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

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

t: 061-483975
t: 061-326670
e: info@nihs.ie
e: www.nihs.ie
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ABSTRACT SUBMISSION GUIDELINES (Unpublished)

ABSTRACT SUBMISSION GUIDELINES (Published)
INTRODUCTION

Cardiac hypertrophy occurs when there is increased workload on the heart and is recognised as the first stage in the progression into heart failure. Flanagan et al\textsuperscript{1} recently reported that cardiac function parameters were elevated in a rat model of hypertrophy induced using isoprenaline and caffeine and by chronic thyroxine administration.

OBJECTIVE

The aim of this study was to determine how different exposure times to thyroxine impacted on basal cardiac function parameters and on the ability of the heart to respond to a \(\beta\)-adrenergic challenge.

METHODOLOGY

Groups of male Wister rats (250-270g) were given normal diet tap water to drink (n=9) or received daily intra-peritoneal (i.p.) injections of thyroxine (1mg/kg) for 7 (n=9) or 14 (n=9) days. On the day of study, anaesthesia was induced using 1ml ip chloralose/urethane (16.5/250 mg/ml) and cannulae were inserted into a femoral artery and vein to measure mean arterial pressure (MAP) and heart rate (HR) and to infuse saline (0.9g/l NaCl) at 3ml/h, respectively. A micro-tip pressure transducer catheter was introduced into the left ventricle via the right carotid artery to allow computation of cardiac index (CI) and maximum \(dP/dt\) (\(dP/dt_{\text{max}}\)). Following 1-2 hour recovery, basal measurements were taken over a 3 minute period; thereafter, isoprenaline, 0.75mg was given intravenously over 40 seconds, and further recordings of the haemodynamic variables were taken as MAP recovered from its nadir. Data, means ± S.E.M. were considered significant when \(P<0.05\) (one way ANOVA).

RESULTS

In the control group, basal levels of MAP, HR, CI and \(dP/dt_{\text{max}}\) were 123±5mHg, 351±8 s\(^{-1}\) and 11.10 ±0.90 mmHg s\(^{-1}\) 10\(^{-3}\), and these values were comparable to the basal values recorded in rats treated with thyroxine for 7 days. In rats treated with thyroxine for 14 days, MAP was comparable at 131±10 mmHg, but HR, CI and \(dP/dt_{\text{max}}\) were higher (all \(P<0.05\)) at 408 ± 18 b/min, 167±7 s\(^{-1}\) and 13.75±0.67 mmHg s\(^{-1}\) 10\(^{-3}\), respectively. Administration of isoprenaline intravenously in the control rats transiently decreased MAP, increased HR by 14% and CI by 15% (both \(P<0.05\)), but minimally changed \(dP/dt_{\text{max}}\). In the group given thyroxine for 14 days, isoprenaline intravenously caused significant reductions (both \(P<0.05\)) in CI and \(dP/dt_{\text{max}}\) of some 9% and 15% respectively.
CONCLUSIONS

This data demonstrates that as the exposure to thyroxine is prolonged, heart size is increased and baseline cardiac function in terms of CI and \( dP/dt_{\text{max}} \) is raised. By contrast, a stimulatory challenge with isoprenaline, which enhances cardiac function in normal rats, was blunted following the two weeks of thyroxine treatment and these parameters were decreased. The findings would suggest that in cardiac hypertrophy that although basal heart function was enhanced, the ability to respond to physiological challenges was impaired.

REFERENCES

Available on request.

PRESENTED

As a poster presentation at the Annual UK Physiological Society Meeting in University College Dublin from July 7th to 10th, 2009.
Prolonged survival is now a feature of patients with HIV due to the advent of Highly Active Antiretroviral Therapy (HAART) in the 1990’s. In the intervening years the emergence of lipodystrophy and dyslipidemic changes in patients on such therapy became apparent. Both HIV induced factors and iatrogenic causes have been implicated. Cosmetically fat accumulation and muscle wasting can have severe psychological effects on patients. Appropriate management of abnormal lipid profiles is important to prevent cardiovascular events and complications in an already debilitated patient cohort. Pravastatin 40mg is the accepted evidence-based treatment for such patients as per the LIPID trial.

The purpose of this study was to investigate the prevalence, causes and management strategies of HIV associated dyslipidaemia in an HIV infected cohort in Ireland. The study was conducted based on a combination of a literature review and analysis of a cohort of HIV patients attending Infectious Disease OPD clinics at St. James’s Hospital, Dublin.

A cross-sectional analysis of patient’s on lipid lowering therapy was performed using information retrieved from the satellite pharmacy records in the Infectious Disease Department of St. James’s Hospital, Dublin. Patients were then stratified according to dose prescribed and exposure to HAART. Specific analysis of duration of exposure to protease inhibitor (PI) therapy was performed. Lipid profiles were obtained for the patient cohort and analysed with regard to lipid lowering therapy.

In total, 650 patients were receiving HAART, as per satellite pharmacy records. The total number of patients identified as receiving medication for hyperlipademia, according to the pharmacy database, was 45 or 6.92% of those receiving HAART (45/650). The mean duration of exposure to HAART in this “hyperlipademia treatment” group was 76.48 months (range: 27 – 116), with a cumulative exposure to (PI) therapy ranging from 21 to 115 months (mean = 63.71).

Of these 45 patients, 40 were receiving pravastatin (the drug of choice in HIV patients due to its favourable metabolic pathway), with 6 receiving the fibrate Gemfibrozil (one patient received both). The largest cohort of patients on statin therapy received a dose of 40mg pravastatin (60%). A comparison of all dose ranges for patients on pravastatin (with the exception of the 10mg) shows a direct correlation between exposure time to PI therapy
and statin use. Of the six patients on gemfibrozil therapy, for primary triglyceridaemia, 1 patient had a triglyceride (TG) level of <3mmol/l.

Lipid profile data was successfully obtained for 35 of the 45 patient subgroup. Elevated total cholesterol (TC) levels were found in 60% (n=21) of patients (60% of these <6mmol/l) and increased TG levels 51% (n=18) of patients. Of the patients with elevated TC greater than 5mmol/l, 76% (16/21) of these were between 5 and 6 mmol/l, leaving 24% (5/21) with TC levels over 6mmol/l. Nine of the patients with elevated TG levels were less than 4mol/l and remainder (n=9) greater than that, with the highest at 6.8mmol/l.

CONCLUSIONS

The prevalence rate of dyslipisaemia in this cohort is 7%, which is lower compared to other published data. It would appear that the management of the patients identified on lipid lowering therapy are not optimally controlled. Optimal management guidelines are clearly defined and merit adherence. Ensuring that patients with altered lipid profiles are managed appropriately at this point in time will prevent the occurrence of cardiovascular events in the future, with consequent adverse sequelae on patient morbidity, or indeed mortality and on available healthcare resources. Bearing in mind that this syndrome is relatively newly recognised, in tandem with the relatively recent introduction of HAART therapies, it is important that this is addressed and protocols and guidelines initiated to optimise patient outcomes with regard to management approaches.

Further studies will be undertaken in the form of a case-control study to determine the true prevalence rate and the correlation between iatrogenic exposure to PI or other agents and the development of dyslipidaemia.

This study has been accepted for publication in the International Journal of STD and AIDS.
INTRODUCTION

The use of an internet-based, direct-to-patient expert system for the management of patient self-testing (PST) of oral anticoagulation therapy with warfarin has recently been assessed in a prospective, cross-over, randomized controlled trial (RCT) in Cork University Hospital, Ireland. Results showed a significant improvement in time in therapeutic range (TTR) using this approach to PST compared with routine care by an anticoagulation management service (58.6% vs 74%; p<0.001). However, doubts as to the reproducibility of results from rigorous RCTs to general practice may limit the use of novel approaches to treatment/management.

OBJECTIVE

The aim of this post-study analysis was to evaluate the anticoagulation control (AC) of patients using this model of care in a non-RCT setting.

METHODOLOGY

This was a retrospective study. Patients who completed the RCT were managed using an internet-based expert system (CoagCare®, Zycare Inc, NC) for a further 6 months (follow-up period). During both 6 month periods (RCT and follow-up), patients measured their INR at home using a portable meter (CoaguChek XS®, Roche Diagnostics, UK) and entered this result along with other information relevant to the warfarin therapy onto the internet web page. Patients received instant feedback from the system as to what dose to take and when the next test was due. The primary outcome variable was the difference in TTR between the 6 month follow-up period and the 6 month period of supervised PST during the RCT.

RESULTS

A total of 63 patients took part in the follow-up study (male 60.3%, mean age 58.3 years ±14.2SD). The mean TTR during the supervised PST arm and the follow-up period was 72.2% and 76.8% respectively; t (62) = 2.209, p = 0.03.

CONCLUSION

The significant improvements in AC seen during supervised PST in the rigorous setting of an RCT can be maintained in general practice.
PRESENTED

As a poster presentation at the following two conferences: -

1. At the Anticoagulation Forum’s 10th National Conference on Anticoagulant Therapy in the Manchester Grand Hyatt Hotel, San Diego, USA from May 7th to 9th, 2009.
2. At the XXII Congress of the International Society of Thrombosis and Haemostasis in the Boston Convention and Exhibition Centre, Boston, USA from July 11th to 16th, 2009.
Clinical Research
Medical

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<th>TITLE</th>
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<td>Department of Dermatology, Mid-Western Regional Hospital Limerick</td>
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**ABSTRACT**

On recent review of 2 patients with a background history of an eating disorder they were found to have a total of 7 cutaneous signs related to their underlying eating disorders.

This research aims to review the cutaneous signs of eating disorders as these conditions are prevalent and present to many different divisions of our healthcare service. These cutaneous signs can be confused with other organic disorders and it is important to be aware of them.

Inpatient consultations and referrals from 1/2/2009 to 1/4/2009 were analysed using a dedicated Filemaker Pro 8 Database in the Dermatology Department. The available literature on the dermatological signs of eating disorders was also reviewed using Medline and Pubmed databases.

During the 8 week period between February and March 2009, 50 inpatient consultations were recorded, and of these, 2 consultations were related to cutaneous signs from eating disorders.

**Patient 1:**

A 21 year old lady with severe anorexia nervosa, weighing little more than 46kgs (Body Mass Index of 16 kg/m²), was recently admitted under the psychiatric services for control of her eating disorder. Dermatology review was requested because of ongoing acne and diffuse hair loss over the previous three years. In addition to her alopecia, she had inflammatory acne lesions evident on the forehead and chin, and prominent lanugo like hair growth on her back. Her alopecia was a diffuse non-scarring hair loss compatible with telogen effluvium and mirrored her recently worsened eating disorder. Of all her cutaneous signs, she was particularly distressed by her acne, but her expression of this was very exaggerated indicating a degree of body dysmorphic disorder.

**Patient 2:**

“I have to hide my hands from people” was a strong statement made by our second patient who is a 34 year-old primary school teacher, mother of two children, aged 3 and 6 years. This lady presented with painful fissuring over her proximal and distal interphalangeal joints associated with severe hand dermatitis.

She has suffered from anorexia nervosa with secondary bulimia nervosa for the last twenty years. She reported excessive hand washing (> 15 times per day), over the past eight years. Her daily intake regime consists of six segments of grapefruit, six teaspoons of low fat yoghurt for lunch and large helpings of vegetables for supper. Her current weight was 39.3kg with a Body Mass Index of 14.9 kg/m².
Table 1 - Classification of Dermatological Signs of Eating Disorders
(cutaneous signs of these two patients are in red font)

<table>
<thead>
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<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
</tr>
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<tr>
<td>Due to starvation/ malnutrition</td>
<td>Secondary to vomiting</td>
<td>Drug induced phenomena</td>
<td>Psychocutaneous associations</td>
</tr>
<tr>
<td>• Lanugo hair</td>
<td>• Acute erosion of the knuckles</td>
<td>• Fixed Drug eruptions</td>
<td>• Self inflicted trauma</td>
</tr>
<tr>
<td>• Telogen effluvium</td>
<td>• Callosities (Russell’s sign)</td>
<td>• Urticaria and clubbing</td>
<td>• Irritant contact dermatitis</td>
</tr>
</tbody>
</table>
| • Brittle nails | • Dental enamel erosions, caries | • Photosensitivity | • Acne excorior 
| • Xerosis | • Parotitis, gingivitis | | • Trichotillomania |
| • Carotoderma | • Sub corneal haemorrhage and facial purpura | | • Dermatitis artefacta |
| • Pellagra | | | • Body dysmorphic disorder |
| • Scurvy | | | |
| • Poor wound healing | | | |

Table 2 - Eating Disorders can Mimic Organic Diseases

<table>
<thead>
<tr>
<th>Organic disease</th>
<th>Signs of eating disorder confused with organic diseases</th>
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<td>Malignancy</td>
<td>Weight loss, clubbing</td>
</tr>
<tr>
<td>Inflammatory Bowel Disease</td>
<td>Chronic Diarrhoea</td>
</tr>
<tr>
<td>Sarcoidosis</td>
<td>Parotitis</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>Purpura</td>
</tr>
<tr>
<td>Dermatomyositis</td>
<td>Myopathy, Neuropathy</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>Dry, scaly skin, brittle hair and nails</td>
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To guide the clinician, it is worth remembering, which cutaneous signs may be more frequent indicators of eating disorders²:

Frequent Signs
- Xerosis
- Alopecia
- Dental caries
- Fragile hair
- Brittle nails

Guiding signs
- Hypertrichosis
- Russell’s sign³
- Perimyolysis
- Self induced dermatitis
There were 7 different cutaneous signs in these 2 patients with eating disorders. This highlights how important cutaneous signs are in eating disorders. Eating disorders affect 200,000 Irish people each year, causing significant morbidity and mortality. Early detection can be facilitated by knowledge of the cutaneous signs. The prognosis of eating disorders is better if diagnosis and therapy occur early in the course of the disease. We have noticed that some cutaneous signs are more concentrated in certain body areas, such as the hands. It is our responsibility as healthcare professionals to be aware of these “hidden” signs. We hope that this study will help facilitate early diagnosis of eating disorders and enable more rapid treatment, thereby improving the prognosis for the patient.

REFERENCES

Available on request.

PRESENTED

As a poster presentation at the Irish College of General Practitioners Annual General Meeting in the Radisson SAS, Galway from May 8th to 10th, 2009.

SOURCE

INTRODUCTION

Warfarin is the second most common medication causing adverse drug events. It is included in a list of medications by the UK Department of Health as needing further safety precautions. The National Protection Health Agency (NPSA) conducted a risk factor assessment exercise which showed some common themes: failing to implement professional guidelines, inadequate staff competencies and local failure to effectively audit Warfarin Clinics. Studies\(^1\) have shown that Warfarin Clinics can reduce the incidence of bleeding and thromboembolism by three to four times and that well informed patients have lower rates of complications.

The Medical Defence Union states that there were 600 claims of harm and/or near harm associated with use of anticoagulants between 1990 and 2002.\(^2\) Of 120 deaths, 20% were related to Warfarin. Two of the most common reasons cited were inadequate monitoring and drug interactions (mostly with non-steroidal anti-inflammatories).

OBJECTIVE

An audit was conducted in the Warfarin Clinics at the Mid-Western Regional Hospitals (MWRH), Ennis and Limerick during February and March 2009 to determine patients’ levels of understanding of Warfarin and INR levels. The preferred mode(s) of education for patients and their caregivers were also ascertained as a result of this audit.

METHODOLOGY

A questionnaire was developed and given to patients while they attended the Warfarin Outpatient Clinics in MWRH, Ennis and Limerick. A total of 90 patients completed the questionnaire (45 in each clinic).

RESULTS

| Table 1 - Results of Questionnaire Distributed at Warfarin Clinics in February/March 2009 |
|---------------------------------|--------|--------|--------|--------|--------|--------|--------|
| **ENNIS** | **NO** | **UNSURE** | **YES** | **NO** | **UNSURE** |
| Meaning of INR | 54.3% | 24% | 19% | 53.3% | 28.9% | 17.8% |
| Target INR Range | 63% | 20% | 15% | 75.6% | 13.3% | 11% |
| Written information provided | 58.7% | 37% | 2.2% | 40% | 26.7% | 4.4% |
| Dietary advice provided | 56.5% | 39.1% | 2.2% | 57.8% | 26.7% | 13.2% |
| Precautions regarding analgesics | 56.5% | 30.4% | 11% | 60% | 11.1% | 15.6% |
| Satisfied with level of information | 67% | 26% | 4% | 60% | 11.1% | 15.6% |
| More information required | 67% | 26% | 4% | 60% | 11.1% | 15.6% |

1. Studies\(^1\)

2. Medical Defence Union states that there were 600 claims of harm and/or near harm associated with use of anticoagulants between 1990 and 2002.\(^2\) Of 120 deaths, 20% were related to Warfarin. Two of the most common reasons cited were inadequate monitoring and drug interactions (mostly with non-steroidal anti-inflammatories).
CONCLUSIONS

The most significant recommendation is that education and information about INRs and Warfarin needs to be increased so that patients have a better understanding of the medication and its monitoring. The level of education given to patients about Warfarin varies depending on personal skills and local department guidelines. Utilizing information leaflets and a continually playing DVD in the waiting room of the Warfarin Clinics were the preferred modes of information dissemination. These are being obtained from various websites in the UK. Educational leaflets developed by the nurses in the Limerick Warfarin Clinic are available and should be printed by the HSE. The NPSA has a website where free e-learning modules are available. Education should be provided at each clinic visit, as there is a significant amount of information for patients to remember. The BMC Health Service published a list of topics to be discussed with patients and it is highly unlikely to be done in one or two sessions. Therefore, as a result of this audit, we suggest a continuous process of education. Topics that need to be reviewed repeatedly include:

- The mechanism and need for Warfarin
- Risks and benefits; signs and symptoms of bleeding and/or clotting
- Adherence to medication – colour, strength, meaning and practical implications of changes in INR
- Dietary modifications and availability of diet chart
- Self management of minor injuries and avoidance of contact sports
- Issues with over the counter, commonly prescribed drugs such as analgesics and antibiotics
- Use of alcohol
- When to call for professional help

A patient education checklist will be implemented for nurses to document these various aspects of education provided to patients. This will be used at each clinic visit to reinforce information. The checklist, educational leaflets and DVD will be introduced in the Warfarin Clinics as soon as possible. A re-audit will be conducted by year end after these modes of information are put in place.

PRESENTED

This audit was presented at a Clinical Audit Presentation Evening at the Mid-Western Regional Hospital, Ennis, Co. Clare on June 11th, 2009 by Dr. Ambreen Ali Sheikh and Ms. Patricia McNamara.

REFERENCES

Available on request.
INTRODUCTION

Pain is the commonest symptom as well as the commonest reason to seek medical care in an emergency department (ED). The lack of appropriate analgesia in ED has been documented repeatedly since Wilson and Pendleton\(^1\) described “oligoanalgesia in ED” in 1989.\(^2\),\(^3\) The use of triage protocols and numeric rating (NRS) pain measuring scale have significantly reduced analgesia offering time in ED. NRS is a very important guide for assessment and treatment of pain in a timely manner. NRS is a horizontal line counting from 1-10 (1-3 being mild, 4-7 moderate and 8-10 severe pain). An analgesia is then prescribed according to severity of pain and WHO Pain ladder. Triage protocols have been shown to improve time for intervention in chest pain and other musculoskeletal injuries also. A British study, however, reported limited success using an analgesia protocol to improve delivery of pain medication.\(^4\)

OBJECTIVES

This study was designed to evaluate the ability of a triage pain protocol to improve the frequency and time of delivery of analgesia to patients presenting with pain in ED and to compare results with a previous audit.

METHODOLOGY

A retrospective study of all patients who attended ED in 24 hours on 24/08/’08 and required analgesia.

RESULTS

The total number of patients was 96. Of these, 35 required analgesia (60% female, 40% male). Musculoskeletal injuries accounted for 74.28%, abdominal pain, 11.43%, chest pain, 11.43% and head injuries, 2.85%. The commonest analgesia used was NSAID (62.50%). 74.29% of the patients accepted analgesia and 25.71% declined analgesia. The time to administration of analgesia significantly improved from January 2008 to July 2008. In January 2008 average analgesia time was 202 minutes which dropped to 96.6 minutes in April 2008 and further improved to 82.85 minutes in June after the introduction of this protocol. This represents a significant improvement in this relatively short space of time.

