

National Institute of Health Sciences Research Bulletin

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- Safety Implications of the Boyle-Davis Mouth Gag and Endotracheal Tube Position in Tonsillectomy - A Prospective Study
- The Grading of Oral Scientific/ Medical Presentations - A Pilot Study
- Electromyographic Analysis of the Three Subdivisions of Gluteus Medius during Weight-Bearing Exercises
- Developing a Scale to Measure Synergy in Health Promotion Partnerships

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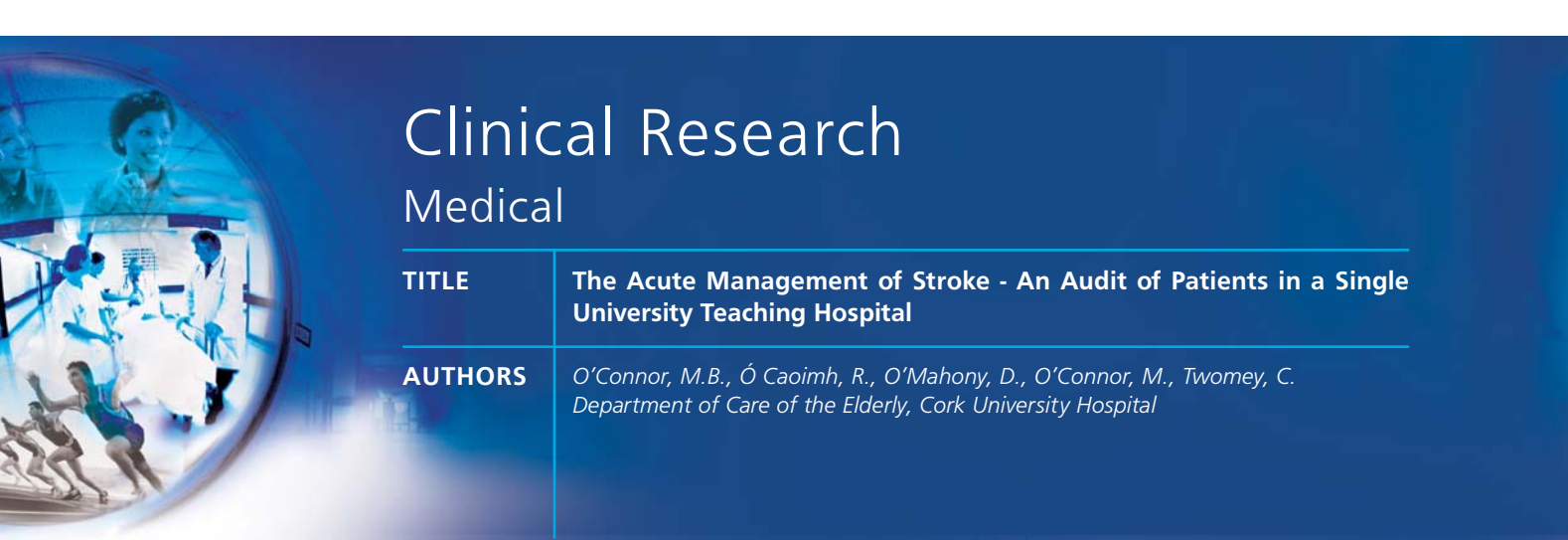
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Clinical Research

Medical

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| TITLE | The Acute Management of Stroke - An Audit of Patients in a Single University Teaching Hospital |
| AUTHORS | O'Connor, M.B., Ó Caoimh, R., O'Mahony, D., O'Connor, M., Twomey, C. Department of Care of the Elderly, Cork University Hospital |

INTRODUCTION

A stroke is the rapidly developing loss of brain function(s) due to disturbance in the blood supply to the brain. This can be due to ischemia caused by thrombosis or embolism or due to a hemorrhage. In Ireland, approximately 10,000 patients suffer a stroke annually. A stroke is a medical emergency and can cause permanent neurological damage, complications and death. It is the leading cause of adult disability in the United States and Europe. In the UK, it is the second most common cause of death, the first being heart attacks and the third being cancer. Therefore, appropriate diagnosis and management is essential to maximize outcome potential.

OBJECTIVE

The objective of this audit was to review the acute management of stroke patients at our tertiary referral service.

METHODOLOGY

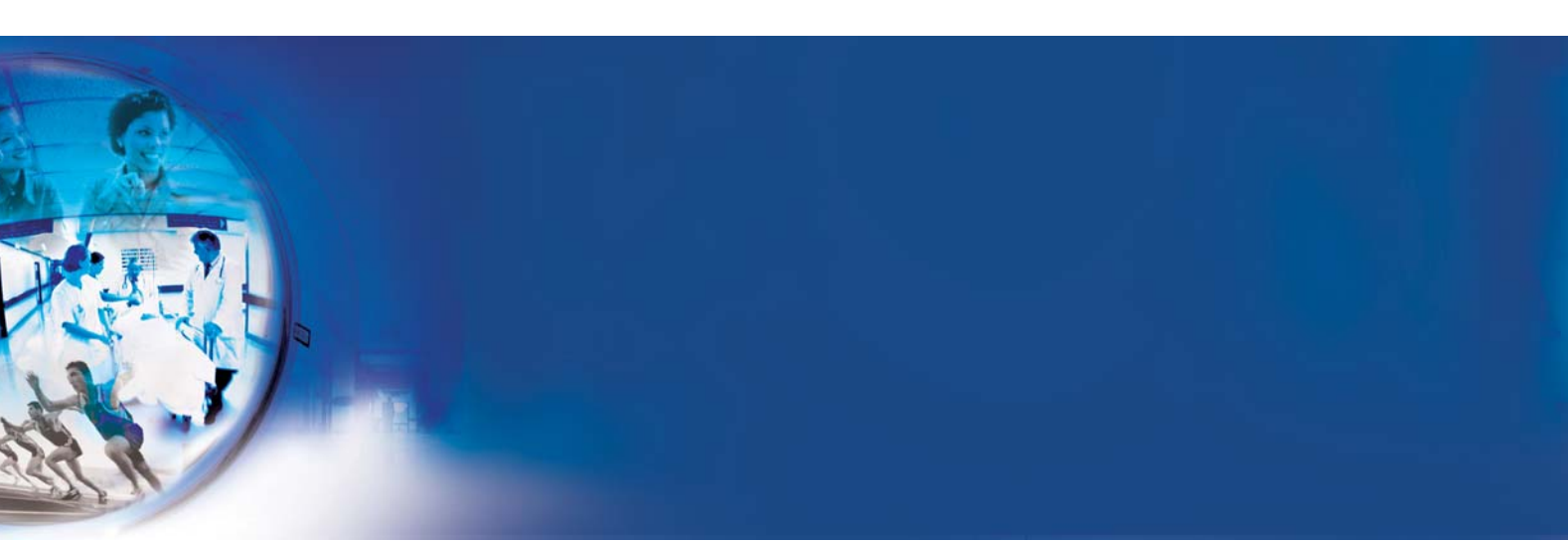
A retrospective audit of all patient files relating to stroke patients presenting to Cork University Hospital in March 2008 was carried out. Case notes were reviewed with regard to nature of stroke, radiological imaging carried out, immediate treatment and suitability for thrombolysis, along with basic demographics. Data was analysed using a statistical package, SPSS. Approval was prospectively granted by the hospital risk assessment unit.

RESULTS

A total of 46 patients presented to and were triaged as potential strokes at the A&E Department of Cork University Hospital during the one month period of the study. A total of 42 were confirmed stroke cases with a mean age of 77.85 years.

All patients received CT Brain imaging at presentation to the A&E Department, with 69% (n=29) confirming an ischaemic stroke. Only 1 patient received thrombolysis, even though there were 10 cases suitable for it and 37 survived to discharge. The mean time from symptom onset to presentation was 15 hours (range=40 minutes - 96 hours). 30% had a swallow classified as unsafe on review.

60% (n=25) were prescribed aspirin prior to the event, of which 3 patients had a new diagnosis of a hemorrhagic stroke and 3 patients had a background history of a hemorrhagic stroke. All ischemic strokes were prescribed aspirin in the A&E Department, 78% receiving Aspirin 300mg PO OD for three days. No patient received anti-platelet therapy until CT Brain imaging was achieved.



CONCLUSIONS

This audit highlights the many difficulties in the acute management of stroke patients. The importance of early presentation, appropriate anti-platelet treatment and eligibility for thrombolysis need to be re-emphasised in order to maximise outcomes in stroke cases.



Clinical Research

Medical

| | |
|---------|--|
| TITLE | Prevention of Venous Thromboembolic Disease in Medical and Surgical Hospital Patients in a Single University Teaching Hospital |
| AUTHORS | O'Connor, M.B., ¹ Pokrovskaya, O., ² Burns, M., ³ Weston, M., ³ Salleh, S., ³ Razak, L., ³ Aiman, M.I., ³ Lainis, F., ³ Ní Shúilleabháin, M. ⁴ Department of Rheumatology, South Infirmary-Victoria University Hospital, Cork ¹ Department of Surgery, South Infirmary-Victoria University Hospital, Cork ² Department of Medicine, South Infirmary-Victoria University Hospital, Cork ³ Department of Pharmacy, South Infirmary-Victoria University Hospital, Cork ⁴ |

INTRODUCTION

Over the last few decades there have been many advances in the prevention of venous thromboembolic events (VTEs) among medical and surgical hospital patients. Despite this, unfortunately, pulmonary embolism remains the most common preventable cause of hospital mortality. It is responsible for approximately 150,000 to 200,000 deaths per year in the United States. As a consequence, in the US there have been a number of initiatives aimed at calling attention to the prevention of VTE and advocating for the increased use of VTE prophylaxis among hospitalised patients. Similar initiatives/recommendations have been developed in Canada, the UK and Europe.

OBJECTIVE

The objective of this study was to carry out an audit of the level of VTE prophylaxis among patients at our hospital and to compare the results to international initiatives and recommendations.

METHODOLOGY

On a designated day during October 2009, all medical and surgical in-patients at the South Infirmary-Victoria University Hospital, Cork were assessed regarding VTE prophylaxis. A pro-forma was used to assess patients, with data collection being from patient case notes and medication prescription charts. Pro-forma preparation was as per current European VTE prophylaxis guidelines. Medical and surgical teams were not aware that the audit was taking place to avoid bias changes in management behaviour. Audit approval was prospectively received from the hospital's Drugs and Therapeutics Committee.

RESULTS

77% (113/147) of in-patients were included in the study, with the remaining 23% (n=35) being either inaccessible for inclusion (n=11), had a contraindication to VTE prophylaxis (n=2: active bleeding disorder) or already receiving therapeutic anticoagulation (n=22). 60% (n=68) were female and 40% (n=45) male, with a mean age of 65.6 years. The modal length of hospital stay at review was 15 to 60 days.

41% (n=46) of patients received VTE prophylaxis and 32% (n=36) were using TEDS. Among those on VTE prophylaxis medication, 43% (n=20) received Tinzaparin Sodium 3,500 units, 42% (n=19) enoxaparin 20mg and 15% (n=7) enoxaparin 40mg. 6 patients received VTE prophylaxis at 08.00 hours, 1 at 13.00 hours and the remaining 39 at 22.00 hours.

Among the patients included in this audit 45 had a medical indication for VTE prophylaxis and 42 had a surgical indication. Only 1 patient had both medical and surgical VTE prophylaxis indications, namely an ENT patient post-



operatively over 60 years with an active infection and history of an active carcinoma. 45% (39/86) of patients with a clear indication for VTE prophylaxis were appropriately receiving such. 57% (24/42) of surgical indications were appropriately covered by VTE prophylaxis compared to 31% (14/45) of medical indications. 8 patients received VTE prophylaxis without an indication.

CONCLUSIONS

Based on the findings of this audit we need to be more observant with regard to the need for and use of VTE prophylaxis. All grades of doctors in all specialities have a responsibility to maximise the appropriate use of VTE prophylaxis. Training regarding appropriate VTE prophylaxis may be beneficial to achieve improvements.



Clinical Research

Medical

| | |
|---------|--|
| TITLE | Venous Thromboprophylaxis in Medical Patients - Are Guidelines being Followed? |
| AUTHORS | Ejaz, A., Khan, M.A., Ali, S. Our Lady's Hospital, Navan, Co. Meath |

INTRODUCTION

Venous thromboembolism (VTE) is the collective term for deep vein thrombosis (DVT) and pulmonary embolism (PE). It is a common complication during and after hospitalization for acute medical illness. VTE is one of the most common preventable causes of mortality in hospitalised patients.¹ Studies have shown that more than half of all hospital patients are at risk of VTE. Therefore, it is important to ensure that patients receive appropriate preventative measures to reduce the risk of developing VTE.

OBJECTIVES

To assess whether appropriate thromboprophylaxis is prescribed in medical inpatients in accordance with national and local clinical guidelines.

METHODOLOGY

Over a 4 week period in May/June 2009, a prospective survey was carried out on medical in-patients at Our Lady's Hospital, Navan. Each patient's VTE risk was stratified in keeping with the THRIFT consensus group guidelines.

Exclusion Criteria:

Patients who stayed in hospital less than 24 hours were not considered. Patients receiving anticoagulants prior to admission and those who were receiving anticoagulant therapy for diagnosed or suspected VTE or other conditions were considered as ineligible for the study.

RESULTS

- The average age of the patients was 69.1 years. A total of 92 patients were included in the study. 52% were females while 48% were male.
- Patients in the low risk group were 16% (15/92). 72% (66/92) were in the moderate risk group, while 12% (11/92) were stratified as high risk.
- 39% of patients received no prophylaxis at all. 14% received only TEDS, 16% received 20 mg of clexane. 2% received TEDS and 20 mg of clexane. 24% received 40mg of clexane. 3% received 3,500 iu innohep and 1% received 4,500 iu of innohep.
- In the moderate risk group 39% were not receiving any prophylaxis. 12% were given TEDS only while 17% were receiving 20mg of clexane. So, 68% were not receiving VTE prophylaxis according to THRIFT guidelines.



- In the high risk group 27% of the patients were receiving no prophylaxis at all, while 18% were given TEDS only. 27% were on 20 mg of clexane. Thus, 72% of the high risk group were not receiving VTE prophylaxis according to THRIFT guidelines.

This audit has shown that there was a significant lack of VTE prophylaxis in medical patients. In fact, prophylaxis was consistently underutilized and only implemented correctly (according to THRIFT guidelines) in moderate and high-risk patients at a rate of 4.4%. There are several reasons that might explain why VTE prophylaxis is not a widespread practice on medical wards. Recently, the Seventh American College of Chest Physicians' consensus statement highlighted few of these factors.¹⁴

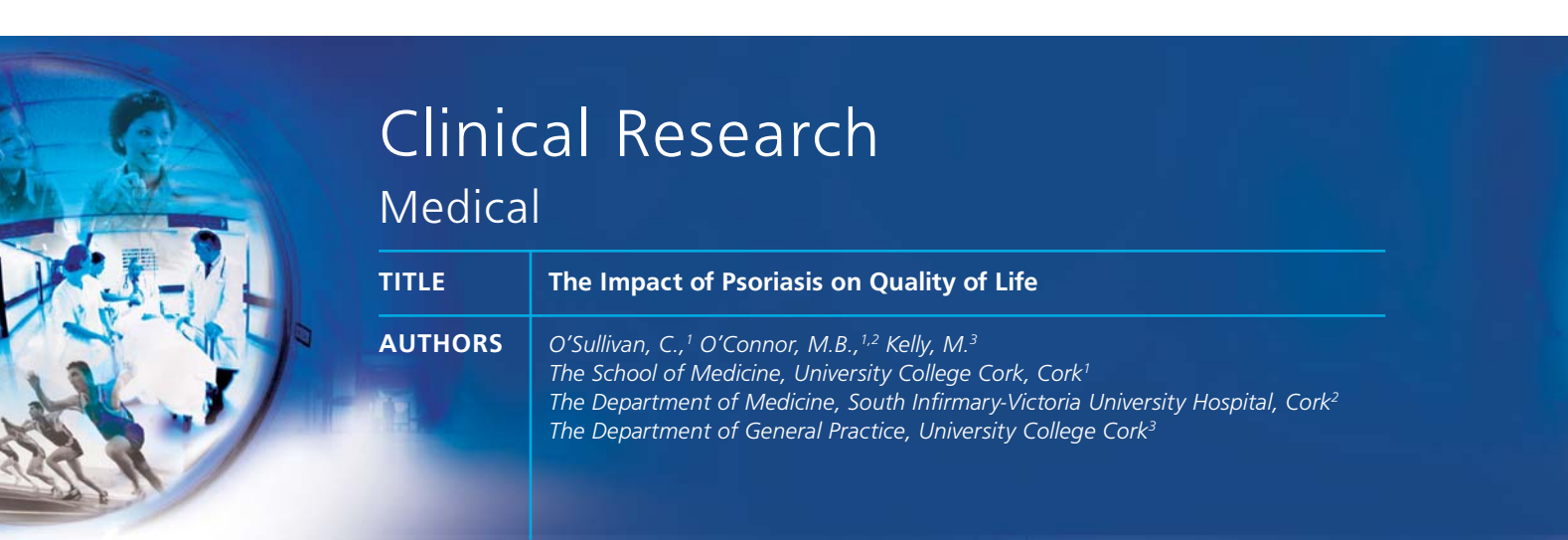
- Many practitioners believe (incorrectly) that VTE is uncommon and that anticoagulation is unwarranted. However, it is critical to remember that the majority of VTE events are clinically silent and the condition remains undiagnosed.
- There is unjustified anxiety about bleeding risk despite the reassuring meta-analyses and randomized controlled trials which demonstrate little or small increases in the absolute risk of major bleeding with the use of LMWH.
- Still many practitioners believe that patients who are on aspirin do not need VTE prophylaxis which is clearly not the case.
- Finally, cost issues may deter some practitioners, yet health economics studies have consistently proven that broad application of pharmacological prophylaxis is highly cost effective.¹²

CONCLUSION

In an attempt to improve the current unsatisfactory situation, in the short term all medical patients should have a DVT prophylaxis tick sheet attached to their drug charts once they are admitted and the team can make a decision regarding starting VTE prophylaxis next morning. This sheet should be based on the THRIFT consensus guidelines. In the long term, the concept of DVT needs to be addressed more appropriately within the context of medical and nursing education. Raising awareness periodically is definitely needed in view of the high turnover of hospital medical and nursing staff. Emphasis should be placed on the potential serious hazards of developing DVT, and the ease and cost effectiveness with which we are able to prevent it. In April 2007, the National Institute for Health and Clinical Excellence (NICE)³ published its guidance on VTE risk reduction. NICE guidance suggests that thromboprophylaxis should include both mechanical and pharmacological measures.

REFERENCES

Available on request.



Clinical Research

Medical

| | |
|---------|---|
| TITLE | The Impact of Psoriasis on Quality of Life |
| AUTHORS | <i>O'Sullivan, C.,¹ O'Connor, M.B.,^{1,2} Kelly, M.³</i> <i>The School of Medicine, University College Cork, Cork¹</i> <i>The Department of Medicine, South Infirmary-Victoria University Hospital, Cork²</i> <i>The Department of General Practice, University College Cork³</i> |

INTRODUCTION

Studies have indicated that the presence of psoriasis has a severe impact on patient quality of life (QOL). These studies have also suggested that no correlation exists between subjective quality of life scores and objective measures of disease severity. However, studies have not been conducted to investigate which aspects of QOL are most affected.

OBJECTIVE

The purposes of this study are firstly, to determine whether psoriasis has an impact on patient QOL, and if so, whether this impact is mild, moderate or severe and secondly, to investigate which particular aspects of QOL are most severely affected by psoriasis.

METHODOLOGY

A total of 60 patients were recruited from a psoriasis clinic at a secondary referral centre. An objective disease score was calculated using the Psoriasis Assessment Severity Index (PASI). A subjective score was calculated based on a questionnaire entitled Psoriasis Disability Index (PDI) to assess the effects of psoriasis on QOL with respect to leisure, daily activities, personal relationships, work/school and treatment. Correlations were calculated between PASI score and components of the PDI.

RESULTS

The majority of patients were mild to moderately affected by their psoriasis. No correlation was found between PASI score and the subcategories of the PDI questionnaire (daily activities, leisure, personal relationships, work/school and treatment). Of the subcategories of the PDI, leisure and daily activities were most affected by psoriasis. A positive correlation was found between monthly expenditure on psoriasis treatment and effect on relationships. 6% of patients reported no impact on QOL from psoriasis.

