in smoking prevalence have stalled following the initial success of the workplace smoking ban in 2004. Also, GP-mediated interventions are an important but currently under-utilised resource in the bid to reduce the prevalence of smoking. Smoking patterns in Irish rural communities are currently poorly understood. A greater understanding is needed if a reduction in overall smoking prevalence from 29% to 19% by 2019 is to be achieved.²

OBJECTIVE

The objective of this study was to determine smoking patterns amongst patients attending a rural general practice and to compare these with a national sample.

METHODOLOGY

A questionnaire was designed and distributed to adults attending a GP surgery in Tarbert, Co. Kerry. Data was analysed using SPSS 16.0. We compared this sample with a national sample.¹

RESULTS

Data was collected from 110 respondents, of whom 53 (48%) were non-smokers, 40 (36%) were current smokers and 17 (15%) were former smokers. The number of 'pack years' (i.e. years smoking x number of boxes of 20 cigarettes smoked/day) was significantly higher amongst GMS-eligible patients (t-test, $p < 0.05$). In all, 11 current smokers (28%) had discussed quitting with their GP in the past year. A total of 26 current smokers (65%) had attempted to quit in the past year. Quit attempts did not vary according to age, gender or medical card status but were significantly lower amongst those who had not discussed quitting with their GP in the past year (Fisher's Exact test, $p = 0.004$). The study found that 22 current smokers (55%) were not currently thinking of quitting. There was a large discrepancy between the proportion of current smokers who would use a smoking cessation resource such as nicotine replacement therapy in a future quit attempt, 35 (88%), and the proportion of former smokers who actually did use one or more resources, 4 (24%). The most popular reason for successfully quitting was a personal decision to improve their own health (77%) followed by advice from a health care professional (18%). No-one reported quitting smoking for financial reasons.



CONCLUSIONS

Smoking prevalence was higher in our sample compared to the national sample, especially amongst males. The poor uptake of smoking cessation resources needs to be further explored. Possible factors may be a lack of knowledge of what is available, patient concern regarding the expense involved or possible side-effects. Our study highlights a number of opportunities for prevention, especially, follow-up of patients who have relapsed after quitting, and motivating smokers to consider quitting. Consistent with other studies, this highlights that smoking cessation interventions in primary care should be pursued as a priority, especially amongst GMS-eligible patients.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

TITLE	Drugs or Dialogue? - An Audit of the Management of Sub-Threshold, Mild and Moderate Depression
AUTHORS	Grace, A., ¹ Rowe, M., ² Saunders, J. ³ Graduate Entry Medical School, University of Limerick ¹ The Rowe-Creavin Practice, Waterford ² Applied Bio-Statistical Consulting Unit, University of Limerick ³

INTRODUCTION

The Irish mental health services have been undergoing a process of transformation since the publication of the government report 'A Vision for Change' with an increasing emphasis on care in the community.¹ However, although depression is common (prevalence is 6%)² there is limited data available on the treatment of depression in general practice.¹

OBJECTIVE

This study is an audit of the treatment of depression in a General Practice in Waterford city, assessing whether or not the NICE guidelines for the management of depression are adhered to.

METHODOLOGY

Data was gathered from an urban General Practice in Waterford city. A total of 84 patients were identified using the practice's computer software 'Socrates.' For each patient the severity of depression was determined using the GP's diagnosis or symptom description. Patients were excluded if the level of severity of depression was not clear; if they had severe depression; a chronic physical illness or a psychiatric co-morbidity. Details of the patient's management were recorded and the data was analysed using SPSS.

The NICE guidelines³ recommend psychological therapy as first line for sub-threshold and mild depression advising that antidepressants should not be used routinely. For moderate depression they suggest antidepressants be used in combination with psychological therapy. Antidepressants should be considered as first line therapy if there is a history of moderate or severe depression, if symptoms persist despite therapy or if symptoms are present for more than 2 years at presentation.

RESULTS

Antidepressant use:- 84.5% (71) of patients received an antidepressant, indicating routine use. Of the patients receiving an antidepressant 53.5% (38) had no indication for it. Proportionally more women, 88.5% (54) received an antidepressant than men, 73.9% (17).

Psychological therapy:- 70% (21) of sub-threshold and 62.5% (20) of mild patients received no counselling. Overall, more private patients were referred for counselling: 40.9% (18) vs. 28.2% (11) of public patients. For patients with moderate depression 59.1% (13) received an antidepressant without any psychological therapy.



CONCLUSION

This audit shows that the NICE guidelines for the management of sub-threshold, mild and moderate depression are not adhered to. However, 'A Vision for Change' reports a similar management pattern for the entire country¹ indicating that the causes for non-adherence cannot be solely found within an individual practice. A review of the implementation of 'A Vision for Change' by the College of Psychiatry in Ireland found progress to be slow and reported the provision of psychological therapies as inadequate.⁴ As a result, there are long waiting times leading to the inevitable prescribing of medications to patients awaiting appointments.

Such an audit is important due to the scarcity of data regarding the management of mental health problems in Ireland in the community. It highlights the importance of psychological therapies in the management of depression and demonstrates the continued need for improved mental health services, especially the provision of affordable psychological therapy.

PRESENTED

As a poster presentation at Irish College of General Practitioners (ICGP) Research and Audit Conference in Kilkenny on June 19th, 2010.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

TITLE	Examining the Physiological Responses of Therapists and Clients in Relation to Attachment Style and Session Evaluations
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AUTHORS	Feeney, L., Ryan, P. Department of Education and Professional Studies, University of Limerick
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INTRODUCTION

Acknowledging the literature evidencing strong biological links in attachment processes, the researchers attempted to measure therapists' and clients' physiological responses following successful and unsuccessful therapeutic interactions. The study also investigated if the attachment style of the dyad or the duration of the relationship mediates their physiological response. The researchers hypothesised that:

When empathic attunement occurs in psychotherapy, the clients' needs will be assuaged. This will be reflected in changes in the dyads' physiological response. This, however, will be influenced by the stage of development of the therapeutic relationship and the attachment style of both the client and therapist.

METHODOLOGY

This quantitative study involved six dyads, recorded over two therapeutic sessions. The independent variables were group (client and therapist), attachment style, and time (Session 1 or 2). The dependent variables were the session evaluation scores and participant's heart rate (HR) measurements.

HR was measured using AD Instruments PowerLab 4/25T hardware and the Chart version 5.6 software package. Self report measures of attachment style were the Relationships Scale Questionnaire¹ and the Attachment Style questionnaire.²

Subjective measurement scales piloted in a study outlined by McCluskey³ (2005) were used to measure the therapists', clients' and researchers' evaluations of each session.

Therapeutic interactions in which the clients spoke about their experiences of fear and loss were recorded during Session 1 and 2 respectively. These themes are thought to activate the individual's attachment system. Analyses of the interactions identified times when the therapist appeared to be empathically attuned or misattuned to the client. Successful and unsuccessful interactions were analysed further in relation to each individual's HR fluctuations, attachment style and the duration of therapeutic relationship.

RESULTS

Clients' evaluations tended to be higher than those of the therapists ($p < 0.05$) and the researcher ($p < 0.01$). Clients' HRs fluctuated significantly throughout the interactions; the therapists' HRs did not (Wilk's Lambda = 0.09, $F(4,5) = 14.81$, $p < 0.01$). There was some evidence to indicate that participants' overall mean HR scores affected session evaluations. However, stronger evidence indicated that therapists' mean HR fluctuation scores positively influenced



their evaluations of the sessions at time 1, $r(1,5) = 0.10$, $p=0.02$ and time 2, $r(5) = 0.68$, $p=0.03$. A contrast between mean HR fluctuation scores of therapists and clients may have been influenced by the clients' attachment style, but was not caused by this factor.

Therapists were influenced by the stage of the development of the therapeutic relationship and the clients were not.

CONCLUSION

There was some evidence for the hypothesis, i.e. increased physiological activity of therapists appeared to influence more positive session evaluations. Therapists may have been physically very much attuned to moments of increased anxiety or relief as the dyadic therapeutic process unfolded. Stage of development of the relationship influenced therapist evaluations of their efficacy but not the researcher or client's evaluations. Client's attachment style appeared to have a negligible effect on the overall therapeutic success, though this might be explored further using a larger sample size.

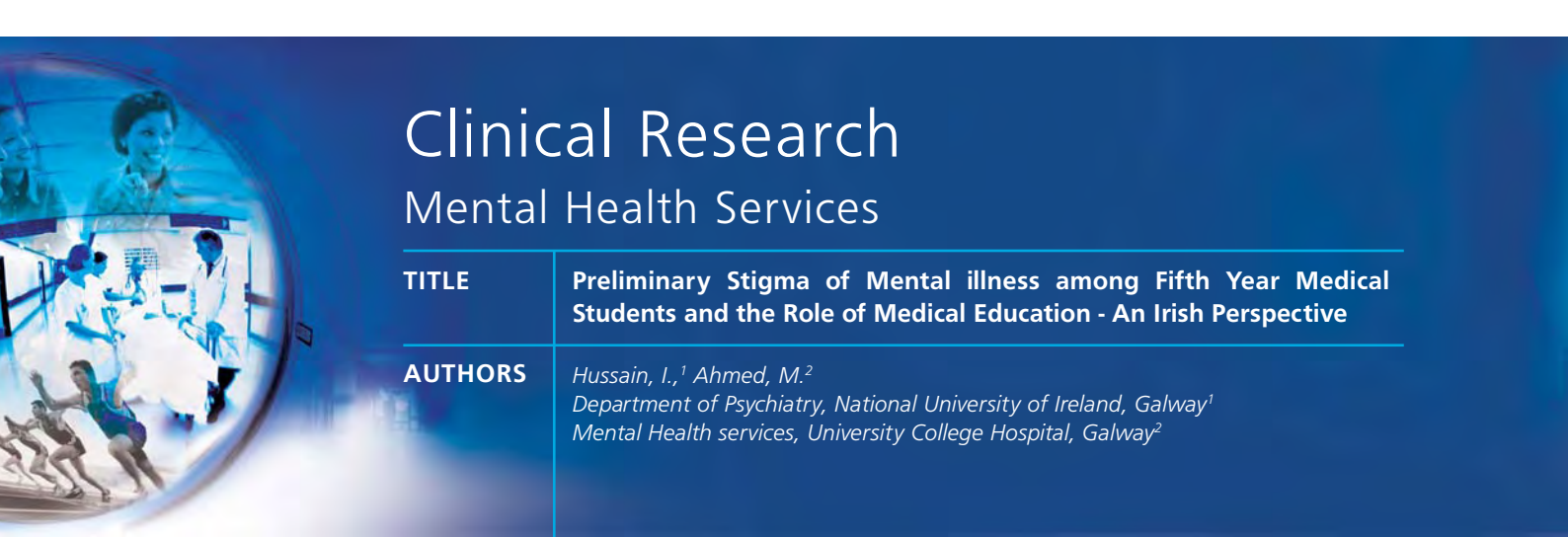
Therapists had greater awareness of times when their responses failed to assuage their client's needs. Though clients evidently experienced a change in their physiological environment during effective and ineffective therapeutic interactions, their level of awareness of this process appeared low.

Future research might focus on delineating the processes that occur for therapists when they perceive that they are not providing an effective response, and how they might repair the ruptures in the therapeutic relationship within the session.

In conclusion, the experience of successful and unsuccessful therapeutic interactions may be felt differently between therapists and clients. However, it is of high importance that the therapist adapts their style of interaction in order for the clients to resume exploration of issues affecting them. The therapist can then meet their instinctual goals of care-giving and the client can develop positive expectations that they will receive an effective response.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

TITLE	Preliminary Stigma of Mental illness among Fifth Year Medical Students and the Role of Medical Education - An Irish Perspective
AUTHORS	Hussain, I., ¹ Ahmed, M. ² Department of Psychiatry, National University of Ireland, Galway ¹ Mental Health services, University College Hospital, Galway ²

OBJECTIVES

The purpose of this study was: -

- To identify the stigma of, and investigate the attitudes of fifth year undergraduate medical students towards mentally ill patients before and after the delivery of the psychiatry module
- To compare the attitudes of the group pre and post-training to determine the effects of medical education and patient interaction on attitudes
- To evaluate the stigmatization of the mentally ill by future medical professionals

METHODOLOGY

The Vezzoli questionnaire, self reported comprising 19 items regarding opinions and attitudes towards mental illness including feelings while examining psychiatric patients, willingness to marry and offer a job to them. The questionnaire was administered to the fifth year medical students before and after delivering the psychiatry module.

RESULTS

A total of 78 students completed the questionnaire prior to taking the module. A total of 49 students completed it after taking the psychiatry module. The majority of students had negative attitudes towards psychiatric patients. This attitude improved after medical education e.g. only 7% of students regarded psychiatric patients like others before starting clerkship. After clerkship 100% of students thought psychiatric patients were just like others. Similarly, 88% of students were not in favour of marrying a person with a psychiatric history prior to clerkship. This finding improved to 60% after attachment. All students were in favour of giving psychiatric patients a job after clerkship as compared to 34% prior to attachment.

Table 1 - Socio-Demographic Data of the Sample

Variable	Sample 1(baseline) N (%)	Sample 2 (follow-up) N (%)	Total N (%)
Gender			
• Male	36 (46.2)	25 (51)	53 (51)
• Female	42 (58.3)	24 (49)	51 (49)
Ethnicity			
• Caucasian	42 (53.8)	29 (59)	56 (54)
• Non-Caucasian	36 (46.2)	20 (49)	48 (46)



Table 2 - Role of Teaching on Improving Attitude

Variable	Sample 1(baseline) N (%)	Sample 2 (follow-up) N (%)	P value
Talk to and met a patient?			
• Yes	54 (69.2)	49 (100)	<0.001
• No	24 (30.8)		
How do you feel with Patient?			
• Fear	24 (30.8)	10 (20.4)	<0.001
• Curiosity	36 (46.2)	8 (18.2)	
• Compassion	18 (23)	31 (62.1)	
Feelings while examining a Patient?			
• Dangerous	27 (34.6)	49 (100)	<0.001
• Strange	45 (57.7)		
• Like others	6 (7.7)		
How do you recognize a Patient?			
• Observation	36 (46.2)	4 (8.2)	<0.001
• Talking	36 (46.2)	35 (71.4)	
• Impossible	6 (7.7)	10 (20.4)	
Marry a person with mental illness?			
• Yes	9 (11.5)	20 (40.2)	<0.001
• No	69 (88.5)	29 (59.8)	
Will you offer a job to Patient?			
• Yes	51 (65.4)	49 (100)	<0.001
• No	27 (34.6)		

Data for this table was collected before and after completing clerkship. There is a difference in response given with numbers with respective percentage and p value.

CONCLUSIONS

It appears that there is stigmatization and a negative attitude towards mentally ill patients among medical students, and it is possible to reduce the stigma related to mental health through medical education. It is also recommended that information about stigma should be included in the undergraduate curriculum.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

TITLE	Let it Be - Resting in Comfort and Ease
AUTHORS	Delaney, M. HSE West Employee Support Service

INTRODUCTION

“What most transformed me were the endless hours of mindfulness, giving a caring attention to what I was doing. I learned that the inner dropping of burdens was not going to happen to me all in one piece, but again and again. I simply dropped the burden of my judgements, of my fear, of distrust of myself, of tightness of body and mind. At some point I discovered how automatically tightness and grasping would come, and with that realization I started letting go, opening to an appreciation of life, finding ease.”¹

OBJECTIVES

This study examines the correlation between mindfulness and psychological well-being in an Irish sample, and theorises that higher levels of mindfulness can lead to enhanced psychological well-being.

METHODOLOGY

A total of 20 Participants were randomly selected from an original cohort of 30. The 20 participants were divided into two groups;- Group (A) (n=10) who received training in, or who had an established daily practice of mindfulness meditation, and a Control Group (B) (n=10) who received no training and did not practice mindfulness meditation. Control Group B was made up of Trainee Counsellor/Therapists who were on clinical placement. Quantitative measures were gathered for each group for the variables Mindfulness and Psychological Well-being, with standardised instruments.

RESULTS

Results showed an overall significant positive correlation ($r = 0.71$) between the two variables, and a higher mean score of 16% for the construct Mindfulness for the mindfulness meditation Group (A) when compared to control group (B), which corresponded to a higher mean score of the construct Psychological Well-being of 7.5% for Group (A) when compared to control Group (B).

CONCLUSIONS

In conclusion there is a positive correlation between mindfulness and psychological well-being, and higher levels of mindfulness can contribute to enhanced levels of psychological well-being. As the promotion of the mental and psychological well-being of staff is a large part of the role of Employee Assistance Programmes, these findings point to a possible benefit of including mindfulness training for groups of staff as part of Employee Assistance Programmes. Future research could explore the efficacy of specific modes of mindfulness practice and include pre- and post-intervention measures to confirm the efficacy of this approach.



FUNDING

This research study was completed in part fulfilment of a Bsc (Hons) Programme in Counselling and Psychotherapy at PCI College/Middlesex University, part-funded by the HSE.



Clinical Research

Mental Health Services

TITLE	Coping Strategies of Opiate Drug Users in Stressful Situations
AUTHORS	<i>Durcan, M.</i> <i>Axis Centre, Ballymun, Dublin 11</i>

INTRODUCTION

Opiates function as a compensatory means to modify distressful and anxious affects from unmanageable psychological states. Coping plays an important aspect in the interaction between these stressful situations and adaptations.

OBJECTIVE

The research investigates the relationship between opiate drug users' coping strategies and the link to personality factors.

METHODOLOGY

The research consisted of participants from the Ballymun Methadone Maintenance Clinic and the Ballymun Job Centre (N=80). The current design is a quantitative cross-sectional design. Cattell 16 Personality Factors 5¹ is used to measure personality while Endler & Parker's² Coping Inventory for Stressful Situations-Adult is used to measure emotional strategies in response to stress.

RESULTS

'Task coping strategies' which are active coping strategies that are used to decrease anxiety by actively addressing the presenting stressor are used significantly less by opiate drug users than the non-opiate drug user cohort $t(78) = -3.25, p < .05$, 2 tailed. 'Social Diversion coping strategies' $t(78) = -2.505, p < .05$, 2 tailed support the theory that opiate drug use and social isolation are intrinsically linked.

CONCLUSIONS

There is a need to re-address opiate drug users' (a) inability to use task or planning, in attempts to address the presenting problem or crisis and (b) anxiety and awkwardness in social settings resulting in social isolation.

ACKNOWLEDGEMENT

The author wishes to thank Trinity College for the moral and financial support they provided during the course of this research.



Clinical Research

Mental Health Services

Qualitative

TITLE	An Evaluation of the Effectiveness of a Cognitive Behavioural Therapy Anger Management Group for Adolescent Girls
AUTHORS	Watchorn, A., ¹ Coughlan, B., ² Moffatt, V. ³ Dublin North Central Primary Care Psychology Service, Ballymun Healthcare Facility, Ballymun Civic Centre, Dublin 9 ^{1,3} Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick ²

INTRODUCTION

The purpose of this project was to evaluate, using qualitative methods, the effectiveness of a brief Cognitive Behavioural Therapy (CBT) anger management group, called “Keep the Head,” for a number of adolescent girls. Anger has been defined as a subjective emotional state which involves an interrelationship of psychological components and cognitive appraisal.¹ It involves not only the experience of high-arousal negative feelings, but also often the attribution of blame to others.² Unchecked anger, coupled with aggressive behaviour, can have very negative consequences, particularly for adolescents and young people. Uncontrolled anger is a contributing force in the three leading causes of adolescent death: homicide, suicide and injuries in the USA.³ Recent research has shown that girls are beginning to show increased levels of externalised anger, in the form of violence and aggression, yet there is scant research on anger management groups for adolescent girls.⁴

OBJECTIVE

The investigator aimed to discover more about the experience of participation in the CBT anger management programme for a sub-sample of the participants. The investigator wished to discover, amongst other things, what they found useful about the experience and if they, or other people close to them, had noticed any changes in their behaviour since they began participating in the group.

METHODOLOGY

The investigation involved 8 girls, aged between 15 and 17, from a local secondary school in north Dublin City. They took part in a seven week CBT anger management group, “Keep the Head.” After the group ended, 4 of the participants were randomly selected to take part in a semi-structured interview with the investigator. These interviews took place individually, with the investigator, and were recorded for later qualitative analysis. The interviews were transcribed and analysed using a combination of thematic qualitative analysis, theory-led qualitative analysis and content analysis.

RESULTS

The analysis led to the production of four main themes: Expression of Anger; Experience of Group Participation; Attitudes towards Gender, Aggression and Anger; and Reactions after Participation in the Group. Theme One had three sub-themes: Reasons for Participation in the Group; Identification of Triggers; and Manifestations of Anger. Theme Two had three sub-themes: Aspects of the Group that were Beneficial; Aspects of the Group that should be Changed in the Future; Engagement in Therapeutic Group Process. Theme Three was an all encompassing theme and did not have any sub-themes. Finally, Theme Four had two sub-themes: Changes They had Noticed in Themselves and Changes Others have Noticed in Them.



CONCLUSIONS

Four major themes emerged from the interviews with the participants. The participants in this group all entered the group with a desire to change and gain mastery over their anger and frustration. The participants all reported that the sense of shared experience or group camaraderie was very important to them. The participants talked about what they had hoped to gain from taking part in the group and any changes that had occurred. Reductions in anger and increased anger control have been noted by the participants themselves and by others, particularly their teachers. It is now hoped that these changes can be maintained into the future and lead to an improvement in quality of life for these girls. It would be useful to do a follow-up study with the participants three to six months after the group ended in order to see if the reductions in anger and increases in anger control are maintained.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

Quantitative

TITLE	An Evaluation of the Effectiveness of a Cognitive Behavioural Therapy Anger Management Group for Adolescent Girls
AUTHORS	Watchorn, A., ¹ Coughlan, B., ² Moffatt, V. ³ <i>Dublin North Central Primary Care Psychology Service, Ballymun Healthcare Facility, Ballymun Civic Centre, Dublin 9^{1,3}</i> <i>Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick²</i>

INTRODUCTION

The purpose of this project was to evaluate the effectiveness of a brief Cognitive Behavioural Therapy (CBT) anger management group, called “Keep the Head”, for a number of adolescent girls. Anger has been defined as a subjective emotional state which involves an interrelationship of psychological components and cognitive appraisal.¹ It involves not only the experience of high-arousal negative feelings, but also often the attribution of blame to others.² Unchecked anger, coupled with aggressive behaviour, can have very negative consequences, particularly for adolescents and young people. Uncontrolled anger is a contributing force in the three leading causes of adolescent death: homicide, suicide and injuries in the USA.³ Recent research has shown that girls are beginning to show increased levels of externalised anger, in the form of violence and aggression, yet there is scant research on anger management groups for adolescent girls.⁴

OBJECTIVE

The investigators aimed to discover to what extent participation in the CBT anger management programme would lead to a change, in self-reported levels of anger for 8 adolescent girls. The investigators also wanted to investigate whether participation in the group would lead to change in self-reported measures of anger control. The project also aimed to investigate the extent to which participation in the group would lead to a change in levels of internalising and other externalising behaviours, as recorded by self-report and third party report measures.

METHODOLOGY

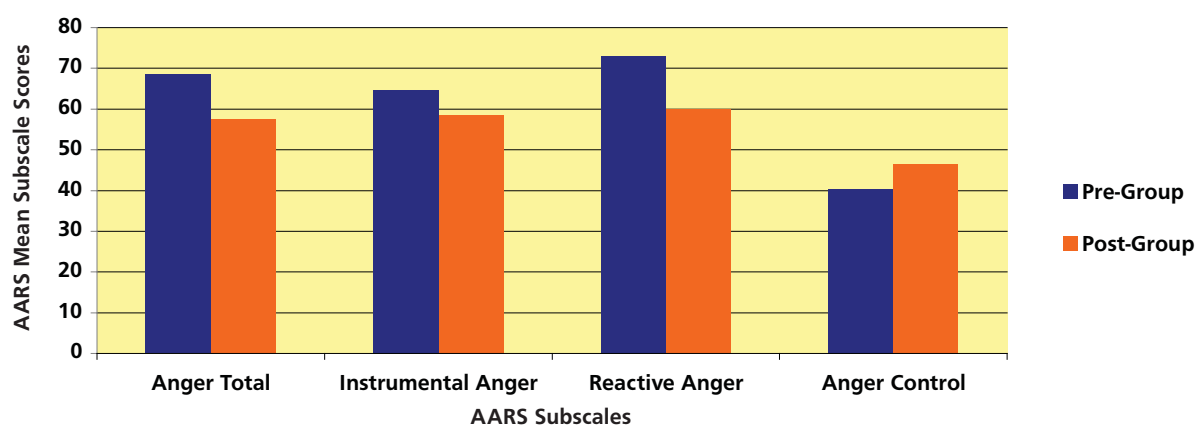
The investigation involved 8 girls, aged between 15 and 17, from a local secondary school in north Dublin City. The participants completed two self-report questionnaires, examining anger, anger control, internalising and externalising behaviours. The measures used were the Adolescent Anger Rating Scale (AARS)⁵ and the Beck Youth Inventory, 2nd Edition (BYI-II).⁶ A schoolteacher completed a third party report measure, focusing on internalising and externalising behaviours. The measure used was the Child Behaviour Checklist (CBCL).⁷ These measures were completed both prior to and after participation in a brief CBT Anger Management group which ran for seven weeks.

RESULTS

Results indicated that participants’ self-reported levels of anger reduced significantly following participation in the group. The participants also reported increased levels of anger control. Self-reported changes in internalising behaviours and other externalising behaviours were not found to be significant. Reports from a teacher, familiar with the group participants, indicated that the changes reported by the participants were also noticed in the school environment. However, these results did not reach statistical significance.



Figure 1 - Pre-Group and Post-Group Mean Scores on Adolescent Anger Rating Scale (AARS)



CONCLUSIONS

Based on the results from the AARS it would appear that participation in the group led to a statistically significant reduction in total anger, instrumental anger and reactive anger. Levels of anger control, as measured by this scale, also showed a statistically significant improvement. These results appear to show that participation in the “Keep the Head” group, which was solely aimed at adolescent girls, resulted in improvements for the participants with their anger problems and an increased sense of control over their tempers. While results on both the BYI-II and CBCL were not statistically significant, there was a trend towards significance on the CBCL. This recognition of reduction in internalising and externalising behaviours, by a third party, would warrant future investigation. Very little research has been carried out investigating the impact of CBT anger management groups on adolescent girls alone. The results of this project show that such a group can lead to improvements in self-reported levels of anger and increased anger control, in the short term. It would be interesting to reassess these participants in the future to see if the changes are long-standing. It would also be interesting to see if the findings of future adolescent female-only CBT anger management groups were similar.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

Qualitative

TITLE	Anxiety in Children with Autism Spectrum Disorder - Experience of a Cognitive Behavioural Therapy Intervention
AUTHORS	<i>Flynn, D.,¹ Ryan, P.² HSE Templerainey Health Centre, Arklow, Co. Wicklow¹ Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick²</i>

INTRODUCTION

Empirical evidence has found that individuals with Autism Spectrum Disorder (ASD) have difficulty with understanding and expressing emotions and reading social cues. These features often mean that people with ASD are at risk of experiencing feelings of anxiety.

OBJECTIVE

The aim of this study was to use a qualitative method to describe experiences of anxiety and a cognitive behavioural intervention for anxiety management in a sample of children diagnosed with ASD.

METHODOLOGY

A group of 5 children with ASD (all male) with a mean age of 13.2 years ($SD=1.1$) participated in a manualised Cognitive Behavioural Therapy group intervention for anxiety management.¹ Participants were interviewed in relation to their experiences of anxiety and therapy at post-intervention.

RESULTS

Thematic analysis identified three themes: Expression of anxiety, positive therapeutic effect, and enjoyment of group participation. The participants expressed feelings of anxiety with some capable of identifying specific subtypes of anxiety and thoughts and feelings which are present during bouts of anxiety. Several participants identified distorted fears about being physically harmed or becoming ill. Participants made statements which suggested a reduction in anxious feelings, an increase in the use of coping strategies and a general positive effect of the intervention. Several participants stated that their feelings of anxiety had decreased since the commencement of the group intervention. Another theme found in the data which was not a research question was the enjoyment, fun and social element of the group.

CONCLUSION

Themes are discussed in relation to the phenomenology of anxiety in children with ASD and the presence of specific anxiety subtypes. Limitations of the present study are discussed including sample size and the lack of a graded exposure component in the intervention. Recommendations are made in light of the findings including the use of this brief intervention in Primary Care Services in Ireland. Suggestions are made for possible future research including the need for structured interviews of children with ASD and further examination of the therapeutic alliance in ASD intervention studies.



REFERENCES

Available on request.



Clinical Research

Mental Health Services

Quantitative

TITLE	Anxiety in Children with Autism Spectrum Disorder - Evaluation of a Cognitive Behavioural Therapy Intervention
AUTHORS	<i>Flynn, D.,¹ Ryan, P.² HSE Templerainey Health Centre, Arklow, Co. Wicklow¹ Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick ²</i>

INTRODUCTION

Empirical evidence has found that individuals with Autism Spectrum Disorder (ASD) have difficulty with understanding and expressing emotions and reading social cues. These features often mean that people with ASD are at risk of experiencing feelings of anxiety.

OBJECTIVE

The aim of this study was to evaluate a cognitive behavioural intervention for anxiety management in a sample of children diagnosed with ASD. The prevalence of anxiety in this population was also examined.