CONCLUSIONS

The use of triage pain protocol shortened the waiting time to receive analgesia. Thus, more patients with musculoskeletal injuries, head injuries, chest and abdominal pain received pain medication in ED in a comparatively shorter time than heretofore. Moreover there is a need for frequent assessment of pain after offering analgesia to see pain response, which was lacking in this study.
INTRODUCTION

Osteoarthritis (OA) is the commonest cause of disability in the elderly and the second most common diagnosis made in older patients attending their general practitioner. 25% of people over 55 years have OA associated pain. The mainstay of healthcare provision in this group occurs in a primary care setting, with referral to tertiary rheumatological outpatients (ROP) only made in severe, complex or unclear cases. Given the high prevalence of the disease, ongoing follow-up of these patients at ROP has a considerable impact on services, where long waiting lists already exist.

OBJECTIVE

The aim of this study was to examine factors associated with prolonged follow-up of patients with OA at a tertiary level rheumatology department, in an effort to optimize the outpatient service provided.

METHODOLOGY

A retrospective review of 80 consecutive patients with a diagnosis of OA attending ROP was performed. All patients were referred by their general practitioner. OA was clinically and radiologically diagnosed. Exclusion criteria included a history of inflammatory arthritis, connective tissue disease, gout or other active medical conditions. Prolonged follow-up was defined as greater than the median number of consultations. Data was collected on sociodemographic variables, disease characteristics, use of diagnostic tools and attendance at ROP. Statistical analysis was conducted using Minitab 15.

RESULTS

In all, 80 patients were included in the analysis. 81.25% (n=65) were female. The mean age was 62 years (SD 11, IQ range 56 to 72). The median number of consultations per patient was 3 (IQ range, 2 to 5). 42.5% (n=34) patients had greater than 3 consultations.

Table 1 - Investigations and Management Options Used

<table>
<thead>
<tr>
<th>Investigations requested</th>
<th>No. of patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plain radiographs</td>
<td>78 (97.5%)</td>
</tr>
<tr>
<td>Magnetic resonance imaging</td>
<td>16 (20%)</td>
</tr>
<tr>
<td>Auto-antibodies</td>
<td>53 (66.25%)</td>
</tr>
<tr>
<td>Inflammatory markers</td>
<td>63 (78.75%)</td>
</tr>
<tr>
<td>Management options used</td>
<td>No. of Patients (%)</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Paracetamol</td>
<td>43 (53.75%)</td>
</tr>
<tr>
<td>Oral NSAIDs</td>
<td>29 (36.25%)</td>
</tr>
<tr>
<td>Opiates</td>
<td>42 (52.5%)</td>
</tr>
<tr>
<td>Glucosamine</td>
<td>9 (11.25%)</td>
</tr>
<tr>
<td>Physiotherapy referral</td>
<td>56 (70%)</td>
</tr>
<tr>
<td>Orthopaedic referral</td>
<td>24 (30%)</td>
</tr>
<tr>
<td>Weight loss advice</td>
<td>7 (8.75%)</td>
</tr>
</tbody>
</table>

Table 1 demonstrates diagnostic tools and management options used. On univariate analysis, prolonged follow-up was associated with age greater than 70 years (p<0.05), referral for magnetic resonance imaging (p<0.05), prescription of opiate analgesia (p<0.05) and referral to orthopaedic (p<0.05) or physiotherapy services (p<0.05). In regression analysis for number of consultations versus significant variables, referral to orthopaedic services and older age were significant.

**CONCLUSION**

Patients who require prolonged follow up for OA in ROP are older and require orthopaedic referral. A potential explanation for this is the long waiting list that exists for orthopaedic outpatient consultation, necessitating interval review at ROP. Strategies that increase the capacity of orthopaedic services or enhance appropriate referral from the primary care sector direct to orthopaedic services may help to reduce the necessary number of patient visits to ROP, thereby optimizing use of and access to tertiary rheumatological services.

**REFERENCES**

Available on request.

**PRESENTED**

As a poster at the American College of Rheumatology Meeting in Philadelphia on October 18th, 2009.
Clinical Research
Medical

INTRODUCTION

Ward consults can constitute a substantial component of the workload in the Dermatology Department. Although many consults must be seen in the ward setting, it may be that a proportion could be managed in an outpatient environment.

OBJECTIVE

This audit aims to see if there was an iatrogenic component to the consults being referred to the Dermatology Department with the aim of minimising these. Inpatient hospital care compared to outpatient care can be costly. It costs €100 per day per patient publicly and up to €910 privately to stay in hospital. If some of these patients can be treated as outpatients, this will pass on savings to both the patient and the health service. If the data for those consults with iatrogenic causes can be examined it may raise awareness about them and thereby reduce them, again, with positive effects on time and cost.

METHODOLOGY

Ward consults referred to the Dermatology Department from 01/01/2009 to 21/06/2009 were examined prospectively. These consults are stored on a computerised departmental database, Filemaker Pro 8.5. In all, 125 ward consults were received during this time. Those with iatrogenic causes (whether partial, complete, self/proxy), those which could have been treated in the outpatients department and those which needed follow-up were assessed.

RESULTS

In all, 118 consults were seen during this time. The age range was 2 months to 99 years, 26% were paediatric patients and 74% were adults. 51 (40.8%) were females, while 74 (59.2%) were males. There were 64 different conditions recorded. Of the 125 consults, 15 were for neoplasia and 110 were for inflammatory skin conditions. None of the 125 was admitted from the Dermatology Outpatients Department. They were all admitted via A&E under the medical or surgical teams.

Could the patients have been treated in an outpatients setting? It was found that 54 (43.2%) of the patients seen could have been managed in the outpatient setting if the Dermatology Department was adequately resourced. However of all patients seen, 54 (43.2%) of them had a primary dermatological admission with no other reason for admission i.e. these patients had acute skin failure causing their admission. Of these, 25 (45.45%) could have been treated in outpatients. In addition the number of patients with a different actual diagnosis to the one suggested by the referring team was 76 (60.8%). The diagnosis made by the admitting team may affect their decision when it comes to whether or not to admit a patient. Of all patients seen, 33 (26.4%) required outpatient follow-up.
**Table 1 - Iatrogenic Cause for Consult**

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>PARTIAL</th>
<th>COMPLETE</th>
<th>SELF/PROXY</th>
</tr>
</thead>
<tbody>
<tr>
<td>IATROGENIC</td>
<td>115 (92%)</td>
<td>1 (0.8%)</td>
<td>5 (4%)</td>
<td>4 (3.2%)</td>
</tr>
</tbody>
</table>

Partial- This was a patient with a candidal intertrigo rash who had been treated with broad-spectrum antibiotics.
Complete- These included a drug reaction to paroxetine, three cutaneous reactions to antibiotics and one immune-mediated reaction to IV contrast.
Self/Proxy- These included one patient with neurotic excoriations, one with asteatotic eczema and one with seborrhoeic dermatitis, the latter two due mainly to self neglect.

**CONCLUSION**

It is quite apparent from this study that many patients could be seen and treated more appropriately in the outpatient department, almost half in fact (49.12%). And, of patients admitted primarily for their skin condition, almost half were suitable for the outpatient approach to care. As there is a lack of dedicated dermatology outpatient and day treatment infrastructure, equipment and staffing, patients are unable to access outpatient dermatology in a timely manner. This leads to deterioration of their inflammatory skin disease (93.75% of consults) and their subsequent admissions via A&E. If these patients were seen earlier as outpatients, therapeutic interventions may have prevented disease progression. These numbers are very significant and show that huge savings can be made on both time and costs. Although most of the consults were for patients with a genuine organic cause for their condition, 4.46% of patients had a complete iatrogenic cause. 0.89% had a partial iatrogenic cause, thus highlighting the need for careful drug histories and checks for documented drug allergies. With a focus on outpatient delivery of care, where possible, and vigilance with iatrogenic illness, significant improvements could be made for the care of our patients.
INTRODUCTION

The use of mathematical adjustments of serum calcium for variations in albumin concentration even in settings where ionised calcium measurements are available is of concern and requires investigation.

OBJECTIVE

This study examined the relationship between adjusted serum calcium and whole blood ionised calcium in patients in the ICU and in seriously ill patients presenting to A&E.

METHODOLOGY

A total of 496 ICU and 505 A&E patient arterial blood samples were analysed for ionised calcium and pH. Total serum calcium and albumin were measured in a corresponding serum sample for each patient. Adjusted calcium values were calculated as: adjusted calcium = total calcium + 0.02 x (40-Albumin).

RESULTS

A positive correlation was observed for total and ionised calcium in the ICU and A&E patients (r = 0.62 and 0.63 respectively). A weaker correlation was observed between adjusted calcium and ionised calcium in the same patients (r = 0.57 and r = 0.55 respectively). 98% of ICU patients had serum albumin levels below the reference range while 85% had total serum calcium below the reference range. Adjusted calcium results for the ICU patients showed that 7% were hypocalcaemic while ionised calcium results showed that 61% of patients were in this category. Surprisingly, adjusted calcium results placed 14% of the ICU patients in the hypocalcaemia category. Adjusted serum calcium placed 11% of the seriously ill A&E patients in the hypocalcaemic category whereas ionised calcium results showed 38% of these patients should be in this category.

CONCLUSION

Adjustment of serum calcium yielded misleading results for ICU and A&E patients when compared to ionised calcium. It underestimated the percentage of A&E and ICU patients with hypocalcaemia while overestimating the number of ICU patients with hypercalcaemia. Adjusted calcium results should not be reported for ICU and A&E patients. Ionised calcium measurement should be available to all critical care areas of the hospital.

PRESENTED

As a poster presentation at the 32nd Annual Conference of the Association of Clinical Biochemists in Ireland at the Radisson Royal Hotel, Golden Lane, Dublin from October 16th to 17th, 2009.
INTRODUCTION

The development of arterial substitutes for the treatment of cardiovascular diseases is vital for improved graft performance and patency. Urinary bladder matrix (UBM) is an extracellular matrix material derived from porcine urinary bladder and is usually collagen-based. Brown et al. reported that UBM has an intact basement membrane making it suitable for endothelium formation - an important factor in vessel formation. Lactate is a respiratory metabolite which under optimal aerobic conditions is converted to pyruvate. Thus the lactate/pyruvate (L/P) ratio indicates the respiratory status of a cell. An L/P ratio of 12 is considered typical, whereas a ratio of more than 25 is considered pathological.

OBJECTIVES

This research investigated UBM as a possible viable arterial vascular substrate by comparing the L/P ratios in proliferating human endothelial cells when seeded onto UBM tissue and tissue culture plastic substrates. Non-treated media samples acted as a control.

METHODOLOGY

Human umbilical vein endothelial cells (HUVEC) and human aortic endothelial cells (HAEC) were seeded in a flat sheet configuration on the luminal side of the UBM substrate, where a cell seeding density of 67,000/cm² was applied. HAEC and HUVE cells were also seeded on a tissue culture plastic scaffold at the same seeding density. Media samples were extracted for analysis at either 3 or 5 days after seeding with HAEC and HUVEC respectively. Sample separation was achieved using ion exchange chromatography using a sulphuric acid mobile phase. Quantification of pyruvate (5.5 min) and lactate (7.3 min) was performed using ultra violet (UV) detection at 214 nm. The limit of detection (LOD) for lactate and pyruvate was (5µmol/L) and (0.5µmol/L) respectively.

RESULTS

The results showed that lactate levels were lower in both the HAEC and HUVEC samples seeded on the UBM substrate compared to those seeded on the tissue culture plastic substrate. The pyruvate levels were similar for both kinds of substrate. Thus the L/P ratio is lower in the UBM-seeded samples in comparison to that observed in the plastic seeded samples.
CONCLUSION

Cell viability is important in the development of vascular grafts and previous findings indicate that the UBM scaffold allows endothelial cell attachment to the basement membrane. The lower L/P ratio observed in the UBM-seeded samples appears to support this conclusion by indicating optimal oxygen infiltration for cells seeded on this matrix material. The ion exchange liquid chromatographic method allowed for rapid quantitation of these metabolites with good resolution of all analytes present in real samples. Further work will involve reducing the separation time by varying method conditions.

REFERENCES

Available on request.
INTRODUCTION

Haemoglobin (Hb) is an important component of our red blood cells. The primary function of Hb is the transport of oxygen from the lungs to the tissue and on its way back through our body the transport of carbon dioxide to the lungs. The Hb concentration in human blood is an important parameter in evaluating the physiological status of an individual and an essential parameter in every blood count. Currently, invasive methods are used to measure the Hb concentration, whereby blood is taken from the patient and subsequently analyzed. The disadvantage of this method is the delay between the blood collection and its analysis, which does not allow real-time patient monitoring in critical situations.

OBJECTIVES

The purpose of this research is the development of an optical wireless sensor system for non-invasive Hb concentration measurement. This non-invasive method allows pain-free online patient monitoring, with minimum risk of infection, and facilitates real-time data monitoring, thereby allowing an immediate medical response to any abnormal measured data.

METHODOLOGY

The absorption of whole blood in the visible and near infrared range is dominated by different haemoglobin derivatives and the blood plasma, which consists mainly of water (Figure 1(a)). It is well known that pulsatile changes of blood volume in tissue can be observed by measuring the transmission or reflection of light through it. This diagnostic method is called photoplethysmography (PPG). A newly developed optical sensor system has been developed which uses three wavelengths for the measurement of the Hb concentration, oxygenation and pulse. This non-invasive multi-spectral measurement method is based on radiation of near monochromatic light, emitted by light emitting diodes (LED) in the range of 600nm to 1400nm, through an area of skin on the finger. The sensor is fully integrated into a wearable finger clip and allows full wireless operation through on board miniature wireless enabled microcontroller.

Figure 1(a) - Absorption Spectra Hb, HbO2 and H2O

Figure 1(b) - Prototype Haemoglobin Sensor System
RESULTS

Initial measurements with the new haemoglobin innovative sensor system have shown that the non-invasive evaluation of haemoglobin concentration is feasible.

CONCLUSION

A non-invasive device for measuring haemoglobin concentration based on multi-wavelength light absorption will be presented. This innovative sensor device (Figure 1(b)) has low power consumption, a wireless interface and is able to measure PPG signals at three independent wavelengths continuously. A bloodstream model is under construction which is necessary for validation of the measurement method of haemoglobin concentration using the newly developed optical sensor system. The model will be located in the Graduate Entry Medical School of the University of Limerick. With the help of the model a controlled variation of the blood parameters haemoglobin concentration and oxygen saturation are feasible. The developed sensor device is suitable for non-invasive continuous online monitoring. The advantage of this measuring technique is that it is independent of blood samples; which means there is a minimum risk of infection to patients and the real-time capabilities make it possible for medical staff to act immediately on any abnormal measured data.

REFERENCES

Available on request.

PRESENTED

At the Eighth Institute of Electrical and Electronic Engineers Conference on Sensors (IEEE Sensors Conference) in Christchurch, New Zealand on October 28th, 2009 by Mr. Ulrich Timm.

FUNDING

This work is supported by the IRCSET Embark Initiative.
INTRODUCTION

Pre-operative testing is now a protocol especially for some specific elective surgeries which in the long run will not influence the clinical management or the outcome of patient care and the large amount of expenditure involved. How useful are these tests in the management of the patient? Do they really need this battery of tests? In today’s dwindling economy, efficiency and consumer satisfaction are paramount. Unnecessary investigations are a drain on financial resources and an inconvenience to the patient.

OBJECTIVE

The purpose of this audit is to examine compliance with standard pre-operative investigation practices and to determine the impact on clinical management and cost.

METHODOLOGY

This audit was undertaken in Mid-Western Regional Hospital, Nenagh which provides acute surgical treatment among other services. The pattern of commonly requested and performed pre-operative investigation was examined including full blood count (FBC), urea and electrolyte (U&E), liver function test (LFT), coagulation screen, blood glucose, chest radiography (CXR), electrocardiography (ECG), urinalysis and group and screen. A retrospective case note audit was carried out on pre-operative investigations documented including elective surgery. A total of 73 charts of patients booked for elective surgery from January 2009 to August 2009 were examined.

RESULTS

In all, 73 patients had elective surgery over a seven month period and underwent a total of 218 investigations, 24% (53) had group and hold (G&H), 34% (73) had a blood investigation, 18% (CXR) and 24% (52) for ECG. There was only one abnormality in a patient with deranged LFT for laparoscopic cholecystectomy that led to the rescheduling of the surgery. A total of 32 patients had G&H for laparoscopic cholecystectomy and none was transfused intra or post-operatively. All of the patients who underwent Transurethral Resection of the Prostate had all of the investigations but none modified the surgical management of the respective patients. A total of 19 patients underwent hernia repair and, of these, 50% had G&H but these results were not used.

Their respective total test costs are €2,650 for G&H, €7,300 for blood investigations, €4,480 for CXR, and €3,640 for ECG. In total €18,070 would be saved if these tests had not been conducted.
CONCLUSION

Routine pre-operative screening of healthy and fit patients undergoing elective surgery is dependent on selective strategy. This is safe and cost effective, however detailed history and thorough examination is indispensable to make evidence-based indications for pre-operative tests. This audit has revealed that selective ordering of pre-operative investigations is feasible and safe and may reduce both workload and cost.
INTRODUCTION

The discharge summary is an important record which determines the continuity of effective patient care. It is a concise detail of why a patient is admitted, diagnosis, investigations, prescription and follow-up. This is usually accomplished through a discharge summary.

OBJECTIVE

The objective of the audit was to assess the quality and efficiency of previous discharge summaries in comparison with international standards, to identify areas in which further improvements could be made and to investigate methods to improve the quality of discharge summaries.

METHODOLOGY

This audit was undertaken in the Mid-Western Regional Hospital (MWRH), Nenagh which provides acute surgical treatment among other services. Discharge summaries are prepared by senior house officers, typed by secretaries and sent to respective General Practitioners but a copy will also be filed in the patient charts. Discharge summaries from the charts of 45 patients aged 25-80 years from the acute surgical ward in the month of July 2009 were examined and evaluated.

RESULTS

All patients received 100% in demographic details except for contact phone number and patient signature which are generally missing. Significant deficiencies were found in the documentation of investigation values, risk assessment, progress in the ward, social issues, referrals made and allergies which were all 0%. 18% and 29% of doctors do not sign the discharge summary and write a clear discharge comment respectively. Other disciplines like physiotherapy, nursing etc. had no input into the discharge summaries.

CONCLUSION

The quality and efficiency of the discharge summaries was inadequate. The discharge comments were rather too short and in some cases absent. Investigation details, risk assessment and progress in the ward were totally absent. Multidisciplinary input to the discharge summaries is necessary.

PRESENTED

At a Clinical Meeting on August 10th, 2009 in MWRH, Nenagh, and subsequently to the Nursing Manager of the hospital by Dr. Taiwo Akhigbe. This led to the improvement of the discharge summaries sheet released on September 14th, 2009 in MWRH, Nenagh.
INTRODUCTION

Tonsillectomy is one of the commonest surgical procedures world-wide. The post-operative co-morbidities have been an issue of debate and consequently the focus of a number of studies. The incidence of angular cheilitis is up to 30% after tonsillectomy and adds significant morbidity post-operatively.

OBJECTIVE

The aim of this study was to evaluate the use of water-based lubricant on the labial sulcus and its effect on the prevention of angular cheilitis post-operatively. In addition, the factors increasing the incidence of angular cheilitis after tonsillectomy were to be assessed.

METHDOLOGY

A prospective pilot study was performed and randomization was facilitated by a sealed envelope approach. A total of 50 patients meeting the inclusion criteria were selected prospectively between November 2008 and February 2009. Pre-operative, intra-operative and post-operative variables were recorded.

The setting was a tertiary ENT referral centre. Both consultants and NCHDs were included in the study as operators. Patients with previous inflammatory conditions involving the lips, previous quinsy or hospitalization for acute tonsillitis, patients with eczema and edentulous patients were excluded from the study. Intra-operatively, water-based lubricant (KY gel) was applied to only one labial marginal sulcus (right or left). The outcome measures included operator, operative time, operative technique, operator handedness and the side of the labial marginal sulcus protected by the lubricant during surgery. Patient characteristics including age, sex, indications for surgery and haemostatic technique were also documented. The presence or absence of angular cheilitis on the first post-operative day was documented, with the observer being double-blinded. For statistical analysis, the incidence of cheilitis, operator handedness, operative technique used and the protected side of the labial sulcus (right or left) were described in percentages. T-Test and chi-square tests were performed to ascertain the degree of association between the occurrence of angular cheilitis and other relative variables like operative technique, haemostasis technique, operator grade and length of the procedure.

