



DProf

School of Health and Education

Alex Daulat, London North West Healthcare NHS Trust

An alternative group physiotherapy programme for the management of chronic low back pain in Primary Care



Focus

The objective of this research was to design, implement and evaluate an alternative physiotherapy group exercise programme used for managing chronic low back pain (CLBP) in Primary Care.

Approximately 10-15% of the population experiencing low back pain will go onto develop CLBP. CLBP is a disabling condition with many patients developing psychological distress and illness behaviours. There has been no established standard management for CLBP. Several conservative therapies such as supervised exercise and manual therapy have demonstrated some benefit. Group exercise programmes used in physiotherapy practice are a cost effective treatment for managing CLBP but currently lack a combination of individualized specific exercises, one to one education and manual therapy ('hands on' techniques). The focus of this research was to design and evaluate an alternative group programme to address these limitations.

Approach

This project consisted of two stages; a survey and a mixed methods design study. The physiotherapy survey was used in stage 1 to investigate what type of exercises are prescribed by physiotherapists and which group programmes are used in clinical practice for managing CLBP. The alternative group physiotherapy programme was developed using the survey research, review of the literature and consultation with service providers.

In stage 2, the alternative group exercise programme was evaluated using a mixed methods preliminary study consisting of a core quantitative and supplementary qualitative phases. The alternative group programme (Group A) was compared to a standard group exercise programme used in clinical practice (Group B) in a single blinded randomised controlled trial. Participants with CLBP were allocated to the two programme groups by block randomisation. Participants in both groups attended six programme sessions of one hour over 3 months. Outcomes measuring function, pain, quality of life and satisfaction with treatment were used to evaluate the effectiveness of the programmes pre and post programme attendance and at 6 months. Focus groups in the qualitative phase were used to explore patients' experiences regarding their treatment in the two group programmes.

Impact and Effects

In Stage 1: One hundred and fifty-four questionnaires were distributed with a response rate of 63%. Ninety-seven percent of physiotherapists surveyed use group programmes. Only 47% of all respondents were able to refer non-English speaking patients to the group programmes. None of the group programmes offered manual therapy. In Stage 2: Eight-one participants were randomised to the two groups (41 in Group A; 40 in Group B). The alternative group programme showed greater improvements to function and quality of life compared to the standard programme which were clinically important and maintained at 6 months. The focus group interviews showed that patients prefer individualised exercises and one-to-one education which supports the quantitative findings in the mixed methods study.

Change management and leadership initiatives developed in the current research process may contribute to physiotherapy practice at a local and cross-organisational level. The results of the survey in Stage 1 may lead to changing how physiotherapists prescribe exercises for CLBP and their referral patterns to group programmes. The alternative programme may provide a suitable addition to existing programmes available for managing CLBP. The alternative group physiotherapy programme may also require clinicians to change their practice in a group setting by providing more comprehensive and individualised treatments including manual therapy. This will require them to be more innovative and creative in their practice.

This programme plans to have an impact on the service users. This alternative group physiotherapy programme offers flexible treatments and be available to all as it does not discriminate those individuals of whom English is not their first language. Patients are provided with individualised exercises and advice tailored to them in the programme. Better consistency with exercises, shorter waiting lists and more effective treatments within this alternative programme may improve to adherence to treatment and advice. This may have implications for reducing re-occurrence rates and help patients manage their CLBP in the long-term.

Publications

Daulat, A. (2013) A physiotherapy survey to investigate the use of exercise therapy and group exercise programmes for management of non-specific chronic low back pain. *International Musculoskeletal Medicine* 35, 3: 106-116.



DProf (Health) School of Health and Education



Dr Amy Stabler, Organisational Development Lead, South Tees Hospitals NHS Foundation Trust.

'Knotworking' and 'not working': a realist evaluation of a culture change intervention with a frontline clinical team in an acute hospital

Focus

Culture change and teamwork are often cited in healthcare policy and research as central to improvements in patient care. A literature review suggested that culture change interventions are rarely evaluated in implementation research and there are few rich qualitative accounts of clinical team development in context.