METHODOLOGY

A group of 5 children with ASD (all male) with a mean age of 13.2 years ($SD=1.1$) participated in a manualised Cognitive Behavioural Therapy group intervention for anxiety management.¹

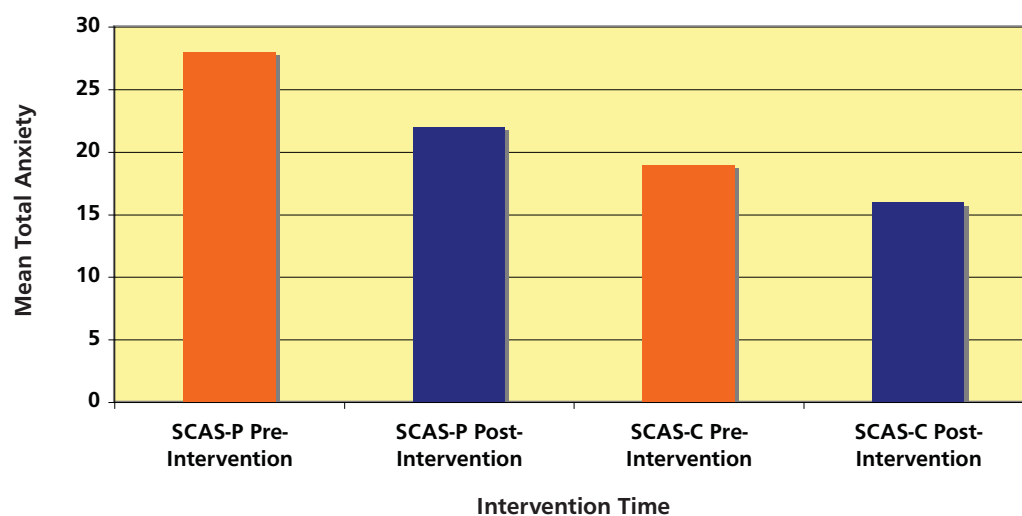
Participants and their parents completed measures of coping strategies ("James and the Maths Test"²) and anxiety (Spence Child Anxiety Scale-Parent-SCAS-P³ & Spence Child Anxiety Scale-Child-SCAS-C⁴) at pre- and post-intervention.

RESULTS

Descriptive statistics found anxiety levels in children with ASD to be more prevalent than in non-clinical samples. Dependent t-tests found an increase in coping strategies, and a decrease in anxiety subscales and total anxiety as reported by parents (SCAS-P) and participants (SCAS-C), (See Figure 1), though these therapeutic changes were not statistically significant.



Figure 1 - Mean Total Anxiety at Pre- and Post-Intervention

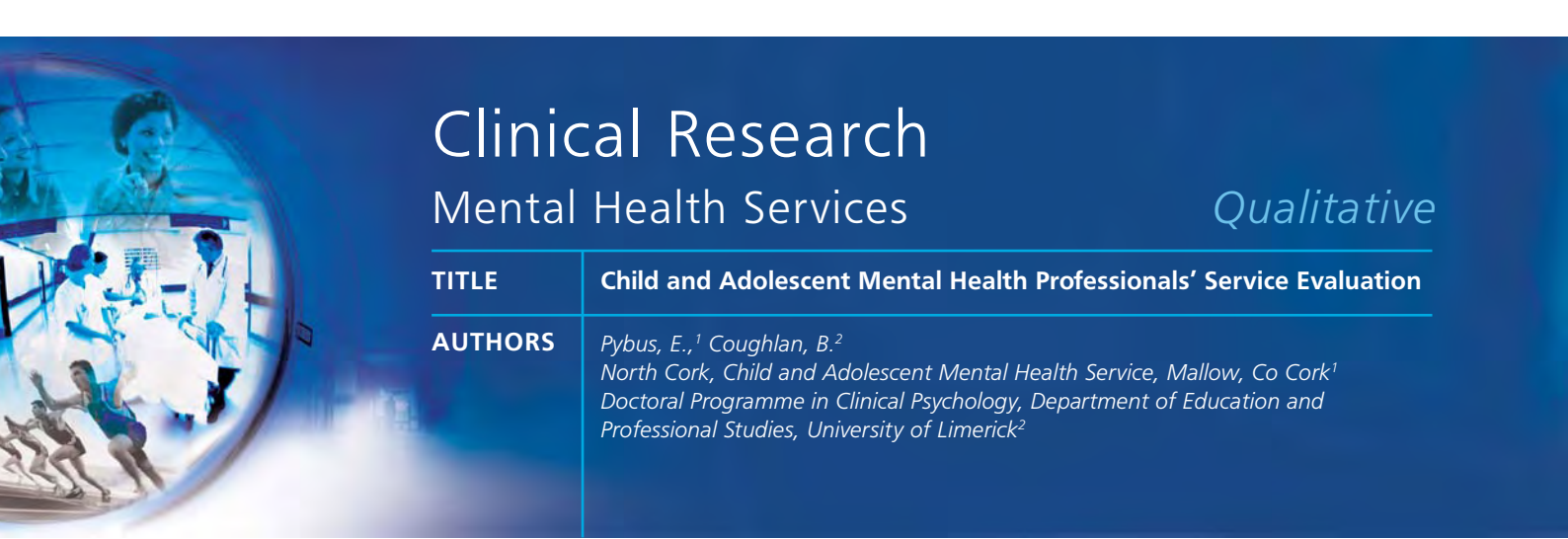


CONCLUSION

Results are discussed in relation to the phenomenology of anxiety in children with ASD and the presence of delayed effects in measurement. Limitations of the present study are discussed including the absence of a control group measurement and the lack of a graded exposure component in the intervention. Recommendations are made in light of the findings including the use of this brief intervention in Primary Care Services in Ireland. Suggestions are made for possible future research including the need for a valid measurement of anxiety in children with ASD and the use of a qualitative approach to recording anxiety in this population.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

Qualitative

TITLE	Child and Adolescent Mental Health Professionals’ Service Evaluation
AUTHORS	Pybus, E., ¹ Coughlan, B. ² North Cork, Child and Adolescent Mental Health Service, Mallow, Co Cork ¹ Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick ²

INTRODUCTION

Previous research has questioned whether service users and professionals have differing views on the quality of a mental health service.¹ The current research examines clinical staff members’ views of the Child and Adolescent Mental Health Service (CAMHS) in which they work. More specifically, their opinions on the quality and structure of the service have been sought. Particular attention was given to attendance rates, staff burnout and waiting lists as these have been noted as difficulties faced by Mental Health professionals in the past.

METHODOLOGY

All six clinical professionals working in the North Cork CAMHS took part in this research. They were each interviewed individually using a semi-structured format. The interviews were recorded and then transcribed. Transcripts were coded using thematic analysis and a number of themes were drawn.

RESULTS

The results have been split into three main themes. The first is internal quality and structure: what good quality is; what good structure is and the staff’s understanding of client satisfaction with the service. Secondly, external influences: lack of resources, lack of communication, seeking support and resources from elsewhere. Thirdly, the causes of the crossover between internal and external influences: the waiting list and staff burnout.

CONCLUSIONS

Overall, the clinical staff members viewed the service as providing high quality care to the service user once they came off the waiting list and started to attend the service. Having a good relationship with families and taking the lead from the family as to how best to support them was key to the quality of the service. Lack of resources within the HSE meant that the North Cork CAMHS do not have a full core team and so are understaffed. This in turn has lead to a growing waiting list. The length of the waiting list was viewed by team members as a weakness of the service and lead to high levels of frustration among the staff as many felt it is out of their control. There was a feeling of fragmentation both externally, within the North Cork area, and internally at times within the service itself. This fragmentation or lack of contact from administration could be due to a lack of resources at all levels within the HSE. Although no team members reported feeling currently burnt-out several of them expressed hopelessness in relation to some elements of their jobs. Overall, the North Cork CAMHS clinical team members are representational of mental health teams which have been evaluated in other research.



REFERENCES

Available on request.



Clinical Research

Mental Health Services

Quantitative

TITLE	Service Evaluation and Client Satisfaction - What Can We Learn From Silence?
AUTHOR	Pybus, E., ¹ Coughlan, B. ² North Cork Child and Adolescent Mental Health Service, Mallow, Co. Cork ¹ Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick ²

INTRODUCTION

A ‘Vision for Change’, a Health Service Executive Mental Health Policy document (2006)¹, highlights the need for service users’ opinions to be included in the provision of services. An evaluation of client satisfaction with the service they received from North Cork Child and Adolescent Mental Health Service (CAMHS) was carried out. This client satisfaction piece was supplemented by statistics on how North Cork CAMHS compares to the national average on: waiting list length, staffing levels, cases seen per month and attendance rates to make the research as informative to the service as possible.

METHODOLOGY

A total of 58 young people and their carers whose files were closed in the North Cork CAMHS in 2009 were invited to take part in the evaluation. Young people were asked to complete a standardised measure of satisfaction, the Client Satisfaction Questionnaire (CSQ-8)² and a young person specific questionnaire which asked questions about the reason for referral, helpfulness of the service and possible improvements to the service. The carers also completed the CSQ-8 and carer specific questionnaire, which asked similar questions to the young person’s questionnaire with added information requested on demographic details. An internal audit was also carried out on all cases which were closed during the same period.

RESULTS

A total of 7 families out of the 58 invited to take part in the evaluation responded by completing the questionnaires. The mean total score for all respondents was 24.3 out of 30 on the CSQ-8. The audit showed that 17 of the 58 cases which were closed in 2009 were due to non-attendance for appointments. Nobody who had their files closed at CAMHS due to non-attendance at appointments responded to the questionnaire. All respondents noted an improvement in these areas after attending the service (n=13). Several noted that this change took too long (23%) or did not improve as much as they would have liked (30.7%).

The most helpful things about the service were reported to be receiving a diagnosis (15.4%), medication (15.4%), being listened to (30.8%) and being given advice (30.8%). Things which would improve the service were more staff (46.2%), more satellite clinics (7.7%) and continuity of clinician throughout attendance (15.4%).

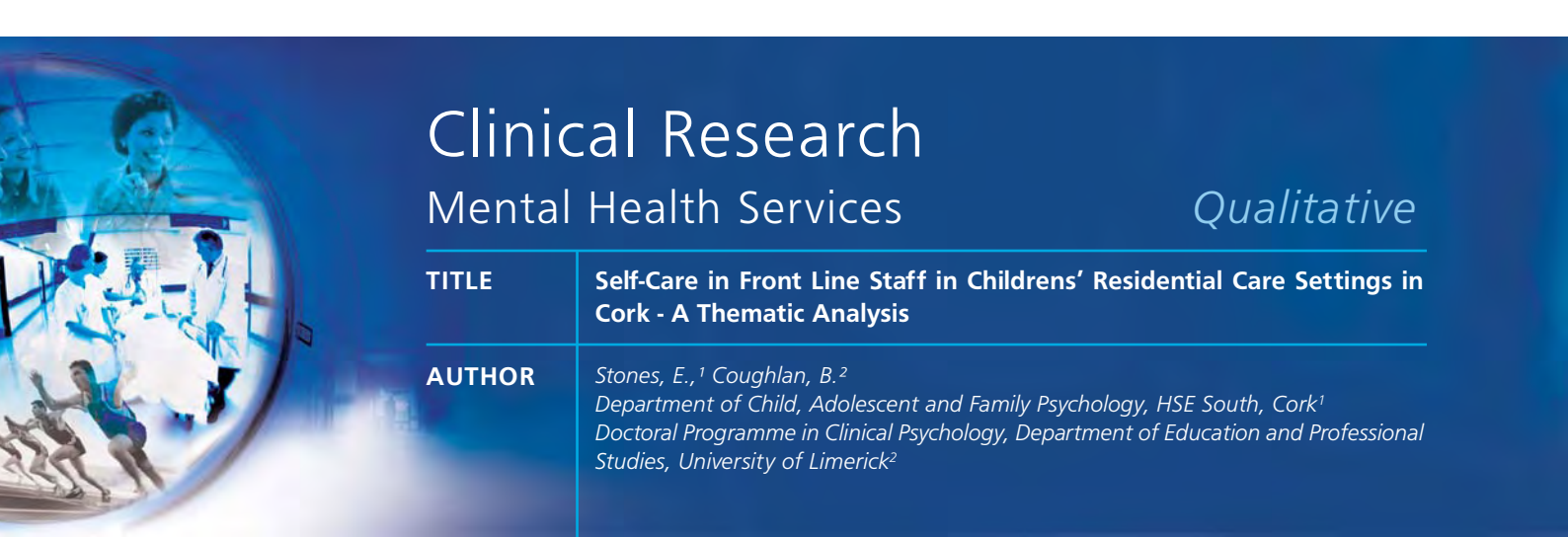


CONCLUSIONS

Those who responded to the questionnaire were satisfied overall with the service. The current findings concur with previous research which suggests that young peoples' satisfaction with youth mental health services is highly dependent on the relationship they have with the therapist and less so related to reduction in problem behaviours.³ In the current study both parents and young people reported that they preferred to see the same person throughout their contact with the service. The current research is consistent with the previous research findings since those who reported that they still had mental health needs were less satisfied with the service.⁴ Unfortunately, none of the clients who had their files closed in North Cork CAMHS due to non-attendance answered the client satisfaction questionnaire. Therefore the question that must be asked is 'what is the clients' non-response to the questionnaires telling the service?'

REFERENCES

Available on request.



Clinical Research

Mental Health Services

Qualitative

TITLE	Self-Care in Front Line Staff in Childrens’ Residential Care Settings in Cork - A Thematic Analysis
AUTHOR	Stones, E., ¹ Coughlan, B. ² Department of Child, Adolescent and Family Psychology, HSE South, Cork ¹ Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick ²

INTRODUCTION

Front line staff who work with children in residential care have been described as a group who are at risk of experiencing burn-out.¹ Self-care has been put forward as a critical skill for workers in caring professions to develop to protect against the potential negative impact of their roles.² This was an exploratory study of self-care practices of front line staff working in childrens’ residential care settings in Cork.

OBJECTIVE

The study sought to identify the challenges and stressors which staff experience in their work. The researcher also aimed to gain insight into the understanding of self-care by staff in these areas and the self-care practices which are engaged in. Finally, the study sought to explore organisational supports for front line staff and what systems are in place to promote self-care of staff.

METHODOLOGY

Semi-structured interviews were carried out with five front line staff from childrens’ residential care settings in Cork. The interviews covered topics in relation to experiences at work and self-care. The interviews were recorded and subsequently transcribed. Thematic Analysis was carried out on the transcripts in accordance with the six phase approach outlined by Braun and Clarke.³

RESULTS

The researcher identified three main themes in the analysis. These related to challenges faced by staff at work, self-care and organisational supports. Challenges at work included long hours; traumatic experiences of children supported; managing challenging behaviour; frustrations with the care system; aspects of teamwork and managing boundaries with children.

Participants in the study varied in their level of understanding of self-care and several respondents stated that they lacked confidence in their knowledge of this topic. Self-care practices identified by staff included;- engaging in physical activity, spending time with family and friends, seeking support from fellow team members, pursuing hobbies and spending time in nature.

The study highlighted that participants on the whole were not receiving regular supervision at work. Limited staffing levels meant that it was not always possible to carry out debriefing after incidents at work. The Employee Assistance Programme was seen as an organisational support but not all staff were aware of this service. Participants expressed that there was limited promotion of self-care at an organisational level.



CONCLUSIONS

Childrens' residential care settings represent challenging work environments. Staff could benefit from receiving training and information in respect of self-care. This study highlights the need for greater frequency and quality of supervision for front line staff in childrens' residential care settings as well as the development of a more proactive approach to promoting self-care. Participants in the study spoke of aspects of teamwork as both stress-inducing and beneficial in terms of self-care. Further research could explore teamwork in childrens' residential care settings in greater detail. The topic of supervision in the emerging profession of social care work is also one which merits greater research and analysis.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

Quantitative

TITLE	A Quantitative Analysis of Self-Care and Burn-out in Front Line Staff in Childrens’ Residential Care
AUTHORS	Stones, E., ¹ Coughlan, B. ² Department of Child, Adolescent and Family Psychology, HSE South, Cork ¹ Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick ²

INTRODUCTION

Front line staff who work with children in residential care have been described as a group who are at risk of experiencing burn-out.¹ The nature of the work means that residential childcare staff experience high levels of continuous contact with distressed children in their living space which marks this group out as unique in relation to other helping professionals.² Despite this, there has been limited research on self-care and burn-out within this population.³

OBJECTIVE

The aim of this study was to measure levels of self-care and burn-out in front line staff working in childrens’ residential centres in Cork. The research also sought to identify if there was a relationship between self-care and burn-out. It was predicted that higher self-care scores would be associated with reduced burn-out in participants.

METHODOLOGY

A total of 20 front line care staff from childrens’ residential settings in Cork completed the Health Promoting Lifestyle Profile-II (HPLP-II)⁴ and the Maslach Burn-out Inventory (MBI), Human Services Survey.⁵ The HPLP-II measures seven indices of self-care, namely;- overall self-care, health responsibility, physical activity, interpersonal relationships, nutrition, spiritual growth and stress management. The MBI is composed of three subscales which measure emotional exhaustion, depersonalisation and personal accomplishment.

RESULTS

The study found that 85% of respondents had not received training in relation to self-care and that 60% of participants reported “never” or “rarely” receiving professional supervision at work. Analysis of responses to the HPLP-II identified moderate overall levels of self-care behaviour by participants. Highest levels of self-care behaviour related to interpersonal relationships and spiritual growth. Results for the MBI highlighted moderate levels of emotional exhaustion and personal accomplishment with low levels of depersonalisation in participants. There were a number of individuals within the sample with high scores for subscales of the MBI which represents a concern in terms of burn-out. No statistically significant correlations were found between overall self-care scores on the HPLP-II and subscales of the MBI, although the direction of the relationships was as predicted.

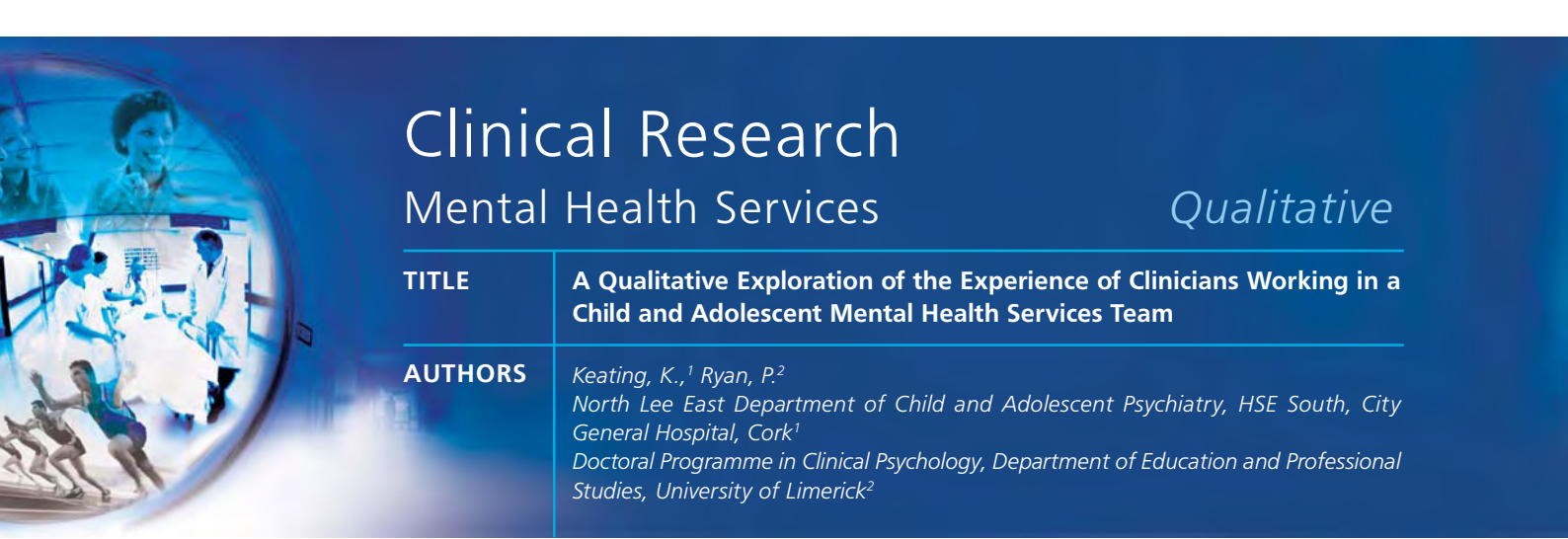


CONCLUSIONS

The study indicated moderate levels of self-care behaviour by front line staff in these settings and highlighted that there is scope for awareness raising and training to be provided to this group in relation to self-care. The study also underlined the need for greater frequency of supervision for front line staff in childrens' residential care facilities. There were a small number of individuals in the study who scored high on emotional exhaustion and depersonalisation as well as low for personal accomplishment on the MBI. This is a cause for concern as it suggests that a number of participants may have been experiencing burn-out. Further research on burn-out in residential care could explore whether there is a relationship between burn-out and variables such as length of experience of staff or contact hours with children. The relationship between factors such as centre size, number of children supported, treatment philosophy and management structure and burn-out could also be further explored.³

REFERENCES

Available on request.



Clinical Research

Mental Health Services

Qualitative

TITLE	A Qualitative Exploration of the Experience of Clinicians Working in a Child and Adolescent Mental Health Services Team
AUTHORS	Keating, K., ¹ Ryan, P. ² North Lee East Department of Child and Adolescent Psychiatry, HSE South, City General Hospital, Cork ¹ Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick ²

INTRODUCTION

This study was conducted as part of the requirements for the Doctoral Programme in Clinical Psychology at the University of Limerick which states that candidates must complete both a quantitative and qualitative small scale research project. The Child and Adolescent Mental Health Services (CAMHS) Team felt that they would benefit from reflecting on their roles and their experience of working in the team.

METHODOLOGY

Four senior CAMHS clinicians participated in semi-structured interviews exploring their experience of working within a CAMHS team. The interviews were recorded and transcribed verbatim. Interpretative Phenomenological Analysis (IPA) was chosen as the most suitable research method for this study as it aims to create a detailed picture of individual experiences. Through IPA the themes that emerge are as a result of the researcher’s careful engagement with the texts and their interpretation of the participants’ accounts. Themes were highlighted and amalgamated across transcripts, identifying experiences common across team members.

RESULTS

Three overarching themes emerged from the participants’ accounts of their experience of working in the team.

1. individual professional identity in the context of the team
2. reflections on aspects of service delivery
3. challenges experienced by team members

Within each of the superordinate themes, a number of sub-themes emerged, as highlighted in Table 1 below:-

Table 1 - Overarching Themes in the Analysis

Superordinate Theme	Sub-Themes
1. Individual professional identity in the context of the team	- theoretical frameworks from professional training - fit with the team
2. Reflections on aspects of service delivery	- evidence-based practice - the experience of the service users - service delivery
3. Challenges experienced by team members	- subgroups - pressure



One of the key themes to emerge across all participants' accounts was a sense of individual professional identity in the context of the team. Clinicians linked their approach to working with clients to the theoretical frameworks they were exposed to during their training.

3 of the 4 participants reflected on a range of aspects relating to service delivery on the team including the level of evidence-based practice by the team, mechanisms within the team for objectively measuring clients' progress and uncertainty regarding this process.

Finally, regarding challenges experienced by team members, participants referred to pressures they faced in the course of their work, and emphasized the importance of team support around change and transition.

CONCLUSIONS

The results are discussed with reference to theories on team work from Organisational Psychology. The findings provide the participants and the wider team with a chance to reflect on the strengths within the team and the challenges faced by team members. The findings have been discussed as part of a team development day for senior clinicians.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

Quantitative

TITLE	A Clinical Audit of Cases Closed in a Child and Adolescent Mental Health Service over a 13 Month Period
AUTHORS	<i>Keating, K.,¹ Ryan, P.² North Lee East Department of Child and Adolescent Psychiatry, HSE South, City General Hospital, Cork¹ Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick²</i>

INTRODUCTION

This study was conducted as part of the requirements for the Doctoral Programme in Clinical Psychology at the University of Limerick which states that candidates must complete both a quantitative and qualitative small scale research project.

OBJECTIVE

The Child and Adolescent Mental Health Service (CAMHS) team felt that they would benefit from gaining a clearer picture of the journey of clients through the service from a quantitative perspective. An audit of a sample of closed cases was carried out to explore this in more detail and discussed with reference to national CAMHS statistics.

METHODOLOGY

A clinical audit of cases closed between January 2009 and January 2010 was conducted in the North Lee East Department of Child and Adolescent Psychiatry, CAMHS, Cork. A total of 88 closed files were reviewed as part of the study. A range of information relating to demographics, referral pathways and presenting problems was reviewed. Additionally, information in relation to waiting times, assessment and intervention, reasons for discharge and the involvement of other services was examined.

RESULTS

61% of the cases reviewed were accepted for initial assessment. 81% of the sample in this study were male. The 6-10 age group was the largest group in terms of referrals, with 37% of children referred in this age group. In terms of referral pathways, GPs accounted for 65% of referrals. 88% of referrals in total were received from medical professionals including outpatient clinics, private psychiatrists and accident and emergency departments. Attention and over-activity difficulties accounted for 30% of referrals, emotional difficulties (low mood and anxiety) accounted for 29% of referrals, and behaviour problems accounted for 27% of referrals. 31% of cases in this study were seen within 4 weeks of being referred. Parenting (group or individual) was the most common intervention (25%) followed by individual work (18%). 66% of those who received intervention received at least 2 different types of intervention. The most common combination was psychiatry review and medication (16%), and individual work and parenting work (16%). In terms of length of time spent in the service, 46% of cases were open for 1-3 years. 69% of the cases in this sample were discharged due to significant decrease in symptoms. 23% of discharges were as a result of non-attendance. 39% of cases reviewed were not accepted for initial assessment. 37% of not accepted cases were referred on to Community Psychology, 32% to Autistic Spectrum Disorder Services, 11% to Early Intervention services and 11% to Community Social Work. 3% were transferred to another CAMHS team, 3% were referred on to Community Occupational Therapy, 3% to NEPS and 3% were not accepted as they attend a special needs school.



CONCLUSIONS

The results are discussed with reference to national statistics where a meaningful comparison was appropriate. This enabled clinicians in the service to identify how their service is performing compared to national figures and how their client population differs from the national population. Implications for service delivery and development such as implementing evidence-based brief treatment models were discussed. The finding may also be of use to the team in reflecting on the service's performance.



Clinical Research

Mental Health Services

Qualitative

TITLE	Parental Perception of the Assessment of Need Process in a Child, Adolescent and Family Psychology Service
AUTHOR	<i>Tierney, M., Coughlan, B. Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick</i>

INTRODUCTION

The Disability Act introduced on June 1st, 2007 states that any parent with a child under 5 years of age, has a legal right to an independent assessment of their child's health and education if an intellectual disability is suspected. This legal process is referred to as the Assessment of Need (AON). In June 2007, the Kerry Child, Adolescent and Family Psychology Service adapted their referral criteria to accept AON referrals for children suspected of having a disability to establish services required to meet those needs. To date, research on the AON process has been limited in Ireland.

OBJECTIVE

There is now a far greater awareness of the mental health needs of children with intellectual disability, and the impact of these needs on overall family functioning. The current study investigated parental perception of children who have experienced the AON process.

METHODOLOGY

A total of 5 parents participated in face-face semi-structured interviews utilised to explore details of their perceptions of the AON process. The semi-structured interview was not based on any theoretical underpinning; all of the questions were open-ended to elicit free expression of their feelings and opinions. During the months of February and March 2010, all parents of children who had been seen by the psychology service for an AON were contacted via letter and telephone by the author. All participants were living in the Kerry region and all had received psychological assessments since June 2007 under the Disability Act from the Child, Adolescent and Family Psychology service in Kerry. All 5 participants interviewed were mothers. The interviews were time limited and lasted between 15 and 35 minutes. The interviews were recorded and then transcribed via digital setting. Each of the interviews was coded, and themes were identified.

RESULTS

The results were analysed by thematic analysis. They captured the following themes; reaction to the AON, the perceived inadequacy of services and the human experience of the AON. When describing the relationship and the experiences of the AON, it was evident that parents' perceptions and experiences were different. It was evident that parents had some understanding of the process. Yet it came to light that parents were unsure of the exact details and the entitlements of it. The study highlighted the need for parents to be made more aware of what the precise process entails for their child. Findings also suggested that parents need to be made aware that the process is an assessment of need and does not necessarily guarantee a prompt intervention.



CONCLUSIONS

The results highlighted the difficulties of current service provision and the perception attached to the AON process in a Child, Adolescent and Family Psychology service. Parents differ in the perception of their child's condition. All parents are optimistic regarding their own child but also have expressed some degree of burden and stress around the AON. However, it appeared that this can be combated with appropriate levels of staff support, however one perceives that support. The findings ascertained in relation to parents' perceptions have lead to the generation of pertinent and useful clinical recommendations. Overall the significance of appropriate and effective support was highlighted.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

Quantitative

TITLE	The Referral Patterns of the Child, Adolescent and Family Psychology Service, 2007-2009
AUTHORS	<i>Tierney, M., Coughlan, B. Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick</i>

INTRODUCTION

The Disability Act introduced on June 1st, 2007 states that any parent with a child under 5 years of age, has a legal right to an independent assessment of their child's health and education if an intellectual disability is suspected. This legal process is referred to as the Assessment of Need (AON). In June 2007, the Kerry Child, Adolescent and Family Psychology Service adapted their referral criteria to accept AON referrals, for children suspected of having a disability to establish services required to meet those needs.