RESULTS

There were 50 patients, 22 male (44%) and 28 female (56%). The mean age was 15.82 ± 7.395. Of the total number of patients (n=50) assessed on the first post-operative day, 14 patients had angular cheilitis (28%). The handedness of the operator and operator grade had very little influence on the incidence of angular cheilitis in post-tonsillectomy patients. Patients aged between 10 and 20 years would appear to have an increased risk of
developing post-operative cheilitis. Operative time increases the incidence of angular cheilitis. The use of bipolar diathermy and surgical ties would also appear to increase the risk of developing angular cheilitis. There was no evidence to suggest an association between gender and the incidence of cheilitis. All the patients who had cheilitis had it only on the unprotected side, hence confirming that the lubricant gel was 100% effective in the prevention of angular cheilitis in post-tonsillectomy patients.

CONCLUSION

Angular cheilitis is a significant post-operative complication of tonsillectomy. Age of the patient, length of the operation and operative technique have an impact on the occurrence of angular cheilitis. The 100% effectiveness of lubricant gel, like KY gel, against angular cheilitis should be applied in tonsillectomy procedures. This pilot study, the first of its kind to analyse the effect of lubricants in the prevention of angular cheilitis, serves as a starting point for a larger controlled study. Emphasis is made on modification of technique and length of operation during tonsillectomy to prevent this potential post-operative morbidity.
INTRODUCTION

Airway management is the first priority in the management of multiply-injured patients. Protection of the cervical spine and spinal cord is also of paramount importance. Necks must be immobilised until all aspects of the cervical spine have been studied and injury excluded. Many multiply-injured patients require tracheostomy either acutely or semi-electively and co-existent cervical spine injuries, or inability to exclude these, as well as the presence of cervical spine stabilisation equipment pose challenges for the procedure from inability to extend the neck. The procedure can be facilitated when undertaken in situations where access is less than ideal by use of a harmonic scalpel (ultrasonic dissector).

METHODOLOGY

A case series of 4 patients with actual or suspected cervical spine injury at the time requiring tracheostomy is presented. Procedures were performed with neck immobilisation equipment in situ and without shoulder support. A harmonic scalpel was used for division of the thyroid isthmus.

RESULTS

All 4 patients were males who had been involved in road traffic accidents. Three cases were performed under general anaesthesia and one case required tracheostomy more acutely under local anaesthesia. In all cases a bulky thyroid isthmus was seen at operation. This was divided using the harmonic scalpel without any need for over-sewing or transfixion sutures. No post-operative complications were reported and all 4 patients remain alive. There was no deterioration in neurology as a consequence of performing tracheostomy.

CONCLUSIONS

The harmonic simultaneously cuts and coagulates tissue. Its value in tracheostomy is that it allows simultaneous tissue manipulation and division and maintenance of a dry surgical field. This is of particular use in situations where access is limited or difficult and the dry field facilitates identification of the anatomy. Its use in tracheostomy has not previously been reported. Our experience with these 4 cases would suggest that its use reduces operating time whilst allowing safe thyroid isthmus division. We would recommend that this instrument should be available when undertaking all tracheostomies where surgical access is anticipated to be limited and problematic, as in the case of trauma patients with neck immobilisation devices.

PRESENTED

At the Royal Academy of Medicine in Ireland (RAMI) Spring Meeting held at Dromoland Castle, Co. Clare on April 18th, 2009 by Mr. Timothy Ahmed.

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Mild head injury is a common indication for admission to hospital post-trauma. In this centre, the usual treatment protocol for most patients with a less than 24 hour history of head trauma, with amnesia and/or loss of consciousness, with a GCS of 15 on presentation to hospital has been admission for a 24 hour period of neuro-observation, with routine skull radiography studies. This practice has been supported by previous studies.1-4

OBJECTIVES

To determine if current management protocols of patients with mild head injury are evidence-based, and in line with current trends.

METHODOLOGY

Selection criteria: Based on hospital inpatient enquiry (HIPE) search, all patients coded for mild head injury between 2002 and 2007 had their records reviewed. Data was obtained from patients’ charts. Patients with a history of head trauma exceeding 24 hours prior to presentation, GCS less than 13 on presentation to hospital, or concomitant injuries necessitating further in-hospital treatment were eliminated from the study.

RESULTS

Total number of patients reviewed: 769 (Males, 527, 68.5%; Females, 242, 31.5%). There were 585 adults, (76.1%) while 184 patients (23.9%) were in the paediatric (age less than 14 years) age group. Average length of hospital stay: 1.2 days. 718 patients (93.4%) had GCS of 15 on admission, 51 (6.6%) had GCS of 13-14. Average length of stay of patients with GCS<15 was 1.4 days. Length of stay of patients who had further CT imaging was 1.5 days. Mechanism of injury: Falls, 361 patients (46.9%); road traffic accidents, 212 patients (27.6%); assault, 145 patients (18.9%); sports injuries, 43 patients (5.6%); unknown mechanism, 8 patients (1%); alcohol related events, 234 (30.4%). Investigations: 666 patients (86.6%) had skull x-rays, with none officially reported as significant for a skull fracture. 60 patients (7.8%) had further CT imaging, with 3 patients having positive findings for a skull fracture. All were however discharged without further treatment. Indications for CT included persistent vomiting, altered mental status and GCS < 15 in 55% of the patients. Indications were undocumented in the rest of the patients.
CONCLUSIONS

The results of this study, supported by current literature, suggest that there is little evidence to show the relevance of skull x-rays in the assessment of patients with mild head injury. If indicated, e.g. altered sensorium, confusion, persistent vomiting, and/or GCS < 15, a head CT should be ordered and the patient kept in for observation. Our results, supported by several others indicate that patients with a mild head injury with GCS of 15, normal mental status and normal neurological exam may be discharged safely under the care of a competent adult. It is therefore recommended that the treatment protocol be changed accordingly. It is believed that this will result in significant cost savings for the hospital in lost manpower hours and resources without endangering patient safety.

REFERENCES

Available on request.
INTRODUCTION

Preauricular sinus (PAS) is a common congenital abnormality of the head and neck. Incomplete excision results in high recurrence rate.

OBJECTIVE

The aim of this study was to determine the rationale of cartilage excision to prevent recurrence of PAS.

METHODOLOGY

A retrospective review between January 2004 and December 2008 was performed. Histological specimens were examined to determine the association of PAS to the portion of cartilage excised.

RESULTS

From 2004 to 2008, 4 patients (3 male, 1 female) with PAS underwent 5 procedures. Age ranged from 5 to 54 years (mean 23.5 years). All patients had the supra-auricular approach to incorporate the punctum on the skin, the sinus tract and a portion of the overlying cartilage. Histological evaluation revealed sinus lined by stratified squamous epithelium adherent or close to the portion of cartilage excised. Mean length of tract excised was 1.64cm. There was no evidence of recurrence in all patients with a mean follow-up period of 17.6 months.

CONCLUSION

Complete excision of the pit, sinus tract and cartilage provides the only definitive way to prevent recurrence of PAS.

PRESENTED

As a Poster presentation at the Irish Otolaryngology/Head and Neck Society Annual Meeting in Fota Island Hotel, Cork on October 9th and 10th, 2009.
INTRODUCTION

Soft-tissue swelling following ankle fracture can delay surgical intervention and increase peri-operative morbidity. Where patients cannot be brought to the operating theatre early, soft tissue swelling can delay surgery for several days. Traditional strategies to control swelling include immobilization, elevation and cryotherapy.

METHODOLOGY

A total of 76 consecutive adult ankle fractures treated operatively within the unit over 1 year (2007) were retrospectively reviewed. Patient and fracture characteristics were recorded as well as pre-operative in-patient total length of stay and wound complications.

We prospectively followed a consecutive series of 50 ankle fractures treated with the A-V impulse system undercast inflation pad™ and collected the same data. The groups were comparable in terms of age, gender and fracture classification.

RESULTS

For the retrospectively reviewed group who were treated with immobilisation, elevation and cryotherapy, the average pre-operative stay was 2.2 days with 54% of patients waiting longer than 24 hours for surgery. A total of 166 pre-operative bed days were utilised by this patient group with an overall total bed stay of 349 days for all patients.

For the prospectively reviewed group, of which 50 patients were treated with the A-V impulse system undercast inflation pad™, the average pre-operative bed stay was reduced to 1.2 days with 32% waiting longer than 24 hours for surgery. The total overall bed stay was 137 days. This represented a reduction of 212 bed days when compared with the retrospective group, and an increase of 22% more patients operated on within the first 24 hours after presenting with their injury. A reduction in surgical site infections was also seen in the group prospectively treated with the A-V impulse system undercast inflation pad™ with only two recorded. There was a total of nine recorded in the retrospective group.

CONCLUSION

The use of the A-V impulse system undercast inflation pad™ has been shown to reduce pre-operative and total length of hospital stay. It has been clinically proven to reduce swelling and prevent blistering associated with ankle injuries and allows for early operative intervention and also reduces surgical site infections associated with this patient group. This has benefits to both patients and acute trauma service resource providers and has lead to a change in clinical practice in our service.
PRESENTED

1. At the Irish Foot and Ankle Society Meeting in the Glasson Golf Resort, Athlone on May 24th, 2009 by Ms. Audrey Daly and awarded Best Paper at this event.

2. At the Department of Orthopaedics Audit Day in Croom Orthopaedic Hospital on June 17th, 2009 by Ms. Audrey Daly.
ABSTRACT

Barium swallow x-rays are frequently requested investigations, particularly in otolaryngology and gastroenterology departments and those involved with the management of dysphagia and gastrointestinal motility disorders. Alternatives to these investigations include direct endoscopic evaluation of the pharyngeal and oesophageal mucosa. They have a variety of postulated indications in the literature. However, in recent years their use has become controversial. This review aimed to evaluate the practice in the Mid-Western Regional Hospital (MWRH), Limerick and to define robust indications for requesting barium swallow x-rays.

A retrospective chart review of all patients for whom barium swallow x-rays were requested between January 2005 and January 2007 at the MWRH, Limerick was undertaken. Data including indications, patient demographics, pre-barium swallow examination findings, radiological findings and patient outcomes were gathered.

A total of 248 patients underwent barium swallow investigations during this period. Patients ranged in age from 3-93 (mean 60). There was a slight female preponderance (M:F ratio 109:139). Most requests were from the otolaryngology department, followed by the general medicine and the gastroenterologists. The largest group of patients gave a history of dysphagia or previous food bolus obstruction. The vast majority of studies were negative. Barium swallows were sensitive for identifying or confirming the presence of underlying dysmotility disorders and pharyngeal pouches giving rise to patient symptoms.

Barium swallows were seen to be useful investigations in elderly patients unfit for general anaesthesia or prolonged sedation as required in endoscopic studies. It was felt that they should be first-line investigations for suspected oesophageal or pharyngeal dysmotility disorders. An absolute investigation for barium swallow x-rays was felt to be for the diagnosis of pharyngeal pouches, particularly where surgical intervention would be required. Patients who had previously had food bolus obstructions benefitted from barium swallow x-rays as this helped to direct attention to specific areas in cases where it was felt that subsequent endoscopic assessment was necessary based upon patient history or ongoing symptoms. In patients with strong risk factors for head and neck malignancy (e.g. extensive smoking histories, previous head and neck cancer etc.) it was felt that endoscopic rather than radiological evaluation was preferable as this allows simultaneous tissue biopsies to be taken to confirm histological diagnosis and additionally avoids radiation exposure.

PRESENTED

At the Irish Otolaryngology/Head and Neck Society Annual Meeting at Fota Island Hotel, Cork on October 9th, 2009 by Mr. Timothy Ahmed.

SOURCE

INTRODUCTION

The spleen is the most commonly injured organ in patients sustaining blunt abdominal trauma. Because of a perception of increased mortality with non-operative management, splenic injury historically has been managed operatively. Research in the early to mid-20th century demonstrated a variety of immunological functions of the spleen. This research provided the foundation for a clinical paradigm shift towards splenic preservation after traumatic injury. Paediatric surgeons initiated non-operative management of splenic injury because children are at higher risk of overwhelming post-splenectomy sepsis than adults. The successful paediatric experience with non-operative management of splenic injury has been extended to the management of adult trauma patients. This management trend is well documented in the trauma literature, which shows a consistent increase in the rate of non-operative management of splenic injury. Despite the acceptance of non-operative management for treatment of blunt splenic injuries, differences still exist between rural and urban facilities in the management of patients with splenic injuries.

OBJECTIVES

To review practice patterns in a general hospital and to develop a safe and cost-effective care plan for managing patients with splenic injuries.

METHODOLOGY

A retrospective study of all patients with splenic injuries admitted to Wexford General Hospital from July 1996 to August 2008 was carried out.

RESULTS

A total of 35 patients were admitted with left upper quadrant pain and 24 were diagnosed with splenic injury. 37.5% (9) patients received non-operative management (NOM). The mean age of the patients was 35.4 years. 15 patients (72.5%) were admitted to the intensive care unit after splenectomy. The average length of hospital stay was 8.2 days. At the time of admission 79% of the patients underwent computed tomography, but at follow-up 28% of patients underwent ultrasound of abdomen. None of the follow-up imaging studies altered the post discharge management plan. The median time to full activity was 12 weeks (range from 4-17 weeks). One patient died after splenectomy secondary to multiple organ failure (MOF). 0.48% patients failed NOM and finally had splenectomy secondary to detailed hemorrhage. A peripheral hospital is also well capable of dealing with splenic trauma but splenectomy rate is higher.
CONCLUSIONS

There is a need to practice spleen conserving management as it is the standard of care in current practice. Reduced admissions to the intensive care unit, shorter overall stays, omission of follow-up imaging and an earlier return to full activity should be considered in the management of patients with blunt splenic injuries. Standardization of non-operative care for such patients would result in safe and more efficient delivery of healthcare.

PRESENTED

At Trauma Meeting, May 2009 in Wexford General Hospital by Dr. Rao Muhammad Asaf Khan.
INTRODUCTION

Bisphosphonate-related osteonecrosis of the jaw (BRONJ) is now a well-described condition, which adversely affects the quality of life of affected patients. It is suggested that serum biochemical markers may have a role in assessing the risk for BRONJ. C-Terminal Cross-Linking Telopeptide (CTX) test, as an indicator of the risk of BRONJ, was first described by Marx in 2007.1 It was reported that values of less than 100pg/ml represent a high risk of developing BRONJ following surgery and those between 100 to 150pg/ml, a moderate risk.

OBJECTIVE

The aim of this study was to determine the effectiveness of the CTX test in predicting the development of BRONJ.

METHODOLOGY

All patients taking bisphosphonates referred to a regional Oral and Maxillofacial Surgery Unit for dental extractions during an 18-month period were included. Patients with a history of radiotherapy involving the head and neck were excluded. The following variables were recorded: age, gender, reason for referral, bisphosphonate type, indication for and duration of bisphosphonate treatment, medical co-morbidities, serum CTX value, treatment provided, development of BRONJ, and the follow-up period.

RESULTS

A total of 25 patients (24 female, 1 male) underwent a morning fasting CTX test. The mean age was 62 years (range, 39 to 79 years). Of these, 21 were taking Alendronic acid orally, 2 Risedronate sodium orally and 2 Zolendronic acid intra-venously. The indications for bisphosphonate treatment were as follows: osteoporosis, 21 patients; osteopenia, 2 patients; breast cancer, 1 patient; and multiple myeloma, 1 patient. The mean duration of bisphosphonate treatment was 43 months (range, 8 to 120 months). Of the 25 patients referred for extractions, 21 underwent removal of one or more teeth. The mean CTX value was 210pg/ml (range, 50 to 680 pg/ml), with 17 patients having a value less than 150pg/ml. The mean follow-up period was 5 months (range, 1 to 11 months). None of the patients who underwent removal of one or more teeth subsequently developed BRONJ.
CONCLUSION

In this study, a CTX value of less than 150pg/ml did not correlate with the clinical risk factors (for development of BRONJ) of age, gender, co-morbidities, bisphosphonate duration, route of administration and bone disease. The CTX value was not predictive for development of BRONJ in this group of patients.

PRESENTED

At the International Association for Dental Research (IADR) Irish Division Meeting in Thomond Park, Conference Centre, Limerick on October 15th, 2009 by Dr. John O’Connell.
INTRODUCTION

Health status and utilisation of health services vary significantly depending on a variety of fixed factors including age, behaviour and lifestyle choices e.g. smoking and social, economic and cultural factors e.g. experience of unemployment. A deprivation index can be produced whereby people who are denied, through lack of income, items or activities on a pre-defined list are regarded as experiencing relative deprivation. Poverty data is collected by the Central Statistics Office (CSO). People are described as being in consistent poverty when their income falls below the relative income poverty line while also experiencing relative deprivation. When it comes to access to Health Services, it has been shown that health is better in areas with more primary care physicians. Recent research on health inequalities and General Practice (GP) in deprived areas in Ireland highlighted the generally higher rates of demand for GP services in deprived areas as associated with higher illness rates.

OBJECTIVE

The aim of this paper is to study the range of different factors which determine the satisfaction with GP services, particularly in relation to the poor or deprived within the Mid-West region.

METHODOLOGY

A questionnaire was distributed to a random selection of 2,236 households in the Mid-West region encompassing Limerick City and Counties Clare and Tipperary. A total of 904 completed questionnaires were returned giving a response rate of 40%. A series of logistic regression models were produced to predict self-assessed health, satisfaction with access to GP, satisfaction with GP care and satisfaction with time spent in consultation with GP from various demographic and lifestyle variables as potential predictors.

RESULTS

Self-Assessed Health

The predictors for fair/poor health are age, deprivation index, poverty and smoking. Those aged 55+ years were over three times more likely to report poor health than those aged 16-24 years. Those experiencing deprivation or poverty were over 2 times more likely to report ill-health than those who are not deprived/poor while those who smoke daily or used to smoke daily are over twice as likely to report ill-health as those who never smoked.

Satisfaction with access to GP

The predictors of satisfaction with access to GP services were age and deprivation index with those aged 55+ years being 1.5 to 3 times more likely to be satisfied with access compared to 16-24 year olds while those described as deprived were less likely to be satisfied than those not deprived.
Table 1 - Odds Ratio (OR) from Logistic Regression Models

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Self-assessed health</th>
<th>Satisfaction with access to GP</th>
<th>Satisfaction with GP care</th>
<th>Satisfaction with time spent in consultation with GP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00*</td>
<td></td>
</tr>
<tr>
<td>25-39</td>
<td>0.60</td>
<td>0.71</td>
<td>0.84*</td>
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</tr>
<tr>
<td>40-54</td>
<td>1.15</td>
<td>1.51</td>
<td>3.19*</td>
<td></td>
</tr>
<tr>
<td>55-69</td>
<td>3.50</td>
<td>1.51</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70+</td>
<td>3.17</td>
<td>3.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deprivation Index</td>
<td>2.25*</td>
<td>0.52*</td>
<td>0.39*</td>
<td></td>
</tr>
<tr>
<td>Poverty</td>
<td>2.28*</td>
<td>0.30*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Never Smoked</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td>2.43*</td>
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<tr>
<td>Occasionally</td>
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<tr>
<td>Used to smoke daily</td>
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<tr>
<td>Used to smoke</td>
<td>1.36</td>
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<td></td>
<td></td>
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<tr>
<td>occasionally</td>
<td></td>
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</tr>
</tbody>
</table>

* Odds Ratio significant at 0.05 level of significance

Satisfaction with GP Care

The consistent poverty indicator is the only important predictor in relation to satisfaction with GP care with those classified as living in consistent poverty being over three times more likely to be dissatisfied with their GP care than those who are not classified as living in consistent poverty.

Satisfaction with time spent in consultation with GP

Age and deprivation index are the main predictors when it comes to whether or not an individual is satisfied with the time they have spent in consultation with the GP. Individuals aged 25 years and over are more satisfied with the time spent with GP than those aged 16-24 years, with those aged 70+ years being over 30 times more satisfied with the time they spent in consultation with their GP. However it should be noted that this age group had a relatively small sample size which might explain the relatively high OR here.
**CONCLUSION**

It has been shown in various research studies that those who are in consistent poverty/deprivation tend to be in poorer health. It is important to note that in this study it was found that the deprived/poor are also more likely to be dissatisfied with their access to a GP and time spent with him/her even after adjustment for age. Also, those in consistent poverty were more likely to be dissatisfied with GP care regardless of age.

