

# From conference conversation to research impact and practice development

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## Background:

Academic health researchers are increasingly required to demonstrate that their research generates an impact in practice, leading to benefits for service users, practitioners and health services (Research England 2018). Following the completion of a PhD investigating the impact of staff and service user assumptions on experiences of inclusion in neurological rehabilitation (Atkin 2017) these findings were disseminated at the Royal College of Occupational Therapy (RCOT) conference 2018.

## Clinical/service context

In 2018 Leicestershire stroke services were about to commence a period of significant change following a review by local commissioners. The two units providing stroke services, Market Harborough and Coleville, had historically worked separately and were now required to decommission beds and come together to develop a new stroke pathway. Working together with service users in clinical practice and service development was espoused but not always realised. Working together was a priority for these services and finding a catalyst for this collaborative process was crucial.

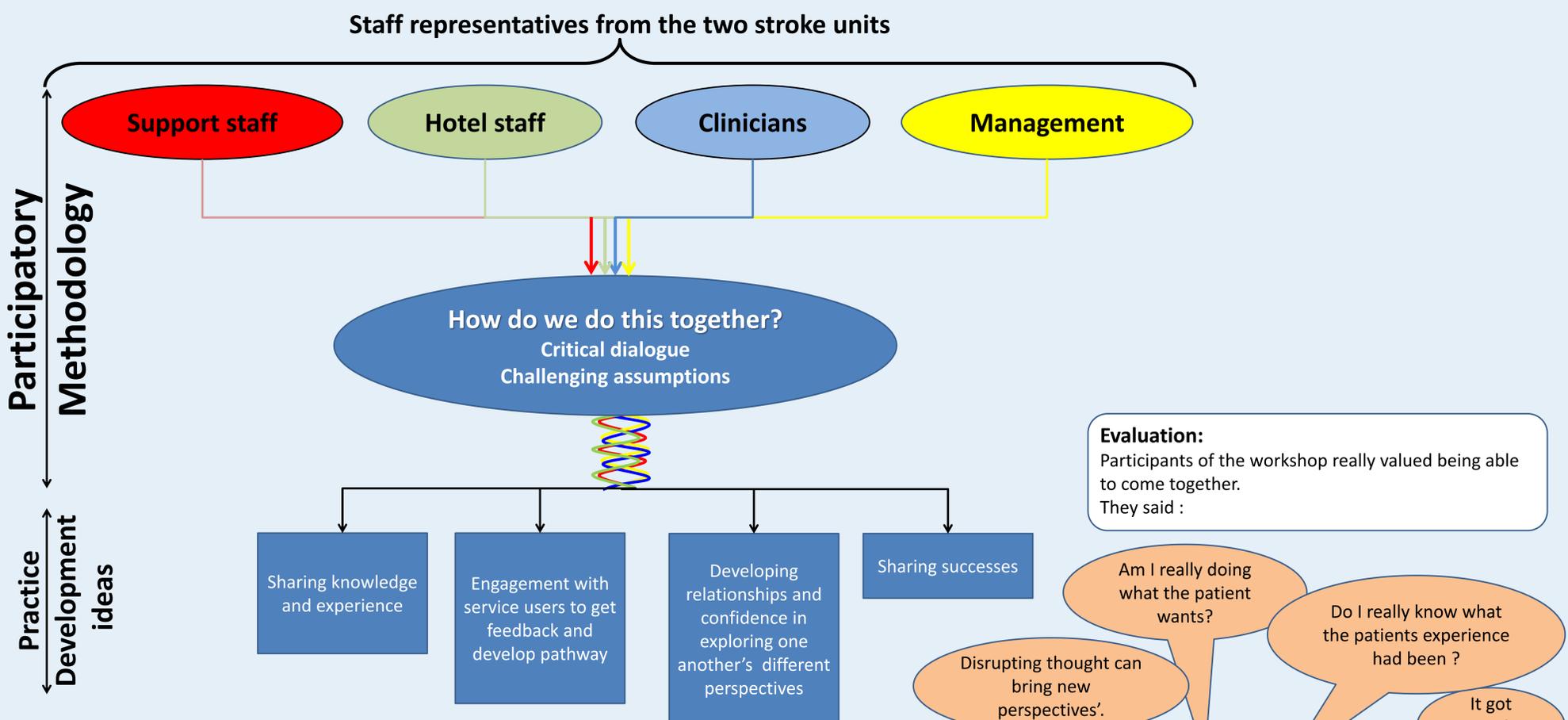
## Importance of conference conversations

'So how do we do this together?' was one of the key messages presented by Atkin (2017) at the RCOT 2018 conference. During an informal lunch conversation between the authors of this poster, the importance of this message for disrupting, expanding and validating assumptions through critical dialogue between service users and staff was discussed. This message, had particular resonance with the clinician as a possible catalyst to addressing the current issues for the 2 stroke units. An invitation to deliver a workshop to Leicestershire stroke services was extended.

## Participatory methodology underpinning dissemination of research findings:

**Workshop principles:** inclusive space enabling all voices to be heard; participants identifying what is important to them for practice; facilitation of critical dialogue and reflexivity.

**Workshop process:** 1) Presentation of research findings; 2) What is the issue you want to explore from these findings? 3) What would success look like?; 4) Designing next steps



## Changes made in practice supported by clinical leadership:

**Patient journey folders and ownership of goals** – challenging assumptions of client centred practice “Are we really doing this?”

**“What matters to me” boards** – having conversations with patients rather than making unnecessary assumptions

**Do we work together with you?** - Patient and carer feedback – collaboration with Patient Experience Team

**“How do we do this together?”** – team and cross site agenda item

**Cross team meeting** – listening, openness to disruption of assumptions

**Social media** – awareness raising across teams

## Learning from the project:

### 1) Participatory approach central in supporting:

- 1) Relevance of research for practice
- 2) Co-production with staff and service users in practice through social leadership (Tempest and Dancza, 2019)

### 2) Embedding the question “so how do we do this together?” in practice can be challenging

### 2) Impact from research can be difficult to capture in the complexity of everyday practice

### 3) Courage, shared vision and commitment nurtures conference conversations

## References:

Atkin, H. M. (2017) *Investigating service user and staff assumptions about neurological rehabilitation practice, their influence on inclusion and examining conditions for change*. Unpublished PhD thesis. Northumbria University.

Tempest, S. and Dancza, K. (2019) *Embracing the leadership potential of occupational therapy in a social age: Time for a silent revolution*. British Journal of Occupational Therapy 0 (0) DOI: 10.1177/0308022619840247 journals.sagepub.com/home/bjot

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