CONCLUSION

The impact of psoriasis on QOL is moderate. Since no correlation exists between objective and subjective measurements of disease severity, a QOL assessment tool should be used in all settings (primary care, hospital, etc) to identify patients whose QOL is severely impacted by their disease.



Clinical Research

Medical

| | |
|---------|--|
| TITLE | Assessment of Risk Factors Given in GP Referral Letters for DEXA Imaging |
| AUTHORS | O'Connor, M.B., ¹ Rath, J., ¹ Mustafa, G., ² Laine, F., ¹ Walsh, C., ³ Bond, U., ¹ Swan, J., ¹ Murphy, M., ² Phelan, M.J. ¹ Department of Rheumatology, South Infirmary-Victoria University Hospital, Cork ¹ Department of Diabetes and Endocrinology, South Infirmary-Victoria University Hospital, Cork ² Department of Radiology, South Infirmary-Victoria University Hospital, Cork ³ |

ABSTRACT

Osteoporosis poses a significant public health issue, causing significant morbidity and mortality. It leads to an increased fracture risk through a reduction in the bone mineral density (BMD), disruption of bone micro-architecture and alteration of the amount and variety of non-collagenous proteins in bone. Treatment aims are to prevent fractures and maintain the quality of life of the aging adult. The advent of the WHO assessment tool “Fracture Risk Assessment Tool” (FRAX®) has been revolutionary in GP assessment of patients regarding need for treatment, need for further evaluation by DEXA imaging and those not requiring any treatment.

This study examines GP requests for DEXA imaging and asks if they contain sufficient details to justify imaging.

A total of 200 randomly chosen GP request letters were analysed using the FRAX® tool. All letters were from April 2007 to July 2008. Resulting data was analysed using the statistical package SPSS.

Of the 200 letters, 4% (n=8) were male and 96% (n=192) were female, with a mean age of 64.3 years. One GP service provided a pro-forma referral letter with the remaining letters being individually composed. Table 1 shows the percentage of letters containing each of the FRAX® criteria. Of importance only 1 request (not a pro-forma letter) contained all the details allowing for FRAX® assessment (p<0.005) despite the use of a pro-forma by one GP service.

Table 1 - FRAX® Details Contained in GP DEXA Imaging Request Letters

| Criteria | Percentage (n-value) |
|-----------------------------|----------------------|
| Age | 100% (n=200) |
| Sex | 100% (n=200) |
| Weight | <1% (n=1) |
| Height | <1% (n=1) |
| Previous Fracture | 7% (n=14) |
| Parental Hip Fracture | 5% (n=10) |
| Current smoker | 6% (n=12) |
| Glucocorticoids | 8% (n=16) |
| Rheumatoid arthritis | 3% (n=6) |
| Secondary osteoporosis | 9% (n=18) |
| Alcohol 3 or more units/day | 2% (n=4) |

The majority of GP referral letters for DEXA imaging do not contain adequate data to make recommendations using the FRAX® tool. Incorporating this data is likely to improve requesting systems for DEXA scanning to GPs.



PRESENTED

As a poster presentation at:-

1. The British Endocrinology Society Meeting in Manchester from March 15th to 18th, 2010.
2. The International Osteoporosis Foundation (IOF) World Congress on Osteoporosis and 10th European Congress on Clinical and Economic Aspects of Osteoporosis and Osteoarthritis in Florence from May 5th to 8th, 2010.

SOURCE

Endocrine Abstracts. 2010;21:47.



Clinical Research

Medical

| | |
|---------|--|
| TITLE | Smoking and Alcohol Consumption Behaviour among Anti-TNF Receiving Rheumatology Patients |
| AUTHORS | Fleming, C., ¹ O'Connor, M.B., ^{1,2} Bond, U., ² Swan, J., ² Rath, J., ² Phelan, M.J. ² The School of Medicine, University College Cork, Cork ¹ Department of Rheumatology, South Infirmary-Victoria University Hospital, Cork ² |

INTRODUCTION

The impact of smoking and alcohol consumption among anti-TNF therapy receiving patients can be quiet dramatic. From a smoking perspective, researchers at Sweden's Karolinska University Hospital, who looked at data on 1,756 Rheumatoid Arthritis (RA) patients, have shown that 40% of smokers did not respond to methotrexate (MTX), compared with just 28% of people who had never smoked, while 40% of current smokers did not respond to anti-TNF therapy, compared with 25% of never-smokers. With regard to alcohol consumption concerns surround liver function and MTX.

OBJECTIVE

The objective of this research was to audit new adalimumab and etanercept receiving patients from our service in 2008 as to their smoking and alcohol habits.

METHODOLOGY

All patients starting either adalimumab or etanercept in 2008 were contacted via telephone and asked to complete a questionnaire regarding smoking and alcohol habits pre and post-MTX and anti-TNF therapy. Patients with a history of a previous anti-TNF therapy (switched), those under 18 years old and those no longer receiving/deceased were omitted from the study. Data was analysed using the statistical package SPSS. Ethical approval was prospectively received from The Clinical Research Ethics Committee of the Cork Teaching Hospitals, Cork, Ireland.

RESULTS

A total of 12 patients agreed to partake (8 adalimumab, 4 etanercept). 8 had a background of RA, 1 Ankylosing Spondylitis (AS), 2 Psoriatic Arthritis (PsA) and 1 Seronegative Arthritis (SA). 50% were male and 50% female. All, except the patient with AS were receiving concurrent MTX with their anti-TNF therapy, 8 via the oral route. Patients had a mean time from diagnosis to commencing anti-TNF therapy of 9.7 years (range 1-24 years).

Only 1 patient continues to smoke, with 5 never smoking. Of the ex-smokers (n=6) all stopped smoking prior to MTX which means that commencing MTX or anti-TNF therapy had no impact regarding stopping smoking.

Regarding the current smoker, a male, smoking was reduced on commencing MTX (advice: Doctor) and again on commencing anti-TNF (advice: Doctor).



From an alcohol perspective, 10 continue to consume alcohol, with one non-drinker and one ex-drinker. The ex-drinker, a female, stopped drinking on commencing MTX (advice: Nurse). Of the current drinkers, 7 reduced alcohol intake on starting MTX (Advice: Doctor x 1, Nurse x 2, Self x 4) with 3 not changing behaviour on starting MTX. Only 2 current drinkers altered their alcohol intake on commencing anti-TNF therapy (advice: Doctor x 1, Self x 1).

CONCLUSIONS

Commencing MTX or anti-TNF therapy was not a factor in patients stopping smoking, but both were a factor in reduction in an ongoing smoker. Alcohol consumption was altered on advice by all parties (doctor, nurse, self), with MTX being a more powerful stimulator for behaviour change than commencing anti-TNF. Both doctors and nurses play a vital role in advising patients regarding smoking and alcohol habits.



Clinical Research

Clinical Services

| | |
|----------------|--|
| TITLE | The Impact of the H1N1 Virus on our Rheumatology Telephone Support Service |
| AUTHORS | <i>Bond, U., Swan, J., O'Connor, M.B., Rathi, J., Regan, M.J., Phelan, M.J. Department of Rheumatology, South Infirmary-Victoria University Hospital, Cork</i> |

ABSTRACT

With the influenza season upon us much concern exists among rheumatology patients and treating physicians regarding the impact of the seasonal influenza virus. Unfortunately this year we also face the additional challenge and worry of the H1N1 virus which was first described in April 2009.

Currently our Rheumatology service runs a clinical nurse specialist driven telephone support service for our patients, families and GPs. This service is provided in addition to the clinical nurse specialists' daily workload.

With the advent of the H1N1 virus there was an upsurge in the number of calls to our telephone support service. This upsurge prompted the auditing of these H1N1 related calls.

Over a four week period in October 2009 all calls received to the support services were recorded as 'H1N1' or 'Other'. The H1N1 related calls were then further analysed and relating data was analysed using the statistical package SPSS. A total of 165 calls were received by the telephone support service during the study period, of which 35 were related to H1N1. This is a 27% rise in calls received.

63% (n=22) were from patients and 37% (n=13) from treating physicians. All calls were regarding Rheumatoid Arthritis patients with all receiving methotrexate and the majority receiving concurrent anti-TNF therapy. No call resulted in any new hospital review as sufficient advice was given on all occasions over the telephone. With an estimated mean length of time for each call being 4 minutes a total of 140 minutes per month were required to deal with H1N1 calls.

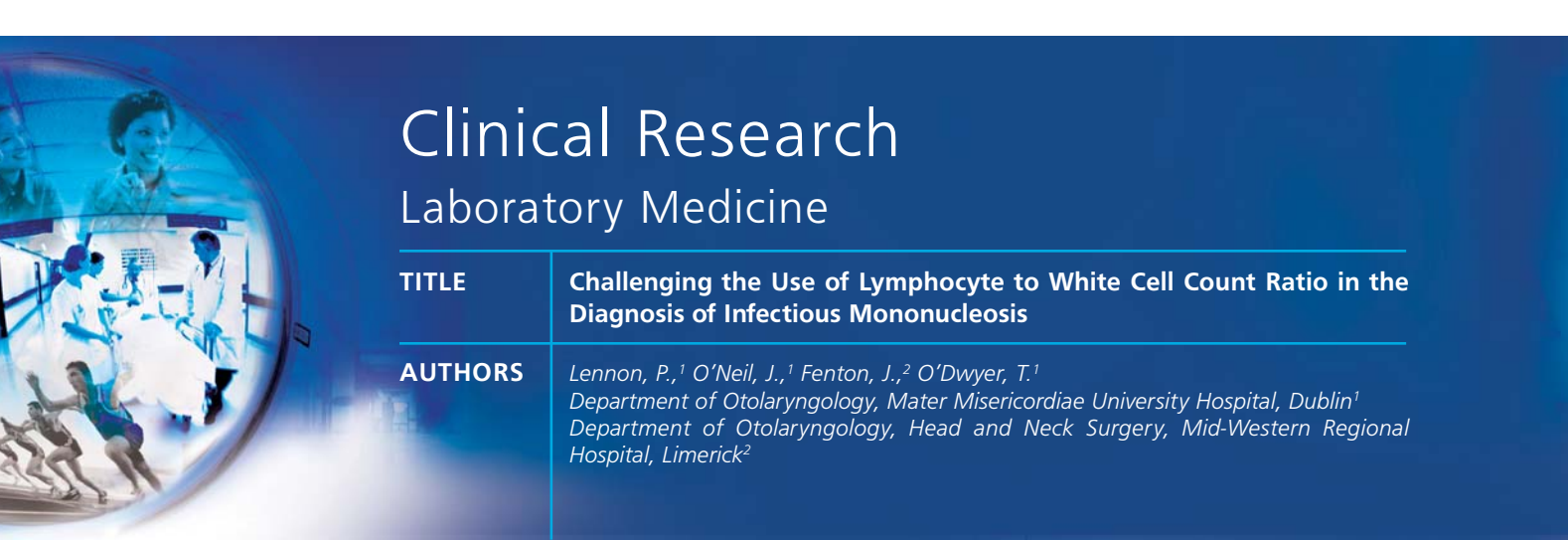
The H1N1 virus and related concerns has put an increased burden on our telephone support service resulting in a large increase on our clinical nurse specialists' daily workload. Direct mailing of guidelines to patients and treating physicians may alleviate this additional daily workload. GPs should also be made aware of available information on national and international rheumatology websites (BSR, ACR, ISR). From the H1N1 experience future epidemics should prompt the redirection of services to avoid such pressures on telephone support services.

PRESENTED

As a poster presentation at the British Society for Rheumatology (BSR) and British Health Professionals (BHPR) in Rheumatology Meeting in Birmingham from April 21st to 23rd, 2010.

SOURCE

Rheumatology. 2010;49(1):i132.



Clinical Research

Laboratory Medicine

| | |
|---------|--|
| TITLE | Challenging the Use of Lymphocyte to White Cell Count Ratio in the Diagnosis of Infectious Mononucleosis |
| AUTHORS | Lennon, P., ¹ O'Neil, J., ¹ Fenton, J., ² O'Dwyer, T. ¹ Department of Otolaryngology, Mater Misericordiae University Hospital, Dublin ¹ Department of Otolaryngology, Head and Neck Surgery, Mid-Western Regional Hospital, Limerick ² |

INTRODUCTION

Infectious mononucleosis can be difficult to distinguish clinically from bacterial tonsillitis, and requires different management and follow-up.

OBJECTIVE

We investigated the hypothesis that a Lymphocyte/White Cell Count (L/WCC) ratio should be used as a diagnostic indicator of Infectious Mononucleosis.

METHODOLOGY

We carried out a retrospective study to compare lymphocyte counts and white blood cell counts, against the criterion standard, the mononucleosis spot tests. This took place in the Department of Otolaryngology, Mater Misericordiae University Hospital, Dublin, Ireland.

RESULTS

We reviewed 1,000 patients who had monospot assays, 500 positive and 500 negative. The L/WCC ratio was calculated and compared with the monospot result, in order to calculate the sensitivity and specificity of a ratio of 0.35. The L/WCC ratio was significantly different in the 2 groups ($P<0.05$). The mean L/WCC ratio in the positive group was 0.49 and the mean L/WCC ratio in the monospot negative group was 0.29. For the detection of glandular fever a ratio higher than 0.35 had a specificity of 72.2% and a sensitivity of 84%. A higher ratio will give a greater specificity, but a lower sensitivity, and vice versa.

CONCLUSION

The lymphocyte to white cell count alone is not sufficient to diagnose or exclude Infectious Mononucleosis.



Clinical Research

Laboratory Medicine

| | |
|----------------|---|
| TITLE | Evaluation of the Artus™ Real-Time PCR Ct Assay and Comparison to the Abbot LCx™ <i>Chlamydia trachomatis</i> Assay in a Diagnostic Laboratory |
| AUTHORS | Cusack-Dreaper, B., ¹ O'Connor, C., ² O'Connor, M.B., ³ Barron, D., ¹ Doran, K., ¹ Dennehy, J., ¹ Eickdorff, M., ⁴ De Freitas, J. ¹ Department of Microbiology, Mid-Western Regional Hospital, Limerick ¹ Department of Genito-Urinary Medicine, Mid-Western Regional Hospital, Limerick ² The School of Medicine, University College Cork, Cork ³ Artus GmbH, Hamburg, Germany ⁴ |

ABSTRACT

This study was conducted as part of the European evaluation of the *Chlamydia trachomatis* (Ct) Real-Time PCR assay. A comparison to Ligase Chain Reaction (LCR) was made using endocervical and urethral swabs. Artus™ Real-time PCR is one of the few commercial methods that utilises target DNA amplification of a specific 100 bp region (MOMP1 gene of the outer membrane) of Ct, while the Abbott LCR assay employs probe amplification of the cryptic plasmid. Recent studies have observed Ct isolates that lack this cryptic plasmid,¹ and could therefore test negative by plasmid-based molecular methods.

The study included samples from urethral and cervical swabs. Two groups were to be analysed: 1. Retrospective and 2. Prospective.

Retrospective analysis was done on 100 stored frozen LCR™ positive samples. Samples were stored for a maximum of three months at -30°C.

Prospective analysis was done on 300 samples obtained as part of routine clinical analysis for *Chlamydia trachomatis*. These specimens were stored at 2-8°C for up to seven days if not processed within one hour, or frozen at -30°C for up to one month. All were to be analysed simultaneously on Artus RealArt™ PCR and Abbott LCx™. DNA was isolated from these samples for PCR using QIAGEN QiAMP™ extraction columns and nucleic acid amplification method for LCR. PCR probe amplification and detection was conducted on the ABI PRISM 7000 instrument (Applied Biosystems Corporation). General precautions for PCR were followed. In addition, a second amplification system (internal control) was added to identify possible PCR inhibition. This is detected in a separate channel and does not influence the analytical C. *trachomatis* PCR.

Any discrepant samples were repeated in triplicate on both systems, then independently tested on the Cobas® Amplicor and gene sequenced using GenBank BLASTN to verify LCR negative/Real Art positive results.

105 retrospective (45 urethral, 60 endocervical) positive and 300 prospective (94 urethral, 206 endocervical) samples were analysed simultaneously on both systems and correlation analysis performed. Discrepant samples were independently analysed on the Roche Cobas Amplicor.® In addition, potential PCR inhibition and incomplete DNA extraction are monitored in the Artus system by the addition of an internal control to each test.

The 7 PCR negative/LCx positive samples were all confirmed negative by the independent method. Of the 2 PCR positive/LCx negative, 1 was confirmed positive on the Cobas® Amplicor, while the other tested negative in triplicate on the Cobas® Amplicor. This sample was then gene sequenced and found to contain the 100bp MOMP1 gene specific to *Chlamydia trachomatis*. The second PCR positive sample was also gene sequenced to verify the presence of C. *trachomatis* DNA.



Of the 300 routine prospective samples, 270 tested negative and 23 positive on both methods, while 2 RealArt PCR negative tested LCx positive, and were confirmed negative on the Cobas® Amplicor.

Equivocal results, i.e. not confirmed positive on the LCx, were omitted from calculations (23 out of 300 prospective samples, 7.7%) as these were all negative by PCR methods.

The PCR inhibition rate encountered was 2.3% overall using manual DNA extraction methods.

A correlation of 91% (retrospective) and 99% (prospective) was observed.

Sensitivity levels are comparable in both tests. The RealArt™ Ct PCR shows correlation to Abbott LCx™ Ct assay of 99.3% prospectively. Specificity rates of 99% were observed in the Artus™ Real-Time PCR vs. approximately 92% in LCR. The RealArt™ Ct PCR method was judged a suitable diagnostic tool for the detection of Ct even for plasmid negative clones.

PRESENTED

As a poster presentation at the British Association for Sexual Health and HIV (BASHH) Spring Meeting in conjunction with the American Sexually Transmitted Diseases Association (ASTDA) in Bath, UK from May 19th to 21st, 2004.

SOURCE

International Journal of STD & AIDS 2004 May;15(Suppl 1):25.



Clinical Research

Palliative Care

| | |
|---------|---|
| TITLE | Evaluating a ‘Hospice at Home’ Service - The Case of Milford Care Centre |
| AUTHORS | McKay, E., ¹ Taylor, A., ¹ Armstrong, C., ¹ McLoughlin, K., ² Rhatigan, J., ² McMahon, E., ² Conroy, M., ² Mainstone, P., ² Bailey, M., ³ Gallagher, M.B., ¹ Graham, M. ³ Department of Occupational Therapy, University of Limerick ¹ Milford Care Centre, Castletroy, Limerick ² Department of Nursing and Midwifery, University of Limerick ³ |

INTRODUCTION

There is growing evidence that the majority of palliative patients would like to die at home.^{1,2} Much research has shown that the most significant factor in allowing people to be cared for and/or die at home is the provision of specialist palliative care in the community.^{1,3,4} The hospice at home tradition is relatively new. Indeed, it was not until the 1970s and 1980s that there was growing worldwide recognition of the importance of the home as a place for palliative care.⁵ Milford Care Centre (MCC) began offering a limited home-based palliative care service in 1988. Now, the home-based palliative care needs of patients are provided by Hospice at Home teams operating out of five bases throughout the counties of Limerick, Clare and Tipperary North.

When initially created, the home care service was entirely nurse-led. Patients’ primary carers were their GPs and they were assisted by the home care nurses. Over time, care assistants, social workers, occupational therapists and physiotherapists also became core members of the team providing palliative care in the community. Currently, this ‘Hospice at Home’ service provides care and support to approximately 600 palliative care patients and their families/carers on an annual basis. Clearly, in common with other community-based healthcare services provided by multidisciplinary teams, the goal is to establish services that are comprehensive, coordinated, accessible, acceptable, efficient, effective and evaluated.⁶

OBJECTIVE

This prospective research, carried out collaboratively between the University of Limerick and Milford Care Centre, is concerned with evaluating the perceptions of the quality of care and the outcomes of care for patients and their families/carers due to having access to nursing, social work, occupational therapy, physiotherapy, speech and language therapy and pastoral care services in their own homes.

METHODOLOGY

This evaluation will be carried out during 2010, with preliminary results expected in October, 2010. The final report is expected to be produced in 2011. A mixed method approach has been adopted for this study. There are three key stakeholder groups involved in this evaluation, namely the patients who are in receipt of the service provided by the multidisciplinary team, the patients’ carers/families and finally the teams that provide the multidisciplinary care.