The research aimed to understand the processes and outcomes of a multi-faceted culture change intervention with a clinical team in a large acute teaching hospital. Prior to the project, I had led an eighteen-month culture change intervention to support the team because it had been identified as a "team in difficulty" following a serious clinical incident. The project examined the impact of the intervention on various stakeholders and on the context of care, and identified improvements in development practice.

Impact and Effects

The project provided a framework for realist evaluation with clinical teams in difficulty. It recommended that intervention and evaluation be collapsed into a single approach of collaborative inquiry, and provided easy- to- use resources for clinical teams to evaluate and improve their team culture in a climate of psychological safety. A practice model of creating a critically appreciative space was proposed and described.

Since conducting the research, I have presented a paper to the Trust Board called "Lessons Learned: Teams in Difficulty" on collaborative, narrative based evaluations of staff experience, and the creation of critically appreciative spaces which have supported teams in difficulty to learn and improve. As part of their monitoring process, the Trust Board now requests regular story-based feedback from teams in difficulty so that they can appreciate their lived experience of development, rather than focusing solely on quantitative performance data, in the same way that patient experience stories are reported at each Board meeting.

The model and methods produced through the research have been included in all internal leadership development programmes. Through these programmes, and on-going availability of support from the organization development team, senior and frontline leaders are empowered to hold collaborative inquiries and to understand how their behaviour contributes to creating an appreciative culture in the areas for which they are responsible. Previous ward managers and team leaders who have experienced a critically appreciative development experience have been invited to present their learning and insights at internal and external leadership and patient safety improvement events. All organisational development support for teams in difficulty follows the model developed as a result of my research project.

Beyond the Trust, I presented my early research findings at The King's Fund, Transforming Patient Experience Annual Conference in November 2012 in a presentation entitled: South Tees' journey towards safe, patient-centred care: working with leaders and teams. I have also presented my research regionally within a workshop on Appreciative Inquiry philosophy and methods for the NHS North East Leadership Academy Organisational Development Network in September 2014. This was attended by development practitioners from other NHS Trusts in the North East and a senior nurse from Cumbria leading a change process for a Trust in difficulty. They have reported successfully using the model developed through the project in non-acute healthcare settings.

Approach

A single case study design drew on the principles of realist evaluation to identify what worked, or did not work, for whom and in what circumstances. It addressed the following research questions using multiple methods in a pragmatic and reflexive way:

1. How does a clinical team, identified as being in difficulty, experience a change process directed at changing team culture?
2. How do collaborative change processes engender culture change in the context of teams in difficulty?

As the evaluation phase of an organisational development intervention, the research sought to empower team members through a person-centred, emancipatory approach and employed Appreciative inquiry as a collaborative method of formative evaluation.



DProf by Public Works Institute for Work Based Learning

Dr Andres Coca-Stefaniak, University of Greenwich

Towards an understanding of the strategic role of town centre management and the evolution of urban management partnership schemes.



Focus

My DProf by Public Works focused on the international evolution of town centre management as a field of practice, worthy of academic discourse and as an emerging profession, particularly in the UK, where the Government-commissioned Mary Portas Report (2011) brought to the forefront the importance of effective town centre management for the continued viability and diversity of our high streets and town centres. My DProf made use of my publications in retail and place management over the last 10 years, university courses developed and validated in this period, European projects managed and delivered, and my thought leadership of this community of practice as the founding editor-in-chief of the Journal of Town and City Management. Innovative town centre management and urban revitalisation remain at the core of my thinking today as a full time academic and are equally firmly embedded in my practice as a member of the editorial boards of influential international journals in these fields

Approach

The format of the DProf programme allowed me to explore the multidisciplinary implications of my work both in academia and industry. It was hard work but a transformational experience. At the time, I was the founding editor-in-chief of the Journal of Town and City Management and I also balanced my main job as Head of International and Research Partnerships for the Association of Town Centre Management with a part-time appointment as Senior Lecturer at the University of East London's Royal Docks Business School. The DProf programme gave me the time, mindset and resources to think reflectively about what I had achieved professionally (and personally) in my life and how my research and international project work could benefit from my multidisciplinary experience to date. It nurtured a transdisciplinary approach to problem solving and encouraged me to question more standard approaches using critical reflection to test my assumptions. I became a much more innovative and lateral thinker in the process.