OBJECTIVES

The aim of this study was to examine the extent and nature of emotional, behavioural and AON referrals from June 2007 to June 2009 to the psychology service. There is now a far greater awareness of the mental health needs of children with intellectual disability, and the impact of these needs on overall family functioning. The present study aimed to examine the referral criteria patterns from June 2007 to June 2009 with the intention of refining and improving practice within the psychology service in Kerry.

METHODOLOGY

The study design was retrospective and service-based. Relevant demographic and referral information from the clients' referral information was collected and transferred to a data sheet. A total of 196 children and adolescents who had been referred into the Child, Adolescent and Family Psychology Service, Tralee, Co. Kerry were analysed. No direct contact was made with the participants. All information pre-existed at the psychology service.

RESULTS

Results were recorded and analysed in Excel. Descriptive statistics were calculated to portray the findings. Overall, 16.5% of referrals were behavioural difficulties, 18.5% were emotional and behavioural difficulties and AON was reported at 12%. General Practitioners were reported as the source of the most referrals to the service. The amount of AON referrals increased from June 2007 to 2008 with a slight decrease in emotional and behavioural referrals. Boys reported more emotional and behavioural problems and were referred more under the AON, 56.7% of referrals were in the over 6 age category. The most frequent age for referral was in the age 4 category. Most referrals were sourced from rural areas with Tralee being the highest urban referral area.



CONCLUSIONS

This piece of service-based research addresses an area which has been addressed within the psychological literature to date. The findings ascertained in relation to the referral patterns have lead to the generation of pertinent and useful clinical recommendations for the service. Future research, pertaining to the referral patterns will further our understanding of the AON process.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

Quantitative

TITLE	An Evaluation of the Clare Child Clinical Psychology Service - A Quantitative Study
AUTHORS	<i>Elias, S.,¹ Ryan, P.² Clinical Child Psychology Service, Health Service Executive West, Tobartaoscairn, Ennis, Co. Clare ¹ Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick ²</i>

INTRODUCTION

The identification of the mental health needs of children and adolescents is vital. Early identification and promotion of mental health facilitates growth and development of healthy individuals and may reduce lifelong mental health disorders.¹ The national document 'A Vision for Change'² also implies that good outcomes for the child and family are achieved when they have access to timely, well organised and best practice assessment and treatment interventions.

Most of the literature on waiting lists illustrates the negative effects of having to wait a long time both on clients and on service provision. A number of waiting list initiatives have been employed to manage waiting times including prioritisation systems, urgency coding, initial assessment, clear referral guidelines and brief solution focused therapy.

OBJECTIVE

The aim of this study was to audit the Clinical Psychology Service between the years of 2007 and 2008, exploring client profile, service profile and service delivery. Access to service was also explored particularly in relation to waiting time for appointments. The study also considered the current waiting list initiative and its impact on waiting time, priority of referrals and attendance rates.

METHODOLOGY

A retrospective review of all clients referred to the service in 2007 and 2008 was conducted (N=400). The client data was accessed through the service's central electronic database. Information provided on the database relates to clients who are currently on waiting lists, clients with currently active cases and clients who were engaged in the service and subsequently discharged. Raw data were analysed using SPSS Version 16.0. Descriptive analyses were computed using frequencies and descriptive functions. Parametric statistics using One-Way ANOVAs and several Non-Parametric statistics using Cross Tabulations and Chi-square were used to analyse the associations between the variables.

RESULTS

The results across the two years revealed that more males were referred to the service, with the average age range of clients being predominantly in the 6-12 year age range. General Practitioners referred the majority of clients and the most common reason for referral was 'behavioural difficulties'. In terms of access to service, the study revealed that there are extensive waiting times for initial assessment and follow-up therapy. Non-attendance rates increased by 8.2% in 2008 and this may be due to waiting time although no significant associations were found between non-attendance and waiting time, age or gender.



CONCLUSION

This small scale study identified key areas of service provision which require improvements. The service appears to be utilising the priority system appropriately with priority codes being correctly attributed according to urgency. What was also highlighted in the study was the effectiveness of the screening and prioritisation system in establishing a fair and equitable process of prioritising the most urgent cases. However, the extensive waiting time reveals that clients are waiting far beyond the ideal time for therapy. Wider service issues need to be addressed and this study brings to light the difficulties families, referrers and clinicians face on a daily basis and the negative implications of waiting lists on individual families and on society as a whole. Suggested improvements for the service included consideration of a more sophisticated database with the ability to export data and produce detailed reports.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

Qualitative

TITLE	An Evaluation of Parents’ Perspectives on the Screening and Prioritisation Process in the Clinical Child Psychology Service in Co. Clare
AUTHORS	<i>Elias, S.,¹ Ryan, P.² Clinical Child Psychology Service, Health Service Executive West, Tobartaoscairn, Ennis, Co. Clare¹ Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick²</i>

INTRODUCTION

The identification of the mental health needs of children and adolescents is vital. Early identification and promotion of mental health facilitates growth and development of healthy individuals and may reduce lifelong mental health disorders.¹ The national document ‘A Vision for Change’² also implies that good outcomes for the child and family are achieved when they have access to timely, well organised and best practice assessment and treatment interventions.

Most of the literature on waiting lists illustrates the negative effects of having to wait a long time both on clients and on service provision. A number of waiting list initiatives have been employed to manage waiting times including prioritisation systems, urgency coding, initial assessment, clear referral guidelines and brief solution-focused therapy.

The aim of the present study was to evaluate parents’ expectations, understanding and experience of the screening and prioritisation (S&P) process. Gaining insight into users’ experience of this waiting list initiative will give insight into its effectiveness and efficiency. This present study offers an opportunity to evaluate the acceptability of the S&P process as a valuable initiative.

METHODOLOGY

The study used a qualitative design. Parents’ experiences and responses to interview questions were analysed using thematic content analysis. A total of 7 parents were randomly selected from the 5 clinics covered by the Clinical Psychology Service in County Clare.

The semi-structured interview was designed in consultation with the Clinical Psychology Team. Interview questions were created around specific research topics or themes. All interviews were completed by the researcher and location of interviews was negotiated between parent and researchers. All participants were asked to sign a consent form.

All interviews were audio taped and transcribed verbatim into word files and transcripts were coded under the specific categories of ‘expectations and understanding’, ‘experience’ and the ‘effectiveness and efficiency’ of the S&P.

Ethical approval was granted by the Ethics Research Committee, Health Service Executive West.



RESULTS

The results of the analysis of the semi-structured interview suggest that the majority of parents found the S&P process valuable. In relation to parents' expectations and understandings of the process, findings indicated that they had a good understanding of what the process entailed – namely assessing and prioritising concerns; giving advice and reassurance, while also sourcing the most appropriate service for their child, depending on the complexity of their needs.

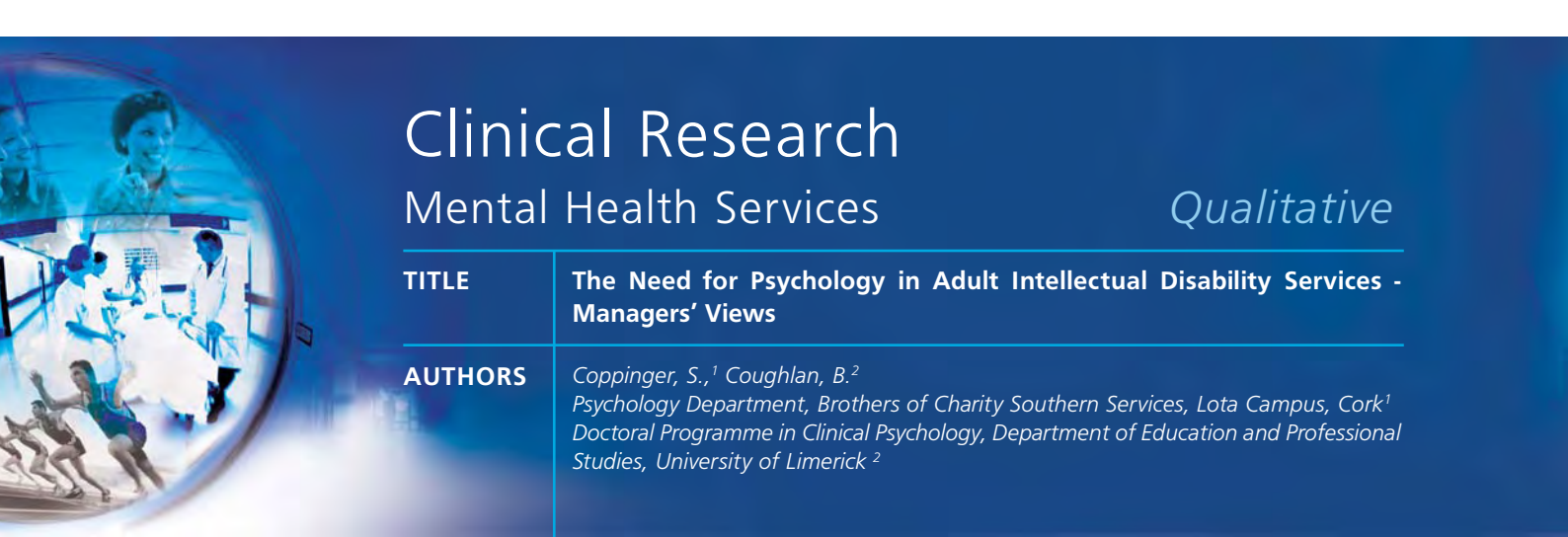
In considering parents' experiences of the S&P process the majority of parents found the experience positive. The majority of parents reported high levels of anxiety and nervousness prior to attending the appointment. In contrast the common feelings following the appointment were of relief and empowerment.

CONCLUSION

This study has provided valuable, real world perspectives of service users' experiences of the S&P process. Findings indicate that parents find value and benefits from attending the appointment, supporting the validity of the S&P initiative. In examining these questions the current study gives an opportunity to develop more efficient and effective waiting list strategies in Ireland.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

Qualitative

TITLE	The Need for Psychology in Adult Intellectual Disability Services - Managers' Views
AUTHORS	<i>Coppinger, S.,¹ Coughlan, B.² Psychology Department, Brothers of Charity Southern Services, Lota Campus, Cork¹ Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick ²</i>

INTRODUCTION

The present study was completed in an intellectual disability service provider in the HSE South region of Ireland. The main aim of the project was to find out what managers' perceptions were in relation to the need for psychological input within their service areas. More specifically, managers' views were sought in relation to the need for psychology within the following key areas: (a) psychological assessment; (b) behavioural interventions and management; (c) person-centred planning; (d) counselling; (e) advocacy; and (f) working with families, staff and services. In addition, the views of managers were obtained in relation to the referral system and model of allocation for psychology within adult services.

METHODOLOGY

A total of 4 managers (2 sector and 2 service community leaders) were interviewed by the author. The interviews were semi-structured; using an interview schedule based on a needs analysis questionnaire developed 'in house' by the Psychology Department. Thematic analysis was used to analyse the data, using methods recommended by Braun and Clarke.¹

RESULTS

Based on the results of this study, psychology still has a major part to play in supporting service users, families, staff, managers and organisations in the area of intellectual disability. Managers want more psychologists 'on the ground,' developing relationships with the people they support. They want psychology to be a strong member of the multidisciplinary team, pushing an alternative perspective to the medical model. With regard to the referral system and model of allocation, there are divergent views. Some feel that a central referral system would be preferable, whereas others prefer the model where psychologists are attached to certain service centres, allowing them to identify appropriate referrals themselves.

CONCLUSION

Encouragingly, there is still a major need for psychological assessments, especially in the areas of mental health, risk, capacity, admissions and discharge, and elder care. With regard to behavioural interventions and management, managers feel that psychology should have more of a consultative role. All managers felt that working with staff was a key area for psychology, for example, staff support, advice, consultation and training. Managers also took this view in relation to working with families and working for the service. In the area of advocacy, managers felt that psychologists should be advocating more for people with complex profiles and lower ability levels. Finally, there were differing views in relation to Person Centred Planning (PCP). Some felt that psychologists should attend these meetings, whereas others felt that attending the annual review would suffice.



REFERENCES

Available on request.

PRESENTED

At a Brothers of Charity Southern Services Psychology Department Meeting on Friday, June 18th, 2010 by Shaun Copping.



Clinical Research

Mental Health Services

Quantitative

TITLE	The Need for Psychology in Adult Intellectual Disability Services - Staff Views
AUTHORS	<i>Coppinger, S.,¹ Coughlan, B.² Psychology Department, Brothers of Charity Southern Services, Lota Campus, Cork¹ Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick ²</i>

INTRODUCTION

The present study was completed in an intellectual disability service provider in the HSE South region of Ireland. The main purpose of the study was to quantify the need for psychological services for adults with intellectual disabilities, as identified by front line staff and to use this data to develop and focus the delivery of psychological services into the future. More specifically, staff views were sought in relation to the need for psychology within the following key areas (a) psychological assessment, (b) behavioural interventions and management, (c) person-centred planning, (d) counselling, (e) advocacy, and (f) working with families, staff and services.

METHODOLOGY

Front line care staff in all service community/campus homes and adult day services were sent questionnaires to complete on each service user in their care. In all, 135 questionnaires were completed and returned by staff, giving a response rate of over 90%. Descriptive statistics were used to summarise the data collected in the research study.

RESULTS

As regards categories of intellectual disability, people living on campus have more severe disabilities. This is important, as the type of psychological input for these people may be different to those living in the community. Staff identified a significant need for psychology in the areas of assessment, behaviour management, person-centred planning, counselling and advocacy. They also felt that there was a need for input in relation to supporting staff, families and the service itself. Recommendations for the psychology service, arising from the results of the study, are outlined.

CONCLUSIONS

One of the main ways in which this study could have been improved would have been to have held some focus groups with the different staff groupings. These focus groups, along with the data from the questionnaires, would have provided a richer and fuller understanding of the views of staff in relation to the need for psychology input.

While this study looked at the views of residential and day service staff on campus and in the community, it did not obtain the views of staff working with our service users in supported employment. This is an avenue which needs to be explored in the future. In addition, obtaining the views of the service users themselves should be a priority.



PRESENTED

At a Brothers of Charity Southern Services Psychology Department Meeting on Friday, June 18th, 2010 by Shaun Copping.



Clinical Research

Mental Health Services

Quantitative

TITLE	The Weighting Game - A Quantitative Examination of the Western Canada Waiting-List (WCWL) Prioritisation Tool in a Child and Family Psychology Department in HSE South
AUTHORS	<i>Pender, T.^{1,2} Ryan, P.² Child, Adolescent and Family Psychology Services, Waterford Community Care, Waterford¹ Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick ²</i>

INTRODUCTION

Access to appropriate interventions in a timely manner is a significant component of a preventative strategy to promote mental health and ultimately reduce long-term distress in children. As public awareness of psychological difficulties increase, there is an increasing demand for psychological services, resulting in ever-lengthening waiting-lists. Problematic to this trend is the perception that waiting-lists may be determined through ambiguous guidelines which result in inaccurate priority-weightings attached to a client.

OBJECTIVES

In response to the need for a more transparent, objective, and equitable measure, several 'point-count' instruments have been developed. Point-count measures are based on an additive system whereby potential clients are scored across a number of standardised domains. The Western Canada Waiting-List (WCWL)¹ prioritisation tool is an example of such a point-count measure and is used to gauge priority levels of children (and/or their families) seeking access to mental health services.

It is reasonable to question whether a point-count measure provides a fair, equitable and objective measure of urgency, or whether it is merely a subjective system, prone to clinician bias and judgment. One way to investigate a measure's objectivity is by investigating its reliability. Reliability is a critical property for all measurements used in health-related research and practice²

The present study is the first part of a two piece mixed-method complementary design; the first part comprising a quantitative approach and the second part adopting a qualitative method. This quantitative component primarily examines the inter- and intra-rater reliability of the WCWL prioritisation tool within a Psychology Department in HSE South which has actively used the tool in clinical practice. The second piece endeavours to utilise a focus group as a means of exploring the individual and collective views of the WCWL within the same Psychology Department.

METHODOLOGY

Six hypothetical vignettes depicting children with varying severities of psychological difficulty were critically assessed on two occasions according to the WCWL by all 5 members of the Psychology Department. The first administration allowed for the calculation of an inter-rater reliability statistic and a baseline for a test-retest reliability estimate. The second administration allowed for the computation of a test-retest reliability estimate.



RESULTS

Inter-rater reliability was assessed using the Intraclass Correlation Coefficient (ICC). This analysis is a standard procedure for assessing inter-rater reliability and it is a preferred method of reliability analysis when working with small samples³. An estimate of intra-rater reliability was computed by calculating the Pearson product-moment correlations between the test scores at each administration. Findings revealed poor inter-rater reliability between Psychologists; however, high test-retest reliability estimates were evident across both time administrations.

CONCLUSION

The present study demonstrated a number of interesting findings regarding the waiting-list procedure in the current service, and the WCWL prioritisation tool in particular.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

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TITLE	The Weighting Game - A Qualitative Examination of the Western Canada Waiting-List (WCWL) Prioritisation Tool in a Child and Family Psychology Department in HSE South
AUTHORS	<i>Pender, T.,^{1,2} Ryan, P.²</i> <i>Child, Adolescent and Family Psychology Services, Waterford Community Care, Waterford¹</i> <i>Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick²</i>

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The present study is the second part of a two piece mixed-method complementary design; the first part comprising a quantitative approach and this second part adopting a qualitative method. The quantitative component primarily focused on the inter- and intra-rater reliability of the WCWL prioritisation tool within a Psychology Department in HSE South which has actively used the tool in clinical practice. This second piece endeavours to utilise a focus group as a means of exploring the individual and collective views of the WCWL in the same Psychology Department.

METHODOLOGY

All 5 members of a Psychology Department in HSE South participated in a focus group which examined their views and experiences of the WCWL prioritisation tool. The data in the focus group was analysed using thematic analysis.²

RESULTS

The focus group narrative revealed a number of important service implications which may result in a more comprehensive understanding of client needs. Psychologists indicated that they viewed the WCWL as a useful measure of client prioritisation. Nonetheless, they also expressed a number of concerns regarding the tool. Firstly, they questioned what the WCWL actually measured. Some stated that it may obtain a biased measure of the client's severity as it is completed so soon after the referral date. Secondly, opinions around individual items of the WCWL were discussed, with several participants conveying the view that some of the items were very broad and at times difficult to answer.



Thirdly, several of the Psychologists remarked that at times it was difficult to complete the WCWL due to the limited information available regarding the child. Fourthly, the objectivity of the measure was discussed with acknowledgment that the WCWL is not a completely objective measure and that clinical judgement is needed to complete the tool. Finally, the future directions of the WCWL within the current service were discussed, with some participants highlighting the potential value of departmental training for consistent rating of the WCWL.

CONCLUSIONS

The present study demonstrated a number of interesting findings regarding the waiting list procedure in the current service, and the WCWL prioritisation tool in particular.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

Qualitative

TITLE	A Qualitative Evaluation of the Incredible Years Teacher Classroom Management Programme
AUTHORS	<i>McMahon, T.,¹ Ryan, P.² Clinical Psychology Service, Clare PCCC, HSE West, Ennis, Co. Clare¹ Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick²</i>

INTRODUCTION

In recent years, there has been a growing emphasis on the importance of encouraging social and emotional development in school-going children. Research has consistently indicated that school readiness, defined by Webster-Stratton, Reid and Stoolmiller¹ as “emotional self-regulatory ability, social competence, the absence of behaviour problems, and parent-teacher involvement”, is one of the strongest and most reliable predictors of academic achievement.²

The limited resources and time available for teachers to participate in further professional development necessitates an overarching approach to classroom management that can address the wide variety of issues faced by teachers on a daily basis. The Incredible Years Teacher Classroom Management (TCM) programme was devised to promote positive behaviours, decrease aggression and non-compliance, and support children’s social and emotional development³ particularly within high-risk schools with pupils from lower socio-economic backgrounds.

OBJECTIVES

The purpose of the current study was to evaluate the effectiveness of the Incredible Years TCM programme which is presently being delivered in Co. Clare. Previous evaluations of this programme in other countries have involved time- and cost-intensive interviews with teachers which, while offering a robust and reliable estimation of programme effectiveness, are not feasible to conduct in an environment where both financial and human resources are under pressure. Nonetheless, programme facilitators are under obligation to ensure that the training delivers on its promises to enhance the quality of the teacher-student relationship, reduce levels of aggression and non-compliance in the classroom, and increase childrens’ academic potential. Cost- and time-effective measures of evaluation are thus required. With this in mind, the present study consisted of a qualitative analysis of the Incredible Years TCM programme using open-ended questionnaires which are convenient to administer and can yield valuable feedback from participants.

METHODOLOGY

A total of 23 participants completed the TCM programme from July 2009 to February 2010. Open-ended questionnaires were administered prior to commencing training, and following completion of the workshops to gather data on participants’ goals and their overall satisfaction with the programme. This data was then subjected to a thematic content analysis.



RESULTS

Prior to completing the training, teachers expressed a desire to be more consistent in their interactions with pupils, to learn effective ways of promoting social and emotional competence, and to create a positive learning environment for their students. In post-intervention evaluations, teachers reported high levels of satisfaction with the training workshops. The programme's emphasis on proactive and positive behaviour management strategies and the opportunities for group discussion were identified by teachers as the most likeable aspects of training.

CONCLUSIONS

These results clearly indicated that the objectives of the TCM programme represented the needs identified by teachers. While further research with larger samples is necessary to evaluate the effectiveness of the programme in an Irish context, these preliminary findings suggest that the training experience is helpful, relevant and meaningful to Irish teachers.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

Quantitative

TITLE	A Quantitative Evaluation of the Incredible Years Teacher Classroom Management Programme
AUTHORS	McMahon, T., ¹ Ryan, P. ² <i>Clinical Psychology Service, Clare PCCC, HSE West, Ennis, Co. Clare¹</i> <i>Doctoral Programme in Clinical Psychology, Department of Education and Professional Studies, University of Limerick²</i>

INTRODUCTION

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OBJECTIVE

The purpose of the current study was to evaluate the effectiveness of the Incredible Years TCM programme which is presently being delivered in Co. Clare. Previous evaluations of this programme in other countries have involved time and cost-intensive observations of teachers which, while offering a robust and reliable estimation of programme effectiveness, are not feasible to conduct in an environment where both financial and human resources are under pressure. Nonetheless, programme facilitators are under obligation to ensure that the training delivers on its objectives. Cost and time-effective measures of evaluation are thus required. The present study consisted of a quantitative evaluation using a Likert-scale questionnaire.

METHODOLOGY

This study evaluated the effects of the TCM programme on teacher confidence, the use of specific teaching strategies endorsed by the programme, and on teachers' relationships with the parents of their pupils. Two schools were selected for participation in the study. Participants in the first school (n=23) underwent TCM training in the academic year 2009-2010. Participants from the second school (n=9) acted as the control group. Measures used were the Teacher Strategies Questionnaire – TSQ (Webster-Stratton, Reid, & Hammond, 2001²), and the Teacher Workshop Evaluation survey (TWE). The TSQ is a 44-item questionnaire based on a Likert-type scale, consisting of three sections – Teacher Confidence (in managing current and future behaviour problems) – Teaching Techniques, and – Teacher-Parent interaction. The Teacher Workshop Evaluation survey asked participants to rate the helpfulness of four components of the workshop (content; video examples; group leader teaching and group discussion) on a 4 point scale from 1 – not helpful to 4 – very helpful.

RESULTS

Participants in both the training group and the control group expressed high levels of confidence in managing current behaviour problems, although the difference in the means between groups was not significant ($p = .531$).



In managing future behaviour problems, experimental-group participants reported feeling “confident” to “very confident” while control-group participants reported feeling “neutral” to “somewhat confident”. A Mann-Whitney U test indicated that differences between groups on this measure were significant ($z = 2.75$, $p = .013$). There was also a significant difference between the groups in use of inappropriate strategies ($z = -2.012$, $p = .044$) and limit-setting strategies ($z = -2.054$, $p = .040$). There were no significant differences between groups in use of proactive strategies ($p = .381$) or praise and incentives ($p = .051$). Additionally, there was no significant difference in the frequency of parent-teacher interactions.

CONCLUSIONS

The results of this study supported the hypotheses that teachers who received the Incredible Years TCM training would express greater confidence in managing future behaviour problems, and would use inappropriate behaviour management strategies less frequently. However, there was no significant difference between training and control groups in use of proactive strategies designed to promote positive behaviour, or in the use of praise and incentives.

While this study offered support for the effectiveness of the TCM programme, there were a number of methodological issues to be noted, including small sample size and consequently lack of power, variance between groups in class size, and age of children. Further research with larger samples would be beneficial in evaluating the effectiveness of the programme in an Irish context.

REFERENCES

Available on request.



Clinical Research

Mental Health Services

TITLE	Hospital-Treated Deliberate Self Harm in Ireland - Findings from the National Registry of Deliberate Self Harm Annual Report 2009
AUTHORS	<i>Corcoran, P.,¹ Meaney, S.,¹ Arensman, E.,¹ Perry, I.J.² National Suicide Research Foundation, Cork¹ Department of Epidemiology and Public Health, University College, Cork²</i>

ABSTRACT

Suicidal behaviour has become recognised as a significant public health problem in Ireland. This recognition has led to a number of national initiatives including ‘Reach Out’, the National Strategy for Action on Suicide Prevention and the National Registry of Deliberate Self Harm.

The National Registry of Deliberate Self Harm has sought to establish the extent and nature of hospital-treated deliberate self harm in Ireland.

Trained data registration officers collected data relating to deliberate self harm presentations to all 39 hospital emergency departments which operated in Ireland in 2009. The definition of deliberate self harm used was as follows: ‘an act with non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour, which without intervention from others will cause self harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes which the person desires via the actual or expected physical consequences.’ A minimal set of data was recorded onto laptop computers via a custom-design data entry and transferred electronically to the Registry offices.

In 2009, the Registry recorded 11,966 presentations to hospital due to deliberate self harm nationally, involving 9,493 individuals. The age-standardised rate of individuals presenting following deliberate self harm was 209 per 100,000, a significant 5% increase on the rate of 200 per 100,000 in 2008 and the third successive increase in the national rate of hospital-treated deliberate self harm.

The national male rate of deliberate self harm was 197 per 100,000, 10% higher than in 2008, a second successive major increase in male deliberate self harm following an 11% increase in 2008. The female rate was 222 per 100,000, virtually unchanged from the rate of 223 in 2008. As in previous years, the female rate was higher than the male rate but the gender difference was only 13% in 2009 whereas the female rate was 24% higher in 2008 and at least 32% higher in earlier years.

Deliberate self harm was largely confined to the younger age groups. The peak rate for women was in the 15-19 year age group, at approximately 635 per 100,000, whereas the peak rate among men was in 20-24 year-olds at 526 per 100,000.

The incidence of deliberate self harm exhibited marked variation by geographic area. City rates of deliberate self harm generally exceeded those of the counties for men and women. At the level of the HSE Local Health Office (LHO), Limerick LHO had the highest male rate and the second highest female rate. Cork North Lee and Louth had high rates of deliberate self harm for men only. Four of the eight Dublin LHOs (Dublin North Central, Dublin West, Dublin South West and Dublin North West) were associated with high rates of deliberate self harm for



both men and women. In contrast, the incidence of male and female self harm was low in Dublin South East and Dún Laoghaire.

Drug overdose was the commonest method of self harm, involved in 71% of all acts registered in 2009 and more so in women (78%) than in men (64%). Minor tranquillisers, paracetamol-containing medicines and anti-depressants or mood stabilisers were involved in 42%, 29% and 21% of drug overdose acts. Self-cutting was the second commonest method of self harm, used in one in five cases (22%) and significantly more often by men (25%) than by women (19%). There was evidence of alcohol consumption in 41% of all episodes of deliberate self harm and this was more often the case for men (45%) than women (37%).

The increase in deliberate self harm in Ireland intensifies the need for prevention and intervention programmes to be implemented at national level. Increased support should be provided for evidence-based prevention and mental health promotion programmes in line with priorities in 'Reach Out', the National Strategy for Action on Suicide Prevention (2005-2014), the reports of the Houses of the Oireachtas on the high level of suicide in Irish society and 'A Vision for Change', the Report of the Expert Group on Mental Health Policy.

SOURCE

National Suicide Research Foundation. National Registry of Deliberate Self Harm Annual Report 2009. Cork: National Suicide Research Foundation, 2010.



Clinical Research

Mental Health Services

TITLE	Risk and Protective Factors for Suicidal Behaviour in a Community Sample of Young Irish Adults
AUTHORS	<i>Kissane, S.,¹ Dooley, B.² Psychology Department, St. Senan's Hospital, Co. Wexford¹ School of Psychology, University College Dublin²</i>

INTRODUCTION

Rates of suicide and attempted suicide in Ireland are particularly high for young adults. Past suicidal behaviour¹, depression² and hopelessness³ are known predictors for suicidal behaviour.

OBJECTIVE

The aim of this study is to assess the prevalence of suicidal behaviour, and to examine risk and protective factors for suicide ideation and attempts in a community sample of young Irish adults.

