The Walton Centre NHS
NHS Foundation Trust

CHANGING PRACTICE THROUGH RESEARCH: BUT I'M NOT AN ACADEMIC!

Suzanne Simpson
@SimpsonResearch
Occupational Therapist
The Walton Centre NHS Foundation Trust, Liverpool

AIMS OF THE SESSION

To gain insight into how service development projects can evolve into research

To provide opportunity to reflect on own practice and how this could be enhanced through engagement in innovation and research

BACKGROUND

BSc Psychology 2001

BSc Occupational Therapy 2004

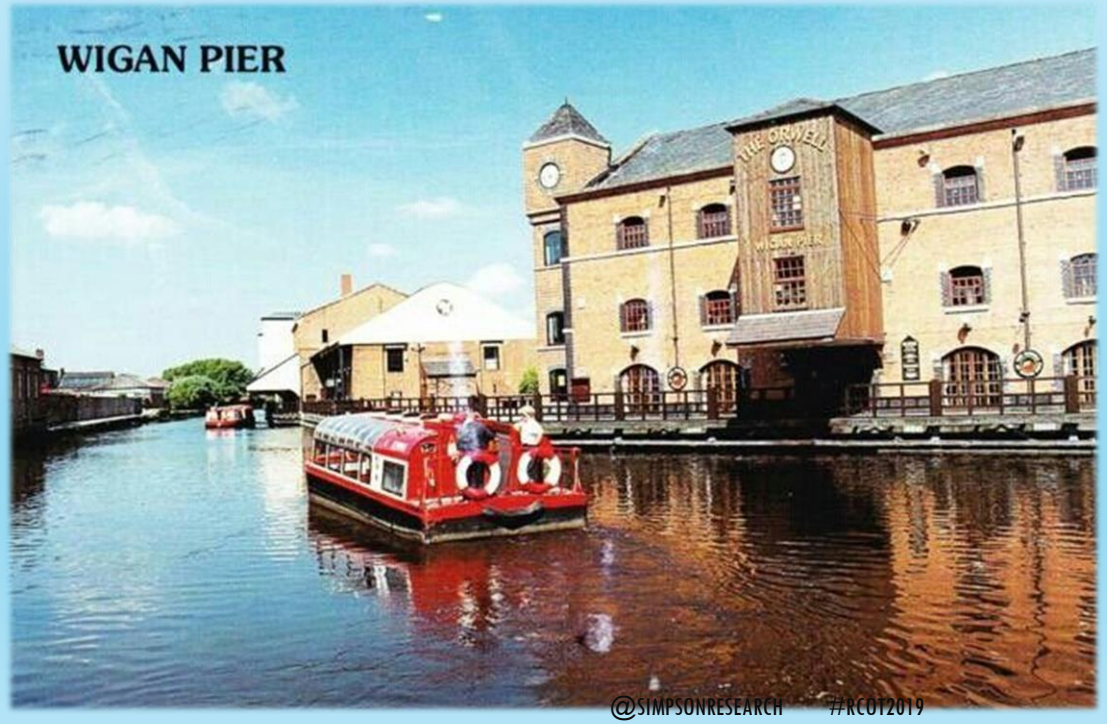
Both degrees:

2:2 degree classification

55 average grade on assignments

Left university and thought the door to research had closed

Wrightington, Wigan and Leigh NHS
NHS Trust



‘RESEARCH SUZANNE’

How did I end up carrying out research?

THE PROBLEM

Brain injury does not always manifest itself in physical problems and many patients can appear to be fully recovered in a ward based environment.

Undetected cognitive problems following brain injury can lead to significant difficulties particularly with Extended ADLs e.g. return to work

(Fride et al, 2015; Puente et al, 2014, Reppermund et al, 2013; Benedictus et al, 2010)

GLASGOW COMA SCALE

- Was primarily designed to inform initial medical decision making and signal the need for medical input
- The lower the score the more medically unwell the patient potentially is

GLASGOW COMA SCALE*	
Eye Opening	
Spontaneous	4
To sound	3
To pain	2
Never	1
Motor Response	
Obeys commands	6
Localizes pain	5
Normal flexion (withdrawal)	4
Abnormal flexion	3
Extension	2
None	1
Verbal Response	
Oriented	5
Confused conversation	4
Inappropriate words	3
Incomprehensible sounds	2
None	1

* The highest possible score is 15

NO IDENTIFIED DEFICITS = NO REFERRAL TO OT

Diagnosis of brain injury

However the patient is:

GCS 15/no cognitive deficits reported by staff

mobile

self-caring

A GCS of 15 does not guarantee the absence of subtle impairments (Larner, 2008)

DEVELOPMENT OF A PRE-SCREENING TOOL

- 2008 - NHS reviewed trauma care pathways across England.
- Trauma therapy co-ordinator
- 2013 – Broken collar bone, oops!
- Office based for 2 weeks
- Developed the Cognitive Functional Performance Measure

EXISTING TOOLS

- Focus predominantly on cognitive deficits
- Were never designed to measure functional deficits (Conti et al, 2015, Robertson and Schmitter-Edgecombe, 2017).
- Have been criticised for their ability to predict performance in other settings or situations (Sansonetti and Hoffmann, 2013; Crist, 2015).