**FUNDING**

This study was funded by the Poverty Research Initiative of the Combat Poverty Agency.
INTRODUCTION

Quality indicators are specifically defined measurable aspects of practice that can be used to assess and improve the quality of care. In 2007, the Irish College of General Practitioners (ICGP) initiated a study aiming to develop a comprehensive set of indicators for use in Irish general practice.

OBJECTIVE

Following recommendations regarding indicator development,1,2 this study aimed to develop indicators relating to the structures and processes of care within the control of the practice. Using the Irish definition of general practice as a guiding principle, the areas of care for indicator development pertained to organisational processes and infrastructures that support the delivery of clinical care.

Indicators for such areas are typically developed using a consensus method called the Delphi technique.3 This technique aggregates the opinions of a panel of individuals using a series of structured, anonymous questionnaires. A secondary aim of this study was to involve relevant stakeholders in the development of the indicators. The Delphi panel was composed of GPs, practice nurses, practice managers, heath policy representatives and patient representatives.

METHODOLOGY

A total of 16 sub-domains of care subsumed under 3 broad domains (Practice Infrastructure, Practice Processes and Procedures and Practice Staff) were populated with relevant indicators from developed indicator sets. In all, 171 indicators were identified.

In terms of participation, 82 of 120 nominated individuals agreed to take part in the Delphi process. Nominees represented all stakeholder groups and received nominations from primary care leaders for active participation in improving healthcare quality. A further 250 GPs were randomly selected from the ICGP database to participate. The GPs were over-sampled as the study aimed to give GPs a majority on the Delphi panel.

Two Delphi questionnaire rounds were posted or emailed to panellists from June to September 2008. In Round 1 panellists rated indicators for importance to quality care and clarity. In Round 2 ratings were made again for importance and also for measurability. All ratings were made on 9-point Likert. Panellists could also suggest new indicators in Round 1.
RESULTS

The overall response rate to the Delphi questionnaires was 24%. Nominated panellists were better responders than the randomly selected GPs in Round 1 (79% versus 26%) but the response rate was more similar in Round 2 (72% versus 57%).

The majority of indicators received high ratings for both importance and clarity in Round 1. In all, 12 indicators were excluded from Round 2 based on low importance ratings and/or negative comments. Stakeholder groups showed similarity in their ratings with GPs and patient representatives most likely to give low ratings. A total of 6 indicators were added in Round 2 following panellist suggestions.

In Round 2 all indicators were rated as important by the overall group and the majority were rated highly for measurability. GPs were most likely to rate indicators low on importance and 5 indicators were excluded from the final indicator set based on GP ratings.

After further discussion with an expert group a number of indicators were deleted or re-worded leaving a final indicator set of 147 across 15 sub-domains of care.

CONCLUSION

The developed indicator set is reflective of what is important to quality care in general practice from the perspective of relevant stakeholder groups. The overall response rate to the Delphi questionnaires corresponds to similar Delphi studies in general practice. It is recommended that indicators are trialled to ensure their acceptance by users. The indicators are currently being “road tested” by a representative sample of practices.

REFERENCES

Available on request.

FUNDING

This study has been funded by the Health Information and Quality Authority.
INTRODUCTION

The National Diabetes Register Project (NDRP) is an ongoing four year project funded by the Health Research Board (HRB). The aim of the project is to provide an evidence base for the development of a national register. Central to this development will be the inclusion of the medical professionals who are providing care to patients. It is vital that these individuals, who will ultimately use the register, participate in this research. In order to ensure the register is practicable and appropriate to the needs of health professionals, research is currently being conducted with general practices (GPs) nationally. Research has shown that the primary care setting principally delivers diabetes care in Ireland.¹

Factors enabling or hindering the progression of quality improvement and the development of a national register have been elicited from GP responses in a postal survey. These responses have shaped an interview schedule which is currently being administered to a random sample of GPs nationally.

METHODOLOGY

A postal questionnaire was administered to a random sample of 600 GPs in the summer of 2008. The response rate was 44% (n=262). The responses from the open-ended questions were analysed using the N-Vivo qualitative research software.

RESULTS

In all, 46 of the 262 respondents (18%; n=46) completed the open-ended section. Enabling factors identified by GPs include improved shared care arrangements (16%), dietician access (12%), protocol or guidelines for practice use (9%), and suggestions for remuneration (9%). Incentives and remuneration for care (10%) and shared care (9%) were also acknowledged to promote quality of care. Lack of resources (8%) and workload (6%) were cited as the most common barriers to development.

A total of 214 of those who completed the survey (82%) volunteered contact information for a follow-up interview, which is presently ongoing. The focus of the interviews is on 4 main areas: current management of diabetes in general practice; changes to diabetes care that have been experienced to date; views on quality improvement; GP perspectives on the development of a national diabetes register.
**CONCLUSION**

Opportunities for care improvement include training for GP staff, improved co-ordination within primary care and shared care with secondary care services. Workload and time constraints were cited as barriers to the development of quality improvement and the establishment of a national register. These elicited factors are informing the semi-structured interview schedule with GPs, with a view to exploring further the enablers and barriers to the creation of a national diabetes register.

The NDRP also includes a study of hospital-based teams providing diabetes care. A study exploring the experiences of diabetes patients will follow shortly.

**REFERENCES**

Available on request.

**PRESENTED**

As a poster presentation at the 2nd Collaborative Diabetes Conference 2009, entitled ‘Optimising Diabetes Management in Primary Care,’ organised and hosted by DIG (Diabetes Interest Group), UCC and the HSE, on September 16th, 2009.

*This research has been carried out on behalf of the National Diabetes Register Group.*
INTRODUCTION

In an Irish context the history of Multidisciplinary Mental Health Teams can be traced back to the ‘Planning for the Future’ document. Prior to this document the focus of mental health services was on the large psychiatric hospital where large numbers of patients resided permanently, (11,741 in 1984), often in poor conditions with overcrowding and poor funding. This policy document recommended the development of multidisciplinary teams (MDTs) which would be sectorised and provide a comprehensive service to in-patients and also to patients for whom a community-based service was deemed to be the appropriate level of intervention at that time.

OBJECTIVES

The aim and objective of the research project was to explore nurses’ attitudes to and perceptions of multidisciplinary teams through the use of focus groups.

METHODOLOGY

To carry out this study effectively the type of approach needed took some careful consideration. It was evident from the outset that a qualitative paradigm was the most appropriate since it was peoples’ attitudes to and perceptions of MDTs which this study was attempting to evaluate. The type of data collection method needed to elicit the relevant data was considered and it was decided to use focus groups.

Research instruments such as interviews and focus groups are particularly relevant to areas of research such as health because they ask participants to provide information such as attitudes to and experiences of phenomena under study.

Themes which emerged -
Following analysis of the data 3 themes and 4 sub-themes emerged. These were:

1. Collaboration
   (a) Patient involvement
   (b) Team involvement

2. Team Membership
   (c) Nursing Allocation
   (d) Nurses’ Role

3. Leadership
CONCLUSION

The review of the literature undertaken for this study was not exhaustive. The research findings are not presented as conclusive but as a representation of the experience of nurses working in one sector of Irish healthcare. More research needs to be carried out and possibly some studies replicated to see how they relate to or compare with an Irish context.

Recommendations

There is strong anecdotal evidence to support the claim that a high quality service does exist within the healthcare system in Ireland. The findings from this small study would suggest that variances in team functioning exist even within one service.

Consideration of the following recommendations would ensure that a high quality service would be provided to all users of mental health services in Ireland.

The Health Service Executive (HSE) should provide a roll out of the recommendations contained in ‘Vision for Change’, 2006. This would inform all teams of the style of working it recommends for the provision of a quality mental health service, especially in the area of collaboration with users of the service and their carers.

More resources must be provided to study how multidisciplinary teams are structured and how they function. Any such study should look at the composition of teams, how these team members operate in terms of collaboration with patients and other team members.

At a micro level the role of nurses within teams also needs to be studied. The findings of this study indicate that not all nurses see themselves as equal parts in terms of team membership. This is despite the fact that all the literature reviewed on the topic of team membership places the nurse at the core of such teams. Therefore, this leads to the conclusion that something has gone astray in the application of theory to practice.

REFERENCES

Available on request.

Acknowledgement

This research was undertaken in part fulfilment of the requirements for Degree of Masters of Science (MSc) in Psychosocial Interventions in Mental Healthcare at University of Limerick (2007). The author wishes to acknowledge the assistance of Dr. Denis Ryan.
INTRODUCTION

The use of high-dose antipsychotics can result from the prescription of a single or more than one antipsychotic which sometimes are in PRN doses. This practice is associated with an increased risk of dose-related adverse effects and pharmacokinetic interactions which compromise compliance.

Recent prevalence studies show that up to 25 to 36% of psychiatric in-patients are prescribed high-doses of antipsychotics (doses above BNF recommendation), with the highest prevalence in psychiatric intensive care units, rehabilitation wards and forensic units. There are only limited data about the prevalence of this practice in the psychiatric patients receiving community care.

The results of published trials of high-dose medication for treatment-resistant schizophrenia provide no evidence to support such a strategy. On the basis of current evidence, high-dose prescribing should rarely be used and then only for a time limited trial in treatment-resistant schizophrenia after all evidence-based approaches have been shown to be unsuccessful or inappropriate.

OBJECTIVES

To assess the prevalence of high-dose antipsychotics in the psychiatric patients receiving care in the communities in St. Loman’s service.

To assess the drug monitoring practices by the managing teams.

METHODOLOGY

This is a cross sectional study conducted between September and October 2008. The four sectors that make up the St. Loman’s service were used for this study. The clinics in each sector were balloted to select one and where there was only one clinic in a sector it was automatically used. All patients booked for out-patients review (including those on depot antipsychotics and Clozapine) were included in the study. The dates for the study in each sector were randomly selected. Biometric data, weights, investigations, current medications and their dosages were recorded. The percentages of the BNF recommended maximum daily doses of each prescribed antipsychotic were calculated. For patients on more than one antipsychotic, the cumulative percentages were summated. Data was recorded on Microsoft Excel database and analysed using SPSS version 11.
RESULTS

The records of 168 patients were assessed (42% males; 58% females). The most frequent diagnoses were schizophrenia and depression.

Of all the patients studied, 59 (35%) were not on antipsychotics while 109 (65%) were on at least one antipsychotic. 72% of those on antipsychotics were prescribed only a single medication while 26% were on two and only 2% were on three antipsychotics. 18 (17%) of those on antipsychotics were prescribed with high-dose antipsychotics (doses above recommended level), and the mean percentage dose was 129%. There was an equal gender distribution in this group of patients. 72% of patients on high-dose antipsychotics were diagnosed with schizophrenia, 22% BPAD and 6% schizoaffective disorder.

Monitoring of these patients was below the recommended standards in the literature. Only 6% had ECG recorded in the previous year. It is recommended that to reduce the risk of arrhythmia, all patients should be assessed (including electrocardiography (ECG)) for cardiovascular disease prior to the institution of antipsychotic drug therapy. Periodic monitoring of the ECG and electrolytes during therapy is advocated when high-dose antipsychotic drug treatment is used. None of the patients had their weight measured and recorded during that period. Considering the risk of metabolic side effects of some of the antipsychotics, this is alarming. 40% had blood investigations and only 22% were physically examined.

CONCLUSIONS

A significant proportion of patients were prescribed high-dose antipsychotics in excess of the recommended licensed doses. Close to a third of patients on antipsychotics where on more than one antipsychotic at a time. Drug monitoring practices fall below the expected standard of care.
INTRODUCTION

There is a paucity of studies focusing on inpatient liaison psychiatry consultation. Auditing such a service would provide valuable information for promoting continuous quality improvement within the service. An audit was carried out in North Tipperary Mental Health Service, Nenagh of 100 patients referred to the liaison psychiatry consultation service.

OBJECTIVE

This audit sought to establish a baseline for demographics, types of referral, level of recordings and management of referrals, with a view to introducing improved evidence-based treatments and guidelines. Various diagnoses were measured and compared to international findings.

METHODOLOGY

A total of 100 inpatient referrals to a liaison psychiatry service were retrospectively recorded over a 6 month period.

RESULTS

The commonest reasons for referral included assessments regarding alcohol related problems (27%), depressive disorder (26%), dementia and delirium (8%), anxiety (4 %), adjustment disorder (4%) and no psychiatric diagnosis (17.0%). 51% of the sample were given follow-up appointments and only 20% required psychiatric (psychological or psychopharmacological) intervention.

Table 1 - Diagnosis with Frequency

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Frequency N(%)</th>
<th>Diagnosis</th>
<th>Frequency N(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>26 (26)</td>
<td>Dementia</td>
<td>7 (7)</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>5 (5)</td>
<td>Delirium</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Schizoaffective</td>
<td>1 (1)</td>
<td>Anxiety Neurosis</td>
<td>4 (4)</td>
</tr>
<tr>
<td>Alcohol related disorders</td>
<td>27 (27)</td>
<td>Dual Diagnosis</td>
<td>2 (2)</td>
</tr>
<tr>
<td>Acute stress reaction</td>
<td>1 (1)</td>
<td>Not assessed</td>
<td>2 (2)</td>
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<tr>
<td>Adjustment disorder</td>
<td>4 (4)</td>
<td>No Diagnosis</td>
<td>17 (17)</td>
</tr>
<tr>
<td>Emotionally unstable personality</td>
<td>1 (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating disorders</td>
<td>2 (2)</td>
<td></td>
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</table>
The inpatient liaison psychiatry consultation service provides essential management of challenging cases in the hospital setting. Use of a hospital protocol for management of delirium and agitation may improve outcomes for these patients. Evidence-based techniques, such as brief intervention therapies and an information leaflet of available services could have been used more for referrals involving alcohol dependence. When compared to international studies it appears that we received a higher number of referrals for Alcohol Dependence Syndrome (ADS). Introduction of a user friendly referral system and guidelines for referral may improve the quality of the referral system.
INTRODUCTION

Are mental health sufferers provided with enough support in the community to promote recovery and help them to rebuild their lives? Are they able to gain employment and be a part of their local community? The study was undertaken to gain an insight into these issues.

OBJECTIVE

The aim of the study was to collect baseline information from the perspective of service users in terms of the level of social support, employment and uptake of training schemes designed to get them back into work.

METHODOLOGY

Due to the recognition of the need for service user involvement in the development of health services,1 this study undertook a survey of users of statutory and voluntary mental health services in Galway city. Questionnaires were distributed to service users via managers and facilitators to be returned in a confidential freepost envelope. A total of 110 questionnaires were distributed, of which 40 were returned. The questionnaire was designed by 2 users of mental health services in conjunction with the Department of Public Health, HSE West.

RESULTS

Almost three quarters (72%) of respondents were not in paid employment. The uptake of government employment schemes was low with no respondents on the government’s sponsored back to work scheme. During the week of the study, 40% had not had a visit from anyone. In addition, half do not leave their homes everyday. Communicating with other service users was important, with 31% communicating with people with similar experiences every day, and half reporting that they would like to communicate more often with other service users. In addition, 77% reported that talking with other service users helped them feel better. In terms of future supports, respondents felt that a peer support centre providing a place to promote recovery, a voice for service users and a place to meet people with similar experiences would be beneficial.

CONCLUSIONS

The study raises the issue of the inability of current employment schemes to meet the needs of mental health services users in terms of creating employment and promoting recovery. It also highlights the need to develop supports in the community to help reduce social isolation. Recommendations included the need to develop a community based peer support centre and the development of employment schemes tailored to the needs of mental health service users.
REFERENCES

Available on request.

FUNDING

This study received funding from the FÁS Training Fund.

A report based on this study was launched in Merlin Park Training Centre with an attendance of about 40 service users and staff (FÁS and HSE Mental Health Staff) in March 2009.
INTRODUCTION

In 2004, The Mental Health Commission embarked on a consultative process with stakeholders assessing mental health services. The aim of this national initiative was to explore user and carer perspectives on the quality of mental health services. Against this background, the Kilmallock multidisciplinary team conducted a local survey to elicit the views of service users and their carers regarding the views of the service provided within the Sector E region.

OBJECTIVE

To explore the views of users and carers of mental health service provision by a rural sector multidisciplinary team.

METHODOLOGY

The research approach incorporated both a qualitative and quantitative aspect. A total of 48 participants (n= 48) completed a questionnaire. Findings from the questionnaire formed the basis for questions for semi-structured interviews with 48 users and carers. The data were analysed by the CMS Social Research Consultants and a report compiled.

RESULTS

Results demonstrated that users and carers were satisfied with the range of treatment and supports, provided suggestions for improvement including more information about mental illness and treatment, longer opening hours and more home visits. The participants also requested more time with different healthcare professionals in particular, the medical staff.

CONCLUSIONS

The findings from this localised research initiative indicated that participants had positive experiences of attending the Day Hospital. Service adjustments with respect to greater information, domiciliary support and user friendly opening times were quality indicators identified going forward.
INTRODUCTION

Research conducted over the past ten years has identified schools as becoming increasingly prone to crisis situations which affect the whole school community. Suicide, suicidal behaviour, substance abuse, illness and road traffic accidents are some of the incidents that have been identified. Schools have been recognised as appropriate settings for suicide prevention programmes given the amount of time students spend within the school structure. The largest ratio of deliberate self harm to completed suicide is found among the school-going population and teachers often request help and support in dealing with the problem of suicide and preventing its occurrence. In recent years, suicide prevention programmes targeting schools have been developed. However, little empirical evidence exists concerning crisis response within a school context.

OBJECTIVE

This study explores teachers’ perceptions of Crisis Response/Student Support Team (CR/SST) structures within a post-primary school context. The three basic components of such a programme are explored within the areas of prevention, intervention and postvention among the school-going population and the critical role in establishing CR/SST structures within educational settings.

METHODOLOGY

A combination of approaches was taken to support this research. These included two focus groups and five individual interviews enabling qualitative data collection. Colaizzi’s (1978) ‘existential phenomenology’ was the chosen thematic coding tool for data analysis. A literature review was undertaken to provide a national and international perspective of the problem.

RESULTS

Findings from this study indicate that in the absence of CR/SST structures critical incidents occurring within a school community may not be responded to in an appropriate manner and that consequently there is a need to develop an infrastructure so as to enable school communities to provide an effective response to critical incidents.
CONCLUSION

The reassurance of having a structure in place is two-fold, there is support for the whole school community and in the event that a school is challenged by the death of a student, knowing how to respond in an appropriate manner along with the timely execution of the intervention, allows for the school community to return to pre-crisis functioning.

REFERENCES

Available on request.

PRESENTED

At the XX1V World Congress in the INEC, Gleneagle Hotel, Killarney, Co. Kerry on August 30th, 2007 by Ms. Bernie Carroll. This event was hosted by the International Association for Suicide Prevention.
INTRODUCTION

The present study is a comparative study to assess the knowledge and attitudes regarding mental illness of the significant relatives of psychiatric patients (SRPP) and non-psychiatric patients (SRNPP) admitted to the Christian Medical College and Hospital, Ludhiana, Punjab, India.

OBJECTIVES

The main objectives were:

- To assess knowledge and attitudes towards mental illness among SRPP and SRNPP.
- To compare knowledge and attitudes towards mental illness among SRPP and SRNPP.
- To identify the relationship of knowledge with the attitudes regarding mental illness among SRPP and SRNPP.
- To identify the relationship of knowledge regarding mental illness among SRPP and SRNPP with variables including age, gender, education, income, nature of relationship, nature of patient’s illness, duration of stay with patient, number of admissions and religion.
- To find out the relationship of attitudes towards mental illness among SRPP and SRNPP with variables as mentioned above.

METHODOLOGY

An exploratory comparative study approach was taken up to obtain the data. The Dependent Variables were knowledge related to mental illness of SRPP and SRNPP. The Independent Variables were: - Age, Gender, Number of Admissions, Religion, Education, Occupation, Income per Month and Duration of Relative’s Stay with Patient. A knowledge questionnaire was constructed on a two point scale, which consisted of 32 items. An attitude questionnaire was constructed on a three point scale, which consisted of 28 items. Analysis and Interpretation was done in accordance with the objectives. Percentage, Mean, Standard deviation and ‘T’ test were used to analyse the data. Pie and Bar diagrams were used to depict some of the findings.