METHODOLOGY

Following UCD and HSE ethical approval, adults (18-35 years) were recruited from FÁS, UCD, Teagasc agricultural training centres, Youthreach, community groups and local industries in the East and South East of Ireland using a purposeful sampling procedure. Participants completed an anonymous demographic questionnaire and standardised self-report measures to assess suicidal behaviour, and risk and protective factors for suicidal ideation and attempts including:-

1. Suicidal Behaviour Questionnaire - Revised (SBQ-R)
2. Beck Hopelessness Scale (BHS)
3. Depression, Anxiety and Stress Scale (DASS-21)
4. Suicide Resilience Inventory (SRI-25)
5. Rosenberg Self-Esteem Scale (RSE)
6. The Multidimensional Scale of Perceived Social Support (MSPSS)
7. Satisfaction with Life Scale (SWLS)
8. Reasons for Living Inventory (RFL-48)

The sample size was 854 [males, (57%), mean age=22.5 years, SD=5.29]. The majority of the sample were Irish (94%); and single (79%).

A score of 8 or above on the Suicide Behaviour Questionnaire (SBQ-R) was used to differentiate between suicide-risk and non-suicide risk participants on measures of psychological adjustment between the groups.

RESULTS

15.7% of the sample (n=854) reported suicidal ideation with a plan. 5.9 % reported attempted suicide within their lifetime, (international norms range from 2.15% - 18.5% for suicide ideation and 3.1% - 5.9% for suicide attempts).⁵ Table 1 presents data on reported suicidal behaviour across groups.

Table 1 - Percentage of Reported Suicidal Behaviour Across Groups

	FÁS (n=261)	UCD (n=250)	Teagasc (n=127)	Unemployed (n=112)	Clerical/Manual (n=104)	Total (n=854)
Suicidal Thoughts	3.2%	5.8%	1.2%	3.1%	2.6%	15.7%
Suicide Attempt	1.5%	1.8%	0%	1.3%	1.3%	5.9%

Table 2 displays data on suicidal behaviour by age group for males and females separately.

Table 2 - Percentage of Males and Females who Reported Suicidal Behaviour by Age Group

	Males			Females		
	18-20 yrs	21-29 yrs	30-35 yrs	18-20 yrs	21-29 yrs	30-35 yrs
Suicidal Thoughts	6.9%	4.0%	2.3%	11.1%	6.1%	1.7%
Suicide Attempt	1.6%	1.0%	0.8%	4.7%	3.6%	0.3%

Table 3 displays the means and standard deviations for the variables studied. A significant difference ($p < .001$) was found between the suicide-risk and non-suicidal groups on measures of risk and protective factors for suicidal behaviour using independent t-test.

Table 3 - Mean Scores and Standard Deviations (SD) among the Variables

	Non-Suicidal (n=697)* Mean score (SD)	Suicide-Risk (n=148) Mean Score (SD)
Measures of Risk Factors		
Suicidal Behaviour (SBQ-R)	3.96 (1.64)	10.73 (2.90)
Depression, Anxiety, Stress (DASS-21)	21.33 (19.11)	42.19 (24.94)
Hopelessness (BHS)	2.98 (2.87)	6.48 (5.19)
Measures of Protective Factors		
Suicide Resilience (SRI-25)	5.29 (0.616)	4.33 (0.764)
Self-Esteem (RSE)	25.49 (3.85)	21.69 (4.21)
Satisfaction with Life (SWL)	24.80 (6.27)	18.45 (6.91)
Perceived Social Support (MSPSS)	68.70 (12.12)	59.22 (14.03)
Reasons for Living (RFL-48)	218.07 (32.17)	191.51 (38.31)
*(Incomplete data for 9 participants)		



CONCLUSIONS

The percentage of young Irish adults in the community who reported suicidal ideation is high compared to international norms. Young adults at risk of suicide in the community scored significantly higher on measures of depression, anxiety, stress and hopelessness. They reported lower levels of self-esteem, satisfaction with life, perceived social support and reasons for living. The non-suicidal group had higher levels of suicide resilience than those categorised at risk for suicide. This study is ongoing; the effect of protective factors on suicidal behaviour will be examined in future studies.

REFERENCES

References available on request.

FUNDING

This study was partly funded by the Department of Social and Family Affairs, Wexford Mental Health Services and the Suicide Resource Office, Waterford.



Clinical Research

Mental Health Services

TITLE	An Evaluation of the Liaison Psychiatry Service Provided in University Hospital Galway
AUTHORS	<i>McInerney, S., Van Laar, A., Bainbridge, E., McDonald, C. Department of Psychiatry, University Hospital Galway</i>

INTRODUCTION

Liaison mental health services provide clinical services and education, teaching and research in general hospital settings. The main benefits of liaison mental health services are the identification and treatment of mental health problems in the general, medical and A&E settings. This has been found to lead to reduced morbidity, reduced hospital admission, reduced inappropriate physical investigations, reduced length of stay, reduced outpatient attendances, reduced anxiety and depression and improved quality of life.¹

OBJECTIVES

1. To document the details of the service provided by the Liaison Psychiatry Service of University Hospital Galway (UHG) in 2009.
2. To provide information on the demographic details and the diagnosis of those presenting patients.
3. To outline the service provided to these patients by the Liaison Psychiatry service of UHG.

METHODOLOGY

An assessment form was designed to gather demographic and clinical information regarding the patients assessed by the Liaison Psychiatry Service in UHG. The details of each patient were collected from a logbook kept in the Department of Psychiatry in UHG. The authors collected information from this logbook and from patient case notes in order to complete the assessment form in each case.

RESULTS

A total of 2,638 patients were assessed by the Liaison Service in 2009. Included in this figure were a total of 573 (22%) consultations seen in this period. From the figures collected thus far, from January to July 2009, a total of 867 patients were seen by the Liaison Psychiatry Service of UHG. 49% were male and the mean age of patients was 34 (range 8 to 88). 3% of patients were under the age of 18. 32% of patients referred from A&E had not attended the service previously. 49% (429) were assessed after 5pm.

The most common diagnoses were affective disorder at 26% and substance abuse which accounted for 14%. 83% of patients who presented lived within the catchment area of the Galway West service. In relation to the service provided to patients, 23% of patients assessed by the liaison service were admitted to the Acute Psychiatric Unit and 21% were given OPD appointments. 11% were referred onto other psychiatric services. In terms of sources of referrals, 43% were referred by A&E, 24% were self-referrals and 11% of patients were referred by their GP.



From the study figures completed thus far, almost 900 patients presented to the Liaison Psychiatric Service of UHG in a six-month period in 2009. The main diagnosis was of people with affective disorders, although there was also a large proportion of substance misuse and anxiety related presentations. Those patients with psychosis and with personality disorders were also common. For a large proportion of patients assessed, no diagnosis was obtained from the patient charts.

The A&E Department was a busy source of referrals to the service. Combined with self-referrals, these presentations accounted for two-thirds of all presentations to the service. With half of the patients assessed after 5pm, this means that the duty psychiatrist assesses those referred to A&E after this time. The difficulty with gaining access to patient charts and the lack of multi-disciplinary patient information at these times is a possible reason for the high number of patients being admitted from the liaison service.

CONCLUSION

This service evaluation was conducted to show the broad spectrum of cases seen by the Liaison Psychiatry Service in UHG. The introduction of a Liaison Psychiatric Nurse and Liaison Registrar to the service has been a significant assistance to the provision of the Liaison Psychiatry Service. The absence of a Consultant in Liaison Psychiatry means that the service in the hospital is still suboptimal.

REFERENCES

Available on request.



Clinical Research

Nursing - Mental Health Services

TITLE	The Development of Evidence-Based Practice among Irish Psychiatric Nurses - Perceived Sources of Evidence, Barriers, Facilitators and Skills in Achieving Evidence-Based Practice
AUTHORS	<i>Yadav, B.L.</i> <i>National Forensic Mental Health Services, Central Mental Hospital, Dundrum, Dublin 14</i>

INTRODUCTION

Despite much emphasis on the need to incorporate principles of evidence-based practice (EBP) in delivering evidence-based health care, the literature indicates that nurses are continually facing challenges to achieve evidence-based nursing (EBN) because of a number of barriers/influencing factors. The influencing factors of EBN are not fully understood or clearly identified in the literature concerned with mental health nursing practice.

OBJECTIVES

This study examined a number of influencing factors in attainment of EBP and it was undertaken to determine different sources of practice knowledge, barriers and facilitators, and skills for implementing EBP among a national sample of Irish psychiatric nurses.

METHODOLOGY

Data were collected in a cross-sectional survey. A total of 750 'Development of Evidence-Based Practice (Gerrish 2007)'¹ questionnaires were distributed through the post to a randomly selected sample of registered psychiatric nurses. The survey was therefore anonymous. An exemption for full ethical review was sought by notifying the concerned ethical committee. Only 160 completed questionnaires were returned, representing a response rate of just 21.6%. The data was analysed using SPSS version 15.1.

RESULTS

The majority of survey respondents base their practice on information derived from patients, from their personal experience and from their colleagues' opinions in preference to consulting published sources of evidence. Insufficient time to find and read research reports and insufficient resources to change practice were perceived as the greatest barriers. Practice development co-ordinators (PDC) were perceived as the most supportive to changing practice. The skill in which the majority of the respondents had rated themselves as higher was concerned with using the Internet to search for information and the lowest was concerned with using research evidence to change practice.

CONCLUSION

The findings suggest that Irish psychiatric nurses face similar challenges in attaining EBN as do their counterparts in general nursing.



REFERENCES

Available on request.



Clinical Research

Nursing - Mental Health Services

TITLE	Registered Psychiatric Nurses' Practice with Mentally ill Parents and their Children/Families within Adult Mental Health Services - A Mixed Methods Approach
AUTHORS	<i>Grant, A. School of Nursing, Midwifery and Health Systems, University College Dublin, Dublin 4</i>

INTRODUCTION

This sequential mixed methods study, the first of its kind in Ireland, will examine Registered Psychiatric Nurses' (RPN) practice with mentally ill parents and their children/families. Mentally ill parents commonly describe parenthood as a rewarding experience and generally care for their children adequately. However, the demands of parenting while managing a mental illness can be challenging. Whilst a parent's mental illness may jeopardise their capacity to parent effectively, stress from the parenting role may in turn jeopardise their mental health. Difficulties in parenting tend to occur at times of relapse and during the acute phase of the parent's mental illness and can adversely affect both the parent and their children/families' well-being on a temporary and on an ongoing basis. This study is set against the background context of concerns and policy developments for the well-being of mentally ill parents and their children/families. Despite increasing numbers of mentally ill people assuming the parenting role, and the adverse effects which this may have for both mentally ill parents and their children/families, there is a lack of research examining Registered Psychiatric Nurses' (RPN) practice in this context.

OBJECTIVE

In order to develop RPN's practice with mentally ill parents and their children/families it is essential that further research is conducted on this subject. Among other things, this study aims to establish RPNs' capacity to engage in family focused practice and to identify factors that facilitate and hinder them in the process. This study also aims to establish if RPNs' practice is consistent with national and international governmental policy objectives and international practice and to determine how RPNs' capacity to engage in family focused practice may be further developed.

METHODOLOGY

To answer the research questions, a sequential mixed methods approach will be employed with data collected over two phases. It is anticipated that data collection will commence towards the end of 2011 and that the study will be complete by September 2014. In the first phase approximately 250 RPNs practicing in acute admission units and approximately 250 RPNs practicing within community mental health nursing and homecare services will be invited to complete a national survey. A stratified random sampling approach will be used to select acute admission units and Community Mental Health Teams for inclusion in the study. Permission will be sought from the Directors of Nursing within each of the selected units/teams to access RPNs who meet the inclusion criteria. Each of these RPNs will be invited to complete a cross-sectional questionnaire designed to measure their practice with mentally ill parents and their children/families. The central aim of this multi-dimensional measure is to determine RPNs' training needs and interests regarding family focused mental health practices. Items are designed to measure RPNs' attitudes, interests, knowledge, skills and activities as well as factors that facilitate and hinder them in addressing service users' parenting roles. In the second phase a much smaller subsample of RPNs from



the quantitative sample (n=20), who have tangible experience of caring for mothers who have enduring mental illness, will be invited to expand upon the findings of the questionnaire.

RESULTS

Obtaining the perspectives of both RPNs practicing within acute admission units and within community mental health nursing and homecare services will provide benchmark data regarding the capacity of RPNs in these two areas to engage in family focused practice and allow for an examination of tensions and commonalities between the two groups in this regard. Additionally, the findings from this study will represent a starting point for future research pertaining to RPNs' practice with mentally ill parents and their children/families within the Irish context. Findings will also be used in a three-way international comparison between Ireland, Canada and Australia. Finally, it is envisaged that results will have important implications for training and policy for both RPNs and the wider mental health workforce.

CONCLUSION

Once analysis is complete implications for practice will be considered.



Clinical Research

Physiotherapy

TITLE	Activation of the Subdivisions of Gluteus Medius during Weight-Bearing Exercises in Females with and without Patellofemoral Pain Syndrome
AUTHORS	<i>Herbert, E., O' Sullivan, K., Sainsbury, D. Physiotherapy Department, University of Limerick</i>

INTRODUCTION

Gluteus Medius (Gmed) is proposed to consist of three functional subdivisions (anterior, middle and posterior). Weakness and dysfunction of Gmed has been implicated in numerous lower extremity disorders, including Patellofemoral Pain Syndrome (PFPS). PFPS is a knee condition which frequently occurs in females and is associated with activities such as squatting and stair climbing.

OBJECTIVE

The aim of this study was to compare muscle activation in the three subdivisions of Gmed during weight-bearing exercises in females with and without PFPS. Previous studies investigating Gmed activity in PFPS subjects have reported conflicting results. However, this is the first study to examine all three Gmed subdivisions in PFPS.

METHODOLOGY

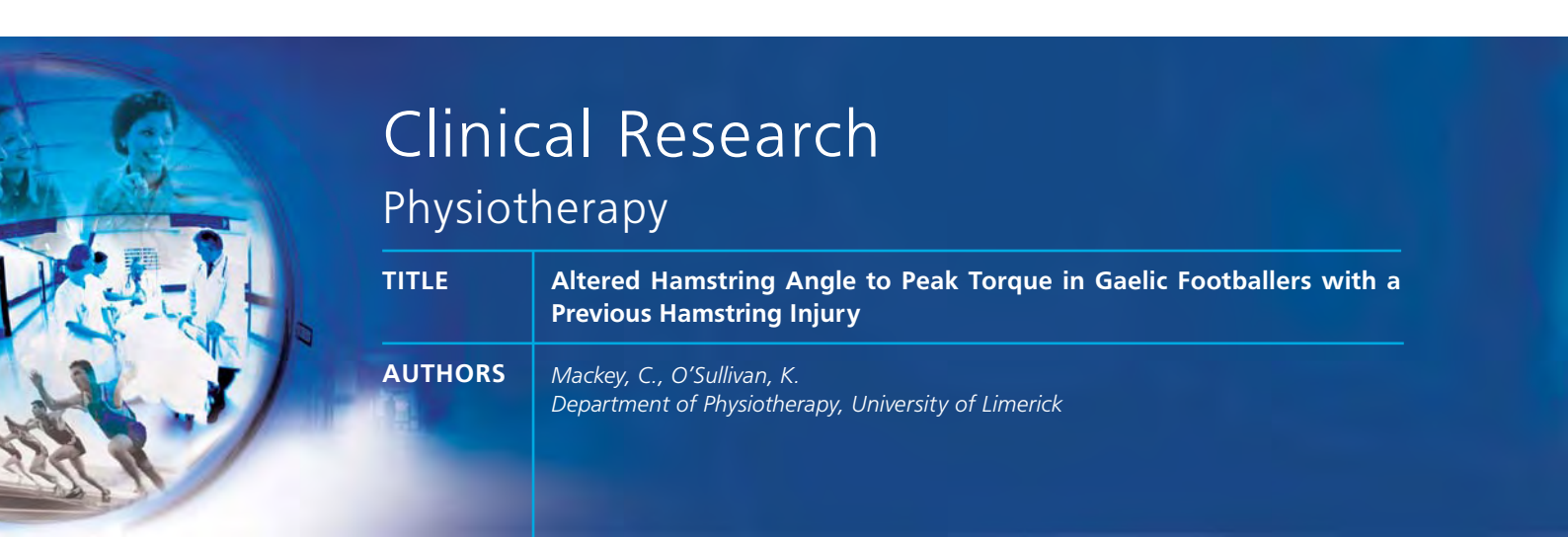
A total of 12 females with PFPS and 12 age- and gender-matched asymptomatic controls were tested. A single-test study design was undertaken. Three surface electromyography (sEMG) electrodes were used to analyse Gmed subdivision activation. Subjects performed four weight-bearing exercises (wall press, pelvic drop, step-up-and-over and unilateral squat) three times while sEMG activity of the Gmed segments was recorded. Data was analysed using a mixed between-within subjects ANOVA with post hoc Bonferroni.

RESULTS

No statistically significant differences were found between the PFPS and healthy subjects ($p=0.973$). Furthermore, there were no statistically significant differences between the exercises ($p=0.190$) or muscle fibres ($p=0.359$) independent of group tested. There was a statistically significant difference found between the exercises and the fibre types independent of the group tested ($p=0.003$), implying, as in previous studies, that the three subdivisions of Gmed respond differently to different exercises.

CONCLUSIONS

Similar levels of muscle activation were recorded in the Gmed subdivisions in the PFPS and healthy subjects during the different exercises. Physiotherapy treatments aimed at improving the amplitude of Gmed activation in PFPS patients may not necessarily be appropriate. Future studies using larger sample sizes should investigate onset and duration of muscle activation in all Gmed subdivisions in both PFPS and healthy subjects. Furthermore, future EMG studies recording Gmed activity should perform concurrent recordings of muscle activity in other key hip muscles, including gluteus maximus, gluteus minimus and tensor fascia lata, to obtain a more global insight into muscle activation patterns in subjects with PFPS. Such investigations may help better explain the pathomechanics of PFPS and enable clinicians devise effective rehabilitation programmes tailored to this population.



Clinical Research

Physiotherapy

TITLE	Altered Hamstring Angle to Peak Torque in Gaelic Footballers with a Previous Hamstring Injury
AUTHORS	Mackey, C., O’Sullivan, K. Department of Physiotherapy, University of Limerick

INTRODUCTION

Hamstring injuries are very common in Gaelic football, and have been associated with strength deficits including altered hamstring angle to peak-torque (AngPT) in other sports.

OBJECTIVE

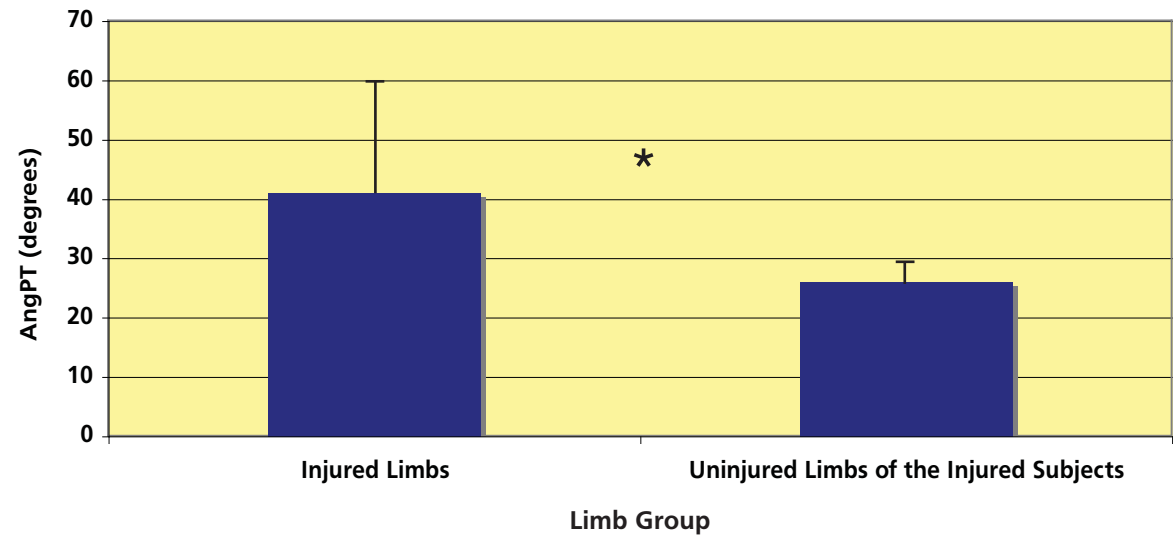
No published research has investigated eccentric hamstring strength, or hamstring angle to peak torque, among previously injured Gaelic footballers. Therefore the purpose of the study was to examine thigh muscle strength in Gaelic footballers with a previous hamstring injury.

METHODOLOGY

A total of 18 male club-level Gaelic footballers (9 previously injured, 9 controls) participated. Concentric hamstring and quadriceps strength at 60 and 180 degrees/second (°/s) and eccentric hamstring strength at 30 °/s were assessed using a Biodex Isokinetic Dynamometer. The parameters analysed were: hamstring AngPT, average peak torque, absolute peak torque, hamstring-to-quadriceps ratios and hamstring-to-opposite-hamstring ratios. SPSS 16.0 was used for data analysis. Paired t-tests and independent t-tests were used for within-subject and between-subject comparisons respectively.

Figure 1 - Mean + SD Hamstring AngPT of the Injured Limbs and Uninjured Limbs of the Injured Subjects at the Eccentric Velocity of 30 °/s

* Statistically significant difference ($p < 0.05$)





RESULTS

For previously injured limbs, hamstring AngPT occurred at significantly shorter muscle lengths ($p < 0.05$) than for the opposite uninjured limbs of the injured subjects during eccentric testing. There were no significant differences ($p > 0.05$) for any other parameter, at any velocity, for within-subject or between-subject comparisons.

CONCLUSIONS

The injured limbs of the Gaelic footballers with a previous hamstring injury demonstrated an eccentric hamstring AngPT at significantly shorter muscle lengths than their uninjured limbs. The study design does not allow interpretation of whether these changes were present before or after injury. Previous research has shown that eccentric training can shift AngPT towards longer muscle lengths. This may explain the mechanism of action of eccentric rehabilitation for hamstring injury. Future research should examine if the mechanism of eccentric exercise in reducing hamstring injury is via modification of hamstring angle to peak torque, as while this has been widely speculated, no study has yet related these two factors.

REFERENCES

Available on request.

PRESENTED

At the Irish Society of Chartered Physiotherapy Annual Scientific Conference in the Strand Hotel, Limerick on November 13th, 2010 by Mr. Colum Mackey.

ACCEPTED FOR PUBLICATION

In Isokinetics and Exercise Science under the title "Altered Hamstring Angle to Peak Torque in Gaelic Footballers with a Previous Hamstring Injury" in early 2011.



Clinical Research

Physiotherapy

TITLE	Fear of Falling - Prevalence and Correlation between Falls Efficacy Scale – International (FES-I) and Berg Balance Scale (BBS)
AUTHORS	Salawu, A., ¹ Barrett, A. ² <i>Physiotherapy Department, St. Mary's Hospital, Phoenix Park, Dublin 20¹</i> <i>Physiotherapy Department, Royal College of Surgeons in Ireland, Dublin 2²</i>

INTRODUCTION

Fear of Falling (FOF) is an important phenomenon which tends to lead to a downward spiral of events which can ultimately lead to loss of independence and institutionalisation.¹ The prevalence of FOF remains controversial. However, it is believed to affect 1 in 4 community dwelling adults² with a higher reported prevalence in older people with a history of falls and those in institutional care.³ FOF is reported to impact on the physical, mental and social well-being of sufferers. Increased risk of falling, dependency in physical activity, rate of admission into nursing homes and poor quality of life are some of the consequences associated with FOF in the elderly.⁴ Despite these huge personal and financial burdens, there are inconsistencies in the reported prevalence, risk factors for the development of FOF and outcome measure for proper assessment and evaluation of treatment efficacy.⁵

METHODOLOGY

This was a cross-sectional study involving community dwelling older people over 65 years of age with a Mini Mental Score (MMSE) of above 24 and attending a Primary Community Care Day Hospital in Dublin city. Ethical approval was granted by the Royal College of Surgeons in Ireland (RCSI). Medical history (main diagnosis, number of medication(s) and fall history) were obtained using information gathered from the medical notes and from the history supplied by the participants. Participants were asked to recall their fall history over the last 6 weeks. Assessment of the level of fear and the impact on activities of living and mood were objectively measured using the FES-I, NEADL and Geriatrics Depression scale short version (GDS-15) questionnaires respectively by the Principal investigator (PI). The FES-I, NEADL and GDS-15 questionnaires were mostly self-administered. Participants who were unable to answer the questionnaires themselves had the question and answer options read out with their chosen answers recorded. All self-completed questionnaires were checked to correct errors which mostly consisted of omissions to record answers. Where error(s) occurred with answering the questionnaire participants were made aware of the mistake(s) and chosen answers were recorded. Balance ability was assessed using the Berg Balance Scale (BBS) by the gate keeper (Physiotherapist) who was blinded to the outcomes of the questionnaire survey.

RESULTS

Prevalence of FOF was high in the sample studied as 90.48% of the sample reported moderate to high level of concern for falls. There was a moderate correlation between scores of the FES-I and the BBS ($r = -0.58$). There was a strong correlation (0.80) between FOF and functional activities as measured with the Nottingham Extended Activities of Daily Living (NEADL), however, FOF was weakly correlated with mood ($r = 0.30$) using the GDS-15. Age and poly pharmacy showed little or no correlation between FOF and “r” values of less than 0.25 while a weak correlation existed between gender and FOF ($r = 0.30$).



CONCLUSIONS

In this sample population only a moderate correlation existed between FOF and balance, indicating that other risk factors for FOF should also be assessed in this group. While the relationship exists, the nature of this relationship has yet to be explored therefore these results cannot be generalised. The management/care offered through day hospital attendance was used to explain the observed relationship patterns. Therefore, the prevalence and the relationships between FOF and some risk factors like age, gender and depression in this study group and those who are community dwellers but non-day hospital attendees needs to be further explored.

REFERENCES

Available on request.



Clinical Research

Physiotherapy

TITLE	The Effectiveness of Mirror Therapy in Sub-Acute Stroke - A Quantitative and Qualitative Case Series Analysis
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AUTHORS	<i>McCabe, S.,¹ O'Driscoll, A.,¹ O'Brien, P.,¹ Horgan, F.² Naas General Hospital, Co. Kildare¹ Royal College of Surgeons in Ireland, Dublin²</i>
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INTRODUCTION

Mirror therapy was originally introduced in the treatment of phantom limb pain in amputees. More recently, there have been a small number of studies examining the efficacy of mirror therapy in stroke rehabilitation. However, issues of compliance and patient's perceptions of mirror therapy have not been addressed.

OBJECTIVE

This study explored the feasibility of implementing a mirror therapy programme in acute stroke patients, patient compliance and experience of mirror therapy.

METHODOLOGY

The study was an experimental single blinded feasibility study. A qualitative approach explored the perceptions and compliance of mirror therapy in the clinical setting. All acute stroke patients admitted to a general hospital between September 2009 and February 2010 (n=35) were screened for entry to the study using strict inclusion and exclusion criteria. There were only nine eligible patients, and six consented to participate. They were randomised to the intervention group (Group A) and the control group (Group B). The three patients in Group A received standardised hand exercises using a mirror in addition to conventional therapy. Group B received the same hand exercises but without the use of a mirror in addition to conventional therapy. Conventional therapy was defined as usual physiotherapy, occupational therapy and speech and language therapy. Exercises were carried out daily in two 15 minute sessions at approximately the same time of day, five days a week for four weeks. In one session the research physiotherapist supervised participants' exercises. In the second session participants carried out the exercises independently at their bedside. Participants kept a record of the duration of exercises to assess compliance with the independent training schedule. Measurements were taken at baseline and at the end of the study or at hospital discharge or dropout, whichever came first, using the Nine Hole Peg Test (NHPT),¹ the upper limb items of the Fugl-Meyer Assessment (FMA)² and the Motor Assessment Scale (MAS).³ Patient profiles and the results of semi-structured interviews examining patient perceptions were examined.

RESULTS

All participants improved in motor function as measured by the FMA and MAS. Participants were unable to score on the NHPT. Compliance was generally poor in both groups. A major reason for this was self-reported fatigue. The scale of improvement on the FMA and MAS could not be analysed statistically as the sample size was too small. However, these upper limb specific measures were sensitive enough to detect change and improvement in the sub-acute stages following stroke over a short period of time.



CONCLUSIONS

The improvements observed in all participants were possibly linked to spontaneous neurological recovery and the increased intensity of upper limb exercises over the study period. Overall, participants did not find mirror therapy an interactive intervention. Further exploration is warranted to investigate the issues raised such as compliance and fatigue and the delivery and mode of exercise. This would help to clarify the role of mirror therapy in rehabilitation and in relation to optimising outcome for the upper limb following stroke.

PRESENTED

At the 6th Congress of the European Union Geriatric Medicine Society (EUGMS) in the Convention Centre, Dublin on October 1st, 2010 by Ms. Suzanne McCabe.



Clinical Research

Occupational Therapy

TITLE	Study of an Occupational Therapy Stress Management Course in a Primary Care Setting
AUTHORS	Sheil, O. Limerick Primary Care Occupational Therapy Department, HSE West

INTRODUCTION

Stress related conditions are prevalent in primary healthcare settings and can affect individuals’ physical, psychological and social well-being. Working in a primary care setting introduces occupational therapists (OTs) to new client groups including those whose stress is part of a medical condition, those whose stress is related to their role as primary carers, and those who can benefit from advice and guidance in the adoption of more healthy lifestyles.