The intention is to interview 15-30 patients using a semi-structured approach. The interview will seek information specifically around the patients’ experiences of and satisfaction with the care received from the multidisciplinary team. The carers/families of approximately 400 patients will be surveyed using a postal questionnaire addressing their perception of the care received by the patient and also the support received by the carer/family from the



multidisciplinary team. Following this, 15-30 of these families/carers will be interviewed to gain a deeper understanding of the impact of their engagements with the multidisciplinary team on their experience of the death of their loved-one. Finally, the views of the teams themselves will be sought. This will be through focus groups with the teams in each of the five locations, supplemented by interviews where necessary.

RESULTS

The outputs from this evaluation will consist of two reports. The first report will contain information on the development of the service and will provide an evidence-based evaluation of the quality and benefit of the service from the perspective of the patient and their family/carers. The second report will deal more specifically with the initial creation of the Homecare Service and its subsequent development into the 'Hospice at Home' service, in existence today. The purpose of the second report is to inform other organisations involved in palliative care about the challenges and successes experienced along this journey, with a view to providing them with information that may assist in their development of services to provide palliative care in the community.

REFERENCES

Available on request.

FUNDING

The authors would like to thank Atlantic Philanthropies for their generous support of this evaluation.



Clinical Research

Surgical

| | |
|---------|--|
| TITLE | Safety Implications of the Boyle-Davis Mouth Gag and Endotracheal Tube Position in Tonsillectomy - A Prospective Study |
| AUTHORS | Fennessy, B.G., O'Connor, R., Fenton, J.E., Hughes, J.P. Department of Otolaryngology, Head and Neck Surgery, University of Limerick Medical School and Mid-Western Regional Hospital, Limerick |

INTRODUCTION

The risk of death following tonsillectomy is extremely small, and is mostly caused by the direct or indirect effects of haemorrhage or anaesthetic complications. These complications include aspiration, accidental dislodgement of the endotracheal tube (ETT) and pneumothorax or pneumomediastinum. The Boyle-Davis mouth gag (BDG) is a device used to visualise the oropharynx and stabilise the ETT during tonsillectomy. We postulate that a deployed BDG may influence the position of the ETT, and potentially result in such complications. This has not, to our knowledge, been evaluated before.

OBJECTIVE

The aim of this prospective, pilot study was to evaluate the displacement of the ETT upon opening and closing the BDG, in an objective manner.

METHODOLOGY

Patients undergoing tonsillectomy +/- adenoidectomy at a regional department were subjected to a flexible bronchoscopy to evaluate the changes in position of the ETT tip with the BDG in an open and closed position, relative to the position of the carina.

RESULTS

A total of 23 patients were enrolled into the study. Deploying the BDG resulted in ETT displacement in 96% of patients. The mean displacement was 9.5mm (range -10 to +27 mm).

CONCLUSION

We believe that this study raises concerns not previously highlighted, on how manipulating a BDG may influence the ETT position. It may serve to explain additional mechanisms of potentially fatal anaesthetic complications such as ETT dislodgement, unilateral ventilation and pneumothorax, particularly in paediatric patients, following tonsillectomy.

PRESENTED

At the Irish Otolaryngology Society Meeting in Cork in November 2009 by Mr. Brendan Fennessy.



Clinical Research

Surgical

| | |
|----------------|---|
| TITLE | The Role of Prophylactic Antibiotics in Knee Arthroscopy |
| AUTHORS | <i>Jahangiri, S.A., Malik, S.A., Awan, N. Orthopaedic Department, Our Lady's Hospital, Navan, Co. Meath</i> |

INTRODUCTION

The incidence of infection in arthroscopic surgery is very low. There are not many statistically powered studies done to date to clearly answer the question of giving prophylactic antibiotic in these cases. The American Academy of Orthopaedic Surgeons (AAOS) does not have any clear guidelines in the use of prophylactic antibiotics for these patients. The primary reason to continue the use of prophylactic antibiotics appears to be driven by medico-legal concerns rather than being a standard of care.

OBJECTIVE

The aim of the study was to analyse the infection rate in knee arthroscopic surgery in our institution and to assess whether a statistically significant difference in infection rates existed between patients who received and did not receive prophylactic antibiotic therapy at the time of surgery.

METHODOLOGY

A retrospective study was conducted on all patients undergoing Knee Arthroscopy between January 2006 and December 2008 in the Orthopaedic Unit of Our Lady's Hospital, Navan where no clear prophylactic antibiotic policy was in place.

RESULTS

A total of 1,478 knee arthroscopies were performed during the study period. In group A, 265 patients did not receive any antibiotic, whereas in group B, 1,213 patients were given a single dose of Cefuroxime 1.5gms intravenously at induction of general anaesthetic. The overall infection rate was 0.27%. The rate of infection in group A was 0.37% and in group B was 0.24%. ($P = 0.747$)

CONCLUSION

Our result confirms that there is no significant difference in the infection rate in patients undergoing knee arthroscopy and questions the role of antibiotic therapy in this setting.

PRESENTED

At the Orthocon International Orthopaedic Conference in Lahore, Pakistan on November 14th, 2009 by Mr. Saqib Aziz Jahangiri.



Clinical Research

Surgical

| | |
|---------|---|
| TITLE | The Popliteal Angle as a Clinical Indicator for Successful Closed Reduction of the Hip in Developmental Dysplasia |
| AUTHORS | Molony, D., Hary, J.A., D’Souza, L.G., Burke, T.E. Regional Orthopaedic Hospital, Croom, Co. Limerick |

INTRODUCTION

Developmental dysplasia of the hip (DDH) comprises a significant proportion of the paediatric orthopaedic workload. Despite changes in diagnosis including ultrasound and clinical screening reducing the number of late presentations, a small number of children still present with DDH after the age of 4 months. Reduction of the hip and the application of a hip spica in the “safe zone” as described by Ramsey is part of the accepted treatment regime of these children. The reduction is usually image guided but application of the spica is performed with the surgeon maintaining position through palpation. Position can sometimes be lost during application necessitating repeat reduction and spica application. Following the observation of an increased popliteal angle following closed reduction in a number of patients, we performed a prospective consecutive cohort study to identify the reliability of knee flexion as a marker for closed reduction.

OBJECTIVES

To determine if the popliteal angle could be used as an indicator of closed reduction in DDH.

METHODOLOGY

A total of 29 patients aged between 6 months and 18 months underwent closed reduction for unilateral DDH over a 5.5 year period. Reduction was confirmed by fluoroscopy and the patient placed in a plaster spica. The popliteal angle was measured pre and post-reduction and again when changing the spica at 6 weeks.

RESULTS

The mean popliteal angle pre-reduction was 5.1° (SD +/- 2.7°). The mean popliteal angle post-reduction was 37.5° (SD +/- 6.0°). The mean difference in popliteal angle pre and post-reduction was 32.4°. This was significant (p<0.0001, unpaired t-test).

The average popliteal angle at the 6 week review was 17.9° (SD +/- 3.2°). The difference in the mean popliteal angle after reduction and treatment in spica for 6 weeks was 19.6°. This was also found to be statistically significant. (p<0.0001, unpaired t-test).

CONCLUSION

Reduction of the hip in DDH results in an increase in popliteal angle. This phenomenon may be used to help in diagnosis and safe closed treatment of DDH.



Clinical Research

Surgical

| | |
|---------|---|
| TITLE | The Grading of Oral Scientific/Medical Presentations - A Pilot Study |
| AUTHORS | <i>Fennessy, B.G.,¹ Saunders, J.,² Fenton, J.E.¹ Department of Otolaryngology, Head and Neck Surgery, Mid-Western Regional Hospital, Limerick¹ Department of Mathematics, Graduate Medical School, University of Limerick²</i> |

INTRODUCTION

As part of the Irish ENT training scheme, ENT registrars are expected to present research projects at various academic sessions annually. The means by which these presentations are evaluated has yet to be assessed in a scientific manner.

METHODOLOGY

A pilot study was undertaken at the Head and Neck section of the Sylvester O'Halloran Surgical Meeting (2009). Each presenter was evaluated on the basis of 11 characteristics which the senior author determined were most pertinent to any highly effective presentation.

RESULTS

In all, 11 presentations were evaluated by 22 members of the audience. The outright winner received the highest mean score by both Consultant and NCHDs. NCHDs tended to score presentations higher than consultants.

CONCLUSION

This is the first scoring system in the literature to evaluate presentations in the UK and Ireland. In the future, we hope to further refine the criteria and their weighting, taking on board the opinions of ENT editors and professors.



Clinical Research

Surgical

| | |
|---------|--|
| TITLE | Fine Needle Aspiration Cytology and Histopathology in a Regional Head and Neck Centre - Diagnostic Accuracy and Clinical Impact |
| AUTHORS | Basheeth, N., ¹ McCarthy, A., ² Donnelly, M., ¹ Murphy, M., ² Smyth, D., ¹ Skinner, L. ¹ Department of Otolaryngology, Waterford Regional Hospital, Waterford ¹ Department of Histopathology, Waterford Regional Hospital, Waterford ² |

INTRODUCTION

Fine needle aspiration cytology (FNAC) has been a useful diagnostic tool in head and neck pathology. The diagnostic accuracy and its correlation with biopsy results has made a significant impact on the clinical management of patients, which also depends on the adequacy and predictive factor of FNAC.

OBJECTIVE

In this study we compared the cytology and histopathology results of all head and neck patients who presented to our regional centre in the last four years. Impact of results and strategies to improve services in FNAC based head and neck clinics are suggested.

METHODOLOGY

A systematic review of FNAC and Histopathology results in patients presenting with head and neck masses from 2006-2009 was done using the pathology database in our regional centre. A retrospective chart review was performed and data analysed. We analysed the efficacy of cytology and histology findings and studied its clinical correlation.

RESULTS

Of the total 267 cytology samples, 27 samples (10.1%) were inadequate. Parotid mass (27.3%) and lymph node (27.3%) were the most common head and neck presentation for cytology referral. FNAC samples from thyroid patients (21.7%), were found to be THY3 category in 42.59% and THY5 in 3.7% patients. A retrospective chart review of 83 patients was performed and we analysed data relevant to this group. Matched histology and clinical data was available in 31 patients. The sensitivity, specificity, positive predictive value, negative predictive value, p value and Area under Curve (ROC) were 79%, 100%, 100%, 75%, <0.01 and 89.7% respectively.

CONCLUSION

FNAC is an effective and reliable tool in the diagnosis of head and neck pathology. There has to be a strategic approach towards minimizing non-diagnostic reporting by increasing the accessibility to histopathologists and also use of ultrasound guided cytology and core biopsies. A joint teamwork between histopathologists and ENT surgeons in establishing head and neck clinics would improve the quality of management.



Clinical Research

Nursing and Midwifery

| | |
|---------|--|
| TITLE | Exploration of First Time Mothers’ Experience of their First Antenatal Visit |
| AUTHORS | Crowley-Murphy, M., ¹ Bradshaw, C. ² Centre for Nurse and Midwifery Education, HSE West, Mid-Western Regional Hospital Complex, Limerick ¹ Department of Nursing and Midwifery, University of Limerick ² |

INTRODUCTION

The aim of this study was to explore first time mothers’ experience of the first antenatal visit. A similar study was undertaken by Methven (1989) in the United Kingdom and the philosophy of maternity care has changed since with greater emphasis on the provision of women-centred care. In addition there is now a considerable body of evidence in relation to health promotion and education applicable to women in early pregnancy, much of it expected to be imparted at the first antenatal visit.

METHODOLOGY

A qualitative descriptive design was used to explore womens’ experiences of their first antenatal visit via a semi-structured interview. Purposive sampling was used to ensure that the women had the appropriate experience to meet the aim of the study.¹ All of the women asked to participate were pregnant for the first time (primagravidas), thus minimizing their previous experiences of antenatal care impacting on their responses. All of the women interviewed (n =10) had booked at an antenatal clinic in a busy maternity unit situated in the Mid-West Region of Ireland. The participants were identified as having low risk pregnancies and thus anxiety specific to pre-existing illness/conditions was less likely to influence the womens’ responses. Each woman was interviewed for no longer than 45 minutes in a venue of their choice and the interview was tape recorded with the woman’s consent. The data is currently being analysed using Burnard’s 2006 framework. Ethical approval was obtained from the appropriate ethical committee within the HSE and written consent was obtained from all the participants.

RESULTS

A total of 10 women were interviewed by the same researcher, 9 of whom chose to be interviewed in the hospital setting. The other woman was interviewed in a neutral venue at her request. The womens’ gestations varied from 13 weeks to 19 weeks pregnant at time of interview. All of the women were interviewed within one month of their initial booking visit. All of the women were originally accessing public care with one woman changing her mind following her booking visit and opting for private obstetric care. Ages ranged from 19 to 34 years. Seven of the pregnancies were planned. The other three pregnancies were unplanned but all of the women professed themselves to be happy with their pregnancies. One of the womens’ first language was not English but she did not require interpretative services. All of the women were asked their expectations, if any, of their first visit to the clinic. In addition they were asked what new knowledge or information they received at the visit. The women were also asked to identify beneficial aspects of the visit and areas for improvement.

Preliminary findings indicate broad satisfaction in relation to the booking visit. There were a number of expectations of the visit including having an ultrasound, perceived by many as a very positive experience. The length of the visit was an issue for the women, particularly as many of the women were not given a clear



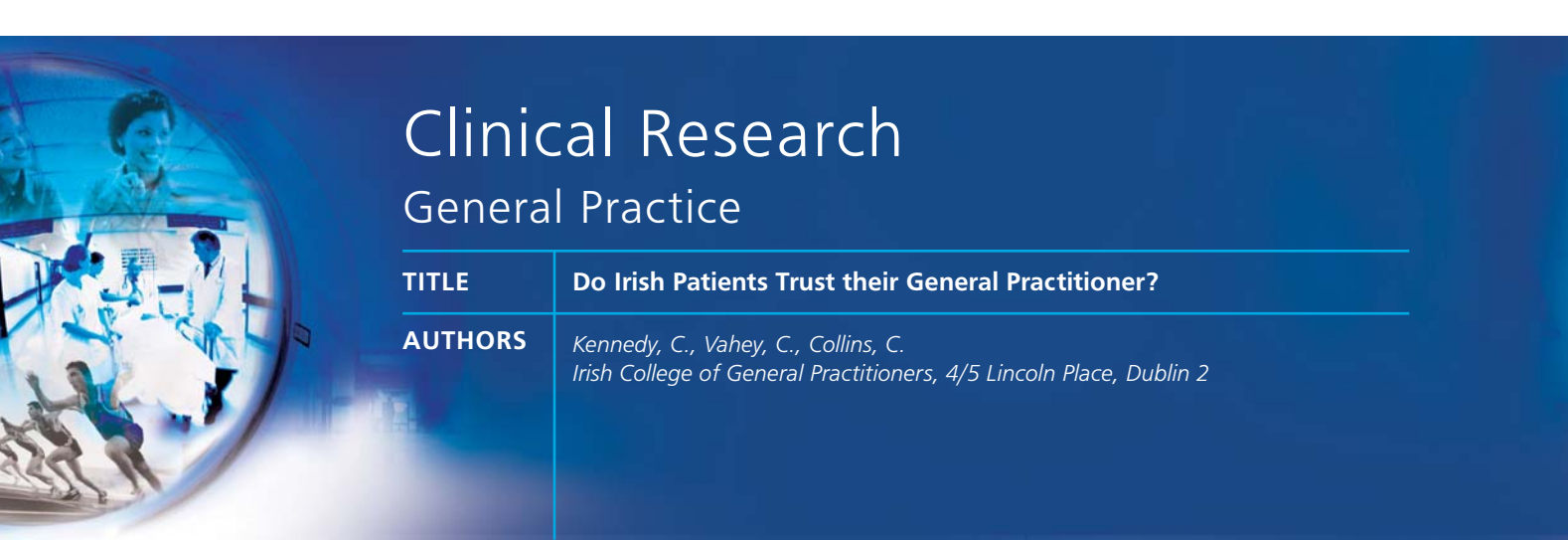
indication of the length of and an outline of the visit. Women noted some new information they received from the visit specifically in relation to diet, exercise and rest. The significance of attitude and interpersonal skills of the health professionals was highlighted by many of the women in relation to their experience of the first visit.

CONCLUSION

Once analysis is completed implications for practice will be considered.

REFERENCES

Available on request.



Clinical Research

General Practice

| | |
|---------|--|
| TITLE | Do Irish Patients Trust their General Practitioner? |
| AUTHORS | Kennedy, C., Vahey, C., Collins, C. Irish College of General Practitioners, 4/5 Lincoln Place, Dublin 2 |

INTRODUCTION

This research sought to investigate the position of general practice in Ireland with the question at the centre of this analysis being: In this time of mistrust of the institutions that formerly sustained Irish social life (Church, bank and politics), has general practice survived the crisis of trust in Irish society?¹

METHODOLOGY

The “Europortrait Study”, being led by the French National College of Teaching in General Practice, sought to identify service-users’ representations of their GP in 23 European countries. On behalf of this project, the Irish College of General Practitioners (ICGP) carried out the study with service users of Irish general practice.

A total of 17 patients (14 female, 3 male) from four general practices in two urban and two rural locations participated. One focus group lasting 1.75 hours and ten individual telephone interviews, each of a minimum of 20 minutes duration were conducted. A semi-structured interview schedule was used as a guide to encourage discussion. Thematic analysis was conducted to identify patterns within the data.

RESULTS

The vast majority of participants reported high, unwavering levels of “total trust” in their GP with only one participant stating that they had sought a second opinion to their GP’s diagnosis and/or suggested course of treatment. Patients in this study described their GPs as “considerate”, “caring”, and “obliging”, fulfilling the patient’s desire for a GP who “genuinely cared for patients”.

This sentiment of trust extended to all aspects of the general practice experience. The majority of respondents, some describing their GP as “attentive”, expressed comfort in discussing health problems; “I feel at ease to raise any possible problems (with the doctor)”, while also feeling enabled to actively participate in the treatment process; “I feel actively involved and clear on my responsibilities, staying active etc.”

Further, all 17 respondents noted being absolutely confident and being able to “take it for granted” that their physician holds a high level of skill and competence as displayed through their “willingness to go over..., listen and explain everything” during the consultation. Patients acknowledged that this trust relationship was crucial to the GP-patient dynamic; “if you don’t trust them, then where are you?...”



CONCLUSION

The overall results can be perceived as a resolute vote of confidence in the integrity of the local general practitioner and in the wider medical institution of general practice among this sample of service users.

REFERENCES

Available on request.

FUNDING

This project is being led by the French National College of Teaching in General Practice. The Irish aspect was part-funded by the ICGP Research and Education Foundation.



Clinical Research

General Practice

| | |
|---------|--|
| TITLE | An Investigation of Behavioural Risk Factor Management in General Practice |
| AUTHORS | Lambe, B., Collins, C. The Irish College of General Practitioners, Dublin |

ABSTRACT

General practice is in a unique position to support patients in making healthy lifestyle choices. However, there is limited information on the attitudes of general practitioners (GPs) and practice nurses to lifestyle counselling¹ and the strategies and approaches they use. Furthermore, there is no national framework or resources to support the systematic and uniform provision of lifestyle counselling.

This study consisted of a literature review and six focus groups with GPs, practice nurses and one primary care team (PCT).

The key points from a comprehensive literature review were as follows:

1. The primary behavioural risk factors of smoking, excessive alcohol consumption, physical inactivity, unhealthy eating and being overweight contribute significantly to preventable chronic disease and morbidity worldwide.
2. Behavioural risk factors cluster in individuals and particularly among individuals from lower socio-economic groups. A unified, integrated approach to multiple behavioural risk factor management in general practice is more patient-centred, effective and efficient.
3. Although both GPs and practice nurses are positive about lifestyle counselling, the lack of time, training, educational resources and relevant knowledge are considerable barriers to the practice.
4. The most comprehensive programmes addressing multiple behavioural risk factors in general practice have adopted a systematic, whole practice approach utilising motivational interviewing techniques and the 5A's approach (Assess, Advise, Agree, Assist and Arrange). The evaluations of these programmes have indicated a need for more specific training on lifestyle management and how to adopt a 'whole practice approach.'

The majority of participants in the focus groups regularly engage in lifestyle counselling and perceive it to be an important component of service provision. In order to reach its full potential, however, general practice would require a considerable reorientation from treatment to prevention. Adults with young families and the addictive behaviours of smoking and alcohol were considered priority population groups and risk factors, respectively. The addictive behaviours were not, however, the behaviours most frequently addressed by GPs or practice nurses. GPs were more likely to address risk factors that they could deliver on i.e. being able to refer to a dietitian or prescribe nicotine replacement therapy (NRT).