RESULTS

The major findings showed that the majority of the SRPP had a good knowledge score of 70% and 30% had an average knowledge score. Whereas in SRNPP, 43.33% had a good knowledge score, 53.33% had an average score and 3.33% had below average scores. This means knowledge of mental illness increases with direct contact or caring for the mentally ill relative. A majority, (86.66%) of SRPP had favourable attitudes and 13.34% had unfavourable attitudes whereas in (SRNPP) 60% had favourable attitudes and 40% had unfavourable attitudes. This indicates that in taking care of their relatives who were mentally ill, SRPP attitudes were affected by the continuous interaction, and over the course of time they must have developed favourable attitudes. Comparison of mean knowledge score regarding mental illness among SRPP and SRNPP showed that mean knowledge score
(25.16) was highest in SRPP as compared to SRNPP (22.5). This was found to be statistically significant at 0.01 level. Hence, it indicates that mental illness in the family enhances the knowledge regarding mental illness. A comparison of mean attitude score between SRPP and SRNPP showed high mean attitude score (42.73) in SRPP as compared to SRNPP (37.9). This difference was found to be statistically significant at 0.01 level. This showed that the attitudes change with the course of time and continuous interaction with the mentally ill patients. The relationship between knowledge and attitudes regarding mental illness of SRPP and SRNPP depicts a positive correlation between knowledge and attitudes. It was not found to be statistically significant. Thus, it may be said that knowledge influences the attitude. A comparison of mean knowledge score regarding mental illness among SRPP and SRNPP shows that the older age group 40-50 years, education up to matriculation and 10+2, Hindu religion, farmers and others, service group, income group 5001-10000, husband, 3rd admission and 4th admission and above had better knowledge regarding mental illness among SRPP. These findings were also statistically significant at 0.05 level.

CONCLUSION

A small comparison of mean attitudes score towards mental illness between SRPP and SRNPP revealed that education up to matriculation and 10+2, religion Hindu, 2nd admission, 3rd and 4th admission had favourable attitudes towards mental illness. The study is limited to SRPP and SRNPP admitted to the Christian Medical College and Hospital, Ludhiana, Punjab, India.

The size of sample is only 60 subjects hence it is difficult to make broad generalizations. The results may be biased by a socially desirable responses set and people stating an attitude which may not be correlated with actual behaviour.
INTRODUCTION

The aim of this study was to assess if physiotherapy improved patient balance over the course of an in-patient admission. This study also aimed to evaluate if a ward or combined gym and ward-based physiotherapy programme was more beneficial in balance and mobility rehabilitation.

METHODOLOGY

A total of 50 male adults were referred for balance and mobility physiotherapy. Functional Reach Test (FRT) was performed on initial assessment and again post-physiotherapy intervention. Patients were asked to stand with their feet parallel with a base of support width of their choice and gleno-humeral flexion to 90°. The anatomical mark used to measure reach was the third metacarpal. Patients made a fist in line with previous comparable studies. Patients were then instructed to “reach forward as far as they could within the limits of safety, without moving their feet.” Previous analogous studies dictated that values of <6” in the FRT were classified as high falls risk, 6-10” moderate-minimal risk, >10” within normal ranges.1 Physiotherapy intervention comprised a ward or gym and ward-based rehabilitation programme. Data analysis was performed with parametric tests using SPSS. Paired T-tests and independent T-tests were used to compare variables. P values of < 0.05 were deemed significant in conjunction with previous analogous studies.

RESULTS

A statistically significant increase in mean and median reach was found when comparing FRT scores pre and post-physiotherapy intervention (P<0.001).

Table 1 - Increase in FRT Performance Following Physiotherapy

<table>
<thead>
<tr>
<th></th>
<th>Pre-Physiotherapy N=50</th>
<th>Post Physiotherapy N=50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Reach (Inches)</td>
<td>4.42”</td>
<td>9.7”</td>
</tr>
<tr>
<td>Median (Inches)</td>
<td>3.50”</td>
<td>10.0”</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>4.30”</td>
<td>4.6”</td>
</tr>
<tr>
<td>Min (Inches)</td>
<td>0”</td>
<td>0”</td>
</tr>
</tbody>
</table>
| Max (Inches)         | 16”                    | 18”                     

1 Clinical Research Physiotherapy

Nicholas, P., McKenna, O.
Physiotherapy Department, Mid-Western Regional Hospital, Limerick
Gym and ward based patients experienced a statistically significant mean improvement of 5.47” post-physiotherapy intervention. Ward-based patients experienced a statistically significant mean improvement of 4.48”. When these two rehabilitation environments were compared the mildly larger increase in gym-based rehabilitation was not deemed statistically significant (P>0.05).

Table 2 - FRT Performance Following Different Rehabilitation Environments

<table>
<thead>
<tr>
<th>Environment</th>
<th>Mean values Pre-Physiotherapy</th>
<th>Mean values Post-Physiotherapy</th>
<th>DF</th>
<th>P</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gym and Ward</td>
<td>5.5”</td>
<td>10.95”</td>
<td>18(RIP x 1)</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Gym</td>
<td>5.7”</td>
<td>8.2”</td>
<td>30(RIP x 1)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CONCLUSION

Physiotherapy and/or medical interventions improve functional reach performance in this patient population. FRT performance has been shown in previous studies to directly correlate to patient balance and stability.2 Both ward and gym-based patients experienced a statistically significant improvement in their FRT scores following physiotherapy intervention. When comparing the two rehabilitation environments, there was a mildly larger improvement in gym patients but this was not found to be statistically significant. The performance of subjects on the Berg Balance Scale (BBS) is closely associated with performance on the Functional Reach.3 Therefore, the clinician may elect to use the faster Functional Reach as a measure of balance where efficient use of time is the primary goal.4

REFERENCES

Available on request.
INTRODUCTION

Gluteus medius is involved in movement and stability of the hip. Functional subdivisions are proposed to exist within the gluteus medius muscle. Dysfunction of gluteus medius, and in particular its functional subdivisions, is commonly implicated in many lower limb pathologies. However, there is a lack of empirical evidence examining the exact role of the subdivisions of gluteus medius and thus uncertainty remains as to the exact role and action of the functional subdivisions.

OBJECTIVE

This study compared the activation of the functional subdivisions of gluteus medius (anterior, middle and posterior) during isometric hip contractions of hip abduction, external and internal rotation in normal subjects.

METHODOLOGY

A single test design was undertaken. Standardised electrode locations were determined in advance. Three surface electromyography (sEMG) electrodes were placed on each subject (n=15 healthy, pain-free subjects) to record muscle activity of each muscle subdivision. Subjects performed three maximal voluntary isometric contractions for hip abduction, external and internal rotation on the Biodex System 3 Isokinetic Dynamometer with simultaneous recording of sEMG activity of the subdivisions of gluteus medius (Motion Lab System multi-channel EMG system). The average root mean square of the sEMG was calculated. Data was analysed using a one-way ANOVA for muscle subdivision, with repeated measures on isometric contraction direction (post-hoc Bonferroni).

RESULTS

There was a significant main effect for subdivision (p<0.001) and isometric contraction direction (p<0.001), and a significant interaction between subdivision and direction (p<0.005). The anterior gluteus medius had a significantly greater activation across all three isometric contractions than the middle and posterior gluteus medius (both p<0.001). Furthermore, there was a significantly greater activation of all three functional subdivisions during abduction and internal rotation when compared to external rotation (both p<0.001).
CONCLUSION

The existence of functional subdivisions within the gluteus medius muscle appears to be supported by the findings of this study. Muscle activation was not homogenous throughout the entire muscle. Muscle activation was effected by both subdivision and isometric contraction direction. The results suggest that the functional subdivisions of gluteus medius are more active during abduction and internal rotation than in external rotation, in line with previous research. Furthermore, the results indicate that the greatest activation is found in the anterior gluteus medius subdivision. Future studies should examine the role of the functional subdivisions in subjects with lower limb pathologies associated with gluteus medius dysfunction.

REFERENCES

Available on request.

PRESENTED

1. As a poster presentation at the International Society of Biomechanics in Sports Annual Conference in the University of Limerick from August 17th to 21st, 2009.

2. As a poster presentation at the 26th Irish Society of Chartered Physiotherapists Annual Conference in the Crowne Plaza Hotel, Santry, Dublin on November 6th and 7th, 2009.
INTRODUCTION

Numerous lower limb injuries are theorised to be attributed to the task of landing on a single leg. It has been demonstrated that the risk of lower limb injury can be minimised if a more flexed lower limb kinematic pattern is utilised. Previous literature examining kinematic landing strategies have focused on other sports in the majority of cases with no known published studies investigating it in Gaelic Football.

OBJECTIVES

To assess if Previously Injured limbs and Dominant limbs of elite male Gaelic Football players display differing kinematic landing strategies to uninjured limbs and Non-Dominant limbs respectively of the same population.

METHODOLOGY

A total of 11 members of the University of Limerick Senior Male Gaelic Football panel participated in this study. For the purposes of this study, previous injury was defined as “any pain or discomfort felt which lasted for at least 7 days and which prevented the subject from participating in matches and/or training.” Dominant limbs were assessed with respect to kicking.

Kinematic data in the sagittal plane was recorded for hip, knee and ankle joints using the dual CODA mpx64 motion analysis system. The data was assessed for normality using Kolmogorov-Smirnov tests. Paired t-tests were used to compare the Dominant and Non-Dominant limbs within the group and independent t-tests were used to compare the 12 Previously Injured limbs to the 10 uninjured limbs, due to the normality of the data. All statistical analysis was performed using SPSS 15.0.

RESULTS

The subjects flexed more at all assessed lower limb joints when landing on the Dominant limb compared with the Non-Dominant limb. This difference was mainly seen at the hip (7.47°) and this was statistically significant (p = 0.016). The Uninjured limbs (N=10) dorsiflexed more (6.69°) than the Previously Injured limbs (N=12), which was statistically significant (p = 0.009). The Previously Injured limbs flexed more at the hip and knee than the uninjured limbs (8.32° and 1.2° respectively); however this was not found to be statistically significant.
CONCLUSION

The results of this study indicate that differences exist between the landing strategies of Previously Injured and Uninjured limbs and also between Dominant and Non-Dominant limbs.

REFERENCES

Available on request.

PRESENTED

1. At the International Society of Biomechanics in Sports Annual Conference in the University of Limerick on August 21st, 2009 by Ms. Marie Tierney.

2. At the 26th Irish Society of Chartered Physiotherapists Annual Conference in the Crowne Plaza Hotel, Santry, Dublin on November 7th, 2009 by Ms. Marie Tierney.
INTRODUCTION

The Human Papillomavirus (HPV) is one of the most common sexually transmitted infections present in the world today.\(^1\) The virus has been found to be involved in more than 99% of all cervical cancers worldwide.\(^2\) The recognition of HPV as the primary cause of cervical cancer\(^3\) has led to the development of a prophylactic HPV vaccine. The approval of these vaccines represents a major step towards the prevention of cervical cancer throughout Europe. These vaccines are targeted at young girls before sexual activity begins. Because of this, parental consent is highly important for the success of the vaccine.

OBJECTIVE

This study aimed to assess parental awareness of HPV and attitudes of Irish parents towards the vaccine and the vaccination of pre-adolescent girls. The overall intention of parents to vaccinate their child was also investigated along with the concerns of parents in Ireland in relation to the HPV vaccine and its implementation.

METHODOLOGY

Parents of 9 to 12 year old girls resident in Ireland were chosen as the sample for this study. Questionnaires were distributed to parents through a number of primary schools. The questionnaire was based upon a previously validated questionnaire used in a similar study in Manchester in 2006.\(^4\) Data was analysed using SPSS 16.

RESULTS

A total of 260 participants were recruited for this study, with a response rate of 63%. More than 90% of participants were female, over the age of 36, well educated and of Irish nationality. Of the total sample, 78% had heard of HPV before the study, however only 47% could correctly state the method by which the virus is transferred. Television and newspaper media were found to be the sources through which the majority of participants were made aware of HPV and the vaccine. There was a very positive response to the vaccine, with 87% of participants indicating they would consent to their daughter receiving the vaccination if it were offered. Influences on the sample’s decision to vaccinate included worry about the short-term and long-term side effects. The concept of vaccinating a child before they become sexually active was positively received, as was the concept of universal vaccination of both boys and girls. The age recommended for vaccination (11 to 12 years) was found to be acceptable. A largely negative response (61%) was given in regard to the concept of a well-informed child being able to request vaccination without a parent’s consent. However, it was felt that the child should be included in the decision making process with their parents. Parents were happy to have information about the vaccine given to children, however there was some debate on whether this information should be given in schools, and what types of information should be given. Many parents had strong views in relation to HPV vaccination, with 86% of parents surveyed concerned about the cancellation of the vaccine in Ireland. Other concerns included the availability and cost of the vaccine.
CONCLUSIONS

Awareness of HPV and the vaccine were found to be very good in this study, however, the need for a higher level of education about both HPV and the vaccine was highlighted. Education strategies should be put in place for both parents and children, with the information aimed at these two levels. It is also important that information about the availability of the vaccine is distributed. Media such as television and newspapers have been found to be important sources of information in this sample. There was a high positive indication that parents would consent to their daughter receiving the vaccination if it were offered and the greatest influences on parents’ decision to vaccinate were found to be the safety and efficacy of the vaccine.

REFERENCES

Available on request.

PRESENTED

As a poster presentation at the British Gynaecological Cancer Society Conference in Dublin Castle on November 26th and 27th, 2009.
INTRODUCTION

Legislation prohibiting smoking in the workplace was introduced in Ireland in 2004. The purpose of this paper is to examine if it had any influence on smoking behaviour at home in a cohort of 1,000 disadvantaged pregnant smokers, half of whom received brief intervention on smoking cessation using motivational interviewing techniques a minimum of five time points during pregnancy and post-partum.

METHODOLOGY

The methodology used a quasi-experimental historical cohort design with a non-intervention group (500) recruited first. Data on smoking behaviour at home was recorded at 3 to 4 and 7 to 9 months postpartum for both groups. Semi-structured interviews were conducted with 22 women in 2005 and 2006. Womens’ attitudes to the ‘smoking ban’ were sought.

RESULTS

Approximately ¾ of women in each group reported going outside to smoke at 3 to 4 months (78.9% cases, 77.5% controls, n=588) and 7 to 9 months, (77.6% cases, 75.8% controls, n=502). Whereas the reference group were 60% more likely to report having had a smoke free area prior to becoming pregnant, the cases were more likely to report this after the birth (p<0.05). The cases were more likely to introduce a smoke free area since the fourth visit (5.6% cases, 3% controls, p<0.05). The interviews revealed that the ‘smoking ban’ had little influence on smoking behaviour at home in continued smokers whereas for quitters it acted as a stimulus to cut down or contemplate quitting.

CONCLUSION

The findings suggest that the introduction of the ‘smoking ban’ was an important background influence and a possible cue to action for those women who quit smoking during pregnancy but had little influence on smoking behaviour at home in continued smokers.

REFERENCES

Available on request.
PRESENTED

At the Summer Scientific Meeting, Faculty of Public Health Medicine, Royal College of Physicians, in Dublin on May 27th, 2009 by Dr. Catherine Hayes.

FUNDING

This research has been funded by the Irish Heart Foundation and the Health Service Executive.
INTRODUCTION

Clare Community Smoking Cessation Clinic opened in 2005 and offers specialist support to smokers who want to quit. It is part of a multifaceted approach by Clare Health Promotion and its partner organisations, to tackle smoking prevention and cessation in Clare. Clinic performance is reviewed annually to inform service development.

OBJECTIVES

1. Establish 4 week quit rates for clinic attendees using the Russell standard.¹
2. Identify trends in service use and outcomes.
3. Identify priority areas for future service development.

METHODOLOGY

A desktop analysis was performed on data for 82 cases entered on the clinic (SPSS) database that had any service contact from July 1st, 2008 to June 30th, 2009. A sub-group of 47 cases were ‘treated smokers’ i.e. they had initiated a quit attempt and had not quit prior to intervention, in accordance with the Russell standard. In all, 7 of the treated smokers were later ‘lost to follow-up’ during telephone survey.

RESULTS

The main findings were that clinical activity increased by 53% (78 versus 51 sessions) from the previous 12 months. Clinics required 13 hours of time input per week. More referrals from primary care services increased service demand. Self referred cases tended to have a higher ‘failure to attend’ rate (80%) while those referred through services were more likely to attend appointments. As per previous years, 21% of clients self reported a current/previous episode of mental illness that required medical treatment.

38% (n=18) of treated smokers (n=47) initiated a quit attempt. 15 (32%) remained quit at 4 weeks. It was possible to validate 50% of the 4 week quit rates with carbon monoxide testing (reading < 10 parts per million). Accounting for ‘lost to follow-up’ (n=7) the 4 week quit rate was 38%.
CONCLUSIONS

The clinic’s 4 week cessation rates reflect those of previous years. The Russell standard states 4 week quit rates should be 40% (validated) but is difficult to apply to local service evaluation as it was adapted for NHS cessation services. In Ireland, cessation services need to be driven nationally as noted in two recent Irish documents.2,3 Only then will definite conclusions on cessation service performance become possible.

Meanwhile, Clare is one of seven pilot sites for the National Cancer Control Prevention Programme which targets primary care professionals for brief intervention training in smoking cessation. The programme is a valuable opportunity to integrate tobacco service provision which is a key priority identified in this and earlier service evaluations.

REFERENCES

Available on request.
INTRODUCTION

Breastfeeding gives babies the best possible start to life, yet breastfeeding rates remain unacceptably low in Ireland. Factors related to successful breastfeeding outcome are outlined in the WHO/UNICEF Ten Steps to Successful Breastfeeding. Implementation of these ten steps has been proven to increase breastfeeding rates worldwide. The focus of this study is two-fold; firstly, to determine whether mothers intending to breastfeed are being helped to do so within half an hour of birth (Step 4 of the Ten Steps to Successful Breastfeeding), and secondly, to assess the level of training that midwives have in relation to breastfeeding (Step 2).

METHODOLOGY

A total of 118 mothers were recruited from Cork University Maternity Hospital (CUMH). A questionnaire was administered which assessed the level of implementation of Step 4 of the Ten Steps to Successful Breastfeeding (promoting early breastfeeding initiation). A total of 101 midwives were also recruited from CUMH. Midwives were administered a questionnaire which focused on Step 2 (staff education and training). Data was statistically analysed using SPSS.

RESULTS

It was found that 66% of mothers intended to breastfeed. Of these, only 17% reported experiencing all of the factors which have been shown to aid early initiation of breastfeeding after birth. In assessment of the level of training of midwives, it was found that 95% have received specialised training on breastfeeding promotion and support. However, only 15% have had at least three hours of supervised clinical practice, as recommended by the WHO and UNICEF.

CONCLUSIONS

The cumulative implementation of baby-friendly practices must be encouraged. In particular, we should encourage early skin to skin contact and exclusive breastfeeding (i.e. do not supplement breastfed infants with formula). While midwives are well educated in relation to care of the breastfeeding mother and infant, many staff training courses lack supervised clinical practice. Such practice is vital to midwives being more confident and skilled in supporting breastfeeding mothers.
WHO/UNICEF Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all healthcare staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers to initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practise rooming-in i.e. allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

REFERENCES

Available on request.
INTRODUCTION

Health information is a key component in enabling people to make informed decisions about their health and lifestyle choices. The HSE prioritises the need for the public to have access to appropriate health promotion information and that it is available at a local level. A preliminary mapping of health centres in one local administration area of the HSE revealed the absence of a common standard in the range of health information available for public access. It was agreed to pilot a framework to manage the access and use of health information in Health Centre settings.

OBJECTIVE

The primary aim of the project Eolas Sláinte was to develop the provision of health information within five designated Health Centres in one local administration area of the HSE.