OBJECTIVE

The aim of this study was to evaluate the effectiveness of a six week occupational therapy stress management course facilitated in a primary care setting.

METHODOLOGY

An occupational therapist facilitated 6 one hour weekly sessions addressing strategies to improve clients’ awareness of and coping mechanisms to deal with stress. Of the 12 participants, 2 were male and 10 were female. The average age of the participants was 59 years. The one hour sessions were structured by the OT to allow for an educational, an expressive and a practical component. Relaxation techniques were introduced and practised during each session and a relaxation CD provided to all participants for practice at home. The primary care Physiotherapist facilitated a talk on the benefits of physical activity during one session. All clients attended an individual appointment with the OT one week prior to the group commencing in order to complete the perceived stress scale and identify the nature and causes of their stress. The perceived stress scale is a widely used psychological instrument for measuring the perception of stress. The perceived stress scale was administered again on session six and a post-course evaluation questionnaire completed by all participants.

RESULTS

A total of 10 clients completed the final perceived stress scale and 9 showed a decrease in their perceived stress levels. The average improvement in PSS scores for the respondents who completed pre- and post-course assessments was a 15% change in perceived stress scales. The lowest positive change was 7.5% and the greatest positive change was 30%. This positive decrease in perceived stress levels shows that participants on the course felt that situations in their lives were not as stressful as they had perceived prior to the course commencing. This suggests that having learned coping strategies and practical relaxation and lifestyle management techniques, they felt better able to address areas of anxiety and stress. Feedback from the participants outlined the value of interacting with and learning from other participants to develop effective strategies and obtain peer support.



CONCLUSIONS

The findings of this study confirm that a primary care occupational therapy stress management course can reduce clients' perceived stress and offer effective coping strategies to deal with present and future stress.



Clinical Research

Biomedical Engineering

TITLE	Non-Invasive Optical Method to Determine the Total Haemoglobin Content in Real-Time
AUTHORS	<i>Timm, U.,¹ Lewis, E.,¹ Leen, G.,¹ McGrath, D.,² Kraitl, J.,³ Ewald, H.³ Department of Electronic and Computer Engineering, University of Limerick¹ Graduate Entry Medical School, University of Limerick² Institute of General Electrical Engineering, University of Rostock, Germany³</i>

ABSTRACT

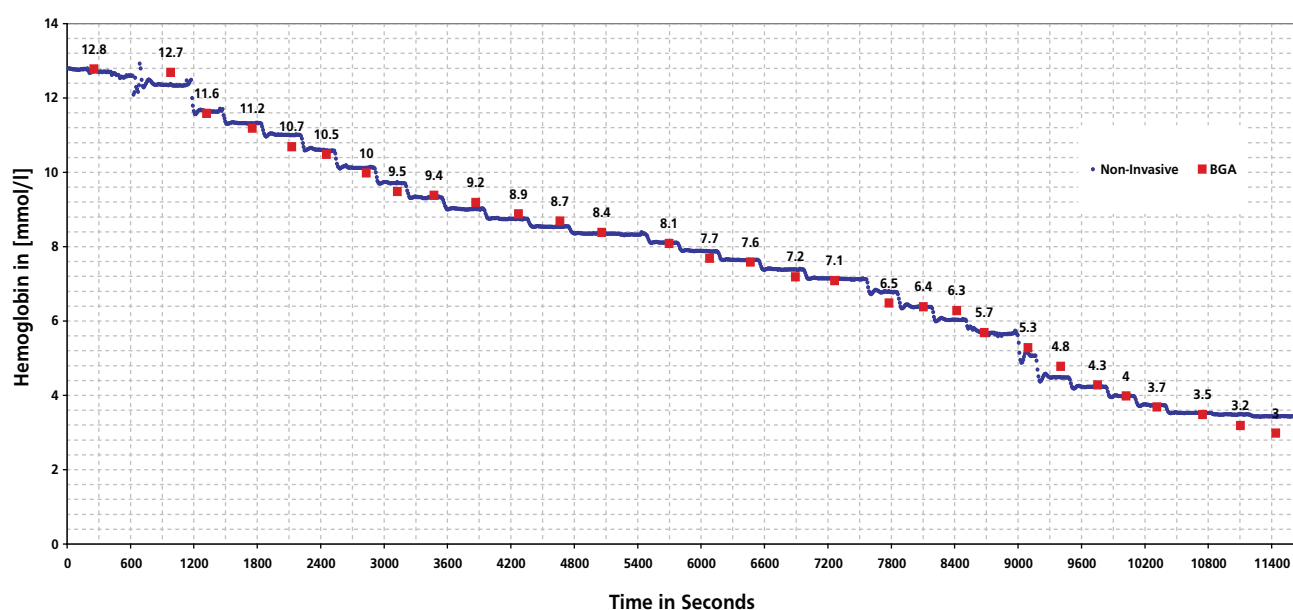
Haemoglobin (Hb) is an important component of red blood cells. The primary function of Hb is to transport oxygen from the lungs to the body tissues and to carry carbon dioxide back to the lungs from the body tissues. The Hb concentration in human blood is an important parameter in evaluating the physiological status of an individual and an essential parameter in every blood count. Currently, invasive methods are used to measure the Hb concentration, whereby blood is taken from a patient and subsequently analyzed. Apart from the discomfort of drawing blood samples, there is often a substantial delay between the blood collection and its analysis in the laboratory. This process delay does not allow real-time patient monitoring in acute situations. However, the non-invasive method described here allows pain free continuous online patient monitoring. The real-time monitoring of Hb facilitates immediate clinical reaction if necessary.

The purpose of this research is the development of an optical sensor for a non-invasive total haemoglobin concentration measurement. This non-invasive method allows pain free online patient monitoring with minimum risk of infection and facilitates real-time data monitoring allowing immediate clinical reaction to the measured data.

The Haemoglobin Sensor System (HSS) developed consists of a number of hardware modules, which include: appropriate light sources; receivers; a microcontroller and a wireless interface. In order to provide a long operational life on a single battery charge, a low power microcontroller, MSP430, was selected. The microcontroller facilitates software controlled and time multiplexed operation of the light sources and receiver channels. The mean value of the receiver on-current, (when the emitters are on), is calculated and the mean value of dark current, (when the emitters are off), is subtracted to generate an accurate value for the intensity of the received wavelength. The intensity of the received wavelength is then transferred via the wireless interface, or over USB, to the processing platform. The processing and display software is written in National Instruments LabVIEW, and executes either on a Laptop or on a PC. The wavelength sources are three LEDs, with centre wavelengths of $\lambda_1=670\text{nm}$, $\lambda_2=810\text{nm}$ and $\lambda_3=1300\text{nm}$.

In order to evaluate the system's performance, six in-vitro measurements were made using a flow model. Hemoglobin concentration was systematically varied and the results correlated with measurements taken by the non-invasive sensor system. All the non-invasive measurements were compared with blood samples which were analyzed using a Blood Gas Analyzer (BGA). During the measurements the haemoglobin concentration was changed from 13mmol/l to 3mmol/l with a constant oxygen saturation of 97%. By comparing the invasively determined concentration of Hb with the non-invasively measured concentration it was found that there is a non-linear relationship between the haemoglobin concentration of blood and the calculated coefficients measured with the sensor device, see Figure 1.

Figure 1 - Non-Invasive Haemoglobin Measurement and BGA Reference In-Vitro Measurements

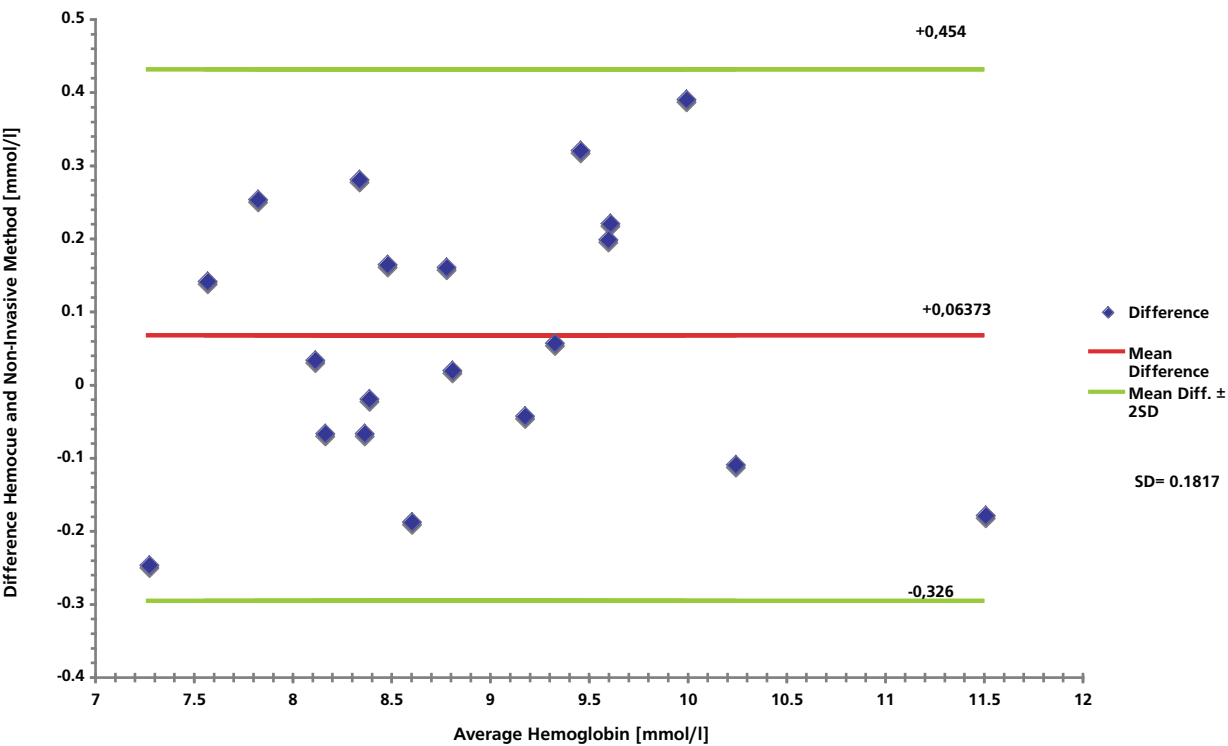


The newly developed sensor system is able to measure the total hemoglobin concentration with just two wavelengths. Initial results for non-invasive in-vitro, and invasive in-vivo, measurement of the Hb concentration indicate the plausibility of accurately determining Hb concentration using the method described.

After an empirically derived partial least-squares (PLS) calibration and statistical regression of the measurements the sensor was able to accurately measure the Hb concentration in whole blood, as illustrated in Figure 1. Further calibration was conducted which involved 15 male and 12 female volunteers. The calculated coefficients were correlated with invasive measurements taken by a HemoCue® system. The resulting calibration curves and results demonstrate that an online haemoglobin measurement device was feasible. To validate the calibrated system, blood from 15 volunteers was analyzed and compared with haemoglobin readings taken by the HSS. The results are shown in the Bland-Altman-Plot in Figure 2 and demonstrate a very high correlation.



Figure 2 – Results



REFERENCES

Available on request.

SOURCE

Timm, U., Lewis, E., Leen, G. McGrath, D., Kraitl, J., and Ewald H., Non-Invasive Continuous Online Hemoglobin Monitoring System. Fifth IEEE Sensors Applications Symposium (SAS-2010), 23rd-25th February, 2010. Limerick, Ireland. pp. 131-134. ISBN: 978-1-42

Acknowledgement

This work is supported by the IRCSET Embark Initiative.



Population Health

Public Health

TITLE	Cervical Cancer Screening - Irish Women Voice their Opinions
AUTHORS	<i>Duggan, C. Smurfit Building, Beaumont Hospital, Dublin 9</i>

INTRODUCTION

Cervical cancer screening has received much publicity in recent years, from the launch of 'Cervical Check' in 2008, to the announcement of a HPV vaccination programme targeted at girls in secondary school. In the interim came the high profile media case of the death of a well-known British celebrity from cervical cancer.

OBJECTIVE

The aim of this study was to identify the effect of 'Cervical Check' and a variety of other factors on increasing Irish womens' awareness of cervical cancer screening, and to highlight factors which women felt would be most likely to encourage them to participate in screening. It also sought to determine womens' awareness of the switch from an open access to an invitation-based call-recall system of screening and the knock-on effects of this change.

METHODOLOGY

A questionnaire-style survey of female patients from 5 GP practices in Dublin was carried out over a 3 day period. All practices had a mix of GMS card holding and private patients. Women who are eligible to partake in the national cervical cancer screening programme were requested by the receptionist staff to complete an anonymous survey. Survey questions assessed the impact of 'Cervical Check' and other factors on womens' awareness of cervical cancer screening, the effect that a variety of factors were likely to have on womens' attendance for smear testing, self-reported attendance for cervical screening, womens' awareness of the call-recall invitation method of screening and demographic characteristics.

RESULTS

- In all, 60 women returned completed surveys. The majority of respondents were young, well-educated, non GMS card holders.
- 90% of respondents (54 women out of 60) were aware of the existence of a national screening programme for cervical cancer.
- Of the 6 women who had not heard of 'Cervical Check', only 3 were private patients (representing 6% of the private patients surveyed) while 3 were GMS card holders (representing 50% of GMS card holders surveyed).
- 79% of women surveyed said they would be more likely to attend for cervical screening since the introduction of 'Cervical Check'.



- 67% reported that their awareness of cervical cancer screening had increased as a result of information provided through 'Cervical Check'.
- 85% felt that encouragement by a doctor would increase the likelihood that they would attend for screening.
- 43% were unaware that a letter of invitation from 'Cervical Check' is now required to participate in the cervical cancer screening. 6 women (10% of those surveyed) had to reschedule a smear test as a result of not knowing such a letter was required.

CONCLUSIONS

'Cervical Check' has successfully increased awareness of cervical cancer screening in most women surveyed, however this largely represents individuals from a higher socio-economic background. 50% of the GMS card holders surveyed were unaware of the existence of 'Cervical Check', indicating a failure of the screening programme to adequately target this cohort.

The role of the GP in promoting participation in cervical cancer screening was identified as being of central importance by the respondents to this survey.

The role of practice nurses in promoting participation in cervical cancer screening could be expanded upon. Women felt that they would be almost equally encouraged to participate in screening following encouragement by a nurse as by a doctor.

43% of women surveyed were unaware of the change from open access screening to a call-recall system, largely representing informed women who are already participating in cervical cancer screening. The potential barrier to screening participation which this lack of knowledge represents is remediable through an advertising campaign to highlight the change in the implementation of the national cervical cancer screening programme.



Population Health

Public Health

TITLE	A Questionnaire to Determine the Knowledge and Beliefs of Parents about the Human Pappiloma Virus (HPV) and its Vaccines in Relation to a Daughter Less than 18 Years of Age
AUTHORS	<i>O'Malley, E.,¹ Murphy, K.,² Purtill, H.,³ Saunders, J.³ Graduate Entry Medical School, University of Limerick¹ Westbury Medical Centre, Athea, Co. Limerick² Statistical Consulting Unit, University of Limerick³</i>

INTRODUCTION

Genital Human Papillomavirus (HPV) is the most common sexually transmitted infection (STI). Certain HPV types can cause genital warts and cervical cancer.¹ Approximately 250-300 cervical cancer cases are diagnosed each year in Ireland with 70-100 deaths per year due to it.²

There are two vaccines available to protect against HPV: Cervarix, which immunises against HPV strains 16 and 18, (responsible for 71% of cervical cancer) and Gardasil, which immunises against HPV strains 6, 11, 16 and 18 (strains 6 and 11 are associated with genital warts).²

OBJECTIVE

Dempsey et al. performed a randomised intervention study, with half of the population surveyed receiving information on HPV. Although this had a positive effect on their knowledge, it had little effect on vaccine acceptability.³

METHODOLOGY

Parents older than 18 years with a daughter under 18 years presenting to the General Practitioner (n=70) were surveyed with a questionnaire approved by the Mid-Western Regional Hospital Research Ethics Committee. Questions concerned the parents' demographics, knowledge about HPV and opinions including whether they intended their daughter to receive the vaccine. Data collection occurred before January 15th, 2010 when the Minister for Health announced that a free HPV vaccination programme was to be rolled out. Data was analysed with SPSS version 16.0 using crosstabulations and the non-parametric Kruskal-Wallis test ($p < 0.05$).

RESULTS

Of the population, 84.3% surveyed were female, with a mean age of 39.4 years. 79.4% were married and 50.7% had third level education, 35.8% leaving certificate level and the remainder, junior certificate level. 30.3% specified their occupation to be a homemaker, 28.8% were professional workers, 21.2% skilled and 19.7% unskilled.

Parental knowledge based on four questions about HPV was scored from 0/4 to 4/4. The mean score was 2.3 (standard deviation=1.355). Cross tabulation revealed a correlation between the parent's education level and their knowledge score, with a median score of 1/4, 2/4 and 3/4 in the junior certificate (n=6), leaving certificate (n=24) and third level (n=32) education groups respectively. A non-parametric Kruskal-Wallis test was applied to this relationship with a result of $p < 0.05$ ($p = 0.030$) and therefore significant.



Opinions (See Table 1) were measured on a five-point scale: strongly agree, agree, unsure, disagree and strongly disagree.

Table 1 - Parents' Opinions on HPV and the HPV Vaccine

Concepts which questionnaire statements were based on:	Strongly Agree (%)	Agree (%)	Unsure (%)	Disagree (%)	Strongly Disagree (%)
Efficacy of the vaccine	19.1	52.9	23.5	2.9	1.5
Daughter's risk of getting HPV	16.2	39.7	41.2	2.9	0
That the vaccine is safe	7.6	24.2	68.2	0	0
Concern regarding long-term effects of vaccine	5.9	25	66.2	1.5	1.5
That the vaccine would influence sexual behaviour	4.4	4.4	30.9	41.2	19.1

CONCLUSIONS

The parents' education level was found to be a factor which affected their knowledge of HPV. The results of the questionnaire agree with the findings of Dempsey et al. that those parents who are more informed are not necessarily more likely to wish for their daughter to be vaccinated.

40% of parents intended to have their daughter vaccinated. This is based on a time when free vaccination was not yet being offered. Further studies in the area could concentrate on actual uptake of the vaccine given that the free school based vaccination programme is to commence in autumn 2010.

REFERENCES

Available on request.



Population Health

Public Health

TITLE	Taxi Drivers - An Investigation of their Exposure to Occupational Violence and Abuse
AUTHORS	<i>Dromgoole, N.,¹ Hodgins, M.² College of Engineering, College of Engineering and Informatics, NUI, Galway¹ College of Medicine, Nursing and Health Sciences, (Health Promotion), NUI, Galway²</i>

INTRODUCTION

While physical violence has been recognised as a health risk for workers for some time, the existence and health impact of psychological violence is emerging as a priority concern in the workplace. Although rates of non-fatal injury have fallen in Ireland in recent years, incidents triggered by violence and aggression featured more prominently in 2009, accounting for 3% of incidents, compared to less than 1% in previous years.¹ Stress, compromised psychological well-being and post-traumatic stress have been reported as negative outcomes of violence in work, although research evidence on the topic is limited.

OBJECTIVE

This study aimed to explore the prevalence of types of violence experienced by taxi drivers and to measure the perceived impact on health and help-seeking behaviour. Taxi drivers are an understudied occupational group, although their work is characterised by several situational risk factors for violence; working alone, working at night, with the public, carrying cash, and high customer service orientation. While the experience of occupational violence has been explored elsewhere (e.g. Australia, UK, US)^{2,3,4} virtually no research has been carried out in Ireland.

METHODOLOGY

Convenience non-probability sampling was employed. Taxi drivers were approached on Dublin city centre ranks and requested to complete a survey instrument, devised based on a review of relevant literature. Of 283 approached, 250 complied.

RESULTS

Respondents were almost exclusively male (93%) and Irish (84%). High levels of violence and abuse were reported, with 'verbal abuse' being the most common type of negative behaviour encountered (84%), followed by 'threatening behaviour' (46%), 'damage to vehicle' (34%) and 'theft/robbery' (32%). Drunkenness and substance abuse were the most commonly attributed causes of violence and abuse. Although 23% of threats and 19% of robbery involved a weapon (e.g. knives, broken bottles, work tools), virtually no encounter of any kind led drivers to seek medical attention. Approximately one third did perceive incidents to have a negative impact on health, most particularly for robbery (41%). Stress and anxiety were the most common symptoms and verbal abuse most likely to result in symptoms. There was a tendency to minimise the problem, and accept it as part of the job, but also evidence in drivers of not knowing where or how to get help. While half of sample would like personal security training, 81% had not undertaken this.



CONCLUSIONS

Dublin-based taxi-drivers are at high risk for violence and aggression in their work, especially verbal abuse, consistent with studies in Australia and the UK.

Although there are clearly negative health impacts, help-seeking behaviour was extremely low and there were high levels of resignation and acceptance of risk and threat within the group. As a predominantly self-employed group, occupational health and safety structures at regional and national levels have a role to play in providing personal safety training.

Further research should explore the intersection between masculinity and help seeking behaviour and the specific occupational health issues for this group



Population Health

Public Health

TITLE	A National Survey of Prevalence of Cardiopulmonary Resuscitation Training and Knowledge of the Emergency Number in Ireland
AUTHORS	<i>Jennings, S.,¹ O'Hara, T.,² Cavanagh, B.,³ Bennett, K.² HSE Population Health, Dr. Steevens' Hospital, Dublin 8¹ Department of Pharmacology and Therapeutics, Trinity Centre for Health Sciences, St James's Hospital, Dublin 8² HSE, Áras Sláinte, Wilton Road, Cork³</i>

ABSTRACT

Maximising survival from cardiac arrest requires readiness within a community to activate the chain of survival. The aim of this survey was to establish prevalence of cardiopulmonary resuscitation (CPR) training within the last five years and reasons preventing training and initiation of CPR in Ireland as well as awareness of the emergency numbers.

An in-home omnibus survey was undertaken in 2008 with quota sampling reflecting the age, gender, social class and geography of Ireland.

Of the 974 respondents, 23.5% had undergone CPR training in the previous 5 years with lower social class and age 65 years and older significantly less likely to be trained. The workplace was both a major source of awareness as well as training for those trained. In the untrained group ignorance of the need for CPR training was the most significant reason for non-training. Cost was not cited as a barrier. 88.9% of people gave a correct emergency number with geographical variation. Notably, the European emergency number 112 was not well known.

Previous Irish and American population targets for CPR training have been surpassed in Ireland in 2008. New internationally agreed targets are now required. Meanwhile older people and those in lower socio-economic groups should be targeted for training. Awareness of at least one emergency number is very high in Ireland. Some geographical variation was found and this should be studied further.

SOURCE

Resuscitation, 2009 September; 80(9):1,039-1,042.



Population Health

Health Promotion

TITLE	Survey of Lifestyle, Attitudes, Diet and Physical Activity of the Members in a Phase IV Cardiac Rehabilitation Programme
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AUTHORS	<i>Canavan, L. Department of Health Promotion, National University of Ireland, Galway</i>
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INTRODUCTION

In Ireland, Cardiovascular Disease (CVD) continues to be the major cause of premature death accounting for 36% of all deaths. Balanda et al.¹ predict that the number of people living with CVD will rise due to an ageing population and an increase in diabetes, obesity and lifestyle risk factors.

Croí is a voluntary charitable foundation, founded in 1985. As part of its mission to reduce the impact of heart disease and stroke on families in the West of Ireland, Croí offers Phase IV Cardiac Rehabilitation (CR) in the community through the Cardiac Club. There are 1,100 members in the Club who are recovering from heart disease or living with CVD.

OBJECTIVE

The rationale for studying this group lies in the fact that there is a paucity of information on the demographic and risk factor profile of the members of the Club and whether the programme is meeting the members' needs. The study also examines family members' risk factors and shared lifestyle practices which may contribute to reinforcing the continuing presence of risk factors in both. The findings in the study will help to inform the future development of the programme.

METHODOLOGY

This study was conducted using a descriptive, cross-sectional and retrospective design of a random sample of the Cardiac Club (n=450). A quantitative design methodology was employed. The research instrument comprised of a self-administered postal questionnaire. Data management and statistical analysis was executed in this study using SPSS Statistics 17.0, a Statistical Package for the Social Sciences.

RESULTS

The research demonstrates an ageing profile and a gender difference with two thirds of the members' men. The results highlight the prevalence of risk factors and the need for more effective risk factor management. A sub-group was identified (15.2%) who do not have CVD but present with risk factors. A prevalence of risk factors was seen in family members concurring with the evidence-base that a shared lifestyle is an environmental risk factor over many years. A family history of CVD (38.2%) was also shown to exist. Perceptions of the Club were positive in relation to support received for lifestyle change. However, over 40.1% of the respondents reported being dissatisfied with their level of physical activity, with 43% of the members reporting an interest in a structured cardiovascular exercise programme. A high level of interest was shown for Health Promotion Workshops in local areas.



CONCLUSIONS

Cardiovascular disease continues to pose a threat for the Irish population. Service provision in Cardiac Rehabilitation is under-resourced.² This highlights the importance of Croí's contribution to the field of preventive cardiology. The main implication of this study is to highlight that a comprehensive approach is required in the Cardiac Club, to promote health-behaviour change and risk factor management based on the principles of the successful evidence-based project 'Euroaction'.³ This study concurs with the evidence-base and highlights the importance of providing lifestyle intervention for high-risk individuals (asymptomatic) in addition to symptomatic patients and their families in a community setting. Further study on women with CVD and barriers to uptake of CR is recommended by the author, as the evidence-base demonstrates that the prevalence of CVD is roughly equivalent in men and women over the age of 65.⁴

REFERENCES

Available on request.

FUNDING

The Author would like to acknowledge the financial support received from Croí, the West of Ireland Cardiology Foundation towards the cost of the survey.



Population Health

Health Promotion

TITLE	Diabetes Footcare Education in the HSE West Area - Quality of Information for Understanding Neuropathy and Performance of Footcare Behaviours
AUTHORS	<i>McAneaney, A. Health Promotion, National University of Ireland, Galway</i>

INTRODUCTION

Diabetes neuropathy causing foot ulceration is a frequent and seriously disabling condition which affects health and quality of life. Knowledge and skills are a basic component of the individual's involvement in the multidisciplinary effort to reduce the impact of neuropathy on the feet. Health promoting footcare education should be part of an ongoing multidisciplinary approach for all people with diabetes based on a regular, formal assessment of need.^{1,2} The knowledge which individuals with diabetes acquire about self-footcare raises awareness and enables them to empower themselves to perform behaviours, access resources, and attain partnership in the multidisciplinary team.³

OBJECTIVE

The aim of this study was to establish 1) the adequacy of demonstration or explanation of the skills needed to perform diabetes specific footcare behaviours, 2) information available to enable understanding of the risks of diabetic peripheral neuropathy and 3) the standard of self-reported footcare behaviours currently performed by this group of people.

METHODOLOGY

Structured interviews were conducted with a convenience sample of 130 adults with diabetes who attend the Diabetes Centre. The questions were based on 2 previously validated questionnaires. Data was statistically analysed using SPSS 17.

RESULTS

While 96% of participants had been told that looking after the feet was important, 27.7% were not told how diabetes affects feet. 54.6% had received demonstration or explanation of some self footcare skills but less than 33.3% remember being shown diabetes specific footcare behaviours; examining the feet and checking shoes.

Those who have been diagnosed with neuropathy are more likely to have received diabetes specific footcare information and are more likely to perform these behaviours than those who have not. However, while 19% had been diagnosed with neuropathy, 17.7% more reported symptoms of neuropathy in their feet, although they had not been diagnosed with neuropathy (3.9%), or did not know their neurological status (13.8%).

The predominant perception (76%) is that lost or reduced sensation is caused by poor circulation. 26% thought that a foot ulcer would be painful and there were mixed opinions on how fast foot ulcers could develop.



Over 70% agreed that seeing a podiatrist regularly, wearing shoes that fit properly and moisturising the skin could prevent foot ulcers from occurring but did not understand the significance of removing plantar callus.⁶ Basic hygiene behaviours were adequately performed (65%) but the standard of diabetes specific behaviours was inadequate (45%).

27% would go straight to the doctor with a cut or open blister to avoid possible ulceration, but 24% would never seek medical advice for something considered so trivial.

CONCLUSION

The report from the Diabetes Expert Advisory Group⁶ states that the aim of diabetes education is to enable people with diabetes to understand the nature of their condition, to initiate behaviour change, to identify emerging problems and to know when and from whom to seek assistance. The results from this sample of 130 adults with diabetes would suggest that they have not been exposed to appropriate footcare education to adequately enable them to do any of these. About one third of this sample of adults (who are attendees at clinics) did not receive information about footcare which they considered relevant enough to remember, and half do not adequately protect their feet and do not understand why they should do so.

This study shows an urgent need for reform of diabetes footcare education for adults with diabetes and for the healthcare professionals who endeavour to reduce the incidence of foot ulceration.

REFERENCES

Available on request.



Population Health

Health Promotion

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

INTRODUCTION

Few would dispute the reality that Ireland has a problematic relationship with alcohol.¹ Evidence suggests that there has been a significant increase in alcohol consumption in Ireland in recent years, combined with the emergence of a binge drinking culture here.^{2,3,4,5} Representative national information on students was provided some years ago on this issue via the College Lifestyle Attitude & Nutrition (CLAN) survey.⁶ However, there is a dearth of up to date local information on this issue.