COGNITIVE FUNCTIONAL PERFORMANCE MEASURE (CFPM)

Is unique because it combines:

- Pre-existing psychological subtests taken from the Montreal Cognitive Assessment (MoCA) (Nasreddine et al, 2005) and Addenbrooke's Cognitive Examination-Revised (Mioshi et al, 2006).

WITH

- The measurement of functional ability using a real life scenario – shopping and money handling task

It takes approx. 10mins to complete at the bedside and does not discourage compensatory strategies.

Lack of understanding – frustration was the driving force behind the development of the CFPM.

Funded MRes - Encouraged to apply by my supervisor

Edge Hill University, September 2015

MASTER IN CLINICAL AND HEALTH RESEARCH (MRES)

A FEASIBILITY STUDY

Vascular Nurse Specialists & Trauma Therapy Co-ordinator

Occupational Therapy service

A total of 34 participants were recruited to the study.

OVERALL CONCLUSION

Further validation needed

USABILITY QUESTIONNAIRE – CLINICIANS RESPONSES

- Useful in their practice and routinely used by the trauma therapy service during the screening of their patients.
- Improved the patient assessment and helped to prevent patients with problems being missed.
- Identified problems that were not noted on the ward.
- Helped to increase knowledge and understanding of cognitive deficits.
- Helped to plan the patient journey and offered a more holistic assessment of patients' needs.
- Helped to prevent patients being discharged home with unmet needs and prevented unsafe discharges.

THE EXPERIENCE

Is it worth it?

THE TEAM

- Everyone embraced the project and was enthusiastic about taking part
- Highlighted the literature and the need to assess this group of patients
- Introduced team to new cognitive assessments
- Encouraged and supported others

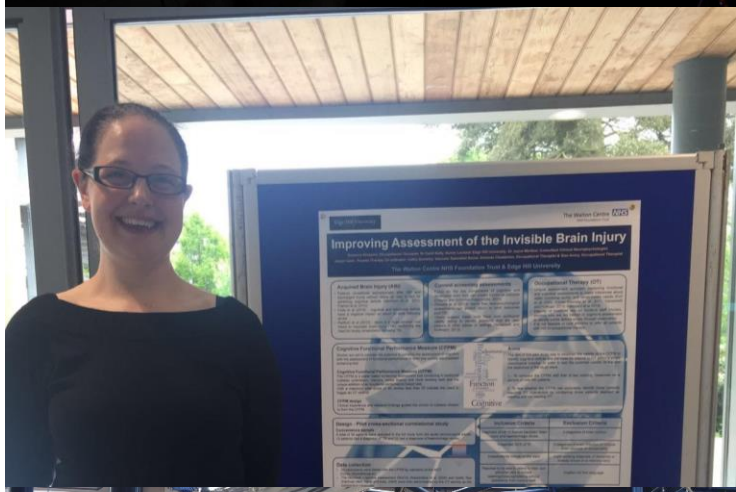
ME

I've been to conferences (I had never been to one before!)

Research has increased my profile within The Walton Centre

I've been asked to present at universities and other NHS organisations

I've won awards ☺



NEGATIVES

Ethics application was the lowest point

MRes - no additional funding or time for the project

You feel guilty

'Imposter Syndrome'

Things don't always go to plan – 2nd research project

Making Every Contact Count

MECC

mnda

motor neurone disease association

- Patients are great research buddies
- Developed new skills
- Increased my occupational therapy network
- Resilience – work in progress
- Reconnected with occupational therapy theory
- Confidence to apply for a new role or two or three!

JOURNEY OF PERSONAL DISCOVERY

MY TOP TIPS

- Get to know your trusts research and development department
- Familiarise yourself with your local research organisations
- Consider setting up a AHP Research & Innovation Committee
- Join the twitter community
- Build a strong supportive community around you

THE BEST PEOPLE (AND ANIMALS)

CARVE A PATH TO THE CAREER OF YOUR DREAMS

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Participants

Dr Carol Kelly – Academic Supervisor & Head of Applied Health & Social Care, Edge Hill University

Dr Jayne Martlew – Clinical Supervisor & Consultant Clinical Neuropsychologist, The Walton Centre

Trauma Therapy Team, The Walton Centre

Vascular Specialist Nurses, The Walton Centre

Occupational Therapy Team, The Walton Centre

Denise Lee – Therapy Manager, The Walton Centre

Therapies R&DI Group, The Walton Centre

The R&D Department, The Walton Centre

Dr Kathryn Jarvis, University of Central Lancashire

The Brain Haemorrhage Support Group

Twitter: @SimpsonResearch

E-mail: suzanne.simpson@thewaltoncentre.nhs.uk