METHODOLOGY

Relevant staff from each Health Centre were engaged in the process and the following outline the main actions implemented:

- Reviewing existing health information systems and infrastructure
- Identifying the need for health information as required by service providers and service users
- Standardising the range of health information for display as informed by www.healthpromotion.ie and national health promoting organisations e.g. Irish Heart Foundation
- Raising awareness of ordering methods which enable Health Centres to autonomously meet their own need for health information
- Enhancing the display of health information for public access by providing complementary or replacement literature holders were necessary
- Clare Health Promotion Services supporting Health Centres with implementation and evaluation activities

RESULTS

The following outline the evaluation findings:

- Standardised, up to date and a broader range of health information available in Health Centres for public access and health professional use
- Health Centres developed their capacity to order and maintain health information autonomously using guidelines
• 400 pieces of health information removed from the literature holders across the 5 Health Centres during a 4 week period
• Relevant Health Centre staff integrated the management of health information with their work

CONCLUSION

Access to good health information is a key feature of quality care and so it is important that the public has access to good quality health information to make informed choices. The Eolas Sláinte project stimulated the designated sites to standardise the selection of health information available and enhance its accessibility to the public and health professionals. This project has also demonstrated that it is possible to achieve standards in relation to integrating health information provision within Primary, Community and Continuing Care settings within existing resources.

REFERENCES

Available on request.
INTRODUCTION

The Incredible Years (IY) Teacher Classroom Management (TCM) Programme was designed to (1) help teachers to work collaboratively with parents to address their children’s emotional and educational needs; (2) teach classroom management strategies to optimise pupils’ social and academic development; and (3) support teachers in developing individualised behavioural plans to address the specific needs of children with social, emotional and behavioural difficulties. This evaluation was a follow up to earlier work carried out by Incredible Years, Clare and their implementation of the IY programmes.

OBJECTIVE

By conducting an independent evaluation of the IY TCM programme in Ireland, teachers’ self-efficacy, confidence in their ability to manage the classroom and use of positive teaching strategies could be assessed.

METHODOLOGY

A total of 22 teachers recruited from two primary schools in Co. Clare participated in five classroom management training modules. Teachers ranged in age from 22-60 years (M=32; SD=11.82). The study used a repeated measures single group design.

RESULTS

Gains were observed in teachers’ self-efficacy, positive approaches with parents, and use of limit setting strategies. Learning new strategies and sharing with colleagues were commonly cited as the most helpful aspects of the programme. Use of training material that has not been adapted to an Irish context was the least liked aspect. On the whole, teachers’ ratings of the programme, facilitators and classroom management strategies were very positive.

CONCLUSION

In view of these outcomes and in the context of a broader empirical base for IY teacher training, policy makers may have a reasonable expectation that classroom management training will affect positive outcomes for teachers and pupils.

PRESENTED

As a poster presentation at the 40th Annual Conference of the Psychological Society of Ireland in Wexford from November 5th to 8th, 2009.
INTRODUCTION

Trends across a number of countries including Ireland indicate a high level of part-time employment in post-primary students. Research evidence indicates that such younger workers are at increased risk of non-fatal injury within the workplace, even in sectors traditionally perceived as low risk.\(^1\) There is a case for introducing health and safety awareness at secondary school level.

The Health and Safety Authority has devised a pilot teaching and learning pack for post-Junior Certificate students. The material was piloted in selected schools and evaluated to assess the impact of the programme upon the students’ knowledge of health and safety information and upon their safety beliefs and behaviour, to assess the perceived usefulness of the structure and appropriateness of the content of the module material and to assess the operational aspects of the programme.

METHODOLOGY

The methodology employed consisted of three related strands. A quantitative pre-post survey questionnaire was developed for the students taking the pilot module which measured the change in learning of health and safety information and changes in safety behaviour and beliefs after completion of the module. In addition the students were surveyed on ‘process’ issues, such as the suitability of the material, their likes and dislikes, etc. with regard to the programme. Three discussion sessions were also held with students who had completed the course to add qualitative perspectives to the quantitative information collected. A questionnaire was sent to the 56 participating teachers to assess perceived usefulness, enjoyment, ease of use and acceptability of methods and materials. In total, 64 schools, involving 105 class groups and 56 teachers, were invited to participate in the evaluation. All questionnaire data was analysed using quantitative statistics. Qualitative content analysis was conducted to analyse open-ended questions and discussion group information.

RESULTS

A total of 8 class groups (176 students) acted as a control group. 71 class groups (1,277) students in the intervention group returned pre-intervention questionnaires and 36 groups in total returned post-intervention questionnaires. Therefore, the overall response rate was 46%. Out of the 56 participating teachers a total of 29 completed the post-intervention questionnaire giving a response rate of 52%. The majority of students completing the pilot health and safety module were in Transition Year and were aged between 15 and 16 years (87%). An employment rate of 44% was reported, with many students engaged in long hours of work e.g. 25% reporting work in excess of 11 hours per week. Only 33% of working students received safety training from their employer.
A significant, positive change in knowledge was demonstrated by the intervention group between the pre and post-intervention questionnaire responses. Completion of the module had little influence on student safety behaviour as measured by two questionnaire subscales and had little influence on safety beliefs. The students were generally positive about material, with more enjoying it than not. However, there were indications from the student feedback sessions that the material may have been under pitched. For example, 28% considered the material too easy.

Teachers enjoyed teaching the pilot module, perceived student interest to be high and that interaction in class was good. Time constraint was the most frequently raised difficulty.

**CONCLUSION**

In conclusion, while the pilot version of the health and safety module resulted in significant, positive changes in knowledge, however, minimal changes were observed in student safety behaviour or beliefs. This is consistent with findings in the literature on curriculum-based health education interventions. Programmes that result in changes in behaviour and attitude require multi-component approaches.

**REFERENCES**

Available on request.

**FUNDING**

This research has received funding from the Health and Safety Authority.
INTRODUCTION

Research is vital if we are to improve the health of the population and provide better services. Within this context, Environmental Health Services are reviewing its involvement in research and have been developing a Research Strategy. To inform this process, there is a need to obtain baseline information on current research activity and capacity.

OBJECTIVE

The aim of the study was to establish the nature and extent of research undertaken within environmental health.

METHODOLOGY

An online survey was administered to 583 Environmental Health Officers (EHOs) employed throughout Ireland to establish the level of involvement and priority given to research, research training needs and the impact of research on work practice.

RESULTS

Overall, 251 EHOs completed the online questionnaire. This represents a 43% response rate and is statistically representative at a 95% confidence level (with a confidence interval of 4.67). Less than a fifth (18%) of EHOs have ever been involved in research as part of their job, with 10% involved in research in the last year. Over half (52%) stated that their Environmental Health Department gave low or very low priority to research, with 18% giving research high or very high priority. 94% of those involved in research had to undertake all or most of their current duties whilst working on their last research project. 17% of those who had been involved in research state that there had been changes in environmental health work practice as a result of their last research project. The majority of respondents would like further training in a range of listed research skills (60-86%). 92% of respondents stated that they would be interested in being involved in research within their own department in the future.
CONCLUSIONS

Whilst current research involvement is relatively low, there remains significant scope for future development. A culture of research is evolving. The development of a research strategy for environmental health in 2009 provides the opportunity to build on the progress made to date. Key recommendations included the need to develop a strategic approach to setting research priorities at a national level, including a research component in annual service plans, making research an explicit component of an EHO’s role at all levels, utilising the existing research skills within the HSE and working with third level institutions to develop courses to meet the needs of EHOs.

PRESENTED

At ‘New Horizons in Environmental Health’, the first International Conference on Reducing Environmental Risks and Protecting Health in the Galway Bay Hotel, on March 30th, 2007 by Dr. David Evans.

The full report is available on LENU, the Irish Health Repository website at http://www.lenus.ie/hse/bitstream/10147/51813/1/ehohsewest.pdf
INTRODUCTION

The primary aim of this study was to gain a better understanding of the manner in which team based performance management (TBPM) influences team effectiveness by exploring the extent to which, and the manner in which, team empowerment mediates that relationship. It further sought to examine whether team leaders and team members hold different perceptions and what impact the passage of time might have on those perceptions.

METHODOLOGY

A sample of the population in the research organisation that was using TBPM was surveyed by means of a self-completion postal questionnaire. A cross-sectional research design was chosen and a quantitative methodology adopted. The survey was conducted over a one-month period from June 23rd to July 23rd, 2008.

RESULTS

The findings to the three research questions are as follows:

1. Team empowerment was found to partially mediate the relationship between TBPM and team effectiveness, suggesting that other mediating forces may be at play. Further analysis identified the process characteristics of TBPM as being more influential than the design or contextual characteristics. The lack of a statistically significant effect by the design characteristics was unexpected and requires further study.
2. The study tested for differences in the perceptions of team leaders and team members and found no statistically significant effects. The examination of perceptions by persons occupying different roles in teams is an under-explored area.
3. More attention is now being paid to the temporal dynamics of teams. This study tested for differences in perceptions of respondents with different lengths of experience in using TBPM. It did not find any statistically significant effects.

CONCLUSION

The headline findings of this research, consistent with the conceptual framework for this study, show that TBPM is positively associated with both team effectiveness and team empowerment, and the latter is the generative mechanism through which TBPM largely affects team effectiveness. In doing so the study contributes to the literature by linking not only performance management with team effectiveness, but also team empowerment as an important mediating variable in that relationship.
FUNDING

This research was conducted as part of an M.Sc. which received funding support from the Health Service Executive.

The full report is available on LENUS, the Irish Health Repository website at http://www.lenus.ie/hse/handle/10147/71017
INTRODUCTION

Intersectoral partnerships have been identified as a way of addressing the health challenges facing society. But are they the most effective way of solving health problems? In theory, partnerships achieve synergistic outcomes which are more than can be achieved by individual partners working on their own. It is unclear what factors create this synergy or whether it leads to extra and better outcomes.

OBJECTIVE

This study aimed to determine the key factors that influence partnership functioning and their relationship with partnership synergy and outcomes.

METHODOLOGY

A mixed methods approach was used which combined findings from a mapping study with chairs/leads of 129 partnerships, 5 focus groups with 36 partners, a postal survey of 337 partners in 40 partnerships and 4 workshops attended by 48 partners. The postal questionnaire incorporated a number of specifically designed and validated multi-dimensional scales to assess the contribution of factors that influence partnership functioning and synergy. New validated scales were developed for synergy, trust, mistrust and power. Multiple and logistic regression analysis was used to identify the significance of each factor to partnership synergy and outcomes.

RESULTS

Trust and leadership were shown to be the most important determinants of partnership synergy. Community assets, efficiency and boundary-spanning skills were also significant predictors of synergy. Expert assets and mistrust had a negative relationship to partnership synergy. Although synergy was a significant predictor for outcomes investigated in the postal survey, it explained only a small percentage of the variance in outcomes. Community assets and trust were also significant predictors of many outcome categories. There was little or no relationship between synergy and outputs or outcomes reported by the chairs/leads for partner or partnership level data.
CONCLUSION

Synergy is predicated on trust and leadership. Trust-building mechanisms need to be built into the partnership forming stage and this trust needs to be sustained throughout the collaborative process. We need to develop systems where the best leaders are put forward for intersectoral partnerships. This should be consistent across all sectors and organisations. Successful partnerships need synergy if they are to achieve outcomes. Achieving synergy is not enough, however, and partnerships must also be outcome-focused if they are to be successful in tackling the health challenges facing society.

REFERENCES

Available on request.

FUNDING

This research has received funding from the Health Service Executive, West.
INTRODUCTION

The focus of this research is knowledge assessment at organisational level, using the growth models within endogenous growth theory, OECD indicators of knowledge and intellectual capital and investigating whether this 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, 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. 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 growth, Ireland remains well below the average and has done so for the last two decades. 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. However, we lag behind our E.U. and OECD counterparts as they show 1.77% and 2.26% of GNP respectively. The OECD states that 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. Indeed the OECD 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 E.U. and OECD benchmark of 1.12% and 1.54% respectively. Only in Higher Education Expenditure on R&D (HERD) are we, as a nation, in line with our E.U. and OECD counterparts with regard to R&D expenditure. This has been greatly aided by the Programme for Research in Third Level Institutions (PRTLI). 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. Concerning R&D in indigenous local firms, we rank 15th out of 17 in the same study, just ahead of Portugal and Hungary.

OBJECTIVES

This study will be guided by the following research question: Does the application of a knowledge assessment framework result in improved performance in the health sector?
METHODOLOGY

The approach taken will result in:-

- The formulation of a theoretically based knowledge assessment framework and the evaluation of the suitable constructs and factors of this framework.

The next steps will be to:-

- Evaluate the framework through exploratory and practical use within the health 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

Figure 1 - Knowledge Assessment Framework

This research proposed a multiple 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 using in-depth interviewing, document analysis and non-participant observation.
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.
REVOLUTIONISING HEALTHCARE IN THE SOUTH EAST:
CENTRE FOR EVIDENCE-BASED MEDICINE WORKSHOP AT WATERFORD REGIONAL HOSPITAL

Taking place in Ireland for the first time, the HSE/RCSI Education Centre at Waterford Regional Hospital for three days of last week saw a significant gathering of medical specialties, nursing, midwifery, primary care and allied health professionals – together with HSE librarians – to focus on empowering healthcare professionals with skills necessary to deliver evidence-based practice at the point of patient care.

The 3 day workshop entitled “Evidence-Based Practice Skills for Healthcare Professionals” was co-hosted by the HSE’s Nursing and Midwifery Planning and Development Unit in the South East, medical colleagues in Waterford Regional Hospital, in collaboration with the Centre for Evidence-Based Medicine in Oxford University.

Speaking at the Conference, Professor Fred Jackson (Consultant Haematologist at Waterford Regional Hospital and Dean of Undergraduate Studies for Royal College of Surgeons in Ireland) said:

“Our broad aim is to develop, teach and promote evidence-based healthcare and provide support and resources to doctors and healthcare professionals to help maintain the highest standards of medicine. This workshop was delivered to a range of healthcare professionals from Waterford Regional Hospital and the wider HSE South, with multidisciplinary participation from medical specialties, primary care, nursing and allied health disciplines, and health service management. Participants were assisted in acquiring the skills necessary to locate and critically appraise research evidence by a team of librarians from across the HSE and NHS. Among the workshop facilitators were some of the Europe’s leading EBM specialists, including:

- Dr. Carl Heneghan (Deputy Director of the Centre for Evidence-Based Medicine and Senior Clinical Research Fellow in the Department of Primary Health Care, University of Oxford).
- Dr. Rafael Perera (Lecturer in Medical Statistics in the Department of Primary Care, University of Oxford and Director of Research Methodologies at the Centre for Evidence-Based Medicine).
- Dr. Matthew Thompson (Clinical Lecturer in Primary Health Care and Co-Director of the Oxford Centre for Monitoring and Diagnosis).
- Dr. Daniel Lasserson (Clinical Lecturer in the Department of Primary Care, University of Oxford and Chair of BMJ Primary Care Master Classes)
- Dr. Amitava Banerjee (Tutor for Clinical Studies at Lady Margaret Hall, University of Oxford).
Completing the line up of facilitators were:

- Dr. Norma Goggin (Consultant Paediatrician, Waterford Regional Hospital);
- Dr. Mike Smith (Consultant Paediatrician, Craigavon Area Group Hospital Trust, Northern Ireland);
- Dr. Donncha O’Grádaigh (Consultant Rheumatologist, Waterford Regional Hospital);
- Dr. Paul Crowley (Consultant Physician, Waterford Regional Hospital);
- Dr. Stephanie Dowling (GP, Shandon Clinic Medical Centre, Dungarvan);
- Margaret Conway (Nurse Practice Development Co-ordinator, St. Otteran’s Hospital, Waterford);
- Trish Fitzgerald (Occupational Therapist, Waterford Regional Hospital);
- Fiona McKeown (Assistant Director of Public Health Nursing, Waterford Community Services);
- Patricia McQuillan (Professional Development Coordinator for Practice Nurses, Nursing and Midwifery Planning and Development Unit, HSE South);
- Cathriona Greene (Education Officer, Centre for Nurse Education, Waterford Regional Hospital);
- Dr. Eve O’Toole (National Cancer Control Programme);
- Eithna Coen (Professional Development Officer, Nursing and Midwifery Planning and Development Unit, HSE South) and Joan Gallagher (Professional Development Officer, Nursing and Midwifery Planning and Development Unit, HSE South).

Librarians facilitating at the Workshop included: Ann Daly (Clinical Librarian, Birmingham Women’s NHS Foundation Trust. UK); Brendan Leen (A/Regional Librarian, HSE South East); Jean Harrison (Regional Librarian, HSE North East); Margaret Morgan (Librarian, Midland Regional Hospital, Mullingar); Gethin White (Librarian, Dr. Steevens’ Hospital, Dublin); Pauline Ryan (A/Librarian, Waterford Regional Hospital); Catherine Kennedy (Information Scientist, National Institute for Health Sciences); Anthony Linnane (Regional Librarian, HSE West); Jane Farrelly (Librarian, Kerry General Hospital) and Andrea Talbot (Director, Learning Curve).

**INTRODUCING OPTIMISED SUICIDE PREVENTION PROGRAMMES AND THEIR IMPLEMENTATION IN EUROPE (OSPI-EUROPE)**

The National Suicide Research Foundation (NSRF) is delighted to announce the launch of a new EU-funded suicide prevention project aimed at developing a state of the art concept for the prevention of suicide. *Optimised Suicide Prevention Programmes and their Implementation in Europe (OSPI-Europe)*, a multifaceted suicide prevention intervention which will include activities targeting the general population as well as interventions designed for high-risk groups will be ongoing throughout Co. Limerick between January 2010 and July 2011. The outcomes of the study will provide the first cross-nationally comparable controlled evaluation of a suicide prevention intervention in Europe.

OSPI-Europe builds on previous work by the Nuremberg Alliance against Depression (NAD) and the European Alliance against Depression (EAAD) in the development of a multi-level suicide prevention intervention. The NAD programme, which was rigorously evaluated, resulted in a 24% reduction in suicidal acts (both fatal and non-fatal) in the Nuremberg area, which was highly significant when compared to corresponding changes in a control
region. The Nuremberg concept was later expanded to 17 other European countries, a development known as the European Alliance against Depression (EAAD). In Ireland, the EAAD was conducted in counties Cork and Kerry between 2005 and 2008. OSPI–Europe builds on the experiences of both EAAD and NAD.

The NSRF has worked in close collaboration with partners in 12 different regions throughout Europe to review and evaluate current strategies for suicide prevention, and to combine the strategies for which evidence is available in order to develop an optimised 5-level suicide prevention intervention. Implementation and evaluation of the optimised multi-faceted suicide prevention intervention will be taking place in 4 European countries, including Ireland. In Ireland, Co. Limerick has been selected as the intervention region. Based on the optimised 5-level intervention, advanced workshops on depression and suicidal behaviour for GPs, workshops on depression and suicidal behaviour for a wide range of community facilitators (e.g. pharmacists, Gardaí, clergy, teachers), a public awareness campaign, initiatives aimed at high risk groups and efforts to restrict access to lethal means will be ongoing in Co. Limerick between January 2010 and June 2011.

The NSRF has linked in with and received strong support from the HSE Mental Health Directorate in Limerick. For further information on training workshops, or to receive information materials that have been developed as part of the OSPI-Europe initiative in Co. Limerick, please contact Claire Coffey at the National Suicide Research Foundation on 021-4277499, or email: claire.nsr@iol.ie

**PALLIATIVE CARE FOR ALL - ESTABLISHING A FRAMEWORK FOR PALLIATIVE INTERVENTIONS IN DEMENTIA CARE - LEARNING FROM EXPLORATORY RESEARCH PROJECT**

The joint Irish Hospice Foundation/HSE report *Palliative Care for All: Integrating Palliative Care into Disease Management Frameworks* (2008) examined the palliative care needs of people with life-limiting diseases other than cancer, including people with dementia, and sought to identify ways that the palliative care model could be extended to those patients within Irish healthcare. This is one of 3 exploratory/action research projects arising from one of the report’s key recommendations. The project is funded by the Irish Hospice Foundation and the Alzheimer Society of Ireland and is supported by the HSE.

Person-centred care is advocated for all dementia services and reflected in recent national strategy for older people. A holistic integrated approach improves outcomes and reduces distress for persons with dementia and their families. This integrates with the principles of palliative care. It is widely accepted that palliative care should be included in the care pathway of people with dementia. The report highlights the need for better structured and more widely available dementia-specific services which include access to palliative care.