While GPs and practice nurses remain positive about lifestyle counselling, they do so with considerable barriers to the practice. These include insufficient time, patient resistance, lack of funding for prevention, lack of training, being unaware of the evidence for lifestyle counselling, limited referral services and their own personal health behaviours. GPs, in particular, experience difficulty with finding an appropriate time to broach the subject of lifestyle behaviours with patients. Practice nurses only felt empowered to address lifestyle behaviours when they were supported to do so by their GP.



There was ample evidence of patient centred approaches to lifestyle counselling throughout the focus group discussions. Despite this finding, the provision of information and advice was the predominant strategy used by both GPs and practice nurses. While this is an important task in lifestyle counselling, it is associated with increased patient resistance if unsolicited. Fear appeals² were another very common approach used by participants.

Both GPs and practice nurses shared a similar vision of how a national programme for lifestyle behaviour change in general practice might operate. General Practitioners would initiate the lifestyle consultation and assess the patient's lifestyle behaviours. The practice nurse would lead the programme, facilitating the negotiation of behaviour change action plans and following up on patients.

REFERENCES

Available on request.

PRESENTED

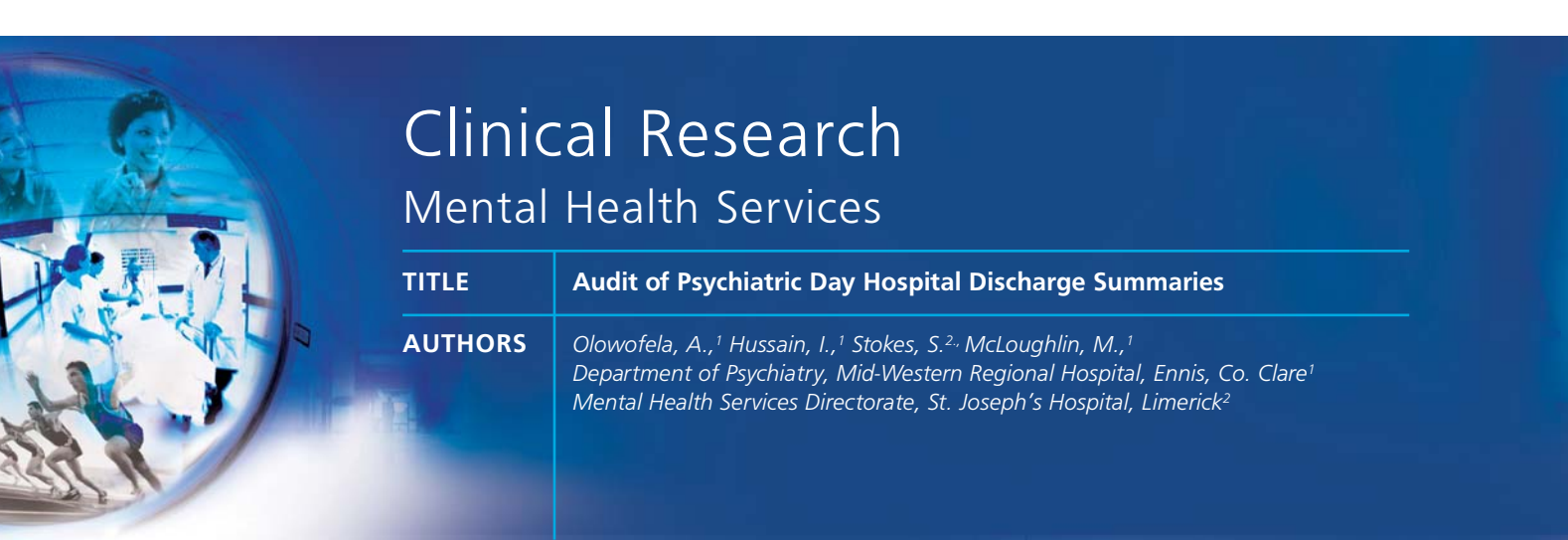
1. At the European General Practice Research Network (EGPRN) Conference in Plovdiv, Bulgaria on May 7th, 2010 by Dr. Claire Collins.
2. At the World Organisation of Family Doctors (WONCA) World Conference in Cancun, Mexico on May 20th, 2010 by Dr. Claire Collins.

FUNDING

This research has received funding from the Nutrition and Health Foundation, Dublin.

SOURCE

Family Practice. 2010;27:219-223.



Clinical Research

Mental Health Services

| | |
|---------|--|
| TITLE | Audit of Psychiatric Day Hospital Discharge Summaries |
| AUTHORS | Olowofela, A., ¹ Hussain, I., ¹ Stokes, S. ² , McLoughlin, M., ¹ Department of Psychiatry, Mid-Western Regional Hospital, Ennis, Co. Clare ¹ Mental Health Services Directorate, St. Joseph's Hospital, Limerick ² |

INTRODUCTION

Improving discharge procedures is a topical subject and audit of discharge summaries is an important part of this procedure. Deficits in communication and information transfer at hospital discharge are common and may adversely affect patient care. Interventions such as computer-generated summaries and standardized format may facilitate more timely transfer of pertinent information to primary care physicians and make discharge summaries more consistently available during follow-up care.

OBJECTIVES

- To examine and attempt to improve the recording of information within psychiatric discharge summaries in a general adult psychiatry day hospital
- To ensure GPs/referrers do receive patient discharge summary as part of follow-up

METHODOLOGY

The study was based at the Day Hospital in Kilrush Co. Clare, which is linked to Clare Mental Health Services, HSE West. A case file review of 30 consecutive patient discharge letters was carried out at baseline (March 2009). Local guidelines (See Table 1) were implemented including the introduction of electronic discharge summary to improve quality. At follow-up, 27 consecutive case files were reviewed and data was collected for the purpose of comparison. The following information was collected;- date of referral, date of discharge, clinical details, intervention, treatment given, diagnosis, ICD-10, follow-up plan and medication on discharge. Data was analyzed in terms of descriptive analysis using frequency and percentages.

Table 1 - Local Guidelines for Completion of Discharge Summary

- All (100%) GPs should receive a patient discharge summary within 1 week of discharge
- All discharge summaries to contain relevant information
- Every team member to participate in writing discharge summary
- User friendly electronic discharge summary to be used to avoid delay in process
- Multidisciplinary meeting every week to be used as a reminder forum



RESULTS

There was a difference found at baseline and follow-up as shown in Table 2. We believe this is the first audit involving usage of electronic discharge summaries to improve the quality of service. This study has demonstrated an improvement in the completion of discharge summaries. Despite methodological shortfalls, the study indicates several important areas in which summaries could be improved to the benefit of GPs, psychiatrists and, ultimately, the patients. It is recommended that awareness be raised among different multidisciplinary team members about the importance of discharge summary and need for provision of training for staff on the use of the Epex System for recording discharge summaries.

Table 2 - Comparison of Content of Discharge Summaries Between March 2009 and September 2009

Information - No. of Summaries in which Information is Present

| | March '09 | Sept' 09 |
|-------------------------|-----------|-----------|
| Discharge Letter & Plan | 25 (83%) | 25 (93%) |
| Referral Date | 0 (0%) | 16 (59%) |
| Personal Details | 30 (100%) | 27 (100%) |
| Type of Intervention | 14 (46%) | 18 (67%) |
| Date of Intervention | 0 (0%) | 12 (44%) |
| Follow-up/Outcome | 28 (93%) | 27 (100%) |
| 1CD Diagnosis & Code | 6 (24%) | 8 (30%) |

Appendix 1 - Electronic Discharge Summary

- Name:
- Address:
- Telephone No:
- Date of Birth:
- General Practitioner:
- Date of Referral:
- Referral Agent if different to GP:
- Date of 1st Contact:
- Date of Discharge:
- Clinical Details:
- Intervention - Bio Psychosocial & Environmental:
- Diagnosis/ICD-10:
- Follow-Up Plan/Outcome:
- Current Medication:
- Signature _____ Date _____



REFERENCES

Available on request.

PRESENTED

1. At weekly Multidisciplinary Team Meeting in Kilrush Day Hospital, Co. Clare on August 15th, 2009 and October 10th, 2009.
2. At weekly Conference and Teaching Day in Acute Psychiatric Unit, Ennis, Co. Clare on December 2nd, 2009.
3. At FACE (Functional Analysis of Core Environments Recording and Measuring System) Training Day for MDT members of both West and North Sectors (Network 1) of Clare Mental Health Services at Temple Gate Hotel, Ennis on December 12th, 2009 (Sponsored by LUMBEC).
4. At weekly Conference Day tagged "Clinical Audit Day" in the Acute Psychiatric Unit, Ennis Co. Clare on March 10th, 2010.



Clinical Research

Mental Health Services

| | |
|---------|---|
| TITLE | Design and Evaluation of an Internet-Mediated Coping Skills Resource for Young People Adjusting to Romantic Relationship Dissolution - 'Project Break-Up' |
| AUTHORS | Mc Kiernan, A., Ryan, P. <i>Doctoral Programme in Clinical Psychology, University of Limerick</i> |

Abstract

Romantic relationships play a central role in young peoples’ emotional and social development, and relationship break-up is an associated risk factor for suicide. ‘Project Break-Up’ is a research initiative co-ordinated by the Doctoral Programme in Clinical Psychology at the University of Limerick and hosted by www.SpunOut.ie, a HSE partner website that offers health and lifestyle information and advice to 16 to 25 year olds in Ireland.

The aim of this on-going study is to gather and present information about ways of understanding and managing the distress associated with romantic relationship break-up.

Young people between the ages 16 and 25 are invited to visit the newly created ‘Project Break-Up’ discussion forum on www.SpunOut.ie to chat about their experiences of romantic relationship break-up. To date, over 200 submissions have been received on the ‘Project Break-Up’ discussion forum. Findings from qualitative analysis of forum posts will be used to inform the design of a coping-skills resource, which will be hosted by www.SpunOut.ie. An open-ended web-based questionnaire will be posted in situ in order to gain feedback from those accessing the resource material. Informal feedback will also be sought from collaborators according to their field of expertise.

The completed resource will empower young people with insights, awareness, skills and competencies to enable them to manage more effectively this difficult life-event. The web-based resource will be easily accessible to young people, parents and those working with young people.

SOURCE

Refereed Paper in National Conference Proceedings:

Mc Kiernan, A., Ryan, P., Lindenmuth, E. & Quirke, S. Project Break-Up: A Youth-Led Collaborative Study of Young People’s Experiences of Romantic Relationship Break-Up. Researching Young Lives: Power, representation and the research process, University of Limerick, 30th April, 2010.



Clinical Research

Physiotherapy

| | |
|---------|---|
| TITLE | To Evaluate the Current Management of Total Knee Replacement Patients in the Department of Physiotherapy (Outpatients), Mid-Western Regional Hospital, Dooradoyle |
| AUTHORS | Nolan, D., O'Connell, P. Department of Physiotherapy, Mid-Western Regional Hospital, Dooradoyle, Limerick |

INTRODUCTION

A Total Knee Replacement (TKR) is primarily performed to relieve pain and improve function in the pathological knee. Long-standing knee osteoarthritis tends to be the most common underlying reason for the procedure. However, rheumatoid arthritis, joint infection, or traumatic injury may also warrant knee joint arthroplasty. The surgery itself involves removal of the distal end of the femur and proximal end of the tibia. These are then replaced by metal, and metal and plastic components respectively. In 2009, 230 TKRs were performed in the Mid-Western Orthopaedic Hospital, Croom, Co. Limerick.

OBJECTIVE

For those patients living in the Limerick city region, post-operative group-based physiotherapy sessions are offered by the Mid-Western Regional Hospital, Dooradoyle on an outpatient basis. The use of group physiotherapy is supported in the TKR population.¹ The objective of the current study was to determine the effectiveness of these sessions.

METHODOLOGY

A prospective cohort study design was used. Weekly exercise sessions took place in the rehabilitation gym of the Department of Physiotherapy. Each session was lead by a staff-grade physiotherapist, was 1 hour in duration and consisted of quadriceps strengthening exercises (straight leg raises, inner range extensions, wall squats, step ups/downs), stretching (hamstrings and calf muscles), gait and stairs re-training, education and provision of a tailored home exercise programme. The outcome measure used at baseline and the final session was the American Knee Society Score (AKSS); a 200-point tool that subjectively assesses pain, while objectively measuring function. Sensitivity of this tool has been established,² with adequate reliability being ensured when used by an experienced health professional.³ A convenience sample of 21 subjects participated in the study. No specific inclusion or exclusion criteria were employed. However, each subject began their first exercise session within 1 month of the date of their surgery.

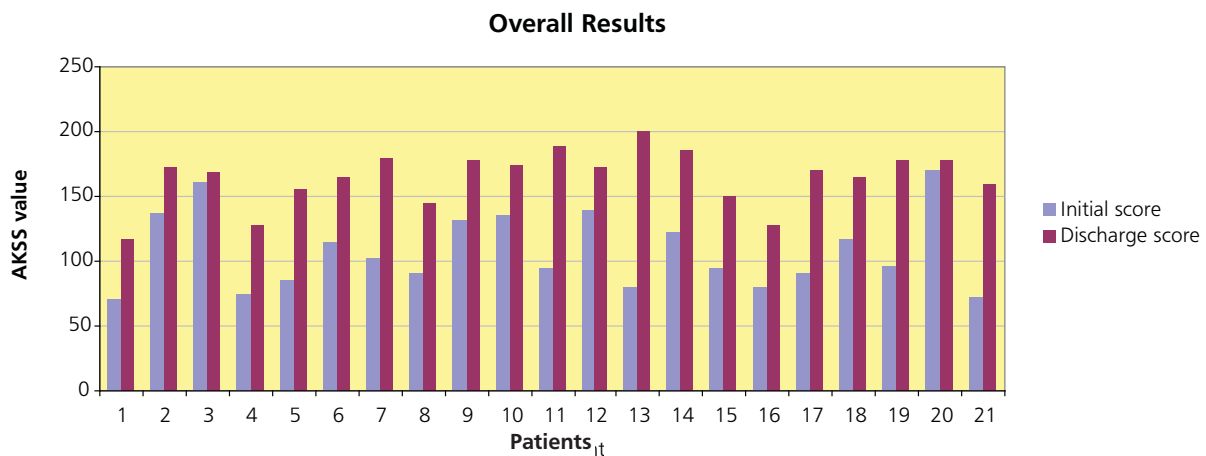
RESULTS

The mean (+/- SD) age of the subjects was 68.71 (9.99) years. Mean baseline AKSS value amongst the participants was 107.33 (+/- 29.41) points. The total number of sessions completed by each subject ranged from four to seven, with length of time between two consecutive sessions varying from one week to three weeks. The exercise intervention lead to an increase in AKSS value in all subjects (Graph 1), with the mean value obtained at the final session being 164.60 (+/- 21.27) points. Analysis using paired t-tests confirmed that the improvements in AKSS with physiotherapy were statistically significant ($p < 0.0001$, $d = -2.23$). Mean change in pre and post-intervention



AKSS values was not significantly affected by total number of sessions completed, or total duration of the intervention, i.e. weekly consecutive sessions/spaced out sessions. No adverse effects of the exercise programme were reported.

Graph 1 - Shown are the AKSS values (Admission and Discharge) of the 21 Patients that took part in Group-Based Physiotherapy Sessions in the Study



CONCLUSION

The results of the current study show that the outpatient physiotherapy sessions improved post-operative pain and function in all subjects post TKR. Thus, these findings support exercise-based rehabilitation following the procedure. The current study does not determine the ideal exercise programme. However, the total number of sessions or time elapsed between sessions were not indicative of the level of improvement achieved by a particular individual. The primary limitation of the study was that no control group was included. Due to its unethical nature, withholding rehabilitation from TKR patients would not be a realistic control in future studies. Therefore, following on from the present findings, trials should aim to investigate the various components of an active exercise programme post TKR, so as to determine the exercises of most importance for the population in question.

REFERENCES

Available on request.



Clinical Research

Physiotherapy

| | |
|---------|--|
| TITLE | Electromyographic Analysis of the Three Subdivisions of Gluteus Medius during Weight-Bearing Exercises |
| AUTHORS | O’Sullivan, K., Smith, S., Sainsbury, D. Physiotherapy Department, University of Limerick |

INTRODUCTION

Gluteus medius (GM) dysfunction is associated with many musculoskeletal disorders.^{1,2} Rehabilitation exercises aimed at strengthening GM appear to improve lower limb kinematics and reduce pain. However, there is a lack of evidence to identify which exercises best activate GM.³ In particular, as GM consists of three distinct subdivisions, it is unclear if GM activation is consistent across these subdivisions during exercise.

OBJECTIVE

The aim of this study was to determine the muscle activity in the anterior, middle and posterior subdivisions of GM during weight-bearing exercises.

METHODOLOGY

A single session, repeated-measures study was performed in a university research laboratory. 15 pain-free subjects participated after providing written informed consent. The activity of each GM subdivision was measured using surface electromyography (sEMG) during three weight-bearing exercises; wall squat (WS), pelvic drop (PD) and wall press (WP). Muscle activity was expressed relative to maximum voluntary isometric contraction (MVIC). Differences in muscle activation were determined using one-way repeated measures ANOVA, with post-hoc Bonferroni analysis.

RESULTS

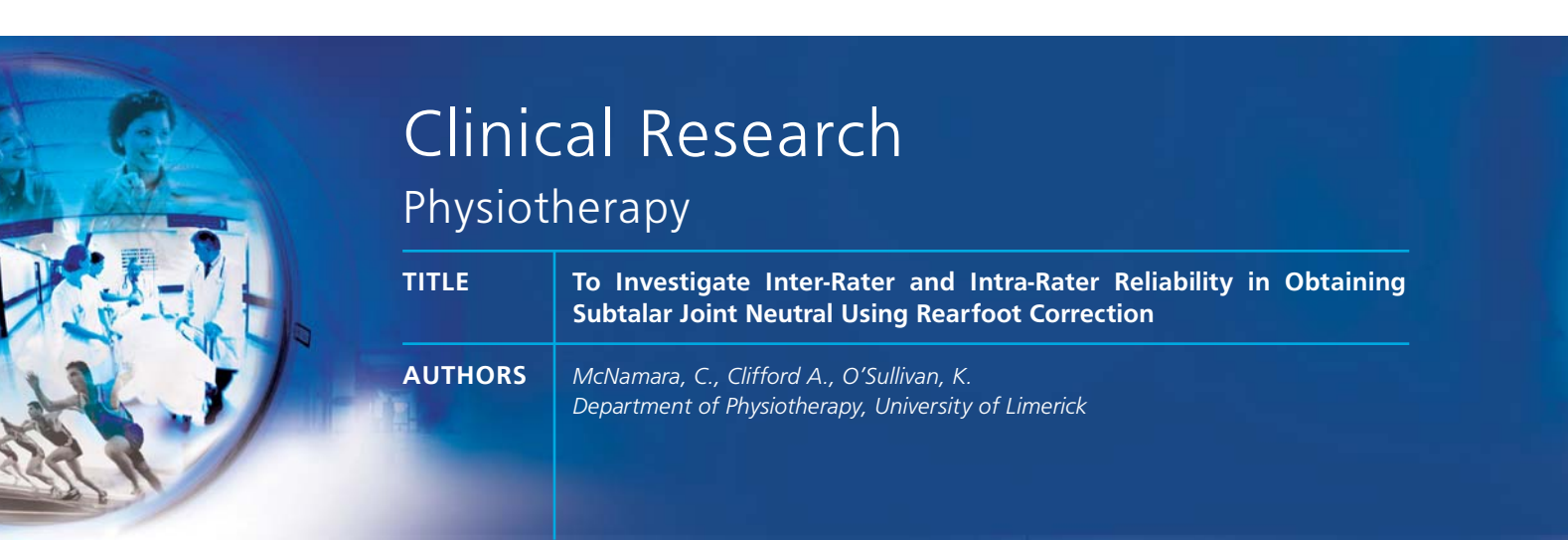
The activation of each GM subdivision during the exercises was significantly different (interaction effect; $p<0.001$). There were also significant main effects for muscle subdivision ($p<0.001$) and for exercise ($p<0.001$). The exercises were progressively more demanding from WS to PD to WP. The exercises caused significantly greater activation of the middle and posterior subdivisions than the anterior subdivision, with the WP significantly increasing the activation of the posterior subdivision (all $p<0.05$).

CONCLUSIONS

Posterior GM displayed higher activation across all three exercises than both anterior and middle GM. The WP produced the highest %MVIC activation for all GM subdivisions, and this was most pronounced for posterior GM. Clinicians may use these results to effectively progress strengthening exercises for GM in the rehabilitation of lower extremity injuries. Further studies in symptomatic populations are planned.