OBJECTIVE

This study was designed to remedy this deficit by providing current information on the lifestyles and health status of a sample of third-level students in Limerick City.

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. The survey included a short battery of measures including the Mental Health Index,⁷ the Brief Symptom Inventory,⁸ the CORE-SFB,⁹ as well as a section on tobacco, alcohol and drug use and misuse.⁵ This short paper focuses on the results of the alcohol questions which were taken from the SLÁN survey.⁵

RESULTS

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. 52% of respondents were male, and 48% were female.

64.1% (408) of respondents stated that over the last year they drank alcohol in a typical week. Broken down by gender the rates were broadly similar and no statistically significant difference was noted. 62.3% (218) of males and 65.8% (179) of women stated that they drank alcohol in a typical week. The mean average amount of alcohol consumed on an average day when alcohol was consumed was reported as 8.2 units (sd=5.4). A statistically significant difference was noted ($t=8.207$, $df=591$, $p<.001$) in this figure for males (mean=9.67 units, sd=5.9), compared to females (mean=6.23 units, sd=3.7).

Exploring alcohol use among those who had ever consumed more than just a 'sip or taste' in an average week over the last year, respondents typically drank alcohol on one (41.2%) or two (32.2%) days each week. No significant differences between males and females were noted on this question. Exploration of binge drinking (6



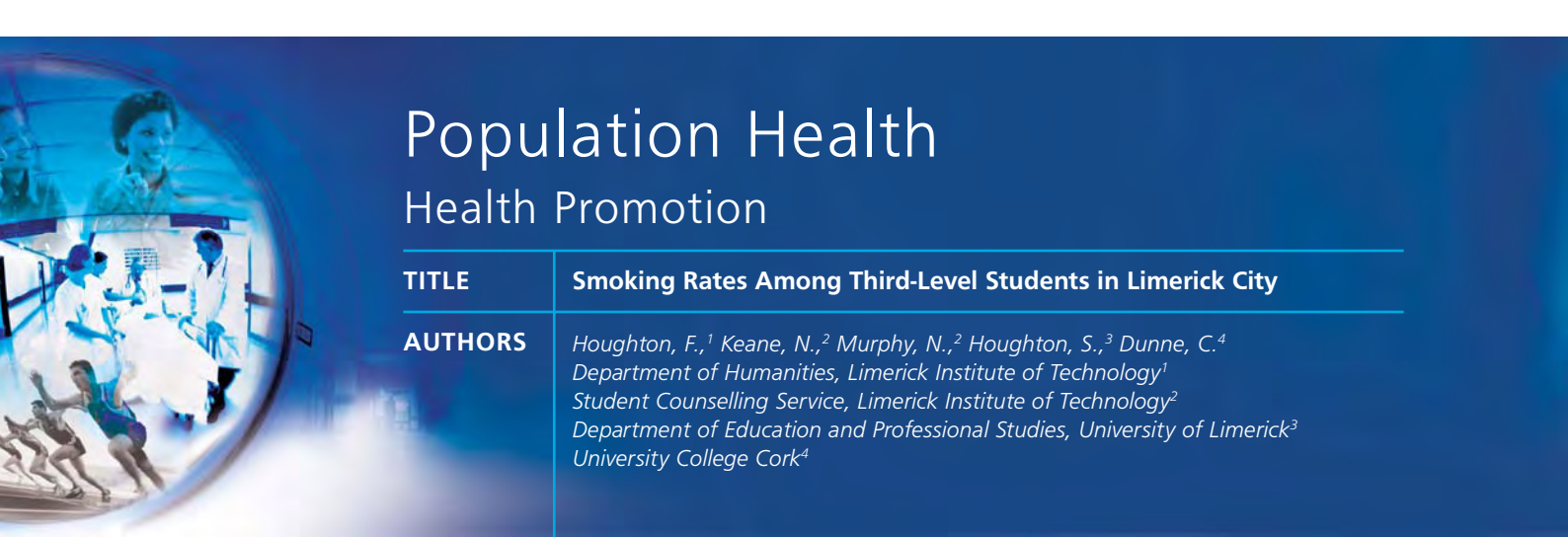
or more drinks) among this group did however reveal a significant difference by gender, with males being more likely to engage in this behaviour ($Z = -3.704$, $p < .001$, Male average rank 263.17 [$n = 324$], Female average rank = 312.82 [$n = 244$]). Although the number of males binge drinking daily or 5-6 times a week was negligible (0.3% and 0.9% respectively), 27.0% of male 'drinkers' reported taking 6 or more drinks 2-4 times a week, while 33.9% reported taking a similar amount once a week, and 25.1% reported doing so 1-3 times a month. 17.3% of female 'drinkers' reported binge drinking 2-4 times a week, while 31.3% reported doing so once a week and 31.7% did so 1-3 times a month.

CONCLUSION

The high levels of binge drinking noted in this study are an issue of concern. Not only are the average amounts of alcohol consumed at potentially dangerous levels, but many students are consuming alcohol at this level multiple times per week. Although slightly more females than males reported drinking alcohol in a typical week, the high risk binge drinking habits of male students are particularly worrying.

REFERENCES

Available on request.



Population Health

Health Promotion

TITLE	Smoking Rates Among Third-Level Students in Limerick City
AUTHORS	Houghton, F., ¹ Keane, N., ² Murphy, N., ² Houghton, S., ³ Dunne, C. ⁴ Department of Humanities, Limerick Institute of Technology ¹ Student Counselling Service, Limerick Institute of Technology ² Department of Education and Professional Studies, University of Limerick ³ University College Cork ⁴

INTRODUCTION

Although smoking rates have been consistently declining in Ireland in recent years, concerns remain around the incidence of smoking in young people, with young women being a particular focus of concern.¹ Although other national studies of health and lifestyle such as the SLÁN² and the HBSC³ have been conducted repeatedly, the College Lifestyle Attitude & Nutrition (CLAN) study has only been conducted once.⁴

OBJECTIVE

This study aimed to help overcome this deficit by providing up to date information on student health status and lifestyle.

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. The survey included a short battery of measures including the CORE-SFB,⁵ the Brief Symptom Inventory,⁶ the Mental Health Index,⁷ and a section on tobacco, alcohol and drug use and misuse.² This short paper focuses on the results of the smoking questions which were taken from the SLÁN survey.²

RESULTS

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. 52% of respondents were male, and 48% were female. Approximately one-third (32.4%) of respondents reported smoking either regularly (22.0%) or occasionally (10.4%). As can be seen from Table 1 slightly more women than men reported smoking on a regular or occasional basis, although this finding was not statistically significant.

Table One - Smoking Status by Gender

Smoking Status	Total Sample	Males	Females
Non-Smoker	67.6% (507)	68.9% (262)	66.6% (233)
Regular Smoker	22.0% (165)	21.1% (80)	22.6% (79)
Occasional Smoker (<1 per day)	10.4% (78)	10.0% (38)	10.9% (38)

39% of respondents in their final year at College reported that they smoked regularly or occasionally, compared with 29.2% of non-final year students. This difference was statistically significant ($\chi^2=5.839$, $df=1$, $p=0.0157$).



Of those respondents who smoked one or more cigarettes per day, the average amount of cigarettes smoked per day was 10.44 (sd=9.1). Current smokers reported having been smokers for a mean average of 7.44 years (median=6 years, sd=6.2), with individual responses ranging from less than a year up to 45 years. In relation to smoking history, 47.6% of respondents reported never having smoked cigarettes in the past. This figure was 50% for males and 45.2% for females.

CONCLUSIONS

The results from this research are broadly consistent with findings elsewhere. It is still an issue that almost one-third of students are current or occasional smokers. One alarming finding was the significantly higher rate of smoking among final year students. As research generally indicates that smoking rates tend to decrease with age among adults, this may be indicative of the stress of final examinations and projects.

REFERENCES

Available on request.



Population Health

Health Promotion

TITLE	Investigating Promoters and Barriers to Active Travel for Primary School Children - A Mixed Methodological Approach
AUTHORS	Clarke, N., ¹ Sixsmith, J., ¹ Byrne, M., ² Nic Gabhainn, S. ¹ Health Promotion Research Centre, National University of Ireland, Galway ¹ School of Psychology, National University of Ireland, Galway ²

INTRODUCTION

Physical activity levels are decreasing worldwide among children.¹ The decline in childrens’ participation in physical activity is exemplified by fewer children walking and cycling to school.² Many studies have identified that childrens’ active travel to school, by walking or cycling can increase levels of physical activity daily.^{3,4,5,6,7,8}

OBJECTIVE

The aim of this study was to investigate the promoters of and barriers to active travel to school among primary school children in Galway.

METHODOLOGY

A mixed methodological approach was taken using a questionnaire survey and a complementary participative approach. The sample of children aged 11-13 years were accessed through 2 mixed gender, 1 all girls and 1 all boys primary school. These were 2 urban and 2 rural schools with 2 of them designated as disadvantaged. The questionnaire was carried out in the childrens’ classroom and the participative research followed. Written consent was obtained from the childrens’ parents and the children were informed that they did not have to take part and that they could withdraw from the research at any time.

RESULTS

Quantitative research results:

The sample contained 73 children, 40% boys and 60% girls. Non-active travel to school were the primary modes reported (70%). The most frequently reported travel time of the children was between 5 and 15 minutes. Of the children who travelled actively to school 55% of them did so 4-5 days a week.

Children from DEIS (disadvantaged) and urban schools were more likely than children from rural and non-DEIS schools, to actively travel to school. Living near the school was the most significant promoter of active travel. Of the children who actively travel, 100% of them reported they did not travel to school with their parents. They were most likely to travel with their friends. Children from DEIS schools and rural children reported that their parents make the decision about how they travel to school, however the majority of children who actively travel reported that they decide to do so themselves. Fewer non-active travellers reported liking walking compared to active travellers.



Participative research results:

The key promoters identified were: living near the school, getting to school quicker, enjoyment of fresh air, enjoyment of cycling and walking and doing so with friends, good level of physical health and having company. The primary promoters identified by rural schools are continuous pavements, having storage at school, having a bicycle rack, less traffic, living near the school, better visibility and safer roads. For urban schools a 'lollipop lady' (an adult to help the children cross the road) was most prominent and for disadvantaged schools owning a bicycle was identified as important.

The key barriers identified included: living too far away, the roads are too busy, bad weather, fast cars, strangers and kidnappers and being lazy, sick or disabled. Children from DEIS schools identified not having adequate footwear as a barrier.

CONCLUSIONS

There is a definite need for adequate road infrastructure to enable the children from both urban and rural communities to actively travel to school. There must be collaborative action from all sectors, children, their parents, the community, the school, and also local and national Government to increase active travel to school and in doing so increase physical activity levels and so promote childrens' health.

REFERENCES

Available on request.

PRESENTED

As a Poster Presentation at the 20th International Union for Health Promotion and Education (IUPHE) World Conference on Health Promotion in Geneva from July 11th to 15th, 2010.



Population Health

Health Promotion

TITLE	Frequency of Smoking Intervention at Respiratory Clinics
AUTHORS	Murphy, R., O'Brien, A. <i>Cancer Services, Mid-Western Regional Hospital, Limerick</i>

OBJECTIVE

To ascertain the smoking habits of patients attending the Respiratory Clinic at the Mid-Western Regional Hospital in Limerick and the frequency of smoking intervention.

METHODOLOGY

A representative sample of all patients who attended the clinic completed the smoking questionnaire. The acceptance rate was 66%.

RESULTS

Of the 80 patients audited, 12(15%) were non-smokers and had never been exposed to passive smoking; 13(16.25%) were non-smokers but had been exposed to passive smoking. 21(26.25%) of patients were current smokers and 34(42.5%) were ex-smokers. Of the 55 current and ex-smokers, 21(38%) of patients were never advised to give up smoking or were never offered the services of the Smoking Cessation Department. Of the 34 patients who were advised to give up smoking, only 1 patient had received this advice at the Respiratory Clinic, the remainder receiving it from their GP. Of the 21 current smokers, 9 patients took up the offer of speaking to the Smoking Cessation Officer.

CONCLUSIONS

The majority of patients attending respiratory clinics have a significant smoking history; only a minority are advised on smoking cessation. One recommendation of this research is that for all healthcare professionals working in Respiratory Clinics, smoking cessation should be a core part of patient assessment and therapy.



Health Systems Research

Health Management

TITLE	Lessons in Universal Health Care from Canada - But Would it Work in Ireland?
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AUTHORS	<i>Ryan J., Clinch D.</i> <i>Department of Geriatric Medicine, Mid-Western Regional Hospital, Limerick</i>
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INTRODUCTION

In recent years the Canadian health system has been cited as an outstanding model of healthcare delivery. Our experience of the Canadian healthcare system at both Consultant and Specialist Registrar level has provoked us to investigate the potential acceptability of this model in Ireland. Such exploration of alternatives largely results from current real and perceived inadequacies in the Irish healthcare system.

OBJECTIVE

We compared the Irish and Canadian health systems to address the practicality and potential benefits, if any, of reforming the Irish health service along the lines of the Canadian model.

METHODOLOGY

Measurable targets included infant mortality rate and life expectancy, the distribution of health across the population and the responsiveness of the system to the expectations of the population. We also compared financial contribution to the health system and Gross Domestic Product (GDP) spending. Data was acquired from the WHO statistical information data 2006 and 2007.

RESULTS

Table 1 - Comparisons of Population Demographics, Health Expenditure and Outcomes in Ireland and Canada (WHO Statistical Information System 2006 and 2007 Data)

	Ireland	Canada
Population Size	4,221,000	32,577,000
Urban: Rural Population	61:39	80:20
Median Age (yr)	34	39
% > 60yrs	15	18
% < 15yrs	21	17
Birth Rates	14.8	10.3
Death Rates (Per 1,000 population)	72	72
World Rating	19	30
GDP Expenditure	7.5%	10%
Total Expenditure per Capita	\$3,082	\$3,672
% Public Funding	79.5%	70.3%
Life Expectancy (yr)	77 (m) 82 (f)	78 (m) 83 (f)
Infant Mortality/1,000	4	6
% smokers	26.5 (m) 26(f)	24.3 (m) 18.9 (f)
Obesity Rate	14% (m) 12% (f)	15.9% (m) 13.9% (f)



CONCLUSION

Health indicators have shown Ireland to be at least on a par, if not superior in certain aspects to Canada. Common problems exist in both healthcare systems, for example inequitable access to outpatient consultant services and lengthy waiting lists for surgical procedures, which may not be reflected in WHO performance indicators. The information presented does not directly answer the question of whether the Canadian health system would work in Ireland. An assessment of expectations and satisfaction ratings in both populations may be helpful in addressing this.



Health Systems Research

Health Management

TITLE	Acute Medical Assessment Units - An Efficient Alternative to In-Hospital Acute Medical Care
AUTHORS	Watts, M., ^{1,2} Powey, L., ¹ O'Hora, C., ¹ Reid, L., ¹ Kinsella, S., ² Saunders, J., ² Finucane, P. ^{1,2} Mid-Western Regional Hospital, Limerick ¹ Graduate Entry Medical School, University of Limerick ²

INTRODUCTION

Acute Medical Assessment Units (AMAU) are being proposed as an alternative to congested Emergency Departments (EDs) for the assessment of patients with a range of defined acute medical problems.

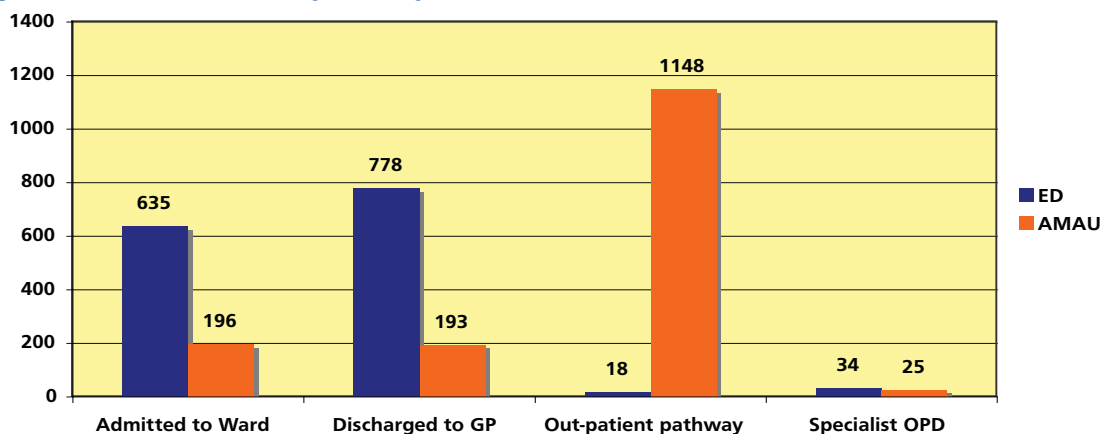
METHODOLOGY

We retrospectively reviewed the discharge destination of patients referred to a newly established Acute Medical Assessment Unit (AMAU) during a six-month period. During the same period we contrasted activity in the ED for a similar group of patients with acute medical problems.

RESULTS

1,562 patients were assessed in the AMAU. 96(12%) were admitted to an in-patient bed and 1,148(73%) were entered into specific diagnosis-driven out-patient pathways. During the same period 1,465 patients with acute medical problems attended the ED and 635(43%) were admitted to an in-patient bed. (See Figure 1).

Figure 1 - Outcome Summary January - June, 2010



Out-patient alternatives to expensive in-patient care need to be provided at the coal face of acute referral. The AMAU provides this, and as a consequence admission rates are relatively low. We believe the low admission rate is a consequence of diagnostic pathways providing early access to necessary investigations.

CONCLUSION

AMAU provided an efficient alternative to the ED. This is achieved by directly communicating with GPs, directly accessing senior decision makers, avoiding unnecessary admissions and providing immediate access to diagnostically driven out-patient pathways.



Health Systems Research

Health Management

TITLE	Review of Acute Cancer Beds in University Hospital Galway
AUTHORS	<i>Glacken, M., Corcoran, R., Kiernan, R., O' Shea, M., Evans, D.S. Department of Public Health, HSE West, Galway</i>

INTRODUCTION

Cancer is a major cause of disease and death in Ireland and presents a challenge for the health services in terms of prevention, diagnosis and treatment. As part of the planning and development of the services, management at University Hospital Galway (UHG) wished to evaluate the current service provision for cancer patients.

OBJECTIVE

The overall aim of the study was to identify issues and possible solutions relating to the usage of cancer beds at the hospital.

METHODOLOGY

A questionnaire and an assessment tool were developed to provide an overview of cancer bed usage at UHG. These described the reasons for each admission to cancer services in terms of general cancer admission criteria, specialty specific admission criteria, and day of care criteria. It also assessed whether there were any alternatives to hospital admission, services or actions that would reduce the patient length of stay, and evidence of discharge planning. A total of 8 trained reviewers collected data for all cancer specialty patients between May 26th and 28th, 2009. A total of 82 charts were reviewed. Anonymised data was analysed using SPSS (PASW Statistics 17). Written comments and explanatory detail on reasons for admission and days of care were grouped in themes for analysis.

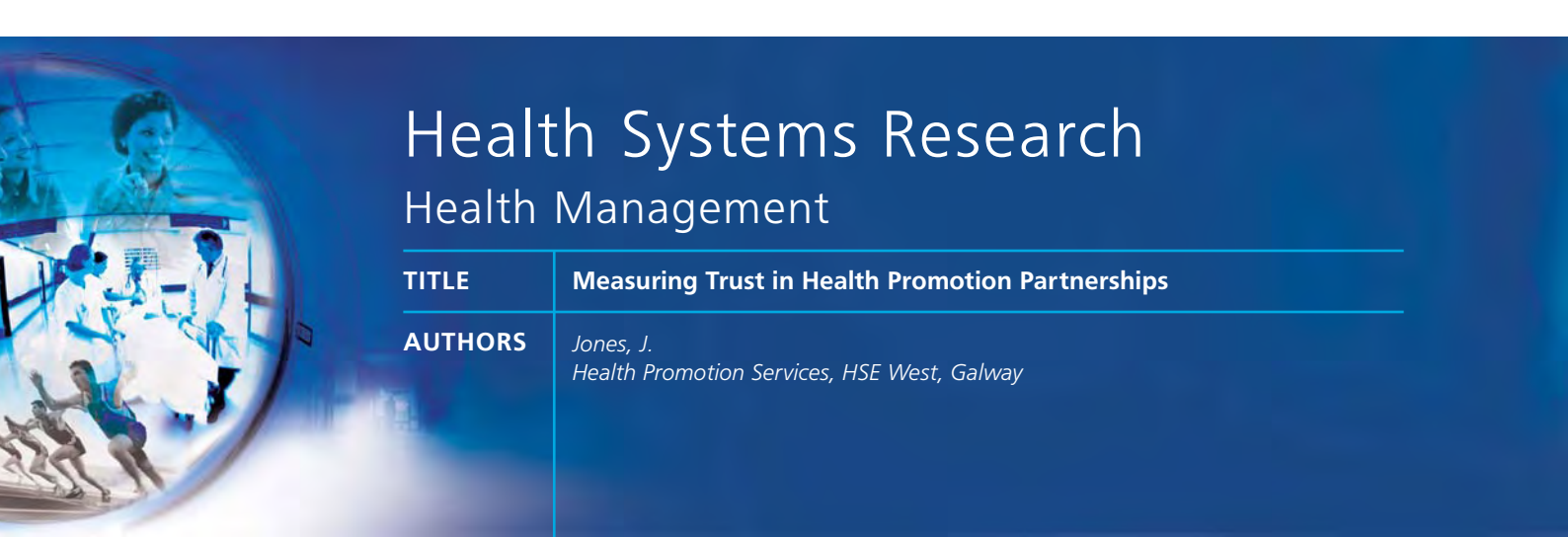
RESULTS

An equal proportion of males and females were reviewed with 53% of admissions over 65 years of age. 61% were classified as emergencies, with 45% admitted through the Accident and Emergency Department. Emergency patients accounted for over two thirds (67%) of bed days. 94% of cancer patients were already diagnosed with cancer at the time of admission. Over three quarters (76%) of cancer patients were admitted for reasons related to their ongoing management. On the days of the study, 67% of cancer patients occupied a cancer bed and 30% were in outlying wards. The mean length of stay was 29.3 days (median=21 days) which is significantly longer than studies in the UK and USA. 68% of patients were seen by a senior clinician within 24 hours of admission to hospital. Three quarters of cancer patients presented with symptoms. The main symptoms were fatigue and general debility (30%) followed by severe pain (27%). The main clinical service requirements were for monitoring of renal function 49%, IV medications (40%), and vital signs monitoring (39%). Possible alternatives to admission were identified for 19% of patients who could have attended alternate services if such were available to them. For the 10 emergency admissions the most common requirement was for access to urgent diagnostics and assessment (70%), while 4 of the 5 elective patients could have been dealt with on the day ward if it had been available to them. 40% of admissions (34% of emergency admissions and 50% of booked/elective admissions) had evidence of discharge planning.



CONCLUSIONS

The study identifies the potential to reduce inpatient admissions and the number of bed days. Some services and facilities will need to be developed or strengthened to help ensure that UHG continues to be a centre of excellence for cancer care in Ireland. Key recommendations included the need to reduce the proportion of emergency cancer admissions, establishing a monitoring system to reduce the proportion of emergency admissions, providing access to Palliative Care at the point of initial assessment, early senior clinical assessment, developing an overall care pathway, further developing integrated systems of discharge planning, monitoring length of stay and setting targets, reviewing ambulatory care and day services, assessing areas of diagnosis, treatment and care of the cancer patient who could be transferred to ambulatory care and to the community, and developing a business case for an Acute Oncology unit at UHG.



Health Systems Research

Health Management

TITLE	Measuring Trust in Health Promotion Partnerships
AUTHORS	Jones, J. Health Promotion Services, HSE West, Galway

INTRODUCTION

Partnerships for promoting health have been identified as one way of addressing the health challenges which face society. Trust is one of the most important factors which help partnerships function effectively. In health promotion partnerships, trust is an under-researched and poorly understood phenomenon.

OBJECTIVE

This study was designed to identify how trust is conceptualised in health promotion partnerships and to develop a trust measurement tool.

METHODOLOGY

In all, 5 focus groups were organised with 36 health promotion partners in order to explore how trust is conceptualised in their partnerships. Participants represented health, community, education, arts, sports and youth sectors. A content analysis was carried out on the transcripts and a 14-item, five-point Likert (1-5) scale was developed from the findings as shown in Table 1.

Table 1 - The 14-Item Trust Scale

Trust and Mistrust Items

- Partners have hidden agendas and bring these into the partnership
- The contributions of all partners are valued equally, irrespective of whether a majority agree or disagree with their point of view
- Partners can be relied on to do what they say they will do for the partnership
- Partners meet in unofficial groups to progress their own agenda with a view to undermining the main partnership agenda
- The partnership is highly productive in relation to the work of the partnership
- Partners withhold information of relevance to the partnership
- Partners eagerly volunteer to take on tasks associated with the partnership
- Partners' time and energy are wasted due to mistrust
- Partner organisations behave in ways that benefit the partnership as a whole
- The purpose of the partnership is clearly understood by all the partners
- Partners are guarded about putting their ideas forward for discussion
- Partners' roles are clearly understood and they fulfil these roles
- Partners are supportive of each other
- Partners keep the promises they make to the partnership



This scale was incorporated into an overall questionnaire on partnership functioning which was posted to 469 partners in 40 health promotion partnerships.

RESULTS

A response rate of 72% was achieved (n=337) for the postal survey. Principal Components Analysis yielded two components, named positive trust and mistrust, explaining 59% of the variance. Coefficients ranged from .845 to .511, as shown in Table 2, with eigenvalues before rotation of 6.58 and 1.66. Cronbach's alpha was .91.

Table 2 - Pattern Matrix for PCA with Promax Rotation of the Two Factor Solution

Positive Trust and Mistrust Items	Positive Trust	Mistrust
Partner organisations behave in ways that benefit the partnership as a whole	.845	-.085
Partners' roles are clearly understood and they fulfil these roles	.829	.028
Partners eagerly volunteer to take on tasks associated with the partnership	.813	-.116
The partnership is highly productive in relation to the work of the partnership	.803	-.034
The purpose of the partnership is clearly understood by all the partners	.782	-.009
Partners are supportive of each other	.759	.055
Partners can be relied on to do what they say they will do for the partnership	.744	.049
Partners keep the promises they make to the partnership	.719	-.001
Contributions of all partners are valued equally, irrespective of whether a majority agree or disagree with their point on view	.511	.283
Partners meet in unofficial groups to progress their own agenda with a view to undermining the main partnership agenda	-.233	.819
Partners withhold information of relevance to the partnership	.072	.811
Partners' time and energy is wasted due to mistrust	.149	.728
Partners have hidden agendas and bring these into the partnership	.007	.704
Partners are guarded about putting their ideas forward for discussion	.028	.649

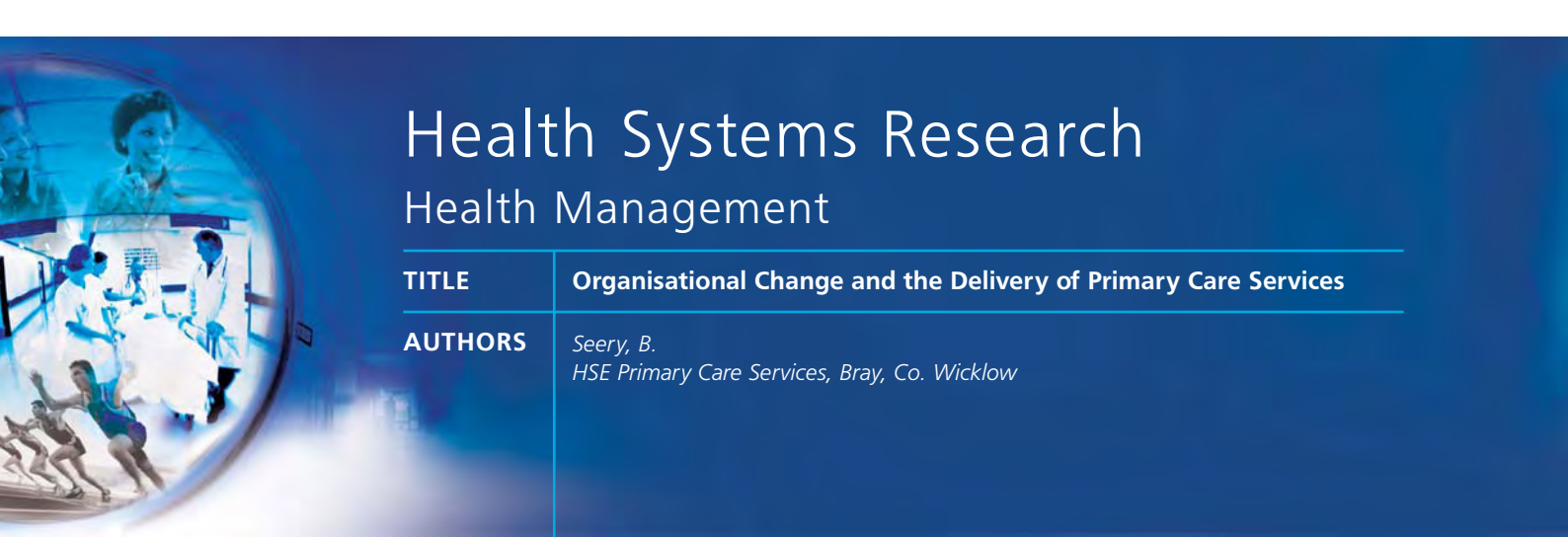
Note. All communalities were $>.3$ and $<.1$ as recommended. In addition, structure coefficients showed that all items were more correlated to their own component than the other component. No item loaded $>.3$ on another component (Nunnally and Bernstein, 1994:502).