Selected outputs influenced by my experiences on the programme.

Liyanage S, Coca-Stefaniak J.A. and Powell R (2015), "Dark destinations – Visitor reflections from a holocaust memorial site", *International Journal of Tourism Cities*, Vol.1, No. 9.
Coca-Stefaniak J A and Carroll S (2015), "Traditional or experiential places? – Exploring research needs and practitioner challenges in the management of town centres beyond the economic crisis", *Journal of Urban Regeneration and Renewal*, Vol. 9, No. 1.
Coca-Stefaniak J A and Bathgate I (eds) (2014), *Events and festivals as innovation test beds for sustainability: exploring European practice*, Saarbrücken (Germany): Lambert Academic Publishing.
Coca-Stefaniak J.A. (2014), "Place branding and city centre management – exploring international parallels in research and practice", *Journal of Urban Regeneration and Renewal*, Vol. 7, No. 4, pp. 367-373.

Impact and Effects

I continue to reflect on the impact this programme has had on me and my practice. The learning and research derived from the DProf by Public Works programme form an essential part of my plans for future expansion nationally and internationally in unlocking the entrepreneurship potential of individuals and communities using a type of transdisciplinary place-focused strategic approach increasingly required to address effectively the future of our towns and cities in the UK and overseas. They highlighted the need for a global-local approach to the way that town centres are managed in the UK and elsewhere. My role as an academic has expanded purely from marketing to other areas of international debate surrounding the future of our towns and cities, including event/festival impact assessment and Smart Cities.

The programme had a significant influence on my decision to go into full time academia. I am now a full time senior lecturer in the Business School at the University of Greenwich. I continue to publish and use my professional experience and multilingualism to achieve successful European project bids. I have a more developed critical stance with regard to current practice. This has resulted in opportunities for work with the UK Government and other bodies to explore with this fresh mindset issues that many practitioners and academics had hitherto taken for granted with regards to how our high streets work, how we can attempt to measure their performance in a more holistic way and the cause-effect complexity of interventions at different levels.

It has expanded my job role in qualitative terms as my thought leadership in town centre management, place management and place branding have been recognised by our professional bodies as new areas of business in the UK and overseas which help academics think about curriculum and employability in a more creative and informed way and to take an active role in identifying the opportunities in rapidly changing sectors.

It equipped me with the confidence to follow my passion for place and space in a different way by changing over to full time higher education teaching to achieve a better future. Our towns and cities can be spaces and places of health and well-being but this needs to be trusted to the younger generation. I will do what I can to pass on the knowledge we have accumulated, to be transparent about the mistakes we have made and why, to find out what the young would do differently and help them to build the foundation of possibilities.

DProf (Offender Learning) Institute for Work Based Learning

Dr Angela Herbert MBE, Commissioning Design Manager for the National Offender Management Service, Ministry of Justice

Impact of Offender Employment Training & Skills on employability to reduce re-offending



Focus

My purpose for engaging in a professional doctorate was to dedicate the thesis to my dad's memory, as I promised I would before he passed away. I chose the professional doctorate route because I believed that the award would give me a mix of academic and practical approaches that would enable me to implement change within my organisation, Criminal Justice.

The focus of my study was offender learning. I wanted to identify which models of employment, training and skills reduced reoffending. Would being beneficiaries of learning and skills enhance their chances of employment upon their release from prison and enable them to not re-offend?