PRESENTED

As a poster presentation at the Irish Society of Chartered Physiotherapists Scientific Conference in Dublin, November 2009.



Clinical Research

Physiotherapy

| | |
|---------|--|
| TITLE | To Investigate Inter-Rater and Intra-Rater Reliability in Obtaining Subtalar Joint Neutral Using Rearfoot Correction |
| AUTHORS | McNamara, C., Clifford A., O'Sullivan, K. Department of Physiotherapy, University of Limerick |

INTRODUCTION

Abnormal movement of the subtalar joint has been implicated as a contributing factor in the development of painful lower limb disorders.^{1,2,3} Accurate positioning of the foot into subtalar joint neutral is important, as it is the reference point for the casting of orthotics which may help alleviate symptoms of pain and discomfort. Therefore, it is clinically relevant that obtaining subtalar joint neutral using rearfoot correction is reliable. The reliability of inexperienced physiotherapists assessing subtalar joint neutral has never been established.

OBJECTIVE

To investigate the intra-rater and inter-rater reliability of inexperienced physiotherapy students in obtaining subtalar joint neutral using rear foot correction.

METHODOLOGY

A total of 11 pain-free subjects were recruited from within a university campus. Of these, 10 subjects were analysed by 1 final year physiotherapy student in the intra-rater testing, with 1 further subject analysed in the inter-rater testing by 10 final year physiotherapy students. Intra-rater reliability was calculated using intra-class correlation coefficients (ICC) and Bland and Altman methods. Inter-rater reliability was assessed using descriptive statistics and scatter plots.

RESULTS

Intra-rater reliability results illustrated fair to good reliability (ICC=0.56; 95%CI of ICC = 0.171→0.796). Bland and Altman illustrated a mean difference of 1° which demonstrates a high level of intra-rater agreement. For inter-rater reliability, values estimated from both feet determined that the mean difference was $\pm 2/3^\circ$ variance between testers.

CONCLUSION

Intra-rater assessment of subtalar joint neutral displayed fair to good correlations, and very good agreement. Inter-rater reliability demonstrated higher variance between testers, suggesting further workshops and feedback may be necessary to improve agreement.

REFERENCES

Available on request.



Acknowledgement

The authors wish to thank PPL Biomechanics, Cork who provided training and equipment (rearfoot wedges) for this research project.



Clinical Research

Physiotherapy

| | |
|---------|---|
| TITLE | The Reliability of the CODA™ Motion Analysis System for Lumbar Spine Analysis - A Pilot Study |
| AUTHORS | O'Sullivan, K., Clifford, A., Hughes, L. <i>Physiotherapy Department, University of Limerick</i> |

ABSTRACT

Low back pain (LBP) is a very common and costly musculoskeletal disorder. Lumbar range of motion (ROM) and posture are parameters which are commonly assessed clinically and in LBP research. Reliable methods of measuring lumbar spine ROM and posture are needed. The CODA™ Motion Analysis System has several potential advantages over other motion analysis systems; however its reliability for lumbar spine analysis has not been examined. This study investigated the reliability of the CODA™ system for measuring lumbar spine sagittal plane ROM and posture.

Establishing the reliability of the CODA™ Motion Analysis System will assist future LBP research, by providing a reproducible and objective measure of posture and ROM.

A total of 12 participants were tested by two investigators on two occasions. A standardised protocol of palpation, marker and pelvic wand application and instruction giving was employed. 10 trials of lumbar ROM and usual sitting posture were recorded. The reliability of upper lumbar, lower lumbar and pelvic sagittal plane motion was assessed using intra-class correlation coefficients (ICC) and Bland and Altman methods, including evaluation of the mean difference and limits of agreement.

Levels of association were very good for ROM, for both intra-rater and inter-rater measurements (all ICC >0.7). However, agreement was more variable, with some lower lumbar and pelvic regions displaying large mean differences and wide limits of agreement. Overall, greater reliability was obtained for the upper lumbar region angles, and for intra-rater comparisons.

Reliability of the CODA™ system varied from very good to fair, depending on the parameters assessed. While good association was found between most parameters, the level of agreement was only fair to moderate. However, the good reliability of the upper lumbar values indicates that CODA™ has the potential to be a useful tool in future LBP research. Modification of the protocol involving the use of direct skin markings on the pelvis and sacrum in place of a pelvic wand may enhance the reliability of this tool and should be investigated.

PRESENTED

At the Annual Health Research Board Conference of Student Funded Projects in the Coach House, Dublin Castle on December 11th, 2008 by Mr. Lonán Hughes.

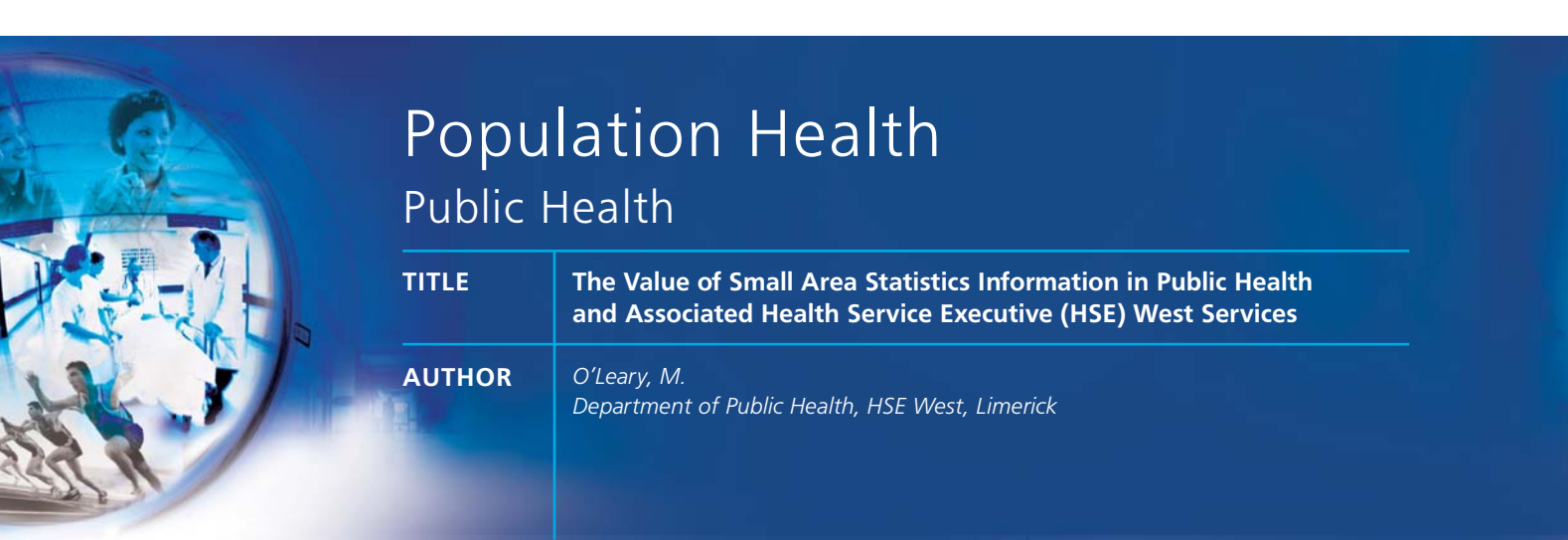
FUNDING

The authors wish to acknowledge the sponsorship of Lonán Hughes by the Health Research Board of Ireland during the data collection of this study.



SOURCE

Physiotherapy Ireland. 2010;31(1):16-22.



Population Health

Public Health

| | |
|--------|---|
| TITLE | The Value of Small Area Statistics Information in Public Health and Associated Health Service Executive (HSE) West Services |
| AUTHOR | O’Leary, M. Department of Public Health, HSE West, Limerick |

INTRODUCTION

The main aim of the Health Information Strategy 2004 is the optimal use of health information. This can be achieved through the use of small area statistics (SAS). Small areas are those areas below the level of health or local authority district, which are useful for planning the delivery of health services, as small areas produce a wider range in the relevant characteristics.¹ This study set out to investigate the value and use of SAS.

The purpose of this study is to show the value of SAS information in Public Health and associated (HSE) West Services.

OBJECTIVES

Two case studies were used to establish the value of SAS together with a postal survey in order to determine the current usage and if barriers to its use exist.

METHODOLOGY

This study explored two types of research, case studies and a survey of HSE West healthcare professionals.

Two case studies were presented:

1. Due to concerns from animal health in Askeaton and its surrounding area the National Cancer Registry of Ireland (NCRI) provided cancer incidence rates together with their level of significance at electoral division level for the period 1994-2002 for the Mid-West. Due to the large amount of data it was presented in geographical maps which gave an instant visual picture.
2. The Census 2006 results at small area population statistics (SAPS) level contributed to the creation of the community profile of the Northside and Southside areas of Limerick City to support the health impact assessment (HIA) of the Regeneration Agencies Vision document for these areas. The profile provides data in relation to demographics, health behaviour and other issues that have a direct affect on peoples’ health in these communities.

A postal survey of HSE West healthcare professionals was carried out. For the survey a new questionnaire was developed to clearly address the aims and objectives of the study and the study population.114 persons were targeted and data was analysed using SPSS version 15.



RESULTS

The availability of SAS and the use of geographic information systems (GIS) facilitated the study which showed no significant cancer incidence in the areas of Askeaton in West Limerick, however it did highlight 'hot spots' for some parts of Limerick City which calls for ongoing monitoring.

The community profile, aided by the availability of census data, outlines some of the likely issues in the regeneration areas which may be of value to existing or proposed support services in Limerick City and in the regeneration areas.

The survey had an overall response rate of 74%. The survey showed that two-thirds of respondents had ever used SAS with 34% using it once a year and 55% on a quarterly basis and more often. Almost three quarters of respondents were currently involved in developing service plans for their departments with nearly 87% contributing to policy development at local level while 60% did so at the national level. The most widely used categories of SAS were, age statistics and deprivation. SAS has been used mostly for planning, annual reports and research. The greatest source of data has been the Central Statistics Office (CSO) followed by the Public Health Department, HSE West and then by Health Intelligence. The data was geographically mapped (63%) the last time SAS was used and 36% used GIS. Only 13% of respondents were trained in SAS.

CONCLUSION

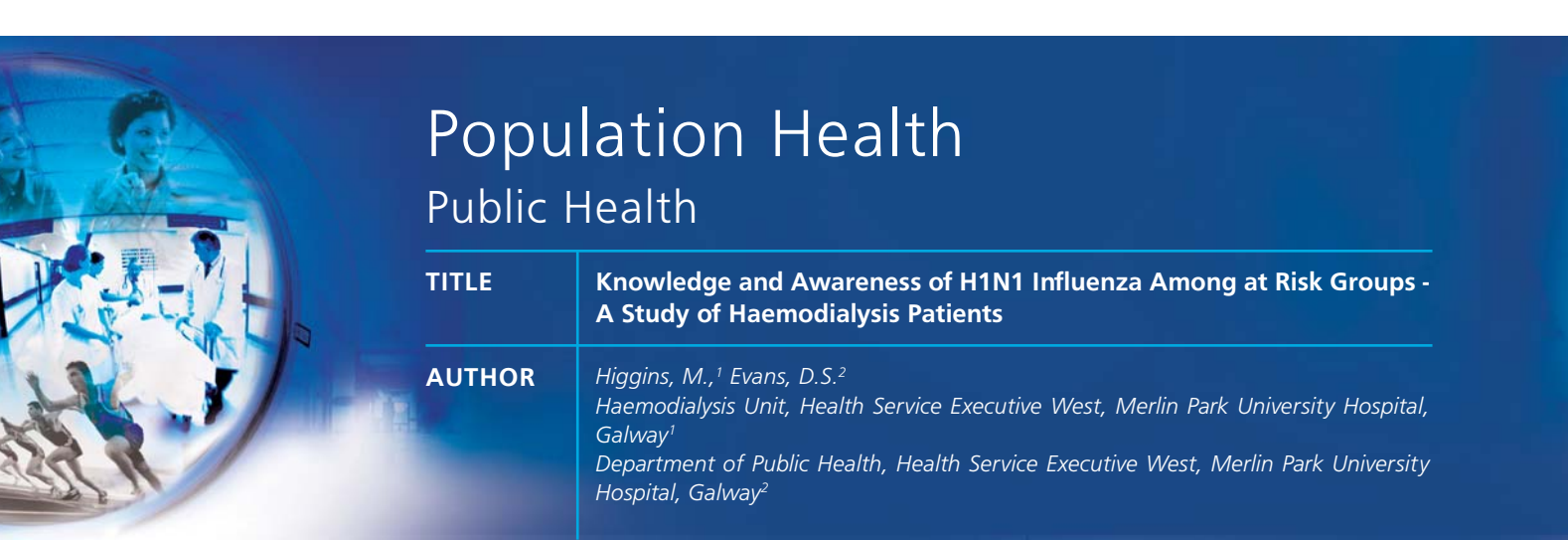
There are many valuable sources of SAS and the data is being used in a variety of areas within HSE West. Nevertheless there are a number of areas that warrant further attention to ensure that SAS is used efficiently and effectively, that it is timely and when the information is available that it is also accessible.

REFERENCES

Available on request.

FUNDING

This research was conducted as part of an MA in Healthcare Management which received funding support from the HSE.



Population Health

Public Health

| | |
|--------|---|
| TITLE | Knowledge and Awareness of H1N1 Influenza Among at Risk Groups - A Study of Haemodialysis Patients |
| AUTHOR | Higgins, M., ¹ Evans, D.S. ² Haemodialysis Unit, Health Service Executive West, Merlin Park University Hospital, Galway ¹ Department of Public Health, Health Service Executive West, Merlin Park University Hospital, Galway ² |

INTRODUCTION

Pandemic H1N1 influenza represents a significant global health risk. Haemodialysis patients are at increased risk of H1N1 and have been classified as an ‘at risk’ group. Infectious disease is the second leading cause of death among those with end stage kidney disease (ESKD) and pulmonary infectious mortality is tenfold higher in this group of patients. It is therefore crucial that ESKD sufferers receive the H1N1 vaccine. They need to know that they are an at risk group, be aware of the signs and symptoms, and the precautions they should take. They can then make informed decisions about getting the vaccine.

OBJECTIVE

The study aimed to investigate patients’ knowledge and awareness of H1N1 Influenza and uptake among all haemodialysis patients in one adult unit in one geographic region in the Republic of Ireland.

METHODOLOGY

An anonymous self completion postal questionnaire was administered to all 79 patients that attended one haemodialysis unit during a one week period two weeks before the commencement of the national vaccination programme. It aimed to ascertain whether patients had received information on swine flu specific to dialysis, if they were aware that they belonged to an ‘at risk’ group, their confidence in recognising signs and symptoms of swine flu, what they would do first if they had signs and symptoms, if they had received any information about the vaccine for swine flu, and if they were going to get the vaccine when available. Demographic questions included age, gender and length of time on dialysis.

RESULTS

Of the 79 patients who participated in the survey 69 returned completed questionnaires. This represents an overall 90% response rate. 96% of respondents stated they did not receive any information on the H1N1 virus specific to dialysis. 97% did not receive any information about the vaccine and 42% did not know they belonged to an ‘at risk’ group. Only 3% of respondents were confident they would recognise the signs and symptoms of swine flu. Just over a third (35%) reported they would avail of the vaccine when available.



CONCLUSION

This highlighted a significant lack of knowledge and awareness of H1N1 among haemodialysis patients. Patients need to be made aware about H1N1 so that they can make informed decisions and take responsibility for their own health. Subsequently, an 18 page information pack was developed by the Unit based on national guidelines. All patients received a copy of the pack and were advised that they could discuss any concerns with staff. In addition, the families of patients over 65 were contacted by telephone and asked to help explain the information pack to them. Staff also helped to arrange an appointment at the vaccine clinic for those who wished to avail of it. This has led to significant improvements in knowledge and awareness with 76% availing of the vaccine.



Population Health

Public Health

| | |
|---------|---|
| TITLE | Making Chronic Conditions Count. Hypertension, Coronary Heart Disease, Stroke, Diabetes. A Systematic Approach to Estimating and Forecasting Population Prevalence amongst Adults on the Island of Ireland |
| AUTHORS | Balanda, K.P., ¹ Barron, S., ¹ Fahy, L., ¹ McLaughlin, A. ² Institute of Public Health in Ireland, Dublin ¹ Centre of Excellence for Public Health (Northern Ireland), Royal Victoria Hospital, Belfast ² |

ABSTRACT

Chronic conditions are responsible for a significant proportion of early deaths. They reduce the quality of life of the adults living with them, represent substantial financial costs to patients and the health and social care system, and cause a significant loss of productivity to the economy. To date reliable sub-national estimates and forecasts of the prevalence of chronic conditions have not been available on the island.

The Association of Public Health Observatories (APHO) developed models to estimate and forecast the population prevalence of a number of chronic conditions in England. These models are based on reference studies and incorporate the effects of demographic characteristics (sex, age and ethnicity), local socio-economic circumstances and lifestyle issues (obesity and smoking).

The Institute of Public Health in Ireland (IPH) adapted these models to the island of Ireland and have published estimates and forecasts for four chronic conditions - hypertension, angina and heart attack (CHD), stroke and diabetes (Type 1 and Type 2 combined) - for each Local Health Office (LHO) in the Republic of Ireland and each Local Government District (LGD) in Northern Ireland.

The study found that:

1. Very large numbers of adults across the island live with hypertension, angina and heart attack, stroke and diabetes. The prevalence of each of these conditions increases dramatically with age, tends to be higher in the northern and western parts of the island and lower around Dublin, and is generally higher amongst males. These differences reflect variation in demographic characteristics, local socio-economic circumstances and lifestyle issues across the island.
2. Local socio-economic circumstances affect the prevalence of chronic conditions in an area. Adults living in more deprived areas are more likely to be living with a chronic condition.
3. Between 2007 and 2020, the burden of chronic conditions is expected to increase dramatically in both Northern Ireland and the Republic of Ireland. By 2020, the number of adults with these chronic conditions will increase by around 40% in the Republic of Ireland and 30% in Northern Ireland, and relatively more of the burden of these conditions will be borne by adults in the older age groups.

To conclude, the study highlights the need for a stronger focus on prevention and tackling inequalities using a social determinant of health and life course perspective, and the crucial importance of building appropriate information systems to support these efforts.



PRESENTED

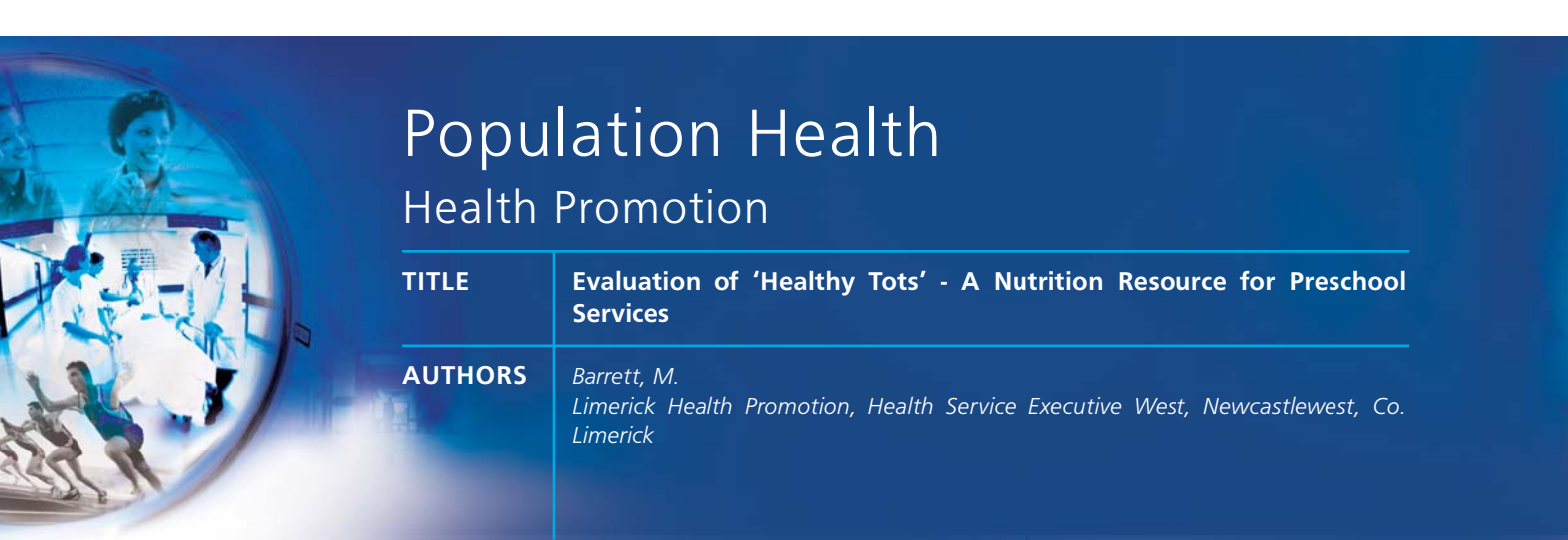
At the Faculty of Public Health Medicine Summer Scientific Meeting in the Royal College of Physicians of Ireland, Dublin on May 24th, 2010 by Mr. Steve Barron.