CONCLUSION

Further research is required to establish whether the scale can be used with other types of partnerships.

FUNDING

This research has received funding from HSE West.



Health Systems Research

Health Management

TITLE	Organisational Change and the Delivery of Primary Care Services
AUTHORS	Seery, B. <i>HSE Primary Care Services, Bray, Co. Wicklow</i>

INTRODUCTION

A programme of doctoral research was undertaken with the University of Ulster to examine the role of organisational change in the development of Primary Care services in the Irish Health sector in order to identify both the problems and incidents of good practice in service provision.

The research reviewed the theoretical foundations of change management and organisational development in public sector organisational settings. A case study in organisational development and change in an Irish Health setting was reviewed as part of this.

OBJECTIVES

The objectives were to obtain expert informant views and opinions on obstacles to change and good practice in primary care, to carry out a detailed study of the working of a primary care team and to survey the personal experiences of staff working in primary care teams.

METHODOLOGY

The methods used were:-

- Semi-structured interviews
 - Expert informants' views
 - Primary Care staff experiences
- Focus Group
 - Primary Care staff consensus
- Questionnaire
 - Developed from findings and literature
 - Provided triangulation and generalizability

RESULTS

The strong common themes which emerged from the research were value of the Primary Care team model, the importance of good organisational structure, the underpinning role of the general practitioner and the need for good working relationships.



Recommendations

The principal recommendation of the research is a collegiate model of organisation structure. This model is defined by influencing agents, constituent features and organisational and human behaviour characteristics.

Its influencing agents are:

- (a) Organisational development is not a hierarchically based top down event but an exercise in inclusiveness and participation with all stakeholders.
- (b) Individual learning takes place in a group which is also learning and this in turn makes possible the transfer and application of both individual and group learning to the workplace.
- (c) Individual and group learning when transferred and applied to the workplace is called organisational learning.
- (d) When organisational learning takes place on a continuing basis a learning organisation is established.
- (e) When the practice of organisational learning is discontinued the learning organisation is also discontinued.

Its constituent features are:

- Organisational Behaviour
- Human Behaviour in the Organisation

Organisation Behaviour is:

- Inclusiveness
- Application and guidance
- Heuristic design

Human Behaviour in the organisation is:

- Individual responsibility and empowerment
- Others responsibility and empowerment
- Organisational environment

CONCLUSIONS

It is important to establish a collegiate organisation structure with leadership and advocacy rather than imposition. A collegiate organisation structure is built on individual and group learning which is applied to the workplace. Non-



hierarchical collegiate structures can deliver effective change management through the inclusion of all views, the application of learning to the workplace, and the ability to adapt to changing circumstances.

ACKNOWLEDGEMENT

This research study was kindly supported by the HSE Training and Development Department.



Health Systems Research

Primary Care

TITLE	Observational Study on Patterns of Usage in an Out-Of-Hours Co-operative in Ireland
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AUTHORS	<i>Sweeney, M.,¹ Maher, L.,² Cullen, W.¹ Graduate Entry Medical School, University of Limerick¹ ShannonDoc, Limerick²</i>
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INTRODUCTION

In-depth analysis of the usage of out-of-hours co-operatives can help to optimise the provision of such services.

OBJECTIVES

- To analyse any pre-existing patterns in the demographics of service users
- To identify key groups of service users in order to optimise ShannonDoc provision of services

METHODOLOGY

ShannonDoc provides an out-of-hours co-operative service for an estimated 275,000 people in the Mid-West. Retrospective analysis of routinely collected demographic data from the ShannonDoc (Excel) database was performed for the time period 01/01/2009 to 31/12/2010. Data was then imported and analysed with SPSS 16.0. Age, gender, and actions taken on each contact were analysed for pattern usage and associations. Exclusion criteria used: calls with incomplete demographic data, calls to the H1N1 influenza helpline and calls from Gardaí related to road traffic incidents.

RESULTS

There were 99,470 out-of-hour contacts made in 2009. ShannonDoc had an out-of-hours contact rate of 361 calls/1,000 patients/year. The mean patient age was 30.9 years [SD 27.0]. Females (55.2%) used the service more than men in all age groups except in the under 6 age group (female 46%) which was significantly different from the observed proportions in local population ($p < 0.001$). A third of contacts were dealt with by telephone, 59% of contacts were treated by a doctor in the treatment centre, and approximately 10% of contacts had home visits. The over 65 year group used the home visit service more than any other service and more than other age groups. December had the most contacts and July had the least. Weekends were the busiest days with Wednesday having the least contacts.

CONCLUSIONS

Contact rates in this study were higher than those previously found in Ireland or the UK. Females outnumbered males, except for the under 6 age group, despite an even proportion seen in the population.



Health Systems Research

Continuing Professional Development

TITLE	Evaluation of a Blended Learning Enquiry-Based Module for Best Practice of Evaluation Skills in Health Promotion
AUTHORS	<i>Pursell, L., McKenna, V., Griffin, B. Health Promotion Research Centre, Discipline of Health Promotion, National University of Ireland, Galway</i>

INTRODUCTION

The Discipline of Health Promotion at NUI, Galway delivers a Postgraduate Diploma and Masters course in Health Promotion. A core 'Research Methods' module incorporates some teaching of evaluation research in health promotion. A recognition of the need to further develop the evaluation component into a stand alone module that would provide students with a greater understanding of the relationship between the evidence-base and research practice of evaluation initiated a project for its development and evaluation.

OBJECTIVE

The aim of the project was to develop and deliver a creative, research-based module on evaluation practice using an enquiry-based, group work approach that incorporates new learning technologies. A primary objective was to progress from the theoretical aspects of evaluation to incorporate evaluation research practice into delivery of the module. This paper presents findings from the evaluation of this module, the specific objectives of which were to examine the implementation process with respect to the integration of a blended learning approach and the impact of the module on both students and contributors, such as health promotion practitioners.

METHODOLOGY

A number of methodological approaches were used in the evaluation and included interviews with key module participants, reflective practice, content analysis of online tools and surveys of student participants. The impact and aspects of implementation of the module were determined through a number of interviews with key contributors to the implementation of the module. Process and outcome evaluations utilized survey instruments to examine the module's implementation post-completion and to compare perceived competencies pre and post-completion respectively. Competency statements examined were derived from the module's learning objectives and were scored according to responses to a 4-point scale (Not true at all=1; Hardly True=2; Moderately True=3; Exactly True=4). The target population for the process evaluation comprised students who completed the module and for the outcome evaluation those registered on the MA/PGDip in Health Promotion Programme. Those who selected the module were evaluated as course participants, those who did not were evaluated as controls.

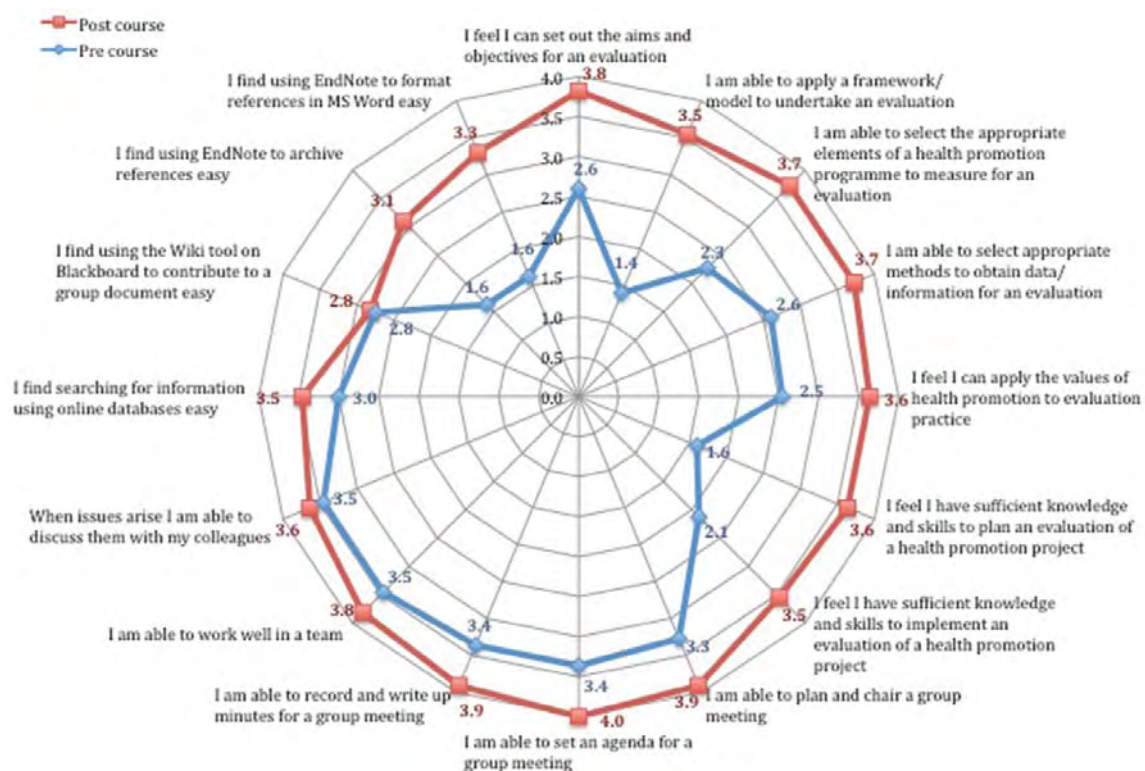
RESULTS

Examination of the implementation of the module revealed mixed responses to working in groups with an appreciation of both positive and negative aspects of this approach. However, there was an appreciation of the experience of group work. The EBL approach was well received with the majority of students responding positively about its use. The use of peer assessment was positively received with respect to enabling students to feedback on colleagues' contribution to group work. There was varied engagement with e-technologies with Wikis used most extensively. A total of 11 of the 14 students who completed the module responded to both phases of the



survey of competencies. Examination of the module's impact on students' perceptions of their competencies revealed no difference (independent samples $t = -1.028$, $df=19$, $p=0.317$) between controls and pre module participants, while module participants reported significant improvements in perceived competencies after completion of the module (paired samples: $t = -5.29$, $df=10$, $p<0.0001$). All competencies examined showed increased scores after the module with the greatest increase for those associated with knowledge of evaluation.

Figure 1 - Changes in Mean Scores for Competency Statements Before and After the Module (n=11)



CONCLUSIONS

The results show a positive integration of teaching, learning and research using a blended learning approach with students participating in the model reporting greater self-competency with respect to evaluation skills and knowledge. There was, however, varied success in incorporating learning technologies. Wider impacts of the approach were enhanced partnership and links with practitioners.



PRESENTED

At the National Academy for Integration of Research, Teaching and Learning: Research-Teaching Linkages, Practice and Policy in Dublin in November 2009.

FUNDING

Funding for this research has been provided by the The National Academy for Integration of Research, Teaching and Learning (NAIRTL).



Health Systems Research

Continuing Professional Development

TITLE	Occupational Therapist Managers' Perceptions of the Impact of Continued Professional Development Activities on their Staffs' Clinical Competence
AUTHORS	<i>Shortall, F. Health Service Executive Community Mental Health Rehabilitation Team, North Co. Dublin</i>

INTRODUCTION

This study is set against the background of the establishment of the Health & Social Care Professionals Council, whose function it is to protect the public by promoting high standards of professional conduct, education and competence. Unlike medical professions in Ireland, there is no standardised competency based framework from which to evaluate practitioners' fitness to practice. It is envisaged that the Council will place an onus on occupational therapists to demonstrate their engagement in CPD activities and competence to practice as part of the incoming state registration for occupational therapists.

Research indicates that occupational therapist managers support staff engagement in CPD activities, but it is unknown whether occupational therapist managers perceive this engagement in CPD activities to impact on their staffs' clinical competence.

OBJECTIVES

Thus in the context of the Irish healthcare system, the objectives of this study are:-

- To understand if occupational therapist managers believe that engagement in CPD activities materialises in new clinical skills, which enhance clinical competence, and if not, why not.
- To explore the availability and frequency with which staff engage in CPD activities.
- To explore and compare the availability of organisational supports within the HSE, voluntary organisations and private services.
- To explore methods of monitoring and assessing competence.

METHODOLOGY

This study adopted a mixed method research approach using a sequential design. It incorporated an exploratory qualitative focus group from which a quantitative survey instrument was developed and circulated to occupational therapist managers nationally. The sample population (n=98) consisted of members of the National Occupational Therapist Managers Group. In all, 56 responses were received from therapists working in the HSE and voluntary organisations, yielding a 57% response rate.

RESULTS

Qualitative findings suggest that there is a good understanding of the relationship between CPD and competence.



Respondents rated formal CPD activities (e.g. attending lecturers, post-graduate education) as superior to informal CPD activities (e.g. on-the-spot demonstration, shadowing), but they reported that staff engaged in informal CPD activities more frequently than formal activities, and they perceived these informal activities to be more effective than formal activities. Activities which were perceived to be very effective in enhancing staff members' clinical competence included: education of students, information sharing, on-the-spot demonstrations and professional conversations with colleagues. Journal clubs and attending lecturers were perceived to be the least effective CPD activities. Engagement in CPD activities which may be beyond the learning capacity or scope of practice for the staff member were not supported, nor were those which qualified staff to pursue other career paths.

88% of respondents agreed that the organisation has a role to play in supporting OTs to engage in CPD activities. There was a discrepancy between the supports available to services within the HSE and voluntary organisations. HSE services had greater access to a training budget on request and access to external supervision, while voluntary organisations had greater access to a dedicated annual training budget and an in-service co-ordinator. No responses were received from private organisations.

CONCLUSIONS

The findings indicate that the majority of respondents value and facilitate regular supervision as a CPD activity and as a means of assessing competency. The majority of respondents would welcome a national competency assessment tool, to assist in evaluating staffs' clinical practice. This revelation supports the need to explore standardised assessment tools in view of imminent state registration.

While, presenting real challenges, it should be possible to develop a framework which through its focus on learning achievements enables individuals to pursue their lifelong learning, whilst meeting external expectations to demonstrate their competence.

IRISH SOCIETY OF CHARTERED PHYSIOTHERAPISTS 27TH ANNUAL CONFERENCE 2010

The Mid-Western Branch of the Irish Society of Chartered Physiotherapists (ISCP) was delighted to host the 27th ISCP Annual Conference 2010 "New Perspectives in Physiotherapy: Debating the Present and the Future" at the Strand Hotel Limerick, on November 12th and 13th, in conjunction with the Chartered Society of Physiotherapists in Northern Ireland. The conference weekend started on Thursday night with a free public lecture on "age-defying fitness" from Dr. Marilyn Moffat, President of the World Confederation for Physical Therapy, which is the sole international organisation representing physiotherapists and physical therapists worldwide. This talk was very well attended, with almost 100 people present despite the stormy weather, and Dr. Moffat did not disappoint those present, with an interesting and positive message for all on the benefits of physical activity.



A packed room of delegates await the start of the ISCP conference.

The conference itself was officially opened by Dr. Moffat on Friday morning. Over the two days, the conference was divided into specialist strands for each day. Lectures and presentations on Friday focussed on paediatrics, neurology and gerontology, and cardio-respiratory. In each strand, a mix of international and national speakers presented their research. In a stimulating paediatrics stream Dr. Martin Gough and Dr. Adam Shortland (both from the One Small Step Gait Laboratory at Guy's and St. Thomas' NHS Foundation Trust) discussed respectively the influence of altered neurological development and altered musculoskeletal development on mobility in Cerebral Palsy. They concluded that mobility in Cerebral Palsy is multifactorial, influenced by development of both the neurological system and the musculoskeletal system and proposed considering the musculoskeletal system as an extension of the Central Nervous System. Dr. Amanda Connell (Physiotherapy Department, University of Limerick) presented research which detailed the effect of motor skills training intervention on developmental profiles of

children. Her findings demonstrated that children with below average motor skills for age are at risk of developing problems in other developmental areas. As targeting motor skills has a positive impact on other areas of development as well as motor she concluded that Chartered Physiotherapists are ideally placed to make a significant impact on reducing the number of children who present with developmental problems. Professor Sally Singh (Coventry University, UK) discussed the evidence on physiotherapy for cardio-respiratory disorders, and challenged those present to consider their clinical practice in response to the emerging evidence. Professor Anne-Shumway Cook (University of Seattle, USA) discussed barriers to exercise adherence, including the fact that many people who do not continue with exercise programmes do not adhere to them because they doubt their own ability to complete the exercises, or are concerned that the exercises may not improve their health. The conference dinner on Friday night, hosted by ISCP President Annette Shanahan, was a great success and was very well attended. The dinner was addressed by the Minister for Health and Children, Ms. Mary Harney T.D



L. to R: ISCP President Annette Shanahan and Ms. Mary Harney, Minister for Health and Children, at the ISCP conference dinner with their husbands, Mr. Pat Shanahan and Mr. Brian Geoghegan.

Saturday morning began early with a fun run/walk in aid of two local sponsored charities; St. Gabriel's and Milford Hospice. The money which was raised from this fun run and the raffle will no doubt be put to very good use by these worthy organisations. On Saturday, the conference speakers focussed on the sports, musculoskeletal and rheumatology areas. Once again we were fortunate to have a range of excellent speakers presenting. In front of a (very!) packed lecture hall,



Associate Professor Jill Cook (Deakin University, Australia) presented an excellent review and update in the area of tendinopathy, emphasising the importance of assessing the stage of the pathology. Later in the afternoon she returned with a workshop session which described the role of multi-modal strengthening in patient management, with a de-emphasis on the currently popular eccentric-only approach. Dr. Tom Comyns (Strength and Conditioning Coach, Munster Rugby) enlightened us on the role of monitoring training load, using ratings of perceived exertion, in the prevention of athlete injury, and Associate Professor Alan Donnelly (UL) provided a very informative review of the evidence base in the controversial area of cryotherapy, which provoked many interesting questions from the audience. In the rheumatology stream, Professor Mike Hurley talked about the abundant evidence for exercise



L. to R: Associate Professor Alan Donnelly (University of Limerick), Dr. Tom Comyns (Munster Rugby) and Associate Professor Jill Cook (Deakin University, Australia) enjoy a brief pause in the ISCP conference.

in various rheumatological conditions, and the cost savings from the Knee Escape programme he created and evaluated for delivery in primary care settings. Ms. Helen French (RCSI, Dublin) discussed her doctoral research showing the benefits of exercise therapy for hip osteoarthritis, and Dr. Mumtaz Kahn (Mid-Western Regional Hospital, Limerick) presented a talk on the developments in drug management for rheumatoid arthritis. In the musculoskeletal stream, Dr. Cesar Fernandez de-las-Penas (Universidad Rey Juan Carlos, Spain), a highly published expert in myofascial pain disorders, presented a detailed overview of the diagnosis and management of such disorders. A subsequent practical session with Dr. Johnson McEvoy (United Physiotherapy, Limerick) aroused much interest and questions from delegates.

Saturday afternoon closed with a panel discussion on physiotherapy scope of practice across the globe, with a lively discussion among the speakers on their own experiences in different countries.

We were privileged to have so many internationally renowned speakers this year, as well as a host of Irish speakers discussing their doctoral, MSc and BSc research. The two conference days had busy schedules, with over 50 oral presentations and workshops, and over 50 poster presentations. In addition, the Health and Social Care Professionals' Council (HSCP) Managers' conference was held in parallel on Friday, and the physiotherapy student conference was held in parallel on Saturday.

The 28th ISCP Annual Conference will take place in Mullingar in November 2011.

Kieran O'Sullivan SMISCP
Chairperson, 2010 ISCP Annual Conference
Physiotherapy Department,
University of Limerick
kieran.osullivan@ul.ie

HEALTHY LIVING EXPO 2010 AT NENAGH GENERAL HOSPITAL HEALTHY LIVING EXPO 2010

The focus on patient safety and better care within available resources has brought about changes in how health services are planned and delivered. This has affected the type of services which are delivered in local smaller hospitals and communities. Keeping people well at home in their communities is a key goal for both the public and for service providers and this is especially so for those people who suffer from chronic or enduring conditions such as diabetes, heart and lung diseases and arthritis.

Following the success of previous events in the Mid-West region, the local Health Services held a Healthy Living Expo at the Mid-Western Regional Hospital, Nenagh on Saturday, October 16th, 2010. The Healthy Living Expo invited the public from the region to avail of this opportunity to have a free health check, to meet with local health professionals, including GPs and hospital consultants and to provide information about services which are available in the region now and into the future.



Catering Services Healthy Eating Stand with Catering Supervisor, Ann Starr and Cook, Joan Durkham



"Are your hands Clean?" with Hygiene Co-Ordinator, Siobhán Smith Tuohy



Alternative Therapies with Nurse Manager, Jacinta Walsh

The Healthy Living Expo increased awareness of Health amongst the local community and demonstrated how the hospital, primary and voluntary care services can work with the community in an expansive way to support better health, specifically encouraging people to have their blood pressure, blood cholesterol, lipids and glucose levels assessed by their GP regularly. The event also provided an opportunity to learn of the additional services now being provided in the region and plans for future development.



Alzheimer Society of Ireland Day Services - External Providers' Stand



Dental Hygiene Stand provided by Dental Surgeon and Nurse



Display of New Life Saving Equipment by lead Ambulance Manager Richard Quinlan

Free screening services including blood cholesterol, glucose levels and blood pressure were provided to 350 people during the event. Volunteers from hospital staff worked tirelessly to carry out the screening. After the screening, people had the opportunity to visit the many and varied promotional stands. Health professionals were available to offer advice and information and give specific advice to improve health.



More than 50 organisations from across the community and health services provided health-related information; these included Teagasc, An Garda Síochána, The Fire Service, Mental Health service providers; Disability Services, Citizen Information Services and the Ombudsman, to name but a few. Healthy eating demonstrations and smoothies were available at the event as well as hand hygiene demonstrations.

Mr. John Doyle, Hospital Manager stated that “the event provided an opportunity to highlight what is happening in health services in the area and to show what changes are occurring in a positive way for the people of North Tipperary.”

Colette Cowan Director of Nursing stated that “the hospital must reach out to and work with the local community and primary care services if it is to better meet the needs of the public and patients. This includes finding ways to deliver services in a better way that is both effective and sustainable.”

Mr. Paul Burke, Hospital Consultant Surgeon stated “that a large proportion of healthcare can now be delivered routinely in primary care or on a day care basis with support from specialists. Patients also have far more power than they realise. We need to develop this potential and this event can help in shaping that agenda by providing information and giving access to the people who deliver the services in the region.”

MID-WESTERN REGIONAL HOSPITAL ENNIS - HEALTH INFORMATION DAY



L. to R: Frank Keane (Hospital Manager), Fergal Flynn (Acute Services Manager), Tommy Brennan (Major of Ennis) at the Official Opening of the Health Information Day at the Mid-Western Regional Hospital, Ennis

The Mid-Western Regional Hospital (MWRH), Ennis hosted a very successful Health Information Day on Saturday September 25th, 2010 between 10am and 2pm. This has been the fifth of these days since 2001.

The overall aim of the weekend was to promote a healthy lifestyle amongst the public and to raise awareness of services available both within the Hospital and in the Community.

People were encouraged through information talks and a variety of stands to embrace a healthier lifestyle by making subtle everyday changes.

The hospital aimed to provide as much information as possible to the public on the day and this year free testing of the following was offered;

- Blood Testing - Glucose and Cholesterol
- Body Mass Index
- Lung Function Testing
- Blood Pressure
- Carbon Monoxide Monitoring
- Smoking Cessation



A hive of activity among the stands at the Health Information Day

The Health Screening proved to be very popular with all concerned. Over 350 people were screened for Blood Pressure, Body Mass Index, Cholesterol, Blood Sugar and Carbon Monoxide levels. This necessitated a huge commitment from a dedicated team of Nursing, Medical, Secretarial, Support and Laboratory staff and enabled the public to receive a timely service and excellent information.

Many members of the community – Mental Health, Garda Síochána and our recently appointed Service Users were invited to participate on the day which resulted in a fantastic show of support for the event and a variety of information for the public.

Topical talks were also held throughout the day including – Healthy Heart, COPD, Future of Healthcare in MWRH Ennis and Colorectal Bowel Health, to name but a few.

The support from staff in giving freely of their own time and their total commitment to the success of the event has been a vital ingredient in the continued success of all of these Health Information Days. The day is a fun-filled exercise and provides healthy snacks to the public with entertainment for children, face painting, clowns and jugglers.

UL GRADUATE ENTRY MEDICAL SCHOOL APPOINTS PROFESSOR OF SURGERY

1ST PROFESSOR OF SURGERY APPOINTED TO MID-WESTERN REGIONAL HOSPITAL

The University of Limerick (UL) Graduate Entry Medical School (GEMS) recently announced the appointment of Professor J. Calvin Coffey as Professor of Surgery/Consultant General and Colorectal Surgeon, GEMS and HSE, Mid-Western Hospitals Group. This announcement is the first in a number of joint appointments between UL's Graduate Entry Medical School and the HSE. In a co-ordinating approach to recruitment between the Graduate Entry Medical School, UL and the HSE seek to maximise the breadth of specialities available and further develop clinical excellence in the region with a view to optimising patient care, medical education and medical research.



Professor J. Calvin Coffey

Head of the Graduate Entry Medical School, Professor Paul Finucane welcomed the appointment in saying; "Professor Coffey is regarded by all who know him as one of the most talented, energetic and charismatic young surgeons that Ireland has produced in recent years. He has achieved an extraordinary amount in his career to date and is destined to provide the academic leadership that will take the delivery of surgical services in the Mid-West to new levels in the years ahead."

A Cork city native from Blackrock who went to school with the Presentation Brothers, Coláiste an Spioraid Naoimh, Professor Coffey earned a B.Sc (Anatomy) Hons and PhD from UCC and completed his surgical training at the Royal College of Surgeons Ireland (AFRC SI, FRCS - General Surgery).



News from University of Limerick

Professor Coffey specialises in cutting edge colorectal surgical techniques in open and minimally invasive (laparoscopic) surgery. While working with Professors Ronan O'Connell and John Hyland at St Vincent's Hospital, he developed an interest in the surgical management of colorectal cancer, ulcerative colitis and Crohn's disease. His research has led to ongoing emphasis in cancer genetics, surgical trauma, infections and generating novel therapeutic modalities aimed at targeting each. Professor Coffey returns to Ireland to join the Graduate Entry Medical School from the Digestive Diseases Institute, Cleveland Clinic, Ohio, USA where he completed a fellowship in colorectal surgery and furthered his research into immunology and colorectal cancer as well as the expression of genes in this cancer. In addition to his appointment as Professor of Surgery at the Graduate Entry Medical School, Professor Coffey will divide his time equally between clinical research and surgery at hospitals within the Mid-Western Hospitals Groups; Ennis, Limerick and Nenagh.

Commenting on the benefits of a joined-up approach to appointments between the Graduate Entry Medical School and the HSE, Professor Paul Finucane, Foundation Head, Graduate Entry Medical School said; "With 14 surgeons at the Mid-Western Regional Hospital, Limerick, the Mid-West has one of the most impressive surgical departments in the country. When we get all the acute hospitals in the Mid-West working together, surgical services will be the envy of the country. The University of Limerick is working in association with the HSE to improve the delivery of health services for patients in the region."

The Mid-Western Hospital Group provide acute hospital services in Mid-Western Regional Hospitals; Limerick, Ennis General Hospital, Nenagh General Hospital and St. John's Hospital, Limerick. UL's Medical Students will be placed within the Mid-Western Hospital Group as part of their programme of training. These hospitals will benefit from the teaching ethos, medical research and focus on patient care through the interactions of the Graduate Entry Medical Student Programme and the shared Professorial Appointments

Commenting on the quality of students taking part on the GEMS programme and the possibilities for furthering the GEMS research agenda, Professor Coffey said; "It is a privilege to be involved in a Medical School that takes a holistic approach and will produce the medical leaders for the hospitals in the region. These students have incredible maturity having already had life experiences that allow them to put their training, teaching and experience into real-life context. Through the co-ordination of Professorial and Consultant appointments, these medical students will have the opportunity to contribute to new medical research. This research will in turn translate into technology development and new clinical skills in the greater understanding of diseases such as colorectal cancer and inflammatory bowel diseases; ulcerative colitis and Crohn's."

Established in 2007, the University of Limerick, Graduate Entry Medical School is the first graduate entry programme in Ireland. The School is set to produce 32 graduates in July 2011 and numbers are expected increase to over 90 by 2013. A new €15 million, state of the art Medical School is currently under construction on the UL Campus and is expected to be completed by the end of 2010. The new building will allow for an annual intake of up to 120 students and will contain, among other features, 12 Problem-Based Learning teaching rooms, a 150-seat lecture theatre, 75 IT work stations, eight clinical skills laboratories, four anatomical skills laboratories, an area dedicated to research and a cafeteria. The new building will also be home to the Mid-West GP Training Programme.