Approach

I used a mixed methods approach. Questionnaires gave me benchmarking data and landscaped the terrain and interviews helped to capture the subjectivity and intersubjectivity of the complex dynamics of crime and punishment, rehabilitation and reoffending, marginalisation and perception. Core to this work was attending to ethical dilemmas.

Developing the methodology, collecting, analysing and interpreting the data were part of the process but I also gained a number of unexpected learning outcomes including learning about myself as a Black woman within an institution about which the Prime Minister David Cameron raised concerns of disproportionality and uncovering statistics which influenced the direction of my research: 26% of prisoners were from the Black and Minority Ethnic (BME) community, approximately 22,000 people, 10% of which were Black Britons. Figures showed that 50% of young people from the BME community were unemployed, therefore, it appeared that no matter what level of education, training or qualifications offenders attained, they were unlikely to gain employment upon release from custody. This left me feeling dispirited. Unless I could make a difference, a doctorate would be of no benefit. A sense of helplessness gave way to creativity and determination to make this professional doctorate work and make a difference within the BME community.

"My professional doctorate has enhanced my confidence and the effects are beyond the bounds of the programme syllabus. It exceeded my expectations."

Impact and Effects

I was able to challenge with evidence the stereotypes suggesting that Black men didn't want to work but to get rich quickly as rappers or footballers. Based on the findings I developed frameworks of possible career opportunities that could be utilised in prisons, schools, pupil referral units and community facilities. The frameworks included possible careers in the music and sports industries, linked with existing funded learning opportunities in custody, packaged in an accessible and interesting way. I designed a programme that focused on developing resilience. If offenders had to face exclusion prior to and then post custody, they needed resilience to aid transition into the community where they were likely to be discriminated against and have difficulties accessing employment due to their criminal record and being BME. The model aimed to develop self-identity, self-esteem, competence and resilience (IECR).

Effects and impact on myself as a graduate and the benefits to the community

My employer did not take advantage of recommendations from the study. However I use the models and the knowledge I gained to inform staff coaching and mentoring group exercises in community groups, in schools as part of PHSE, with youth groups and in parenting development.

The professional doctorate has opened doors of opportunity for me. Since I completed my professional doctorate, I have been commissioned to write a book to be published this year, 'Now is the Time - Martin Luther King and his philosophy on education'. I conducted research for the Institute for Education; written an article for Inclusion in Practice - 'The Power of the Lived Experience'; I sit on two trustee boards, one focused on prison education; I was a keynote speaker and ran a workshop at the Centre for Education in the Criminal Justice System conference; I featured on a radio show about reducing re-offending in the BME community; hosted an event for youth and parents with representatives from a local college, Middlesex University, Black Training and Enterprise Group and Unforgotten Rubies; conducted research on how the community can support and influence change through identity, esteem, competence and resilience. I am an ambassador for Brent Police advising on cultural issues and engaging with the BME community. My next project is working in a high school to prevent school exclusions through parental engagement.



DProf (Health)

School of Health and Education

Ash Purran, Clinical Development Manager

Evaluation of Peripherally Inserted Central Catheter (PICC) care training programme to improve clinical skills and knowledge in an Integrated Care Organisation (ICO)

Focus

To deliver the ICO's strategy requires a flexible workforce with a variable skill mix in all care settings. This includes relevant education and training is maintained to support safe, high quality care, value for money and flexibility to widen participation.

This project describes the evaluation of a new training programme designed to address an area of weakness within the nursing workforce for both acute and community services.

Approach

The aim of the training programme was for all registered nurses to maintain safe practice by effectively managing the care of a patient with a PICC (peripherally inserted central catheter) and enhancing positive patient experience within integrated care services.

The training programme was designed around identified causes of complications within the organisation and by referring to evidence-based literature (NICE 2012) and (DOH 2009). It was formed of 3 parts with each session running over 1 hour 30 minutes.

Part1 - the theoretical basis of PICC care and management.