FUNDING

This research has received funding from the two Departments of Health in the Republic of Ireland and in Northern Ireland, and was conducted in collaboration with our academic partners HRB Centre for Health and Diet Research, University College Cork and the Centre of Excellence for Public Health, Queen's University, Belfast, Northern Ireland.

SOURCE

Balanda, K.P., Barron, S., Fahy, L., McLaughlin, A. (2010) Making Chronic Conditions Count. Hypertension, Coronary Heart Disease, Stroke, Diabetes. A systematic approach to estimating and forecasting population prevalence amongst adults on the island of Ireland. Dublin: Institute of Public Health in Ireland.



Population Health

Health Promotion

| | |
|---------|--|
| TITLE | Evaluation of 'Healthy Tots' - A Nutrition Resource for Preschool Services |
| AUTHORS | Barrett, M. Limerick Health Promotion, Health Service Executive West, Newcastlewest, Co. Limerick |

INTRODUCTION

'Healthy Tots' is a healthy eating policy development resource and training workshop for HSE approved Preschools/Crèches and Childminding services. The aim of this workshop is to support these services in promoting healthy eating attitudes and habits among young children and to reduce the incidence of childhood obesity. It has been facilitated in Limerick since 2008 and is co-ordinated by Limerick Health Promotion, Health Service Executive (HSE) West and the Limerick City and County Childcare Committees. This initiative is also supported by Limerick Pre-School Inspectorate, HSE West.

OBJECTIVE

The aim of the evaluation was to determine the effectiveness of 'Healthy Tots' to date to promote healthy eating in the preschool setting.

METHODOLOGY

An evaluation was carried out with the preschool services who attended the 'Healthy Tots' workshop and with multi-sectoral partners, Limerick City and County Childcare Committees and Limerick Preschool Inspectorate, HSE West. Process and outcome evaluation were used. The first stage of evaluation was carried out at the end of the workshops. In total, 63 preschool services were involved in this stage of the evaluation. A questionnaire and a H Diagram participatory research method were used to gather relevant data on effectiveness of 'Healthy Tots'. The second phase of the evaluation occurred after the workshop had taken place, once the preschool services had begun using the resource 6 months to 1 year later. Evaluation consisted of one to one structured telephone interviews with preschool services who had attended the 'Healthy Tots' workshops. A H Diagram participatory research method was used to gather the data during the interviews. Evaluation with multi-sectoral partners (Limerick Preschool Inspectorate and the Limerick City and County Childcare Committees) consisted of one to one structured telephone interviews. A H Diagram participatory research method was used to gather the data during these interviews.

RESULTS

The findings from the evaluation indicate that preschool services who took part in 'Healthy Tots' had increased and enhanced their preschool service nutrition promotion. Evaluation highlighted that there was an increase in variety and nutritional quality of food offered, a decrease in 'fussy eating', an increase in parental communications and involvement. The evaluation also highlighted an increase in awareness, competencies, skills and confidence in relation to nutrition for young children and an increased emphasis on the social aspects of eating.



CONCLUSIONS

‘Healthy Tots’ appears to be effective in supporting preschool settings in the promotion of positive healthy eating attitudes and habits among young children.

Therefore, this programme is effective as a nutrition resource for the preschool setting and can support the implementation of the National Department of Health and Children Healthy Eating Guidelines for Preschool Settings and the HSE 3 Week Menu Plan for Preschool Services. ‘Healthy Tots’ has the potential for use as a national health promotion nutrition resource for the preschool setting.

FUNDING

This research has received funding from the National Obesity Taskforce.



Population Health

Health Promotion

| | |
|---------|---|
| TITLE | Nutrition Knowledge - Results from the Limerick Food Partnership Survey of Healthy Eating in Limerick Secondary Schools (SHELSS) |
| AUTHORS | Houghton, F., ¹ Chambers, Y., ² Gurnett, C., ³ Slattery, E., ⁴ Meagher, T. ⁵ Department of Humanities, Limerick Institute of Technology ¹ Health Promotion, HSE West, Ennis, Co. Clare ² Health Promotion, HSE West, Pery St., Limerick ³ Limerick Food Partnership ⁴ PAUL Partnership, Tait Business Centre, Limerick ⁵ |

INTRODUCTION

Limerick Food Partnership conducted this study with the intention of providing baseline local data on healthy eating behaviours, knowledge, attitudes and perceptions among a cross-section of secondary school children in Limerick City.

OBJECTIVE

The focus of this paper is knowledge about healthy eating.

METHODOLOGY

Data was collected from a quota sample of 5 secondary schools in Limerick City, stratified on the basis of affluence. The target sample was all 2nd year and pre-leaving certificate students in these schools. The response rate achieved was 67.4%. 756 participants took part in the study ranging in age from 12 to 18 (mean age=14.3, SD= 1.6) with both genders well represented (Males - 48.3%, Females - 51.2%). Healthy eating knowledge was explored using an amended scale originally developed by Fahlman et al.¹ Respondents were divided into two age groups (12-14 years and 15-18 years) and into a more and less affluent group on the basis of their composite scores on 5 family affluence questions adapted from the HBSC studies.²

RESULTS

It is clear from Table 1 that most children are knowledgeable about sources of calcium, protein and which foods should be eaten least. However their knowledge around sources of vitamin C and general healthy eating guidelines is a cause of concern.

Table 1 - Nutrition Knowledge

| Question | % Correct (No.) |
|--|-----------------|
| From which food group should you eat the most servings every day? | 55.8% (422) |
| From which food group should you eat the fewest servings each day? | 88.2% (667) |
| Which food group is a good source of vitamin C? | 66% (499) |
| Which food group is a good source of calcium? | 91.8% (694) |
| Which food group provides protein for muscles? | 79.8% (603) |
| What food group builds strong bones and great teeth? | 85.8% (649) |
| How many servings of fruits and vegetables should you eat each day? | 45.1% (341) |
| How many servings of meat, fish or alternatives should you eat each day? | 40.5% (306) |



Analysis exploring affluence and knowledge using chi-square found that significantly more respondents in the affluent group answered the first question ('From which food group should you eat the most servings every day?') correctly compared to the less affluent group (64.3% v's 52.2%; $\chi^2 = 10.434$, $df=1$, $p=.001$). The only other significant difference noted on the basis of affluence was the increased number of respondents in the more affluent group that knew the recommended number of fruit and vegetables that should be consumed each day ($\chi^2 = 4.059$, $df = 1$, $p = .049$). Analysis revealed no statistically significant differences by gender on any of the eight health questions in Table 1. Analysis by age group identified significant differences on two questions. Younger children were more likely to know the answer to the question 'From which food group should you eat the fewest servings each day?' (92.3% v's 86.2%; $\chi^2 = 7.392$, $df = 1$, $p=.009$). However, 86.2% of older respondents correctly answered the question 'Which food group provides protein for muscles?' compared to 79.7% of younger respondents ($\chi^2 = 5.035$, $df=1$, $p=.029$).

CONCLUSIONS

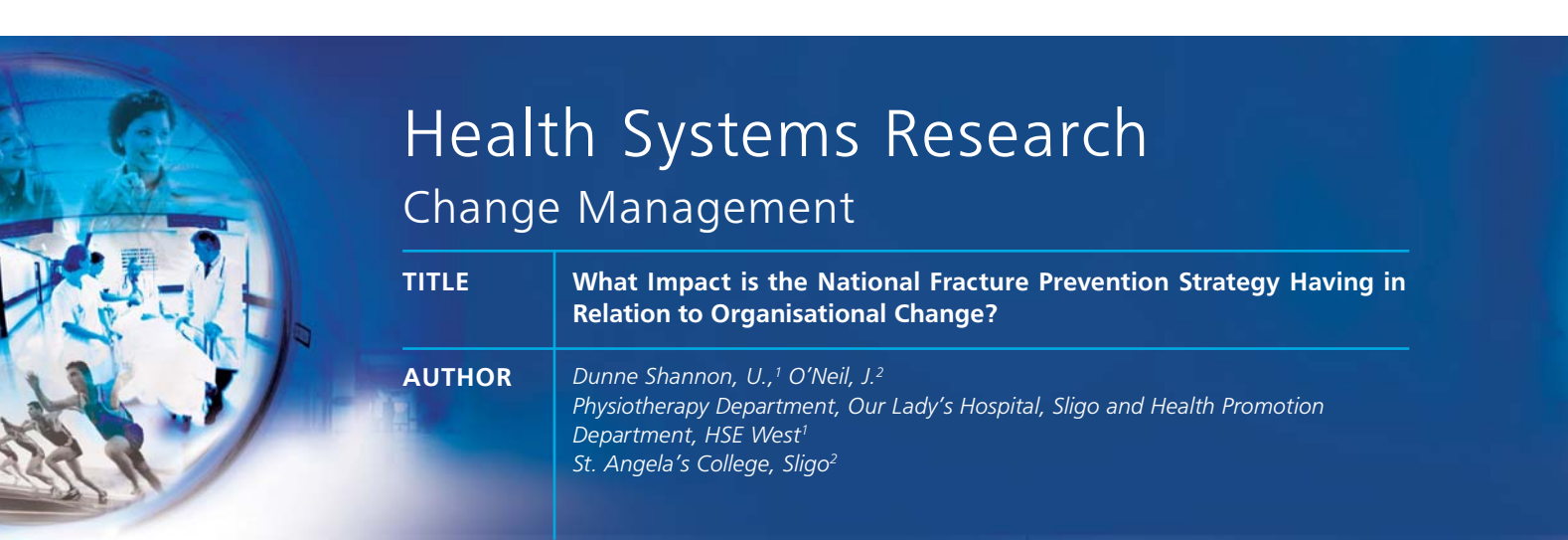
Although children appear familiar with sources of protein and calcium, further work is obviously required in dietary education. Although there is a nutrition element in the current SPHE (Social, Personal and Health Education) programme, it is clear that particular attention in the future needs to focus in more depth on teaching children nutritional guidelines to help foster and sustain health.

REFERENCES

Available on request.

FUNDING

This research has received funding from the Limerick Food Partnership/PAUL Partnership.



Health Systems Research

Change Management

| | |
|--------|--|
| TITLE | What Impact is the National Fracture Prevention Strategy Having in Relation to Organisational Change? |
| AUTHOR | Dunne Shannon, U., ¹ O’Neil, J. ² Physiotherapy Department, Our Lady’s Hospital, Sligo and Health Promotion Department, HSE West ¹ St. Angela’s College, Sligo ² |

INTRODUCTION

The National Strategy to Prevent Falls and Fractures in Ireland’s Ageing Population (2008)¹ provides evidence and guidelines to implement integrated falls and fracture Prevention Programmes. The author was a member of the National Falls and Fracture Prevention Steering Group which received funding from the Strategic Planning Reform Implementation body of the Health Service Executive to implement a year long demonstration programme within a Primary Care network in the northwest. This initiative was driven by the HSE Transformation Programme priorities.²

OBJECTIVES

The aim was to explore the impact of the implementation of the national fracture prevention strategy on organisational change amongst a sample of multidisciplinary members of a primary care network and acute services in the northwest. The objectives were to examine how the organisational change process was implemented, what changes had actually taken place and how effective were those changes.

METHODOLOGY

The use of in-depth, qualitative case study^{3,4} involved using semi-structured interviews with a wide range of stakeholders, both clinical and managerial personnel in a variety of settings and participant observation and examination of documents. Thirteen participants were chosen on the grounds of their level of involvement in the development and implementation of the strategy. GPs, practice nurses, primary care team members, members of the steering group and project team with strategic or operational accountability for fracture prevention were purposively sampled to take part in the interviews. The interviews and participant observations were the major data sets and the archival data and documents were used to further validate the findings. Thematic data analysis⁵ was the method of analysis.

RESULTS

The findings verify that there was a fundamental strategic shift moving towards an integrated primary and community care model. The integrated approach to fall and fracture prevention became established practice. Changes were evident in organisational structures and processes which resulted in increased efficiency and effectiveness. New partnerships were developed with other agencies. Reconfiguration of resources and processes took place to provide a significant range of client services within local communities. Changes occurred in allocating resources based on an historical basis to a population needs focus and from a uni-disciplinary model to a multi-disciplinary model. Changes occurred in routine practice due to an increased level of awareness with resulting behaviour change. The impact of organisational change on personnel has resulted in improved practice and



procedures; educational awareness at individual, team and organisational level. It impacted on health service providers in terms of the way in which they work, both together and with other agencies and the flexibility to fulfil their roles.

Recommendations

Leadership, communication, support and engagement with the team are vital to inform the change management strategy. Strong focus should be placed on the people aspects of change. Successful change is characterised by effective planning and communication with key stakeholders and the provision of appropriate training as new skills must be provided. Reconfiguration results in increased efficiency and effectiveness. Changes in practice will result in enhanced capacity for primary prevention of falls and fractures.

CONCLUSION

The findings provide confirmation that the implementation of the strategy using the change model provided a consistent approach to effective change applied across the whole chosen network and at all levels in the organisation. The findings confirmed that new ways of working were developed, behaviour change and knowledge transfer were evident in how clients were managed, and the integrated approach to falls and fracture prevention became established practice.

The implication is that this case study will inform the continuing implementation of the IFFP programme in Primary and Acute settings in the northwest region.

REFERENCES

Available on request.

PRESENTED

As a poster presentation at the Irish Society of Chartered Physiotherapists Annual Conference on November 12th and 13th, 2010 at the Strand Hotel, Limerick.

FUNDING

This research has been part-funded by Performance and Development, HSE West.

Submitted in partial fulfilment of the requirements for the Degree of MA (Training and Management), St. Angela's College/ National University of Ireland, Galway.



Health Systems Research

Health Management

| | |
|---------|--|
| TITLE | Developing a Scale to Measure Synergy in Health Promotion Partnerships |
| AUTHORS | Jones, J. Health Promotion Services, HSE West, Galway |

INTRODUCTION

Synergy is the degree to which a partnership combines the assets of all the partners in the search for better solutions and is generally regarded as the product of a partnership including vertical integration, shared know-how and shared resources. There has been very little research on the determinants and measurement of synergy in health promotion partnerships. This study was designed to describe how synergy is conceptualised in health promotion partnerships and to develop a synergy measurement tool.

METHODOLOGY

A total of 5 focus groups were organised with 36 health promotion partners in order to explore how synergy is conceptualised in their partnerships. Focus group questions included: “what does synergy in partnership mean to you?”, “Can you describe what happens in your partnership when synergy is present?”, “Can you think of a metaphor that best describes synergy in partnerships?” Participants represented health, community, education, arts, sports and youth sectors. Focus groups were recorded and transcribed verbatim. A content analysis was carried out on the transcripts using counting and data reduction techniques. An item pool was generated from these findings and an eight-item five-point scale was developed called the Jones Synergy Scale. This scale (shown below) was incorporated into an overall questionnaire on partnership functioning which was posted to 469 partners in 40 health promotion partnerships.

Table 1 - The Jones Synergy Scale

| Synergy items | Likert scale |
|--|--------------------|
| Feelings of energy, excitement and passion | 1-5 and don't know |
| Extra outcomes are achieved as a result of working in partnership | 1-5 and don't know |
| Work as a partnership to effectively problem-solve and overcome difficulties | 1-5 and don't know |
| Experience personal satisfaction and fulfilment from the activities of the partnership | 1-5 and don't know |
| The partnership is making ongoing progress towards its goals | 1-5 and don't know |
| All partners are benefiting from the activities of the partnership | 1-5 and don't know |
| The skills and unique perspectives of the partners complement each other | 1-5 and don't know |
| The work of the partnership is broken down and shared by all the partners | 1-5 and don't know |



RESULTS

A response rate of 72% was achieved ($n=337$). The Jones Synergy Scale was subjected to reliability and validity tests. Cronbach's alpha was 0.91. Corrected item-total correlations ranged from 0.6 to 0.7 with a Cronbach's alpha if item deleted of 0.9 for all items. Principal Components Analysis (PCA) was the chosen factor analysis method. One component was extracted explaining 62% of the variance, indicating a simple scale structure. Coefficients ranged from 0.83 to 0.70 with an initial eigenvalue of 4.94. The scale was subjected to item-convergent, item-discriminant and concurrent validity tests. All items correlated more strongly with their own scale than with any other scales used in the questionnaire.

CONCLUSION

The Jones Synergy Scale was highly correlated ($.73, P<.01$) with an existing synergy scale. This scale can be used with all types of partnerships with minor changes.

FUNDING

This research has been funded by HSE West.



Health Systems Research

Health Management

| | |
|----------------|---|
| TITLE | Conceptualising a Knowledge Assessment Framework for More Effective Management and Performance in the Healthcare Sector Using the Private Sector |
| AUTHORS | <i>O'Brien, J. Department of Management and Marketing, Kemmy Business School, University of Limerick</i> |

INTRODUCTION

The focus of this research is knowledge assessment at organisational level, using the growth models within endogenous growth theory, OECD indicators of knowledge¹ and intellectual capital but the author believes that the framework may be used in the health sector also. Expenditure on research and development (R&D) can be considered an investment in knowledge that translates to growth,³ but unfortunately Ireland's level of R&D intensity is hindered by foundering investment in the three main macroeconomic measures; the Business Sector, Higher Education and the Government Sector.² The healthcare sector is one of the areas now suffering from lack of investment.

In R&D performance which has been linked with long-term growth³ Ireland remains well below the average and has done so for the last two decades.³ As far as Gross Expenditure on R&D (GERD), as a percentage of GNP, Ireland has improved from 1.32% in 2000 to 1.56% in 2006.³ However, we lag behind our EU and OECD¹ counterparts as they show 1.77% and 2.26% of GNP respectively. The OECD¹ states this lag (over the past decade) is due to Ireland's over reliance on foreign corporations as the main generator of innovation and research. The indigenous research base remains underdeveloped and public funding in R&D, although having grown, has not kept pace with economic output.² Indeed the OECD³ report on growth, recommends fostering innovation by increasing public R&D funding. Though R&D performance by businesses is the largest sector of research (1.05% of GNP) in the economy, we still lag behind the EU and OECD benchmark of 1.12% and 1.54% respectively.¹ Only in Higher Education Expenditure on R&D (HERD) are we, as a nation, in line with our EU and OECD counterparts with regard to R&D expenditure.² This has been greatly aided by the Programme for Research in Third Level Institutions (PRTLTI).³ Taken as a whole, R&D intensity is too low for Ireland to be a competitive growing knowledge economy. We are currently ranked 14th of 17 in an OECD survey on economic indicators, with regard to R&D intensity, as a percentage of GDP.³ Concerning R&D in indigenous local firms, we rank 15th out of 17 in the same study, just ahead of Portugal and Hungary.³

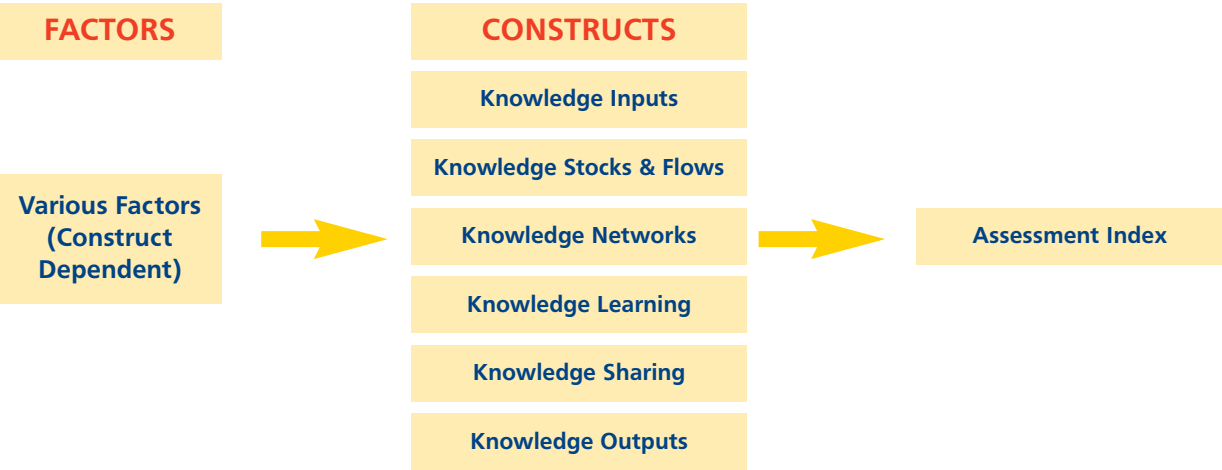
OBJECTIVES

This study will be guided by the following research question: 'Does the application of a knowledge single assessment framework result in improved performance in the health sector?' The objectives of this study include:

- The formulation of a theoretically based knowledge assessment framework and the evaluation of the suitable constructs and factors of this framework
- Evaluate the framework through exploratory and practical use within the health sector. This will first be tested in the private sector
- Identify the knowledge that is critical for the effective running of the "organisation" in the day to day tasks
- Determine the different categories of that knowledge (explicit, implicit, tacit, social)
- Identify where that knowledge is stored (filing cabinets; databases; people)
- Perform a knowledge profile of the staff members

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

Figure 1 - Knowledge Assessment Framework



METHODOLOGY

The research was originally going to focus on multiple cases but had evolved to an Iterative Case Approach and will be both exploratory and dynamic with the intention to provide open descriptions and analysis of knowledge assessment within the healthcare sector. The research will be carried out by using a triangulation approach incorporating in-depth interviewing, document analysis and non-participant observation. The first case has been completed with “Medical Device Company A” and results are being analysed.