The care pathway for people with dementia can potentially interface between

- Primary and community care
- Acute care
- Medicine for the Elderly
- Psychiatry of Old Age
- Voluntary service providers and
- Residential care settings
Non-specialist palliative interventions would need to be embedded within all of these services and care settings.¹

The goal of the exploratory research study is to:

- devise, implement and evaluate appropriate palliative responses for people with dementia within an Irish healthcare context
- identify potential palliative responses and mechanisms for their inclusion in the care pathway
- Identify key personnel in delivering these responses, and provide appropriate educational material and resources
- Highlight the benefits of person-centred care in identifying palliative care needs for people with dementia
- Identify the role of primary caregiver and family
- Further examine the potential role of Specialist Palliative Care in palliative care for people with dementia and evaluate the benefit of palliative interventions for patients, families/carers and staff
- Recommend service models based on evaluation
- Highlight ethical issues arising in relation to consent and capacity issues

Action research has proven to be effective in closing the theory-practice gap, is suited to small scale projects to effect change locally and facilitates collaboration.²,³

This project is a small-scale research and intervention-based exploratory study based at Cappahard Lodge, a residential facility operating under the Clare Mental Health Services for Older People. The focus of this service is the provision of person-centred, specialist dementia care. The lead applicants in the study are the Specialist Consultant Psychiatrist and the Assistant Director of Nursing. The residential nursing and multidisciplinary team will actively participate in the study. A local general practitioner will also be a key partner in the project which is supported by the local Palliative Care Service in Milford.

The anticipated outcomes of the project are:

- Clarity on nature and timing for palliative interventions for people with dementia in residential and/or community settings
- Identify how these interventions can be included in routine assessment and care of people with dementia in a variety of practice settings
- Development of guidelines for introduction of palliative interventions and referral to specialist palliative care
- Development of education materials to assist key personnel in delivering palliative interventions
- Identification of potential future research in policy and practice

Contact Details:
Michele Hardiman RPN, RGN, Hdip, MA Health Management,
Assistant Director of Nursing, Clare Mental Health Service for Older People, Cappahard Lodge, Ennis, Co. Clare
Tel: 065-6865440

Dr. Tom Reynolds MD (Lond) MB MMedSci (NUI) MRCPsyc,
Consultant, Clare Mental Health Service for Older People, Cappahard Lodge, Ennis, Co. Clare Tel: 065-6865440

Angela Edghill, Irish Hospice Foundation Tel: 01-6793188
OPHTHALMIC NURSES’ STUDY DAY, LIMERICK

The 1st Ophthalmic Nurse’s Study Day was held in the Mid-Western Regional Hospital in May 2009. Many exciting changes have occurred in recent years in ophthalmology and it was decided to hold the event as a learning experience for nurses in the outpatients’ department, the ophthalmic ward and the ophthalmic theatre. Because all departments are involved in patient care, it was seen as vital that all departments were kept up to date with these changes in order to provide more effective patient care.

Some excellent speakers provided presentations on a broad range of topics including:
- Anaesthetics in ophthalmology,
- Pre-assessment of the ophthalmic patient
- Visual field testing
- Ocular trauma
- Macular degeneration
- LASIK and LASEK
- Cataract surgery evolution and advances in lens technology

There was also a personal account of working as a nurse with the eye charity Orbis International which was well received by the group. Thanks to everyone who put so much effort into their presentations.

There was a very large turnout on the day. The organisers wish to thank Alcon Ireland for kindly sponsoring the event which was held in the Postgraduate Medical Centre. As a result of the very positive feedback it is hoped to make this an annual event, with the possibility of opening it up to other ophthalmic units in the country. Currently the only other event of this kind is held in Dublin.

The next Ophthalmic Nursing Study Day is planned for May 2010, date and topics to be confirmed. There has been an expression of interest to include OCT and fluorescein angiography, retinal surgery, therapeutic laser treatments, diagnostic procedures in the outpatients’ department among others but these will be confirmed closer to the date. Informal enquiries can be made to Christine Aherne at christine.aherne@hse.ie or Michele Ryan at michele.ryan@hse.ie

STROKE SUPPORT WEBSITE WWW.STROKESUPPORT.EU

The “Stroke Unit Limerick” Charity received funding from the National Lottery to develop a website. This website was designed to provide information for those who have had a Stroke and more specifically to provide local information to those in the Mid-West region of Ireland.

Health professionals from the Stroke Rehabilitation Unit, St Camillus’ Hospital in Limerick provided the content, with web design by Harris Sheikh, Intersource Group (Ireland) Ltd. The website was officially launched on the April 22nd, 2009 by the then Mayor of Limerick John Gilligan in Limerick City Hall.
The content of the website includes a comprehensive FAQ section, general information about stroke, details of the Stroke Unit in St Camillus’ Hospital and the role of health professionals involved in stroke recovery. There is also a section about the Mid-West Stroke Support Club. In addition the site provides links to other useful organisations for those who have had a stroke and their family members.

Please feel free to browse through the website and contact us with any feedback or queries.

TEDDY BEAR BOOKLET WINS AWARD!!

The teddy bear booklet is a story of Teddys’ visit to the Surgical Day Unit, incorporating the sequence of events that Teddy will follow when coming to the Day Unit from their initial admission on the ward, admission to the theatre, anaesthetic and recovery room care.

The Teddy booklet which was developed by the Day Theatre staff in the Mid-Western Regional Hospital, Limerick, is sent to the child pre-admission to help educate both the parent and the child in a way that will be understood by the child and reduce the anxieties of the parent and the child.

The booklet was presented at the Irish Nurses Organization, Operating Department Nurses Section, Annual Conference 2009 as it won 1st prize in the Fannin Education Award. As a result, the first edition has been launched and the development of a future edition will incorporate the result of an ongoing audit to facilitate high quality evidence-based practice.
The University of Limerick announced the appointment of Professor Colum Dunne as Director of Research of the Graduate Entry Medical School on October 20th, 2009.

Head of the Graduate Entry Medical School, Professor Paul Finucane welcomed the appointment in saying; “Professor Dunne has an accomplished record of research and innovation and we are privileged to have his expertise at the helm of our research strategy.”

Professor Colum Dunne earned a BSc (Hons) and PhD at University College Cork, Ireland and a MBA with the Open University. After his PhD and Postdoctoral work, Professor Dunne joined Ireland’s National Food Biotechnology Centre in 1998 as Programme Manager with responsibility for co-ordination of probiotic- and prebiotic-related scientific projects, completion of multi-centre clinical trials focused on intestinal health with emphasis on Crohn’s Disease and Ulcerative Colitis, and aspects of intellectual property management.

In 2001, Professor Dunne was appointed to the role of General Manager of what was then Ireland’s only research centre focused solely on cancer prevention and therapy, investigating the therapeutic potential of functional foods in addition to emerging aspects of medical devices and controlled gene therapy.

Professor Dunne joined Glanbia Nutritionals in 2004 and was a Director with responsibility for Research and Development. Glanbia has research facilities at its Innovation Centres in Kilkenny and Idaho in addition to R&D teams in the US, Germany, China, and Nigeria. Glanbia Nutritionals delivers innovative, science-based nutritional solutions to the global nutrition industry. These include bioactive ingredients with proven health or athletic performance-enhancing benefits and novel antimicrobial agents.

During that period Professor Dunne was also a Director of Westgate Biological, a biotechnology company commercialising a novel patented broad spectrum antimicrobial agent (which is especially effective against MRSA). Speaking on his appointment; Professor Dunne said; “The Graduate Entry Medical School will complement and further integrate the clinical and health-oriented research ongoing at University of Limerick and its teaching hospitals. The students at the school bring to the university their experience of diverse educational backgrounds.
and this culture of inclusivity will be reflected in the capacity and scope of the research agenda. Promotion and support of ongoing and emerging research themes will enhance the graduate students’ learning experiences as they continue to be exposed to multidisciplinary teams actively working towards promotion of life-long health, clearer understanding of the impact of illness, and development and assessment of innovative therapeutic options.”

Colum has published extensively and is an inventor on a number of commercialised patents. He is married to Suzanne and lives in Kilsheelan, Co. Tipperary.

**THE BRAIN: THE FINAL FRONTIER**
**LEADING NEUROSCIENTIST APPOINTED PROFESSOR OF PHYSIOLOGY AT UL**

So what’s in YOUR head? This is the question Professor Billy O’Connor posed in his inaugural lecture, *The Brain: The Final Frontier* on the occasion of his appointment as Professor of Physiology in the new Graduate Entry Medical School (GEMS) at the University of Limerick on October 28th, 2009. Using a basic understanding of brain structure, Professor O’Connor explained what makes the brain work and considered if it is possible to find an explanation “in our heads” for such human states as happiness, creativity and stress.

Professor O’Connor is a leading figure in neuroscience research with almost 30 years experience in research and teaching in medical schools both in Ireland and Sweden and further collaboration with research scientists across 16 countries. He is one of the most cited neuroscientists in the country, with over 200 refereed publications to his name.
Exploring the brain’s vital statistics, O’Connor tells us; “Twenty per cent of an individual’s energy is dedicated to maintaining a brain that is only 2% of the average bodily weight - about 3lb. More than half of an individual adult’s genome (the full complement of human genes) will be dedicated to the continuing process of regulating the brain after birth. If an individual’s entire genetic code within all the cells of a single human body were to be stretched out in a single line, it would reach to the moon and back 100 times.”

“Sprouting from each neuron are branches of bushy ‘dendrites’ which make contact with immediate, or remote, neighbouring neurons. Magnified by an electron microscope, they look like luxuriant, gently swaying kelp. The bafflingly complex combinations of connections produced by the dendrites of the 100 billion neurons in one person’s brain are said to exceed the number of particles in the universe.”

Professor O’Connor discussed the split between left and right brain and how we choose specific sides of our brain for a variety of daily tasks. “This choice is shaped throughout our life by such things as education or experience. Most children, before starting education, are proved to be highly creative, which is domain of the right brain. Our education then teaches us mostly left brain skills such as mathematics or language. The statistics show that by the adulthood, only 2 percent of the educated population retain their high creativity.”

“There are also people who have no brain preference and their hemispheres co-ordinate together when performing a task. They are said to have optimum mental ability. This co-ordinating ability may be the key to people’s higher intelligence. An important recent finding is that mood seems also to follow this asymmetry - with positive moods located in the left hemisphere and negative moods located in the right hemisphere.”

However, experiments on Tibetan Buddhist monks have shown a correlation between transcendental mental states and gamma waves. “According to recent findings on seasoned meditators regular meditation can dramatically increase gamma brain wave patterns in the frontal and parietal lobes and this finding may alter our understanding of mental health and provide new opportunities to learn healthy habits to lift our mood and enhance our brain’s longevity.”

Professor O’Connor explains how our brains can change and adapt to our conditions and challenges; “The most important discovery from neuroscience to date is that the brain is plastic. The brain is constantly re-wiring itself from the inside out depending on how we choose to use it. Each brain is essentially a work-in-progress and recent experiments show that exercise can enhance this process while stress seems to work against it. Neurons change their connections in response to new experiences. This finding offers new therapies for helping stroke victims regain lost movement. We have a constantly changing brain in a constantly changing world.”
Researchers at the graduate entry medical school (GEMS) have just received a significant financial award to pursue ultrafast separation of biomolecules on microchips. Microchip electrophoresis (MCE) is seen as the future of separation science, and will result in clinical separations being performed in a matter of seconds or milliseconds. This technology has allowed for some of the fastest ever separations to be realised, and will have a huge impact on clinician waiting periods for patient laboratory results. What previously took up 30 minutes may now be performed in a matter of seconds or milliseconds. These electrophoretic separations can take place on 2.5 cm chip platforms as opposed to previously required 30 cm platform lengths. By application of an external voltage to drive the separation, these miniaturised electro-driven separations result in highly efficient analytical readouts, and also may reveal more information in millisecond timelines.

This research will involve designing novel plastic and glass microchip devices for high speed separation of clinically relevant biomolecules with a view to performing online analysis, representing state of the art in separation science. GEMS plan to focus on important biomolecules such as histamine, a biological amine which has major implications for severe psoriasis sufferers.

This exciting research project will bring together the highly specialised skills of research design engineers at the Tyndall National Institute in Cork, and the prestigious research team of Professor Dr. Belder in Germany, a former Max-Planck researcher who is internationally renowned for his contribution in ultrafast chip separations. The Tyndall Institute is well known for its advancement in the area of microfabrication. Its state of the art clean rooms and other facilities will allow for the custom design of an array of novel microchips, specific for electrophoretic applications. The GEMS have significant expertise in separation science, and are very excited about the findings of this important research project, which could irreversibly change the way in which chemical analysis is performed in a clinical setting. The funding was awarded through the National Access Programme (NAP) run by the Tyndall National Institute in Cork, and sponsored by SFI. For more information on this project please contact:

Dr. Elizabeth Guihen,
Graduate Entry Medical School,
Faculty of Education & Health Sciences,
University of Limerick,
Limerick,
Ireland.
Tel: 00-353-(061)-234701
E-Mail: elizabeth.guihen@ul.ie
One of the world’s leading biomedical engineers and researcher in nanotechnology and cancer detection, Professor Gang Bao of the Georgia Institute of Technology delivered a keynote lecture at the University of Limerick (UL) on October 29th, 2009. Professor Bao’s lectures were delivered as part of the Distinguished Lecture Series at the Materials and Surface Science Institute (MSSI) and were entitled; ‘Nanomedicine: Developing Nanotechnology for Medicine’ and ‘RNA Detection in Living Cells Using Molecular Beacons.’

Professor Edmond Magner, Director of MSSI welcomed Professor Bao in saying: "We are delighted to host Professor Bao at MSSI and have him share his experiences with our research faculty. Developments in nanotechnology provide exciting possibilities for medicine and in particular disease detection, treatment and prevention. Professor Bao is leading research that will address some of the most vital medical challenges of our time."

Professor Bao applies nanotechnology to the tiny world of genes and proteins, working to make the world a healthier place one nanoparticle at a time. His research programme includes developing method to detect cancer cells, cardiovascular disease and most recently he is working on a new method of detecting pancreatic cancer. A Professor in the Wallace H. Coulter Department of Biomedical Engineering at Georgia Tech and Emory University, Bao uses molecular beacons, nano-sized biomarkers that seek out certain disease-indicating genes and glow when they find them, to create new methods for early disease detection, imaging and drug delivery.

These beacons can be used to detect disease in its earliest stages and give doctors a much better understanding of how genes contribute to illness. Because the dots glow with a spectrum of bright, fluorescent colours, it is hoped they will improve the sensitivity of diagnostic tests for molecules that are difficult to detect, such as those in cancer cells.

A Georgia Tech and Emory University research group lead by Professor Bao was recently awarded $11.5 million to establish a new programme focused on creating advanced nanotechnologies to analyze plaque formation on the molecular level and detect plaque at its early stages. The group will study ways to use molecular beacons and other nano-sized markers to predict and study cardiovascular disease by detecting minute amounts of plaque along artery walls and even cells that may eventually foster plaque build up.

The ability to detect, localize, quantify and monitor the expression of specific genes in living cells in real-time has the potential to offer unprecedented opportunities for advancement in molecular biology and medicine. Many of the current research projects of the laboratory team lead by Professor Bao’s Lab are focused on RNA detection in vivo as related to important biological questions, such as the dynamics of gene expression, RNA transport, localization and co-localization, RNA-protein interactions, and RNA stability. On-going research also includes in vivo targeting of cell-surface receptors using magnetic nanoparticles, and tagging/targeting of proteins in living cells using quantum-dot based probes. These approaches are being applied to the detection, analysis and diagnosis of cancer, atherosclerosis, and viral infection.
**MEDICAL SCHOOL RESEARCH FORUM, JANUARY 2010**

The Annual Medical School Research Forum will take place on January 20th, 2010 in the Jean Monet theatre.

The Research Forum is the brainchild of Professor William O’Connor and is intended to introduce the Graduate Entry Medical Students to the full spectrum of research. The programme and the presentations from 2008 and 2009 are on the Medical School website at [http://www2.ul.ie/web/WWW/Faculties/Education %26 Health_Sciences/Departments/Graduate_Medical_School/Research](http://www2.ul.ie/web/WWW/Faculties/Education %26 Health_Sciences/Departments/Graduate_Medical_School/Research).

The keynote address at this forum is now formally referred to as the Samuel Crumpe Lecture. This was decided by our Research Committee some time ago when Professor Pierce Grace suggested that we honour this long dead Limerick Physician Scientist. The identity of the 2010 Keynote Speaker is yet to be confirmed.

A number of the students have worked on proposals to the HRB and other funds for Summer Research Scholarships with presenters whom they first met at the Research Forum. To date, seven of our students have won such scholarships.

**DR. KEVIN KELLEHER, HSE AWARDED SPECIAL UL HONOUR**

The University of Limerick (UL) awarded one of the University’s highest and most special honours, the University of Limerick President’s Medal to Dr. Kevin Kelleher, Assistant National Director of Health Protection, HSE and first Chair of the UL Research Ethics Committee on October 16th, 2009.

Speaking at the award ceremony, UL President, Professor Don Barry said; “We are fortunate to have such an accomplished individual as Dr. Kelleher head up our first Research Ethics Committee. There is no doubt that his work over the past 10 years has made a tremendous contribution to our research faculty. Dr. Kelleher has given freely of his time, his esteemed counsel and will forever be regarded as a great friend of UL. This is the first President’s Medal to be granted under my tenure and it is a special pleasure and honour to present it to someone who has made such a lasting contribution to this institution.”
Dr. Kelleher was appointed as the first Chair of the UL Research Ethics Committee (ULREC) in 1999. As the research programmes developed and expanded, a research ethics committee became vital to the strategy and vision of the research programme. The work of the ULREC involved formulating a clear protocol and standardisation across the board to offer researchers benchmarks of acceptable ethical codes of practice. Over the last 10 years the work of the committee has proved vital to UL’s research success and a professional ethical code of practice has been well established for research at UL.

In his previous roles, Dr. Kelleher was Director of Public Health Mid-Western Health Board and of Wolverhampton Health Authority in England.

As Assistant National Director of Health Protection in the HSE, Dr. Kelleher heads up the area of Health Protection which ensures the public are protected from infectious diseases and from harm as a result of environmental hazards. He has been involved in a number of high profile projects including the two largest environmental investigations in the country - Askeaton and Silvermines and the setting up of the Irish Cervical Screening Programme. His research ethics experience has including chairing Hospital, Public Health and University research committees and he was also a participant in the European project for Public Health Ethics EUROPHEN 2003-2007. Dr. Kelleher’s role also includes leading on Health Care Acquired Infection for the HSE, the integration of the national infectious disease surveillance function with that of the national infectious disease control function and the national immunisation programme.

The University of Limerick President’s Medal is a unique award made to individuals who have helped to advance the mission of the University. The Medal was last awarded in 2007 and previous recipients include Pat Cox (President, European Parliament), Peter V. Delaney (Professor of Surgical Science, UL and Consultant Vascular Surgeon, Mid-Western Health Board), Jim McEnery (GM, Boart Longyear) and members of the original UL Project Group 1968 -1972.

UL MEDICAL SCHOOL EXPLORES SUSTAINABLE MENTAL HEALTH CARE PRACTICES

As part of the Conference on Sustainable Global Development, the Graduate Entry Medical School at the University of Limerick hosted a roundtable discussion on ‘Sustainable Mental Health Care Practices’ on Friday October 16th, 2009.

Pictured L. to R. Brother Mark Patrick Hederman, OSB Elected Abbot of Glenstal; Professor Bill Shannon, Director of Education at the UL Graduate Entry Medical School; Professor William T. O’Connor, Chair and Head of Teaching and Research in Physiology at the Graduate Entry Medical School; Dr. Tony O’Brien, Medical Director of Marymount Hospice and Consultant Physician in Palliative Medicine at Cork University Hospital; Helen Coughlan, Education, Training and Development Co-ordinator with Headstrong, the National Centre for Youth Mental Health; Dr Declan Aherne, Head of Counselling at UL
The roundtable discussion was chaired by Professor Bill Shannon of the UL Graduate Entry Medical School and will include guest speakers; Professor William T. O’Connor, (UL Graduate Entry Medical School), Abbot Mark Patrick Hederman (Glenstal Abbey), Helen Coughlan, (Headstrong), Dr. Declan Aherne (UL Counselling), Dr. Tony O’Brien (Marymount Hospice and Cork University Hospital).

Speaking about the forum, Professor Shannon said; “There is a discernable shift in how we are thinking about and responding to mental health and mental ill-health. The public debate is shifting from a focus on pathology, treatment and hospitalization to a more strengths based view of human nature that highlights resilience, positive mental health and recovery.”