INTERNATIONALLY RENOWNED SURGEON DELIVERS INAUGURAL SURGICAL LECTURE AT UL

Dr. Feza H. Remzi, Chairman of the Department of Colorectal Surgery, Cleveland Clinic, Ohio, USA delivered the Inaugural Surgical Lecture at the Graduate Entry Medical School, University of Limerick on Friday, December 3rd, 2010 at the Kemmy Business School, UL. The lecture was entitled 'Colorectal Surgery in the Cleveland Clinic; past, present and future'.



L. to R: Dr. Feza H. Remzi, Chairman of the Department of Colorectal Surgery, Cleveland Clinic, Stewart Walsh Associate Professor of Surgery, UL/Consultant General Surgeon, HSE, Calvin Coffey, Professor of Surgery, UL, Consultant General and Colorectal Surgeon, HSE

As Chairman of the Department of Colorectal Surgery, Cleveland Clinic, Dr. Remzi oversees one of the pre-eminent colorectal units worldwide. The Cleveland Clinic in Ohio is one of the top hospitals in North America and the Digestive Diseases Institute, of which the Department of Colorectal Surgery comprises a major component, ranks among the top two gastrointestinal units. This has occurred under Dr. Remzi's stewardship and as such he is a key commentator on colorectal surgery worldwide. Dr. Remzi has already achieved several world firsts including the first single port laparoscopic total proctocolectomy and ileal pouch anal anastomosis, a procedure required for patients with ulcerative colitis who wish to avoid a permanent stoma.

J. Calvin Coffey, Professor of Surgery, UL and co-organiser of the Inaugural Surgical Lecture said; "Dr. Remzi's visit to the Mid-Western region and, in particular, his lecture represents an historic event for medical education and for colorectal surgery in the Mid-West region."

With the recent establishment of the Graduate Entry Medical School at UL together with the development of the Division of Gastrointestinal Surgery, Mid-Western Regional Department of Surgery (comprising of Professor J. Calvin Coffey, Mr. David Waldron, Mr. Ralph Keane and Mr. Eoghan Condon) service delivery and research in this field has been greatly strengthened. In the recent past Professor Coffey and Mr. Eoghan Condon returned from the Cleveland Clinic where, under the mentorship of Dr. Remzi they completed their surgical training.



L. to R: Graduate Entry Medical School students attending the Inaugural Surgical Lecture: Rosemarie Keenan, Ailish Carlton, Anne Grace and Emer O'Malley

The relationship between the Graduate Entry Medical School, University of Limerick, the Mid-Western Regional Department of Surgery and the Cleveland Clinic has been further developed through multiple collaborations in several research projects and is set to continue to reap benefits for medical education and surgery in the Mid-West.

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

GROUND-BREAKING STUDY INTO PSORIASIS UNDERTAKEN AT MID-WESTERN REGIONAL HOSPITAL

FIRST APPLICATION OF MICRODIALYSIS TECHNIQUE IN DERMATOLOGICAL RESEARCH AT MID-WESTERN REGIONAL HOSPITAL

A ground-breaking study into one of Ireland's most common skin disorders, psoriasis, is underway in Limerick. Led by the Graduate Entry Medical School and the Department of Physics at UL, the study was undertaken in conjunction with the Dermatology Unit at the Mid-Western Regional Hospital in Limerick.



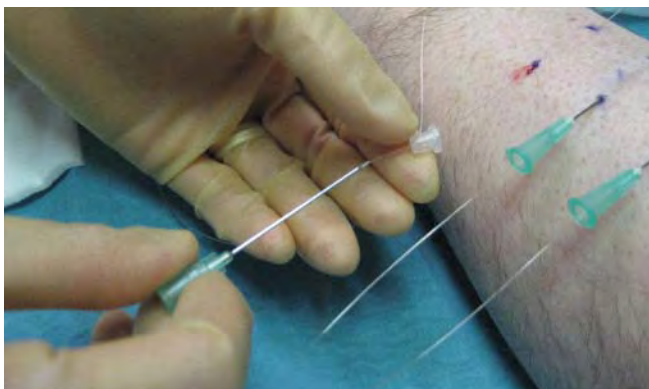
Taking a short break during the skin microdialysis study in psoriasis at the Dermatology unit, Mid-Western Regional Hospital were: Dr. Wen Lyn Ho, (Specialist Registrar, Mid-Western Regional Hospital), Dr. Bart Ramsay, (Consultant Dermatologist, Mid-Western Regional Hospital), Dr. Marie-Louise O'Connell, (Research Scientist, Physics Department, UL), Professor Billy O'Connor, (Head of Physiology, Graduate Entry Medical School, UL), Dr. Elizabeth Guihen, (Senior Technician, Graduate Entry Medical School, UL) and Mr. John Bumby, (Advisor, Prospect Diagnostics Ltd, Derbyshire, UK)

According to the Psoriasis Association of Ireland (PSI) the condition, although incurable, is not contagious, and affects more than 100,000 people in this country. This is the first time the microdialysis technique has been applied for dermatological research in Ireland. Microdialysis allows more selective sampling to be undertaken in a minimally invasive and simple procedure. A microscopic hollow tube which mimics a tiny artificial blood vessel, is temporarily placed into a layer of the skin in a group of psoriasis sufferers and is then used to measure the levels of histamine and other important biological molecules in psoriasis. 6 Patients from the Dermatology Unit at the Mid-Western Regional Hospital took part in the study over a six week period.

Professor William O'Connor, Head of Physiology, Graduate Entry Medical School, UL, led the study. Professor O'Connor explains the multidisciplinary approach to this research; "It is the first time in Ireland that microdialysis has been applied to research such a widespread skin disorder as psoriasis. The team brings the research scientists together with the doctors who treat patients with these complaints on a daily basis. In addition, by working directly with the patients and the medical staff, the research scientists are gaining a better understanding of each patient's case including diet, environment and stress and how it affects their condition."

There is tremendous research interest in psoriasis as no cure currently exists for this complex skin disorder. Psoriasis is a chronic and uncomfortable skin disease characterised by the presence of scaly patches on the skin, called psoriatic plaques. These plaques are areas of inflammation and excessive skin production. Symptoms can range from mild itching and soreness to painful, debilitating and disfiguring lesions.

Microdialysis catheters were implanted into healthy, peri-lesional and lesional skin regions. The microdialysis catheters enabled a sample chemical profile from these three skin regions so that important biological molecules such as histamine, a local immune system activator known to contribute towards itch and inflammation, could be measured. The catheters' entry and exit points and their precise location in the epidermal layer of the skin were confirmed using the latest laser imaging technique, courtesy of the Physics Department, UL. Images of local blood flow changes in the skin were also captured using this state-of-the-art imaging tool.



Skin microdialysis catheters in the forearm of a volunteer psoriasis patient.

Professor O'Connor said; "So far the results have revealed detectable levels of histamine, a local immune system activator known to contribute towards itch and inflammation which is measured from the selected skin regions. University-hospital collaborations like this are mutually beneficial for clinicians and medical students in the development of patient care and healthcare, it's about improving our understanding of mechanisms of disease and therein potential future pathways for therapy."

The present study has already revealed detectable levels of histamine measured from the selected skin regions and this finding was presented at the 13th International Conference on In Vivo Methods, in Brussels in September 2010. Microdialysis can also be applied for chemical monitoring in other parts of the human body. To date, Professor O'Connor has demonstrated its clinical potential in human brain during epilepsy surgery and in detecting secondary ischaemia, a typical complication observed following head injury or intracranial haemorrhage. Microdialysis has also been used for monitoring important biomarkers of heart injury - cardiac troponin T and *aspartate transaminase* - directly from damaged heart muscle for up to five days after surgery. It has also become an integral part of a set of procedures for treating brain injury - the Lund Concept - which has lead to dramatically reduced mortality in those with severe head injuries.

For further information please contact: Professor Billy O'Connor, Graduate Entry Medical School, University of Limerick.

e-mail: William.OConnor@ul.ie Ph 061-233750

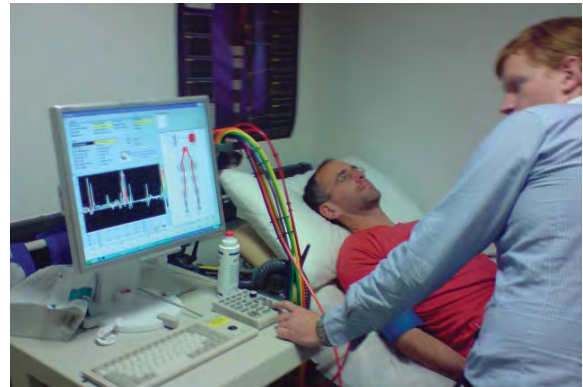
GER DUFF – WINNER OF VASCULAR RESEARCH STUDENT SCHOLARSHIP, SUMMER 2009

Ger Duff is currently a Year 3 student in the UL Graduate Entry Medical School who presented a paper at the Sylvester O'Halloran Conference in March of this year. Ger won the Vascular Research Student Scholarship in the summer of 2009 and the following is an account of Ger's time working with Professor Pierce Grace and his team for a period of eight weeks:

In the UL Med School, the summer holiday between 1st year and 2nd year is a time when many students go travelling to foreign shores like America, Africa or Asia. Being the adventurous soul that I am, I stayed in Limerick. I was accepted for a summer studentship working in the Limerick Mid-Western Regional Hospital's vascular imaging lab under Professor Pierce Grace. I applied because I had worked in vascular research during my science undergrad and I expected to be doing similar work - growing cells, doing experiments, etc. On my first day the lab had not opened yet, so I was called into a surgery theatre and was quizzed about the anatomy of the gallbladder while Professor Grace removed one. I was definitely not in Kansas anymore!!



Measuring the Augmentation Index



Measuring the Ankle-Brachial Pressure index

The vascular imaging lab examines peoples' blood vessels with ultrasound and other techniques to check for narrowings or blockages. I worked on a project comparing a newer method of examining blood flow to a patient's legs and feet with an older, widely used technique. I entirely enjoyed this experience. I got to practice some of the skills I had learned during my first year, such as history taking and measuring blood pressure, in a real clinical setting with genuine patients. I was also able to familiarise myself with the layout and workings of a hospital such as Limerick Regional. I feel that undertaking a summer studentship like this is an invaluable way of spending part of the summer and is of great benefit to students at our stage. The project I performed with Professor Grace and his team yielded some interesting results and may get published. I thank the Professor, his team and the staff of the Medical School for giving me this awesome experience.

NEWS FROM GRADUATE ENTRY MEDICAL SCHOOL (GEMS) AT UL

A total of 32 Year 3 medical students presented their posters from a research/audit study which they had undertaken over the year at a special presentation day at UL held in late April 2010. The overall standard was excellent. Two students received awards for their posters and/or presentations. The winner of 'Best Presentation' was Lee Yap and the winner of the 'Best Poster' (which also included an assessment of the actual research undertaken) was Daniel O'Hare.

The Graduate Entry Medical School also held a very successful Poster Exhibition of these posters in the CSIS building at UL on Friday, May 14th.



Dr. Jean Saunders with Lee Yap



Daniel O'Hare and Dr. Jean Saunders



The Poster Exhibition



THE HRB CENTRE FOR SUPPORT AND TRAINING IN ANALYSIS AND RESEARCH (CSTAR @ UL) which is run by Dr. Jean Saunders, Statistical Consulting Unit, UL held a very successful launch on Friday September 10th, 2010 at the Carlton Castletroy Park Hotel. These services were also launched from the CSTAR office at UCD in Dublin in May. The workshop in Limerick was entitled "Doing Research the Right Way – How to Avoid the Pitfalls" and included presentations from Professor Paul Finucane - Foundation Head, Graduate Entry Medical School, University of Limerick as well as Professor Mike Campbell - Professor in Medical Statistics, University of Sheffield, UK, Professor Declan Lyons - Adjunct Professor Medical Science, Graduate Entry Medical School, University of Limerick and Consultant Physician, Mid-Western Regional Hospital, Limerick together with Dr. Teresa Maguire - Head of Population Health Sciences & Health Services Research, HRB. Dr. Jean Saunders acted as Chair of the proceedings and there was a panel question and answer session at the end. Coming just after the launch of the latest HRB call for applications for funding this workshop was very timely and allowed Dr. Maguire to explain what the HRB review committees are looking for in successful applications. She stressed amongst other things the need for good methodological structure in any proposal and urged applicants to consult CSTAR before submitting their applications as well as incorporating within their budget an amount for CSTAR services throughout the study proposed.



L to R: Dr. Teresa Maguire, Head of Population Health Sciences & Health Services Research, HRB; Dr. Jean Saunders Director of CSTAR @ UL and Professor Mike Campbell, Professor in Medical Statistics, University of Sheffield, UK pictured after the workshop.

During the morning of September 10th a Standard Ethics Form Information Session was also held. This was an information session on the newly designed health research ethics committees standard application form (RECSAF). This form will be formally adopted by many HSE and/or Hospital Research Ethics Committees after October 2010 and will mean that only one form needs filling in even for multi-site studies or studies other than clinical trials.

This CSTAR launch event at UL was kindly sponsored by QSR International - official distributors of NVIVO in Ireland, Statistical Solutions Limited and SPSS Ireland.



Research Funding Update

SFI-HRB WELLCOME TRUST BIOMEDICAL RESEARCH PARTNERSHIP

From October 1st, 2010 The Wellcome Trust in partnership with SFI and HRB will fund biomedical research and clinical research under the auspices of the SFI-HRB Wellcome Trust Biomedical Research Partnership.

Funds will be made available to support a range of items including:

- Investigator Awards
- Strategic Awards
- Fellowships, including principal research fellowships

For further information visit:

www.hrb.ie

www.sfi.ie

<http://www.wellcome.ac.uk/>

HEALTH RESEARCH BOARD (HRB)

There are no funding calls currently open.

SCIENCE FOUNDATION IRELAND (SFI)

For further information on options listed below visit www.sfi.ie

- US – Ireland R&D Partnership Programme
- Conferences and Workshop Scheme

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

For details on:

- Enterprise Partnership Scheme Postgraduate Scholarship Competition
- Enterprise Partnership Scheme Postdoctoral Fellowship Competition

Visit www.ircset.ie



ENTERPRISE IRELAND

For information on schemes to support Research & Innovation:

Visit www.enterprise-ireland.com

EU FUNDING

Information is currently available on www.welcomeurope.com

IRISH CANCER SOCIETY

Funding opportunities for 2011

Research Scholarships and Research Fellowships have been announced for 2011
Closing date Wednesday, February 2nd, 2011.

Visit www.cancer.ie



New Publications & Websites of Interest

Ageing and Older Adult Mental Health

Issues and Implications for Practice

Edited by Patrick Ryan, and Barry J. Coughlan

"Ryan and Coughlan are to be congratulated for editing a highly accessible book on ageing and mental health. This volume should be required reading on all postgraduate courses for mental health professionals who are being trained to provide services to older adults with psychological problems." Alan Carr, Professor of Clinical Psychology, University College Dublin, Ireland.



This book examines the issues and implications which mental health professionals face when dealing with ageing and older adults. The book explores the area of ageing and focuses on the biological, psychological and cultural influences which impact on the work of mental health practitioners who work with this client group.

Based on current empirical research and evidence-based practical issues this book explores topics including:

- ageing and dementia
- elder abuse
- caring for older adults
- depression and ageing
- the paradox of ageing
- how older adults are key to the success of future generations

Throughout the book the contributors emphasise the notion of 'healthy ageing', and the importance and significance of this concept as part of the life-cycle process. Thus Ageing and Older Adult Mental Health will be key reading not only for mental health professionals, but also for those involved in policy making for older adults.

Table of Contents: Ryan, O'Rourke, Ward, Aherne, Ageing: Historical and Current Perspectives. Flynn, Ryan, The Biology of Ageing: What Works, What Slows and What Stops. Lalor, Ryan, Ageism: Myth or Fact. O'Connell Kehoe, Coughlan, Assessment of Mental Health Issues: Approaches and Frameworks. Dempsey, Coughlan, Treatment of Mental Health Issues: Reality versus Best Practice. O'Reilly, Lavin, Coughlan, Ageing and Dementia: Assessment and Intervention. Ryan, Coughlan, Shahid, Aherne, Older Adults Experience of Loss, Bereavement and Grief. O'Donoghue, Ryan, Depression and Ageing: Assessment and Intervention. Smith, Elder Abuse: Understanding Pathways and Processes. Smith, Long, Elder Abuse: What Works and Does Not Work to Prevent it? Barker, Ageing and Attachment. Ryan, Dudley, MacMahon, Feeney, Bonham, Ageing, Relationships and Sexuality. Ryan, Wroblewska, Caring for Older Adults: Who Cares and Does Not Care? Greve, Ryan, Aherne, The Paradox of Ageing: Why Do Older People Look So Happy When They Have Nothing To look Forward To? Ryan, O'Sullivan, Smyth, Older Adults: Key to the Success of Younger Generations.

December 2010

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Hbk: 978-0-415-58289-6 £60.00 **Discounted Price £54.00**

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CLINICAL QUERIES SERVICE NOW AVAILABLE IN THE SOUTH-EAST ON www.hselibrary.ie

As a follow-up to the joint HSE/University of Oxford Centre for Evidence-Based Medicine (CEBM) Workshop in Waterford Regional Hospital in November 2009, the HSE Library Service in the South East has initiated a Clinical Queries service available to all staff based in counties Waterford, Wexford, Carlow, Kilkenny and South Tipperary.

The Clinical Queries service is based on the first two steps of the CEBM method:- EBP Step 1 - Formulate an Answerable Question; EBP Step 2 - Track Down the Best Evidence.



How does it work?

HSE Staff located in the South-East can send through their questions on their home page of www.hselibrary.ie by completing a simple online form available under the [Clinical Queries](#) tab. Alternatively, they can phone (056) 7784288 to let library staff know the details of their question, or e-mail the library at Clinical.Queries@hse.ie. The library will assign your query to one of the following question types: Intervention; Aetiology/Risk Factors; Diagnosis; Prognosis/Prediction; Frequency/Rate; Phenomena. The query will be analysed according to the "PICO" algorithm: Population/Problem; Intervention/Indicator; Comparator/Control; Outcome. A detailed subject search will be conducted on the most relevant primary database: MEDLINE for medical questions; CINAHL for questions related to nursing or allied health; PSYCINFO for questions related to mental health. A secondary keyword search of other resources such as Cochrane, Up-To-Date, MD Consult, guidelines, etc., will be conducted as appropriate. Finally, the library will collate a selection of relevant results and return to the user with details of the search strategy used and resources searched.



Introduction

Over recent years the Institute of Public Health in Ireland (IPH) has developed two innovative all-island websites to sign-post health-related grey literature (www.aiehl.org) and to provide easier access to aggregated health data (www.inispho.org/edata).

Objective

IPH wished to consolidate these websites into a single website that could more effectively support evidence-informed policy and practice across the island.

The aims of the website are to:

- Become an authoritative source of data, evidence and good practice
- Provide practical tools to help users develop better policies and practices
- Focus on health and social care priorities.

It is designed for policy makers, health and social service professionals and managers, and others who provide services on their behalf.



New Publications & Websites of Interest

Methods

IPH undertook this project in collaboration with the HRB's Centre for Health and Diet Research (UCC/UCD) and the UKCRC's Centre of Excellence for Public Health (NI) (QUB).

The usability and accessibility of the existing websites were reviewed, an assessment of the needs of key stakeholders was made, an evaluation website was developed and feedback was sought from key users. The website was then revised accordingly before going live.

The Health Well website

The website (www.irishhealthwell.org) uses open-source programming tools Drupal (content management system) and PHP.

Information resources

Health Well's information resources cover population health as well as health and social services. They comprise

- Six systematically collated catalogues (policies and guidance, interventions, data, research and evaluation, knowledge translation tools and contacts) containing over 1,300 resources
- A large less-structured cache of other resources drawn from thirteen health-related websites across the island
- Summaries of peer-reviewed research articles drawn from Open Access Journals

There is also a Newsroom that covers current affairs, blogs and forums, and newsletters and bulletins.

Health Well's catalogues and cache use agreed metadata standards and the Public Health Language which has been mapped to SNOMED CT. Users can search all the resources simultaneously and search results are presented in a manner which allows them to be easily filtered.

Tools to support individuals and groups

User accounts help users to manage and share information resources. For example, users can save their searches and automatically update them at a later date. They can save resources to their general Reading List or thematic Reference Lists. Social media tools allow them to email resources to other registered users on their Contact List.

Health Well also provides communities of interest with a webgroup service that helps them work collaboratively over the web. Webgroups are set up on request, and they have their own secure sub-site which supports discussion forums, event calendars, collaborative authoring, etc.

Initial focus of the Health Well

Health Well contains thematic hubs (sub-sites) which focus on specific health and social care priorities. Initially, the Health Well contains an Obesity Hub (<http://obesity.irishhealthwell.org>) and a Fuel Poverty Hub (<http://fuelpoverty.irishhealthwell.org>) Other hubs will be developed over time.

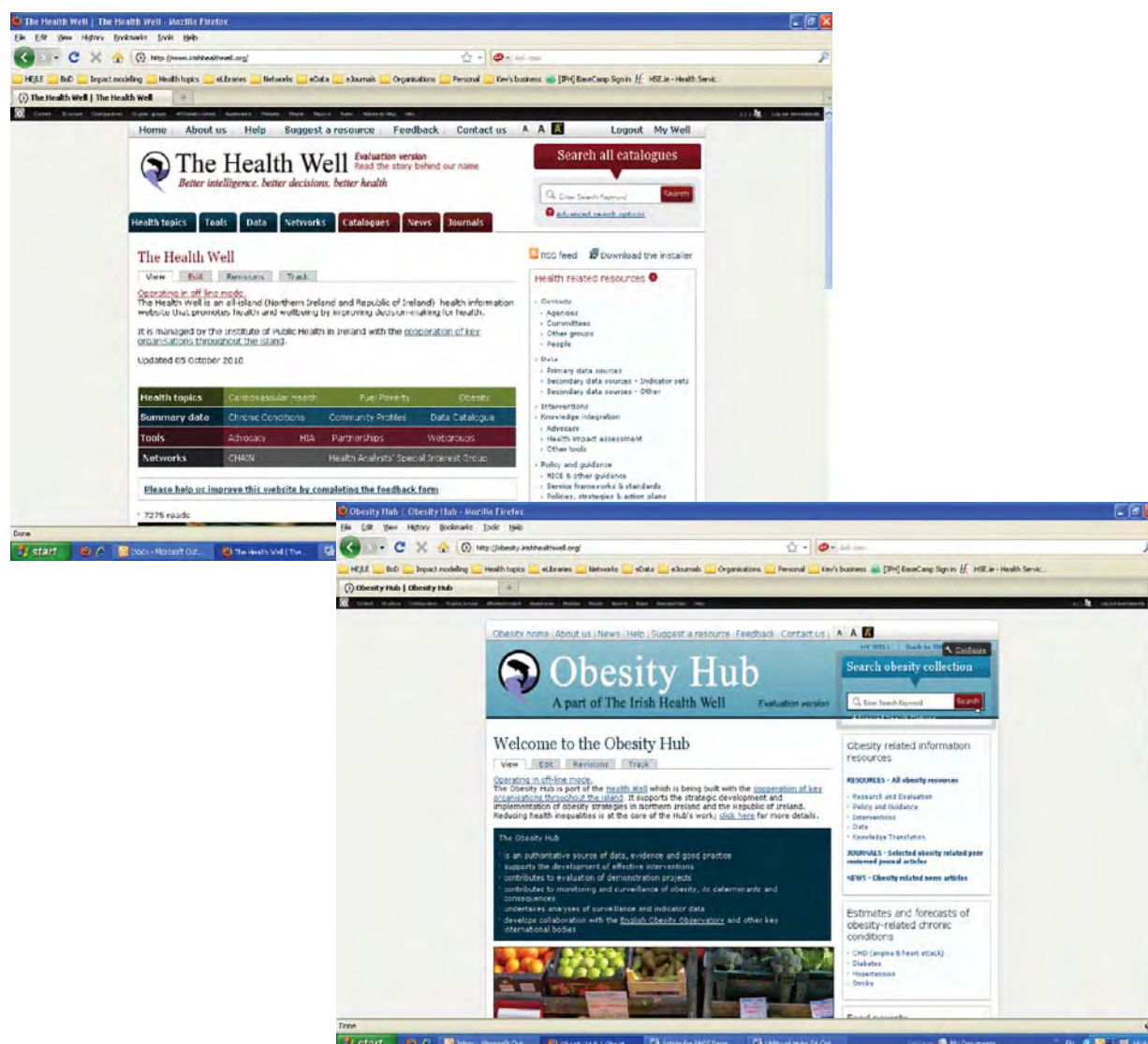


A few other key features of the first release of the Health Well

- A section on the current and projected population prevalence of chronic conditions, broken down by Local Health Offices (RoI) and Local Government Districts (NI)
- Community Profiles based on over 100 health-related indicators that have been collated for every county in RoI and every Local Government District in NI. Users can graphically explore particular topics, particular areas or the whole indicator set
- A searchable Data Catalogue describing over 350 health-related data sources.

Conclusion

Health Well's website went "live" in October 2010. In its first year IPH will evaluate and further develop the website to better support population health and health and social services across the island.





Education, Training & Continuing Professional Development

POLICY, PROCEDURE, PROTOCOL AND GUIDELINE DEVELOPMENT - A NATIONAL TEMPLATE AND PROCEDURE

A national template and procedure has been launched for the development of policies, procedures, protocols and guidelines (PPPGs) in the Health Service Executive

The benefits of the HSE National Template and Procedure include:

- Promotion of best practice
- Standardisation of practice and service delivery
- Assurance that legislative and regulatory requirements are met
- Clarity for employees and line managers on their roles and responsibilities
- Facilitation of effective staff induction
- Use as educational tools
- A basis for audit and evaluation

The PPPG National Template and Procedure working group consisted of representatives from all HSE Directorates and was chaired by Ms. Marie Kehoe, Quality and Risk Office, Area General Manager (South) and Lead for Quality Function in the HSE Office of Quality and Risk.

Following the launch of the Procedure and Template an implementation sub-group was set up to provide training to support the implementation of the PPPG National Template and Procedure. This group is again chaired by Ms. Marie Kehoe and has held two 'Train the Trainer' days, one in Dublin in September 2010 and one in Cork in October 2010. Those who have attended these training days have become trainers who will deliver training to colleagues in their area. It is a requirement that trainers must deliver at a minimum three training days per year and these training days will be organised by the Centres of Nurse Education. The Office of Quality and Risk (HSE South) will be following up with trainers on the training delivered and also will be completing an evaluation in one years time.

The training delivered contains the following topics:

- Quality Improvement – Background to the procedure and template
- HSE National Procedure for PPPG Development and Template
- Evidence-Based Practice (EBP) & Conducting a Literature Review
- Monitor, Review and Audit of PPPGs

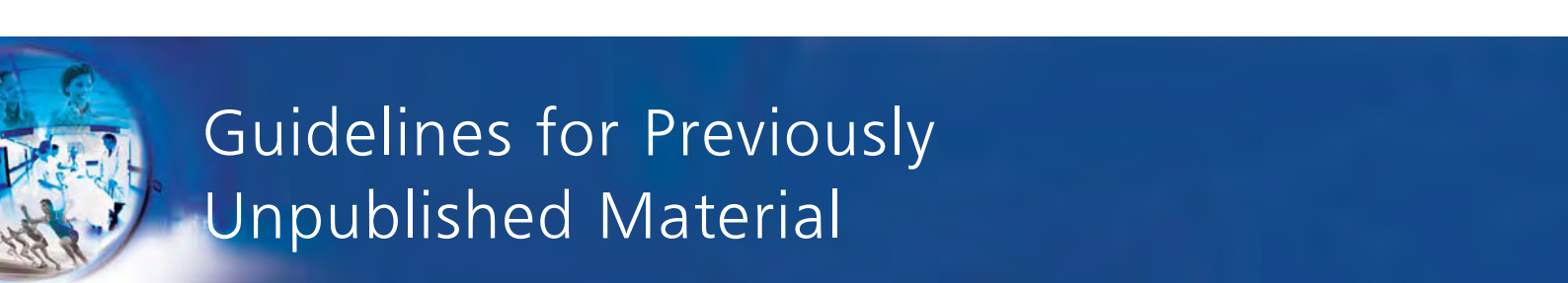
The Implementation group has also developed a database of PPPGs that have been developed throughout the country - this database currently has the PPPG name and contact details of co-ordinators for over 9,000 PPPGs and is available to all staff.

The HSE National Template and Procedure is available on the HSE intranet at:

http://hsenet.hse.ie/HSE_Central/Quality_and_Clinical_Care/Quality_Safety_and_Risk/PPPG_Document_Development_and_Inventory/

If you require further information on the Procedure or the training please contact Marie Kehoe at 087-2632781 or mariet.kehoe@hse.ie

If you require further information on the HSE National Database of PPPGs please contact Denise McCarthy at 021-4928528 or denise.mccarthy@hse.ie



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

Ms. Catherine Kennedy,
Information Scientist,
National Institute of Health Sciences,
Health Service Executive, Mid-Western Area,
St. Camillus' Hospital,
Limerick.

t. 061-483975
m. 086-3812926
f. 061-326670
e. catherinem.kennedy@hse.ie



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**
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Ms. Catherine Kennedy,
Information Scientist,
National Institute of Health Sciences,
Health Service Executive, Mid-Western Area,
St. Camillus' Hospital,
Limerick.

t. 061-483975
m. 086-3812926
f. 061-326670
e. catherinem.kennedy@hse.ie



St. Camillus' Hospital
Shelbourne Road
Limerick

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