RESULTS

Moreover, the findings may translate to several parts of the healthcare sector, which could significantly improve the efficiency and effectiveness of performance within the health service. This study may assist healthcare professionals in understanding how to manage and improve the knowledge of best practice. The proposed outcome of this study is to determine if there is a benefit to using a knowledge management assessment framework within the healthcare sector.

REFERENCES

Available on request.



Health Systems Research

Patient Participation in Primary Care

| | |
|---------|--|
| TITLE | A Qualitative Exploration of Health Professionals’ Experiences and Perceptions of Patient Participation within the Irish Health Services - Primary Care Services |
| AUTHORS | Quinn, G. Clare Health Promotion Services, HSE West PCCC, Ennis, Co. Clare |

INTRODUCTION

In 1978, the World Health Organisation stated that “people have a right and a duty to participate individually and collectively in the planning and implementation of their healthcare.”¹ This in effect legitimised the concept of patients participating in the formal health services.² In the intervening 30 years, a vast and growing mass of literature variously espouses patient participation as a key mechanism in improving the quality and safety of Western healthcare.³ However, patient participation emerges from the literature as a construct that is poorly defined, understood or implemented within the health services,⁴ and as a relatively new development within the Irish healthcare system.⁵ The vast majority of data on patient participation focuses on medical consultations, specifically the quality of doctor/patient relations.⁶ Consequently, very little is known about patient participation processes within the work of other health professionals.⁷

METHODOLOGY

Grounded theory provided the theoretical framework for this qualitative research inquiry,⁸ which aimed to explore health professionals’ experiences and perceptions of patient participation in their work within the Irish health services. Through the use of a *theoretical sampling* strategy, 11 health professionals across 5 core primary care disciplines, within a defined administrative area of the HSE, participated as *Informants* to the research inquiry. To enhance the rigour of the research inquiry, data collection and interpretation methods were triangulated⁹ as follows;

- One-to-one interviews with the 11 Informants: these were structured under three key questions which aimed to explore with Informants;
 - the meaning of *patient participation* in their professional experiences and practice⁶
 - how actively patients participate within the consultation/appointment processes specifically in terms of *communication, decision-making and self-care*²
 - the factors which affect patients’ participation within the consultation appointment processes¹⁰
- A group discussion with Informants to member-check and further develop the theoretical properties of data generated.
- All data generated were interpreted reflexively through the integrated and systematic use of the *coding, memoing and constant comparison procedures*⁸ within grounded theory.

RESULTS

The research inquiry clearly depicts the ways in which language serves to define and differentiate professional identity and practice, especially within multidisciplinary situations. The variable and interchangeable use of the terms *patient and client* within the health services emerged as a contentious issue for Informants, who all



endeavoured to convey their preference in terms of *person-centred-care*.⁴ Informants rejected such terms as consumer, service-user and customer as not meaningful or relevant to their work.

Informants interpreted the construct of *patient participation* pragmatically, in terms of; 1) physical attendance, 2) communication and interpersonal processes and 3) compliance with treatment goals. Informants clearly depicted the significant time effort and skills required to support lay people to access, physically attend and take part in healthcare appointments. Patient participation appears to operate at these fundamental levels rather than the higher levels of *shared decision-making* or *partnership* within the Irish health services.

Communication and information-sharing processes emerge as critical components in facilitating lay people to participate in their healthcare appointments. The communication processes between health professionals and lay people are interpreted to be highly personalised and predominately verbal, with very few formalised resources available to support participation processes. The capacity of lay people to participate in their healthcare appointments appears to be highly variable and dependent on a number of factors, specifically; health status, age, lay-health knowledge and beliefs, literacy ability² and situational contexts. This requires further research inquiry.

CONCLUSIONS

The grounded theory inquiry portrays the phenomenon of lay peoples' participation in healthcare processes to be embedded within the agency of the individuals involved, with limited evidence of organisational support at the front-line of the Irish health services. This will need to be addressed if Irish *people are to participate as partners in their health care*, as advocated within the Report of the Commission on Patient Safety & Quality Assurance.³ This research inquiry concludes with four clear recommendations;

1. The various terms pertaining to patient participation across Irish health policy literature must be reviewed in order to clarify and redefine the terminology, meanings and values underpinning the ideology of public participation across the Irish healthcare system.⁶
2. The HSE must support primary care (teams) to develop as a model which facilitates *lay-people to participate as partners in their healthcare*.³
3. There is an urgent need for an integrated public information service which would systematically support lay people to make informed choices about their health and healthcare.
4. The Irish Government and its agencies must commit to the development of independent advocacy organisations and structures (fully-funded) to support lay people to meaningfully participate within the Irish health services.

This research inquiry constructs a qualitative interpretation of *patient participation* within the Irish health services, which offers new insights as to the nature and form of the phenomenon within the situational contexts of primary healthcare.



REFERENCES

Available on request.

FUNDING

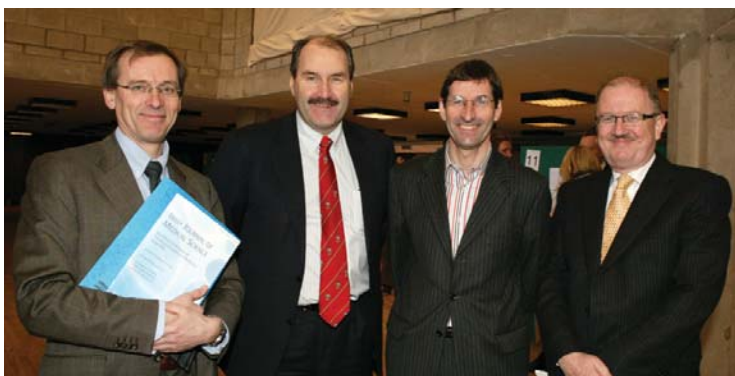
This research inquiry was completed in part fulfilment of the Masters in Education Programme within Mary Immaculate College of Education, Limerick in September 2009 and was part-funded by the HSE.

18th SYLVESTER O'HALLORAN SURGICAL SCIENTIFIC MEETING, MARCH 5th and 6th, 2010, UNIVERSITY OF LIMERICK

The Sylvester O'Halloran meeting is held annually at the University of Limerick. The meeting is named after Sylvester O'Halloran, who was a renowned Limerick surgeon of the 18th century. He and others founded the Limerick County Infirmary in the 1760's and he was influential in establishing the Royal College of Surgeons in Ireland in 1784.

The two day conference comprises of oral presentations, poster sessions and two keynote lectures.

The Sylvester O'Halloran Lecture entitled **Cholecystectomy – Outcomes and Lessons from History** was presented by Professor James Garden, Regius Professor of Clinical Surgery, Clinical and Surgical Sciences (Surgery), University of Edinburgh, Royal Infirmary, Edinburgh.



L to R: Mr. Ken Mealy, General Hospital, Wexford, Professor James Garden, University of Edinburgh, Royal Infirmary, Edinburgh, Professor Peter Gillen, Our Lady of Lourdes Hospital, Drogheda, Professor Pierce Grace, Mid-Western Regional Hospital, Limerick

The Sir Thomas Myles Lecture entitled **Change at Limerick Junction! Everyone on Board** was presented by Mr. Paul Burke, Consultant General and Vascular Surgeon, St. John's Hospital and Mid-Western Regional Hospital, Limerick.

The prizes were awarded as follows:

1. O'Halloran Prize: €3,000.00 - Paper No. 19 (Sponsored by LEO Pharma)



L. to R: Professor Pierce Grace, Mid-Western Regional Hospital, Limerick, Helen Heneghan, Department of Surgery, National University of Ireland, Galway, (winner of the O'Halloran Prize), Fionnuala Treanor (LEO Pharma Sponsor)

A SNP in let-7 miRNA Binding Site in the KRAS Oncogene Increases Risk of Triple Negative Breast Cancer

H.M. Heneghan¹, N. Miller¹, T. Paranjape³, F.J. Slack², J.B. Weidhaas³, M.J. Kerin¹

(Department of Surgery, National University of Ireland, Galway, Ireland¹, Department of Molecular, Cellular and Developmental Biology, Yale University, New Haven, Connecticut², Department of Therapeutic Radiology, Yale University, New Haven, Connecticut³)



News & Events

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



L. to R: Professor Pierce Grace, Mid-Western Regional Hospital, Limerick, Ms. Áine Tierney, Duke University, North Carolina, USA & University of Limerick, Jennifer Jones (Sanofi-Aventis Sponsor)

Abdominal Aortic Aneurysms Mechanical Property Quantification Using Acoustic Radiation Force Impulse

A. Tierney¹, D. Dumont¹, A. Callanan², T.M. McGloughlin² (Duke University, North Carolina, USA¹, Centre for Applied Biomedical Engineering Research (CABER), Department of Mechanical and Aeronautical Engineering, Materials and Surface Science Institute (MSSI), University of Limerick, Ireland²)

3. Orthopaedic 1st Prize: €1,000.00 - Paper No. 69 (Sponsored by Bayer Healthcare)



L. to R: Steven Brennan, First Prize Winner, Orthopaedics, Connolly Hospital, Blanchardstown, Mr. Dermot O'Farrell, Mid-Western Regional Hospital, Limerick

Fractures of the Humeral Diaphysis – Axial Distraction and Non-Union

S.A. Brennan, K. Ryan, R.J. Walls, D. Murphy, P. Kenny, P. Keogh, S. O'Flanagan (Connolly Hospital, Blanchardstown, Dublin, Ireland)

4. Orthopaedic 2nd Prize: €500.00 - Paper No. 75 (Sponsored by Bayer Healthcare)

A Novel Technique for Determining Transverse Skin Incision Site for Anterior Cervical Spine Surgery

C. Kennedy, M. Leonard, H. Heneghan, J.P. McCabe (Department of Trauma and Orthopaedic Surgery, University Hospital Galway)



5. Head and Neck Prize: €1,000.00 - Paper No. 32 (Sponsored by SOH Meeting)



L. to R: Professor John Fenton, Brendan Fennessy and Professor Pierce Grace, all Mid-Western Regional Hospital, Limerick

“And the Winner is.. - A Scoring System for Grading Surgical Oral Presentations”

B.G. Fennessy, J. Saunders, J.E. Fenton (Dept of ENT, Mid-Western Regional Hospital, Limerick)

6. Anaesthesia Prize: €1,000.00 and The Brooke O’Shaughnessy Medal - Paper No. 81 (Sponsored by Astellas Pharma Co. Ltd)



L. to R: Professor Dominic Harmon, Vladimir Alexiev, Mid-Western Regional Hospital, Limerick, (Winner of the Anaesthesia Prize), Bernard Cunningham (Astellas Pharma, Sponsor of Anaesthesia Prize & Brooke O’Shaughnessy Medal)

Iliolumbar Syndrome: Sonographic Anatomy and Injection Technique

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



News & Events

CLINICAL NURSE MANAGERS GRADUATE IN NURSE PRESCRIBING PROGRAMME, UNIVERSITY COLLEGE CORK

L. to R: Helen O'Mahoney, CNM3, St. Vincent's Centre, Lisnagry, Co. Limerick; Tadhg Barrett, CNM2, Kilrush Day Hospital, Co. Clare; Moira Collins CNM3, St. Vincent's, Lisnagry, Co. Limerick.



All three nurses graduated in the Nurse Prescribing Programme from University College Cork. The Graduation ceremony took place in the Brookfield Health Sciences Complex on January 30th, 2010.

THE ANNUAL HEALTH PROMOTION RESEARCH CENTRE SUMMER CONFERENCE - MULTIDISCIPLINARY APPROACHES TO IMPROVING MENS' HEALTH

This conference, held on June 10th & 11th, 2010, was organised by the Health Promotion Research Centre (HPRC) at NUI Galway in collaboration with HSE Population Health and the Health Promotion Policy Unit, Department of Health and Children and examined multi-disciplinary approaches to improving mens' health. It took place in the HPRC, NUI, Galway.

The conference objectives were:-

- To explore best practice in inter-sectoral and partnership approaches to promoting mens' health
- To examine different environments and key settings in which mens' health work can be effectively developed
- To contribute to the implementation of the National Mens' Health Policy
- To build on existing mens' health partnerships and networks both within Ireland and internationally

International and national speakers consisting of academics, voluntary agencies and primary care, community and youth workers covered a range of topics regarding mens' health in Ireland – key milestones to date, key challenges ahead and the wider social determinants of mens' health and common goals and shared strategies for mens' health in the 21st Century. Workshops also discussed successful examples for working with men, promoting mens' health in various settings and the implementation of the National Mens' Health Policy.

The target audience for the conference included health promotion personnel, primary care teams, community workers, youth workers and voluntary agencies.

PHD RESEARCH OF ANEURYSM ASSESSMENT AWARDED INTERNATIONAL PRIZE

Dr. Barry Doyle an IRCSET funded researcher (PhD 2009) at the Centre for Applied Biomedical Engineering Research (CABER) and the Materials and Surface Science Institute (MSSI) at the University of Limerick was recently awarded 1st prize in the annual Mimics Innovation Award 2009 competition.

Barry's paper entitled "Towards an improvement in aneurysm assessment: Coupling 3D reconstruction tools with engineering know-how," (Authors BJ Doyle and TM McGloughlin) was selected by a panel of international judges to be of the highest merit, and beat a total of 53 entrants from 15 countries to take this prestigious prize. This is an annual award which has been made by Materialise for the last 5 years. The prize included an invitation to present the research at the annual Mimics Users General Meeting in Leuven, Belgium in October 2009.



Professor Tim McGloughlin, Director, Centre for Applied Biomedical Engineering Research, and Dr. Barry Doyle with an example of an Aortic Aneurysm model developed by Dr. Doyle during his research using the MIMICS software.

Additional support for this research has come through a grant to Professor Tim McGloughlin under a National Institutes of Health (USA) award to our collaborator, Professor David Vorp at the University of Pittsburgh, a world leading authority on aneurysm biomechanics and with whom we have co-authored six international peer reviewed papers. Barry's winning paper examined the possibilities and potential outcomes of employing more accurate methods of determining the likelihood of a particular aneurysm to rupture, compared to the current approaches. This work may lead to new approaches to clinical assessment and compliments our previously published work in the Journal of Vascular Surgery in 2009 in which the role of asymmetry in aneurysms was examined. This is the world's foremost international journal in vascular surgery.

Barry's recent success in the Mimics Innovation Award further enhances the reputation of the Centre for Applied Biomedical Engineering Research (CABER) and the Materials and Surface Science Institute (MSSI) at the University of Limerick as centres of excellence in aneurysm research.



News from University of Limerick

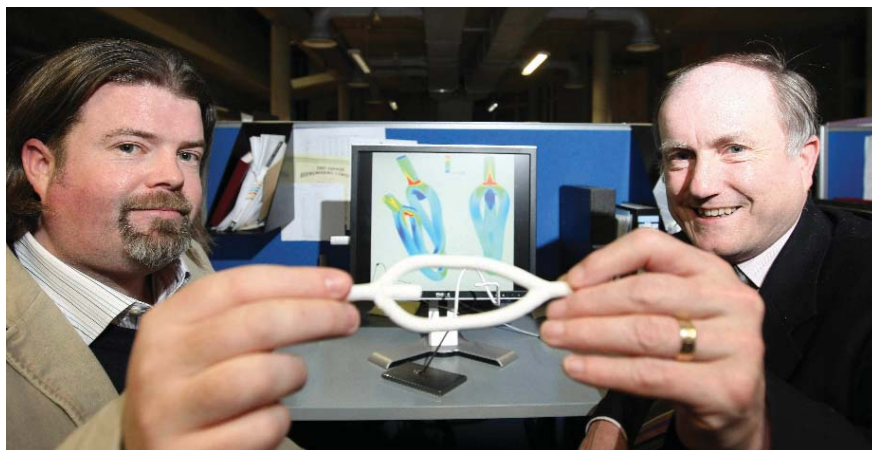
EU AND US PATENTS SECURED FOR REVOLUTIONARY DIALYSIS GRAFT

UL RESEARCHERS DEVELOP PRODUCT WHICH OFFERS BETTER PATIENT DIALYSIS EXPERIENCE

An invention by researchers based at the Materials and Surface Science Institute (MSSI) at the University of Limerick (UL) which could radically reduce the number of surgeries among dialysis patients had been granted a European patent. The Prolong AV Graft offers improved vasculature access to doctors treating patients suffering from End Stage Renal Disease (ESRD).

The Prolong AV Graft aims to ensure that the chances of AV graft failure within the first two years is significantly reduced. UL researchers Dr. Michael Walsh and Professor Tim McGloughlin are co-inventors of the Prolong AV Graft along with Professor Pierce Grace, Consultant Vascular Surgeon at the Mid-Western Regional Hospital and Adjunct Professor of Surgical Science at UL.

Dr. Michael Walsh, who is leading the project at UL, said; "there is significant potential benefit to patients if the functioning life of grafts used for dialysis access could be prolonged, reducing the number of revision surgeries. The Prolong AV Graft aims to eliminate the formation of disease at the graft-venous junction."



Dr. Michael Walsh and Professor Tim McGloughlin, UL Researchers with a model of the prolong AV Graft.

Professor Tim McGloughlin, said; "I am confident that the non-intuitive design features of the Prolong AV Graft would lead to substantially superior performance to the grafts currently used. The Prolong Graft can be made from both synthetic and non-synthetic material ensuring the device will appeal to both the emerging growth market sector for non-synthetic grafts and the established synthetic AV graft market which is worth \$300 million worldwide per year.

Paul Dillon, Director of the Technology Transfer Office at the University of Limerick, paid tribute to the achievements of the research team for "producing a research outcome now recognised in US and European Law as being useful, novel and inventive." While acknowledging a positive outcome of the two pre-clinical trials currently underway in the US under the supervision of Key Opinion Leaders is the next critical milestone, Dillon went on to say "the University is actively examining the potential to form a spin-out company to bring this product through early-stage clinical studies and is keen to speak to entrepreneurs with appropriate medical device sector experience."

The research that resulted in the creation of the Prolong AV Graft was funded by Enterprise Ireland, with the state agency also providing support to the University's Technology Transfer Office (TTO) to assist in the commercialisation of the research.



Professor Brian Fitzgerald, Vice President Research at the University of Limerick welcomed the announcement; "The Prolong AV Graft developed by UL researchers has now received both US and European patents. This is a significant milestone achievement and testament to the groundbreaking design of this product. It is an excellent validation of our translational research approach."

Dialysis access is necessary in patients with End Stage Renal Disease. These patients require dialysis, a process by which the blood is cleaned in a machine external to the body.

The process requires access to the circulating blood and this is usually done in the forearm where blood is taken from the arm, passed through the dialysis machine and returned to the circulation again through the arm.