The panel of experts explored the nature of mind and brain in the context of developing sustainable mental healthcare strategies.

Helen Coughlan’s work with Headstrong, the National Centre for Youth Mental Health, illustrates how the voice of young people can be a powerful force in shaping service delivery and reform.

Speaking about the event Coughlan said; “The discussion will explore the importance of prioritising the voice of young people in developing meaningful, responsive and sustainable youth mental health services as being essential to the shaping of our mental health services. Headstrong are committed to involving young people in shaping mental health services and supports that work for them.”

The Conference on Sustainable Global Development, sponsored by Irish Aid, the Government’s programme for overseas development, drew more than 160 academics and practitioners working in international development and development education to the University of Limerick. The conference was designed to promote development and development education in third-level institutions and featured papers, symposia, educational workshops and audio-visual presentations by attendees from Africa, Latin America, Asia and Europe.

The event was launched by Peter Power, T.D. and Minister of State for Overseas Development and also included international keynote speakers Roger Riddell and Ana Valadez.

For further information about the conference go to: http://paulo.ul.ie/developmentconference2009/.

UL MEDICAL STUDENTS START CLINICAL TRAINING

Seen here, the University of Limerick Graduate Entry Medical School class of September, 2007 gathered at the beginning of the third year of their four year course with some of their professors and clinical tutors. Sixteen of these students are now enjoying working in Paediatrics, Obstetrics & Gynaecology and Psychiatry while sixteen others are working through their eighteen week placements in GP practices where they are learning about health and illness in primary care settings.
On September 24th and 25th, 2009 Aoife McGuire and Mary O’Dwyer, Senior Speech and Language Therapists, provided a two day workshop as part of Continuing Professional Development Training for 30 Speech and Language Therapists (including three managers) at the University of Limerick. This was a joint University of Limerick and HSE Mid-West regional initiative.

The workshop aimed to provide Speech and Language Therapists with the current evidence base around the multi-factorial nature of stammering onset and development, to identify principles on which to base assessment and therapy decisions, to develop knowledge and practice in the use of modification therapy (both stammering behaviours and feelings and attitudes), and in the use of avoidance reduction therapy and an overview of alternative and combination treatments of under 8’s to incorporate more family-based programmes with increased focus on desensitisation and parent support. The workshop received over 20 applications beyond its capacity and the 30 who did attend participated enthusiastically throughout the two days with course evaluation forms indicating an increase in knowledge and competence in providing therapy for people who stammer.

It is invigorating to see the number of Speech and Language Therapists with a special interest in working with this client group and the level of interest the workshop generated among the profession.
‘GETTING THE BALANCE RIGHT’ - IMPROVING BALANCE, REDUCING FALLS RISK AND REDUCING THE EFFECT OF FATIGUE FOR PEOPLE WITH MS

The results of the ‘Getting the Balance Right Project’ were launched on  September 27th, 2009 at MS Ireland’s Annual Conference in the Clayton Hotel in Galway.

At the launch Minister Éamon Ó Cuív congratulated MS Ireland and the Physiotherapy Department at University of Limerick on their collaborative work. The project not only delivered physiotherapy and exercise interventions for people with MS, but also had a research element evaluating the effectiveness of the programmes. Aidan Larkin from MS Ireland’s Galway office co-ordinated the project, and the research team at UL included Dr. Susan Coote, Maria Garrett, Neasa Hogan and Marie O’Donnell.

Just over 1,600 people with MS took part in the nationwide, physiotherapy and exercise programmes for people with MS. The project was made possible through funding by Tesco (Charity of the year 2006) and the Pobal Dormant Accounts Flagship Fund. All participants received an assessment from a Chartered Physiotherapist and took part in 10-week programmes, tailored to their level of mobility. A total of 504 of those participating also took part in research profiling the benefits of physiotherapy, yoga and instructor-led gym classes.

The findings include statistically significant improvements in balance, and reductions in fatigue and the impact of MS. For people with MS who use a wheelchair the research looked at whether physiotherapy treatments should be delivered intensively, once a day for 2 weeks, or once a week for 10 weeks which is the current standard and looked at the impact of MS using the MSIS 29, range of motion and the carer burden rating scale. This was a pilot study of 20 people with MS. The findings suggest that having physiotherapy significantly reduces the impact of MS. The results also suggest that if we want to influence range of motion that we should deliver the treatment intensively, but that from the point of view of the carer that it may be better to have physiotherapy treatment once a week.

A total of 146 people took part in this study which looked at people with MS who use two sticks, or crutches or a walker and compared physiotherapy in a group, in a 1:1 setting, group yoga, or a control group that were asked not to change their exercise habits. Both group and 1:1 physiotherapy had a statistically significant reduction in the impact of MS, and reduction of fatigue. The physiotherapy treatments consisted of balance and strengthening exercises that aimed to improve mobility. The most striking finding was the balance increases, which averaged a 20% increase and were both statistically significant, and passed the threshold for clinically important change.
It was notable that 25% of the physiotherapy group moved from a category of moderate risk of falls, to that of mild risk of falls. Falls and the injuries resulting from them have a significant impact not only for the person with MS in limiting their ability to work, or live independently, but also on the health service. Preventing falls and hospital admissions is essential and this programme is strong evidence of the role of Chartered Physiotherapists in preventing falls and the subsequent problems for people with MS.

In the study which looked at people with MS who have milder disability and use at most a stick to walk outdoors, 338 people took part, and again, there are significant findings. All three exercise programmes, physiotherapy-led, fitness instructor-led and yoga classes demonstrated statistically significant reductions in the physical and psychological impact of MS. This supports the international research which shows that being physically active is beneficial for people with MS and it is essential that we find a way to promote this.

The most striking finding in this group was the reduction in fatigue levels. Up to 93% of people with MS report having fatigue and it is a significant barrier to employment and to the ability of people with MS to participate fully in the lives which they choose to live. 23% of people who took part moved from a score which suggested clinically meaningful fatigue which significantly impacts on their lives, to a category of non-fatigued, this was greatest in the physiotherapy and fitness instructor-led groups. The physiotherapy and fitness instructor-led groups also had a statistically significant improvement in walking speed which wasn’t seen in the yoga group.

In summary these results clearly demonstrate how physiotherapy and exercise interventions can play a role in minimising the impact of MS, reducing impact on carers, and most importantly in preventing falls and fatigue related issues for people with MS.

Anne Winslow, Chief Executive of MS Ireland, says the results prove the benefits people have experienced through the programmes, “The findings very much reflect what people feel themselves. Not only are they experiencing improvements in their mobility, strength and balance, they are also enjoying making friends through the group nature of the programme and are benefitting from a greater sense of control over their condition. It is having a real and tangible affect on people’s ability to take part in their communities; from the young mother who can read to her kids because she is less tired or the man who doesn’t need to give up work because he can now mange the stairs to the office. ‘Getting The Balance Right’ is making a significant difference to the quality of life people are experiencing.”

The collaboration between MS Ireland and Dr. Susan Coote’s research team at UL will hopefully continue well into the future. The focus of our work now is to continue the programme. We will be making presentations to Local Health Officers and Disability Managers within the HSE to advise them on the best ways to provide physiotherapy for people with MS. For example, we would like to see community physiotherapists running more group physiotherapy programmes. This would significantly increase the number of people benefiting from physiotherapy with no additional staff needed. We will also be providing tool-kits for physiotherapists, outlining ways to adapt the programme for their clients with MS.
Health Research Board (HRB)
Funding in 2010

- HRB/Marie Curie Post-doctoral Mobility Fellowships 2010
  Opening Date: 1 October 2009
  Closing Date: 8 January 2010
  For further information visit www.hrb.ie

Wellcome Trust
The Wellcome Trust offers grant support in the following areas:
- Biomedical science; Investigating health and disease in humans and animals
- Medical humanities; Research into biomedical ethics and the history of medicine
- Public engagement; Exploring science and society and promoting public engagement with science.
- Technology transfer; Supporting proof-of-concept research and development for new healthcare products
- Capital funding
- Strategic awards; Adding value to excellent research groups
For further information visit: www.wellcome.ac.uk

Science Foundation Ireland (SFI)
For further information about current and rolling calls, visit www.sfi.ie

EU Funding
Information is currently available on www.welcomeeurope.com

Enterprise Ireland
For detailed information on:
- Support for third level researchers
- Support for research performing organisations
Visit www.enterprise-ireland.com

Irish Research Council for Science, Engineering and Technology (IRCSET)
For details on:
- INSPIRE and EMPOWER postdoctoral fellowships
- Postgraduate scholarship scheme
- Enterprise partnership scheme
Visit www ircset ie
NATIONAL INSTITUTE OF HEALTH SCIENCES RESEARCH SEMINAR SERIES

The National Institute of Health Sciences is hosting a Research Seminar Series in December 2009 and January 2010 for healthcare professionals in the region. The purpose of the series is to provide advice and assistance to those who wish to undertake a research project in their own clinical environment.

There are five sessions in total and we are fortunate to have a very accomplished list of speakers, each an expert in their own field. The University of Limerick, Limerick Institute of Technology and the HSE have made a significant contribution to the event. The topics in this series include:

- Literature Review - Professor Billy O’Connor, Head of Teaching and Research in Physiology, University of Limerick
- Critical Appraisal & Finding the Evidence - Mairéad Cowan, HSE & Catherine Kennedy, NIHS
- Qualitative Research Methods - Dr. Frank Houghton, Limerick Institute of Technology
- Quantitative Research - Dr. Jean Saunders, Statistical Consulting Unit, University of Limerick
- Guest Speaker - Professor Colum Dunne, Director of Research, Graduate Medical School, University of Limerick

The series is taking place in the Savoy Hotel in Limerick and we hope the attendees will find the sessions very beneficial to them in completing their own research goals.

UPDATE ON CSTAR OCTOBER 2009 - CSTAR IS TO BE OFFICIALLY LAUNCHED SOON

Funded by the Health Research Board, CSTAR (Centre for Support Training and Research) offers a support and advisory service in quantitative and qualitative research that is open to all health researchers in Ireland - including biomedical, translational, clinical, epidemiological, general practice, professions allied to medicine and health service researchers. Individuals and groups availing of the services and programmes may come from health care agencies (public and private), primary, secondary and tertiary care, academic institutions and non-profit research institutes and organisations.

With consultancy units in University College Dublin and University of Limerick, CSTAR widens the availability of research support across Ireland allowing individuals, companies and institutes to build lasting relationships with experienced academics. Rather than relying on ad hoc arrangements, CSTAR becomes an integral part of your research team providing targeted support and input as required.

Using one-to-one consultations, training courses (both standard and bespoke), seminars and awareness-raising events, CSTAR provides health researchers with a repository of information on methodological developments and best practice in health-related research methods.

PLEASE NOTE: CSTAR at the University of Limerick is situated within the Applied Biostatistics Consulting Centre (ABCc) within the Graduate Entry Medical School (GEMS). However HSE Midwest Personnel can still contact Dr. Jean Saunders, Executive Director, ABCc at the address below for statistical help with research from planning to analyses under the previous arrangement with the HSE Midwest - these consultations and any further

| BACK TO CONTENTS |
work carried out will not be charged for while the present arrangements continue. Health researchers within UL can also continue to get help freely through the ABCc at UL under the present internal UL arrangements.

All other HSE area staff and other health researchers will need to contact CSTAR for help. CSTAR can be contacted at either UL or UCD and the appropriate consultant will be assigned to the client. The first hour’s consultation will be free, subsequent work will usually be charged for.

Should you wish to arrange a consultation, or enquire about future training courses, please contact us as follows:

Dr. Jean Saunders  
Executive Director  
Statistical Consulting Unit / (ABCc) / CSTAR  
Graduate Entry Medical School  
Faculty of Education & Health Sciences (Affiliated to Department of Mathematics and Statistics)  
University of Limerick  
E-Mail: jean.saunders@ul.ie, Web: http://www.ul.ie/scu/

Or ring:  
Dublin office +353 (0)1 716 2076, Limerick office + 353 (0)61 213 471, Or e-mail: cstar@ucd.ie

A new CSTAR web page will be launched on the UCD website soon. A CSTAR web page is already available within the UL SCU website above i.e. http://www.ul.ie/scu/

ALERT  
ALERT (Acute Life-threatening Events Recognition and Treatment), a one day course was developed at the Queen Alexandra Hospital, Portsmouth, UK, by Professor Gary Smith. ALERT has been specifically designed to address a high level of sub-optimal ward care, whilst also focusing on the anxieties of ward staff and their areas of perceived weakness when managing acutely ill patients. It sets out a simple assessment and management system that is applicable to both surgical and medical patients, and can be used by doctors, nurses, physiotherapists and paramedics.

AIMS  
ALERT emphasises:  
- Good Communication skills  
- Teamwork  
- Establishing Resuscitation status  
- Calling for Help  
- Monitoring the patient  
- Treatment and Management plan

BENEFITS  
- Established course with proven track record  
- Genuinely multi-disciplinary  
- Endorsed by leading health care bodies (UK)  
- mandatory for many healthcare practitioners  
- Assessment scenarios  
- Formal Certification on completion  
- Blended, flexible learning programme  
- ALERT user manual for each participant

CONTENTS  
- Registration and Questionnaire  
- Introduction and assessment of critically ill  
- Practical Demonstration scenario  
- Airway Management  
- Blue and Breathless patient  
- Circulation - hypertension and oliguria  
- Disordered levels of consciousness  
- Exposure - concomitant injuries and pain  
- Communication and Ethics  
- Patient scenarios and practical assessment  
- Summary, Evaluation and Questionnaire
In 2007, five members of the multidisciplinary team based in the Mid-Western Regional Hospital (MWRH) Nenagh travelled to the University of Portsmouth, and successfully completed the ‘train the trainer’ ALERT Course. Subsequently the MWRH Nenagh, in collaboration with the Graduate Entry Medical School, based in the Faculty of Education and Health Sciences, University of Limerick set up a faculty to provide ALERT Training. The MWRH Nenagh ALERT faculty now facilitates the ALERT ‘Providers’ Course, and the ALERT Train the Trainers Course.

To date the ALERT team in the MWRH Nenagh have facilitated 26 courses, both on site and externally in the University of Limerick and other organisations. The total number of candidates trained to date is 282. These include:

- Medical Students
- General Practitioners
- Nursing Internship Students
- Resuscitation Officers
- Registered General Nurses
- Public Health Nurses
- Clinical Nurse Specialists
- Physiotherapists
- Directors of Nursing
- Radiographers
- Non-Consultant Hospital Doctors
- Healthcare Professionals for the Elderly
- Consultants

Evaluation, which is carried out at the end of each course, has been very positive. The vast majority of participants have stated that the ALERT course is ‘applicable to any healthcare provider’ and would ‘recommend it to their colleagues.’

Faculty Members
Dr. John Kellett, Medical Director, Mid-Western Regional Hospital, Nenagh
Margaret Gleeson CNM2, ALERT Lead facilitator, Mid-Western Regional Hospital, Nenagh
Olivia Moyles, Joint Pillar Discharge Co-ordinator, ALERT Deputy Lead facilitator, Mid-Western Regional Hospital
Bridget Kelly, Clinical Nurse Manager 2, Medical Ward, Mid-Western Regional Hospital
Annette Ridley, Staff Nurse, Mid-Western Regional Hospital, Nenagh
Frank Keane, A/Hospital Manager, Mid-Western Regional Hospital
Mary O’Brien, Resuscitation training officer
Caroline Valette, Staff Nurse, Mid-Western Regional Hospital, Nenagh
Patricia McKeown, Clinical Nurse Manager 1, Mid-Western Regional Hospital, Nenagh
For Further information please contact: Margaret Gleeson, Clinical Nurse Manager 2, Mid-Western Regional Hospital, Nenagh, Co. Tipperary. Phone 067-31491 ext 250 or 086-8112128.
E-mail: margaretmary.gleeson@hse.ie

Members of the ALERT faculty.
Back Row L. to R. John Kellett, Consultant Physician. Margaret Gleeson (Clinical Nurse Manager, ALERT Lead Facilitator) Olivia Moyle (Joint Pillar Discharge Coordinator)

Front Row L. to R. Annette Ridley (Staff Nurse) Bridget Kelly (Acting Clinical Nurse Manager)
Abstract Submission Form

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What date did this research begin on? ________________________________

What is the actual or prospective end date for this research? ________________________________

**Title of Research:**

__________________________________________

Author(s):

________________________________________

*Your abstract should reflect the following suggested headings:
Introduction, Rationale / Objectives, Methodology, Results, Conclusions / Recommendations*

Has this research led to further research activity? If yes, please give details. ________________________________

________________________________________

Has this abstract been previously Published?

Yes □ No □ (please tick one box)

If yes, please state where and when, ________________________________

Has this abstract been presented at Conferences or Seminars?

Yes □ No □ (please tick one box)

If “yes”, please state when, where and by whom (please provide title Mr, Ms, Dr. etc.) ________________________________
Please indicate any funding the research has received which you would like to have acknowledged.

Your Contact details (including e-mail if possible)
Name & Postal address

Tel: __________________________ e-mail __________________________

Please e-mail your abstract and this completed form to: ckennedy@nihs.ie

For Further information please contact:
Catherine Kennedy
Information Scientist
National Institute of Health Sciences
Health Service Executive West
St. Camillus’ Hospital
Shelbourne Road
Limerick
Tel: 061-483975, Fax: 061-326670

We particularly welcome submissions on the online version of this form which may be accessed in the Research Bulletin Section of our website at www.nihs.ie

Alternatively, please e-mail your abstract and this completed form to ckennedy@nihs.ie. This would help greatly to make processing of the information as straightforward as possible for the June 2010 Research Bulletin.
Guidelines for Previously Unpublished Material

PLEASE USE THESE GUIDELINES TO 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

Abstract
Abstracts should be structured to include as many of the following parts as appropriate:

- Introduction
  Providing the background for the study, this section should be informative and brief

- Rationale
  Defining why the study was conducted

- Methodology
  Indicate the context, number and type of subjects or materials being studied, the principal procedures, tests or treatments performed

- Results
  Confirming or refuting the hypothesis, supported by statistics if appropriate

- Conclusions
  Stating the major new findings of the study and specifying what these findings add to what is known already

- 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.
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 superscript\(^1\) placed after the first name initial, the second author by superscript\(^2\) etc.
6. In the Location Section, list the place where each author was based when they carried out the research. Place superscript\(^1\) after the location of the main author and number other locations according to the order of the authors in the previous list.
7. Keep the text of the Abstract to an overall limit of 1.5 A4 pages (600 words). Abstracts which are longer than this may not be accepted for publication.
8. Use the following headings to structure your abstract: Introduction, Rationale, Methodology, Results, Conclusions, Presented*, Funding* (if appropriate).

9. Figures and Tables may be included. They should be labelled Table 1-/ Figure 1 and provided with a title which should be inserted above the graphic.

10. In the text of the abstract use standard abbreviations and symbols and define each abbreviation when it is used for the first time.

11. References may be included at the end of the abstract using the Vancouver Style. 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;

**SUBMISSION PROCEDURE**

1. Online Submission via www.nihs.ie


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

Catherine Kennedy,
Information Scientist,
National Institute of Health Sciences,
Health Service Executive West,
St. Camillus’ Hospital,
Limerick

t. 061-483975 m. 086-3812926
f. 061-326670 e. c.kennedy@nihs.ie
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Please structure the abstract using the following subheadings:

- **Title**
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  *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**
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1. All text should be typed in 12 point font size Times New Roman.
2. The abstract should be typed single-spaced with one line of space between paragraphs and under headings.
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4. Type the title in **bold-face**.
5. List all authors (last name, first name initial) under Title, indicating main author by superscript\(^1\) placed after the first name initial, the second author by superscript\(^2\) etc.
6. In the Location Section, list the place where each author was based when they carried out the research. Place superscript\(^1\) after the location of the main author and number other locations according to the order of the authors in the previous list.
7. In the text of the abstract use standard abbreviations and symbols and define each abbreviation when it is used for the first time.
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1. Online Submission via www.nihs.ie


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

Catherine Kennedy,
Information Scientist,
National Institute of Health Sciences,
Health Service Executive West,
St. Camillus’ Hospital,
Limerick

t. 061-483975  m. 086-3812926
f. 061-326670  e. c.kennedy@nihs.ie