Taking the blood from the arm requires a surgical procedure where a short circuit is created between the arterial blood vessels and the venous blood vessels. This short circuit has several forms and this invention addresses the problems encountered when creating this short circuit using a graft. Such grafts have a functioning life of less than 2 years in half of the cases that they are used in. Most of the problems occur where the flow from the artery enters the vein, with disease forming in the junction area leading to blocking of the graft.

The Prolong AV Graft is currently undergoing pre-clinical trials in the United States. The non-intuitive design features of the Prolong AV Graft include splitting of the flow within the graft and rejoining the flow at the venous junction in an opposing fashion. This ensures that the flow entering the vein hits off itself creating self-correcting flow patterns. The flow moves through the vein with significantly reduced wall shear stresses, the friction forces implicated in the disease formation process.

Professor Pierce Grace said; "Once the concept of the novel device is proven in the dialysis access application the device will have further applications in peripheral bypass surgery, a procedure where blood flow is restored to a limb with a blocked artery which, if left untreated, would lead to limb amputation."

This research is supported by Enterprise Ireland.

SURVIVORS OF IRISH MENTAL HEALTH SYSTEM ARE GIVEN A VOICE

UL TO HOST MENTAL HEALTH SERVICE USER RESEARCH

The University of Limerick (UL) hosted an important and groundbreaking event entitled 'Actions for Building Mental Health Service User/Survivor Research Capacity in Ireland' on December 8th, 2009.

This event brought representatives of service users and survivor groups together with practitioners and researchers interested in sharing ideas and strategies about how to push forward a research agenda that is shaped by service users themselves.

Dr. Orla McDonnell, Department of Sociology, UL and co-organiser of the research event said; "Discussion documents and policy frameworks now speak in a new language of 'user participation', 'partnership' and 'recovery'. All of this might well remain at the level of policy rhetoric except that we are now seeing the emergence of a small but active number of service user-led and survivor groups in Ireland. This is an opportune time to push forward a new kind of research agenda on mental health in Ireland."

This one-day seminar and workshop brought together mental health service user-led and survivor organisations, advocacy groups, practitioners and researchers interested in sharing ideas and strategies. The event aimed to explore ways to advance a research agenda that is shaped by service users themselves; focusing on service user needs and taking account of the voices of those with direct experiences of the shortcomings of institutional and community mental health services in Ireland.

Among the speakers were Alison Faulkner and Dr. Jan Wallcraft, two pioneers of mental health service user/survivor research in the UK, Paddy McGowan and Jim Walsh, both service user researchers based at the Department of Nursing, Dublin City University and Mike Watts of mental health organisation, GROW.

Speaking in advance of the event, Dr. Jan Wallcraft said; "Mental health service users are rarely invited to plan and seek funding for research. But where this does happen, there is real change in the research questions asked, methods of asking the questions, measurement of outcomes and research findings. Service user involvement has already led to rethinking about treatments such as psychiatric drugs and ECT, and better ways to help people with personality disorder, while service users' own self help methods have led to understanding of what helps people recover and how groups can develop effective mutual support. With greater awareness of what service users can contribute, and support for their involvement in research, there could be an end to pessimism and stigma around mental illness.'

'Service user involvement in research has already led to changes in policies on ECT and personality disorder treatment. Service users' own research has led to better understanding of problems with psychiatric medication, self management of mental health, recovery and wellbeing, and this is influencing voluntary organisations and policy makers in the UK.'



L. to R: Alison Faulkner and Dr. Jan Wallcraft at the UL Mental Health Research Event at UL

The event was organised by Dr. Orla McDonnell, Dr. Elizabeth McKay and Liz Brosnan as a collaborative initiative between the Departments of Sociology and Occupational Therapy with the support of the Institute for the Study of Knowledge in Society (chaired by Professor Peadar Kirby) and the Programme for Research in Third-level Institutions at the University of Limerick.



Dr. Robert Gallo

LEADING SCIENTIST WHO DISCOVERED HIV VIRUS SPEAKS AT UL

The University of Limerick welcomed world renowned virologist and pioneer in retrovirology and HIV/AIDS, Dr. Robert C. Gallo for a public lecture entitled "Viruses, Epidemics and Putting an End to Deadly Diseases in the 21st Century" on January 20th, 2010 at 7.30pm in the Jean Monnet Lecture Theatre, Main Building, UL.

Dr. Gallo is the Director of the Institute of Human Virology, University of Maryland School of Medicine and together with his colleagues Dr. Gallo discovered HIV (the 3rd known human retrovirus), and provided the first results to show that HIV was the cause of AIDS. From 1983-'84, Dr. Gallo and his colleagues went on to develop the life saving HIV blood test.

Speaking in advance on the lecture, Dr. Gallo said; "Can the field of medicine and public at large remember the lessons of past epidemics for longer than a decade or two and will HIV be conquered within the next few decades?" During this lecture Dr. Gallo will address these questions and explore the world's future in terms of handling epidemic diseases.

Dr. Gallo's appearance coincides with UL's third Annual Research Forum hosted by the Graduate Entry Medical School. Thirty leading researchers from the University of Limerick are taking part in the forum covering research in the areas of pharmaceuticals, biomedical devices, education, medical technology, paediatrics, psychiatry, nutrition and obesity.

Keynote speaker at the 2010 Annual Research Forum is HSE Assistant National Director of Health Protection, Dr. Kevin Kelleher who will deliver a lecture entitled "The human swine influenza pandemic: recent developments." Professor William O'Connor, Foundation Head of Teaching and Research in Physiology at UL and chair of the Annual Research Forum said; "We are delighted to welcome Dr. Gallo to UL. Gallo's pioneering work into viral research has made him a leading figure in tackling one of the greatest challenges of our time, the HIV virus epidemic. It is also very fitting that Dr. Gallo's visit coincides with UL's Annual Research Forum. This forum embodies the spirit of collaboration and diversity that is central to the ethos of the Graduate Entry Medical School and the University of Limerick."

THIRD ANNUAL RESEARCH FORUM AT UL

Thirty leading researchers from the University of Limerick took part in UL's Third Annual Research Forum hosted by the Graduate Entry Medical School on January 20th, 2010. The forum covered research in the areas of pharmaceuticals, biomedical devices, education, medical technology, paediatrics, psychiatry, nutrition and obesity.

The keynote lecture entitled, "The human swine influenza pandemic - recent developments" was delivered by Dr. Kevin Kelleher, HSE Assistant National Director of Health Protection. Dr. Kelleher said; "Two to three times a century a novel flu virus emerges, which the vast majority of the population has never been exposed to. This has major potential for a large number of people getting the flu easily. Such an event happened last year. How did



News from University of Limerick

Ireland react to both the disease and to preventing it? The flu was mild but very severe for a small number; it mainly focused on the young and on occasion disrupted school life. Vaccines became available and large numbers have been vaccinated in a short time. Where next? - Research is the answer.”



L. to R: Professor William T. O'Connor, Head of Teaching and Research in Physiology and Dr. Kevin Kelleher, Assistant National Director of Health Protection at the HSE at the third Annual Research Forum hosted by the Graduate Entry Medical School, University of Limerick

MOTHERS, MUSICIANS, MIDWIVES AND MEDICS EXPLORING THE BENEFITS OF SINGING LULLABIES DURING PREGNANCY

A study exploring the benefits of mothers singing lullabies during their pregnancy has been set at the University of Limerick (UL). The Lullaby Research team at UL is a collaboration between the School of Nursing and Midwifery, Graduate Entry Medical School, Irish World Academy of Music and Dance and the Irish Chamber Orchestra. The study involved women recruited through the Limerick Regional Maternity antenatal education classes.

Pregnancy and birth can be difficult periods in a woman's life and many women suffer from stress and worries around this time. Medical treatment is not always suitable because of concerns that taking medication may harm the baby. For that reason doctors and midwives are interested in finding other ways to reduce pregnancy stress, such as singing. The aim of this study is to look at the effect of different strategies in relieving stress in pregnancy.

Professor Mícheál Ó Súilleabháin, Director of the Irish World Academy of Music and Dance said; “The intersection of performing arts research and medical research is a rich area of exploration. This study is a good example of the increasingly creative relationship between arts research at the Irish World Academy and the rapidly growing Medical School at UL.”

The calming effect of music may be attributable to the fact that the normal tempo of music falls somewhere between 60 and 80, when measured on the metronome. The average measure is approximately 72 which corresponds with the average adult human heartbeat. There is additionally considerable evidence to suggest that listening to music and singing benefits both mother and infant.



The lullabies were taught by Kathleen Turner of the Irish Chamber Orchestra and Oscar Mascarenes, Director of the BA Voice and Dance, Irish World Academy of Music and Dance.

Oscar Mascarenes said, "This study was quite compelling for me for personal reasons. I remember my mother telling me that my father used to play the piano when she was expecting me. And incredibly enough, whenever I hear the pieces played by my father on the piano, I feel a strange connection to my origins. Some of the pieces I have never studied myself (from the notation), but, strangely enough once more, I am able to sing them/play them on the violin and piano with ease. I do believe that music has a powerful effect on the babies, which influences through their whole life."

The lullabies taught included traditional Irish and international songs which have been serenading young children for centuries, as well as more recent compositions including, 'Close your eyes sweet love', 'The Meadow' and 'Go to Sleep My Little Baby.'

The Meadow

See the lovely birch in the meadow,
Curly leaves all dance when the wind blows,
Loo lee loo lee the wind blows,
Loo lee loo in the meadow.

Close your eyes sweet love

Close your eyes
sweet love
and let my voice tell you a dream,

Close to you
I'll make of your breath
the sound of my song

Close your eyes
sweet love,
for the night has fallen
and the stars are born.



Research participant Deirdre Morrissey
and her baby Bowker

Deirdre Morrissey from Limerick, a participant in the study who recently gave birth to baby Bowker, said; "When I was giving birth there were two birch trees swaying in the wind right outside the window and I could hear the melody, 'Lovely Birch in the Meadow' in my head. This brought me to think about all the other women in the study who were giving birth and it helped me stay focused and calm, the songs have had a big effect. Bowker is now seven weeks old and my husband and I continue to use the lullabies when rocking him to sleep." Participants are asked to fill in a questionnaire that measures stress. They are then assigned to one of two groups and some asked to learn to sing some lullabies. Six weeks after birth the women will be asked to fill in the same questionnaire to see if there are any differences in their levels of stress. Data analysis is ongoing at present and the findings will be presented in the near future.

Professor Paul Finucane, Foundation Head, Graduate Entry Medical School said; "The benefits of this study so far reflect the truly collaborative nature of the project. A sense of community support and engagement is built up through the research team and the expectant mothers. We look forward to continuing the collaboration between Mothers, Musicians, Midwives and Medics in the future."



Research Funding Update

Health Research Board (HRB)

HRB and Science Foundation of Ireland (SFI) have issued their first joint funding award. The HRB-SFI Translational Research Awards will benefit the following areas:

- Patient Orientated research
- E-health
- Medical Devices
- Diagnostics

The closing date for pre-proposal submission is March 26th and full proposals will be accepted until mid to late June, 2010.

Science Foundation Ireland (SFI)

For further information on the calls listed below visit www.sfi.ie

- SFI Principal Investigator Programme
- SFI PI Career Advancement Award
- SFI Conferences and Workshops
- HRB-SFI Translational Research Award

Irish Research Council for Science, Engineering and Technology (IRCSET)

For details on:

- EMPOWER and INSPIRE Postdoctoral Fellowship Scheme
- EMPOWER and INSPIRE Postgraduate Fellowship Scheme
- EMBARK Postgraduate Scholarship Competition
- Enterprise Partnership Scheme Postgraduate Scholarship Competition
- Enterprise Partnership Scheme Postdoctoral Fellowship Competition

Visit www.ircset.ie

Enterprise Ireland

For detailed information on:

- Support for third level researchers
- Support for research performing organisations

Visit www.enterprise-ireland.com

EU Funding

Information is currently available on www.welcomeurope.com



Education and Training



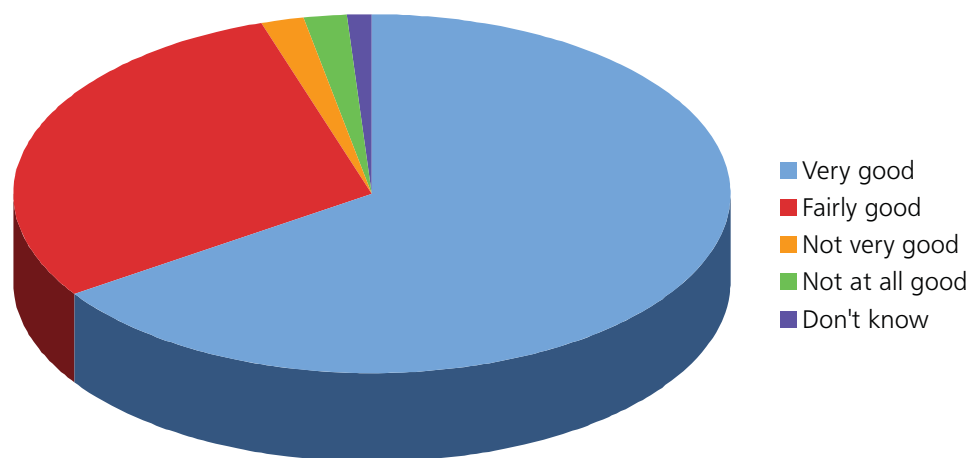
HELPING PATIENTS GET ACTIVE, THEIR WAY, EVERY DAY

The GP Exercise Referral Programme is a health behaviour change intervention designed to help physically inactive adults become more active. Being physically active is one of the most important steps that people of all ages can take to improve their health. The GP referral pathway is patient-led. It offers a choice of activity options and professional support to enable individuals to achieve 30 minutes of moderate intensity activity, 5 days per week (Irish Physical Activity Guidelines, 2009).

There is a large amount of evidence with regard to the benefits of an active lifestyle. Meeting the physical activity guidelines can reduce the risk of developing a wide range of diseases, help patients reach and/or maintain a healthy weight and improve cardio-respiratory and muscular fitness. Being active also reduces the risk of falls and improves cognitive function in older adults, (WHO, 2006).

The National Survey of Lifestyle Attitudes and Nutrition (SLÁN 2007) found that 41% of Irish adults did not take part in enough physical activity to achieve health benefits, and of them, 18% reported “injury/disability/medical condition” as a reason for their physical inactivity. This was the main reason among those aged 65 and over. Physical inactivity can be a burden to healthcare systems. It is estimated that in Australia, if people met the physical activity guidelines, it would reduce the healthcare costs of the nation by 17% (€815 million). The level of inactivity in Ireland is even higher than Australia, so the possible cost benefits may be even greater. Increasing physical activity levels can significantly reduce the costs to society, but even maintaining current activity levels can result in savings (WHO, 2006).

The recommendation of activity by a GP could be the first step in motivating a patient along an activity pathway. The GP is in an ideal position to initiate the referral as they can ensure that the pathway is suitable for the patient with reference to their full medical history. In the recent publication by the Department of Health in the UK, the public’s attitude to GPs prescribing exercise is positive (Let’s Get Moving Commissioning Guidance, 2009). The chart below illustrates the response to the question; “How good an idea would you say it is that GPs prescribe (outdoor) exercise instead of prescription drugs if the GP thought the exercise would remedy the patient’s condition?”





Education and Training

With all this considered the Health Promotion Department have developed the GP Exercise Referral Programme. The main aim was to provide an initiative that would enable physically inactive adults with the specialist support needed to develop an active lifestyle. The concept was initiated by a series of local pilot programmes in Cork, Kerry, Limerick and the Mid-West and the publication of the National Framework Document in 2003.

Evaluation of the pilot programme in Leisureworld, Bishopstown, Cork showed that the GP Exercise Referral Programme was an effective means of increasing activity levels in the patients who participated in it. The vast majority of those referred (78%) completed the programme and had sustained the level of activity one month later. Reaction to the programme by participants, General Practitioners and the Manager of the Leisure Centre was overwhelmingly positive. The National GP Referral Programme has been developed using best practice from each of the pilot studies. All protocols and procedures, resources and training have been standardised. The National programme is being delivered in facilities across Ireland and as more instructors complete the National Training course, more and more patients are accessing the pathway. In order to prove the National GP Exercise Referral Programme is both clinically effective and cost effective an action-research approach has been adopted. The use of a web-based database enables accurate data collection across all delivering facilities. Individual patient data is collected across the 12 week exercise referral programme and at 6, 12 and 24 months and is evaluated. This not only provides individual progress reports for the patient and GP, but also to looks at the programme as a whole in order to actively develop the programme.

National Training Course

The annual GP Exercise Referral National Training Course was launched in 2007 and is currently recruiting for candidates for the 2010 course. The training course provides instructors with the specialist training they need to help physically inactive adults and those with chronic disease become more active. Upon completion of the training course the instructor is awarded the Local Co-ordinator certificate. This represents three key areas;

- 1. Clinical Knowledge** builds upon basic exercise programming knowledge to enable the instructor to set programmes for those with or at risk of chronic disease. The physiology, pharmacology and relative impacts upon health and safety are addressed.
- 2. Behaviour Change Psychology** is crucial to enable individual patient success. The theory of human behaviour change is learnt in a practical setting to enable the instructor to enhance their interpersonal skills and motivational change techniques.
- 3. Local Co-ordination** is key to ensure that the instructor can manage the programme from their facility. All aspects of running the programme are covered and reinforced through the 'Local Co-ordinator Handbook' upon graduation from the course.

The course follows FETAC procedure and is assessed by 3 continual assessment assignments, a synoptic exam and a case study. The course is delivered by course tutors from leading Universities and Institutions across Ireland and is the only recognised qualification for fitness instructors who wish to deliver the HSE GP Exercise Referral Programme. The high quality training not only offers gym instructors career development, but also provides referring practitioners with the reassurance that they are referring to a suitably qualified instructor. All aspects of the training course are overseen by the GPERP Course Board.



In contrast to commercial training providers, graduation from the HSE training course guarantees continued support. The HSE Health Promotion team will support delivery of the programme through;

- the set up of local partnership groups
- assignment of health promotion staff support
- a continual supply of branded resources
- access to the GPERP web-based database
- Distribution of leaflets and posters
- promotion via the national website www.gpexercisereferral.ie
- National networking forum for all qualified Local Co-ordinators

The programme and you:

- Please visit www.gpexercisereferral.ie to find out where the programme is currently available
- Please recommend the pathway to patients, family and friends - ask them to ask their GPs to refer them
- Please encourage GPs to register to refer by emailing gemma@ilam.ie for a registration pack
- Please help advertise the national training course to gym/fitness instructors to encourage more to qualify - ask them to email info@ilam.ie for an information pack

To find out more about the programme please visit www.gpexercisereferral.ie



HEALTH RESEARCH BOARD AND SCIENCE FOUNDATION IRELAND AWARD APPLICATIONS

Are you submitting an application for funding for a health research project?



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

For grant applications we can provide:

- Advice in methodological areas in qualitative and quantitative research
- Advice on using the appropriate design, sampling methods, ethical issues etc.



Education and Training

- Advice on project planning - including sample size calculations, questionnaire design, data management, statistical analysis planning etc.
- Formulation of applications and application reviewing services

The initial hour of consultation is free, with subsequent hours chargeable at €100 per hour (plus VAT where appropriate). Following your enquiry, we shall identify the consultants with the expertise you require and arrange a time for your consultation to take place - this can be done face-to-face or by telephone.

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

Limerick office: Tel: 061-21 3471, email: cstar@ul.ie

Dublin office: Tel: 01-716 2076, email: cstar@ucd.ie

Please also visit our websites www.ul.ie/scu/CSTAR.htm (Limerick) or www.cstar.ie (Dublin) for further information.

Whether or not you use CSTAR for your grant application, please note that the HRB has recognised statistical consultancy fees as an eligible expense under 'Running Costs', allowing you to access statistical advice during the life of a project. We can offer a wide range of support and training in areas including: data analysis, interpretation of data, advice on writing up results for publication, assistance on responding to an editor's request for revision to a submitted paper and assistance in critiquing published work.

Supported by the Health Research Board.

Fees incurred in applying for a grant are not included.

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



Guidelines for Previously Unpublished Material

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

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

ABSTRACT FORMAT

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



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

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

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

For Example:

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

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

SUBMISSION PROCEDURE

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

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

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Abstract Submission Guidelines for Previously Published Material

PLEASE USE THESE GUIDELINES WHEN PREPARING ABSTRACT FOR SUBMISSION TO NIHS

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

Please structure the abstract using the following subheadings:

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



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