Part 2 - Practical demonstration on a life-sized anatomical human arm model focusing on how to flush the line to maintain patency by applying a non-touch technique and changing a PICC dressing using an aseptic technique.

Part3 - Practicum Assessment process of delegates

The overall satisfaction of the training was scored from 1 to 5 (with 1= very poor and 5 = excellent). The evaluation form also reflected the relevance of the training to the nurses' practice and whether it will change their practice or not. The nurses were also encouraged to write any further comments and suggestions

There were 140 evaluation forms received out of the 160 who attended. 136 attendees stated that 'yes' it was relevant to their practice and 4 attendees did not score. In addition 110 attendees mentioned that 'yes' it will alter their practice, 14 attendees said 'no' and 16 attendees did not score.

Impact and Effects

All of the comments and suggestions were positive about the quality of the training following integration and service enlargement. The outcome of the evaluation provided the Clinical Education team with information to reflect on for developing other potential training needs that might arise in the future to facilitate integration of care.

The majority of staff trained stated that the skills they had learnt would improve their practice and clinical judgement and deem them more competent to maintain patient's safety.

The research, due to meeting the reliability criteria of a doctorate, is an important contribution to practice as it identifies the value to the practitioners at the frontline of a service and supports their professional development. It is a contribution to the strategic goals of the organization in pursuing quality in health-care delivery and reduction in admissions and readmissions through better training and coordination as well as meeting regulatory targets of excellence. It contributes to a gap in studies in the UK exploring the impact on change in practice and patient's experience while undergoing long term treatment. Future studies should robustly evaluate this. I will be taking the results of this initial study onto further analysis and evaluation as part of my his DProf (Health) research project and will study the Impact of Training Nurses in PICC Care on change in practice and patient's experience in integrated care services to obtain that information.





DProf (Public Health) Institute for Work Based Learning



Chijioke Oliver Agomo, B.Pharm, MSc. [H. Sci.], MSc. [Prof. Hcare Res], AFHEA
Chijioke is a community pharmacist (UK) and teacher-practitioner (UCL School of Pharmacy)

Strategies Enhancing the Public Health Role of Community Pharmacists in the UK

Context

The World Health Organisation (WHO) has estimated that of 56 million global deaths in 2012, 38 million, or 68%, were due to non-communicable diseases (NCDs). (1) The four main NCDs are cardiovascular diseases, cancers, diabetes and chronic lung diseases. (1) According to the Secretary of State for Health, Britain is now the most obese nation in Europe and has one of the worst rates of sexually transmitted infections (STIs), with a relatively large population of problem drug users and increasing levels of harm from alcohol consumption. (2) Most of these conditions are preventable through public health initiatives involving community pharmacists. A number of UK studies have investigated the role of pharmacists in public health (Anderson and Blenkinsopp, 2003; Agomo, 2012). (3,4) However, many of these studies have also identified barriers in this public health role. (4,5)

Approach

My research project used a mixed methods approach, involving a content analysis of the UK undergraduate pharmacy curriculum, a descriptive survey of UK community pharmacists and interviews with healthcare practitioners to investigate strategies enhancing the public health role of community pharmacists in the UK.

Impact and Effects

My project identified strategies for enhancing the public health role of community pharmacists based on the findings of my review of the literature and information as well as on the perspectives of community pharmacists and healthcare professionals. The majority of my survey respondents indicated that there was a need for pharmacists to work closely with other healthcare practitioners [91.8%, C.I. ± 4.44]; pharmacy students to train with other healthcare students [77.9%, C.I. ± 6.74]; students and pharmacists to be provided with advanced experience in public health [86.3%, C.I. ± 5.57 and 86.4%, C.I. ± 5.53 respectively]; as well as increasing the public health content of the undergraduate pharmacy curriculum [68.7%, C.I. ± 7.48]. Respondents from Cardiff were more likely to participate in local authority-run schemes than other respondents ($p < .001$; $\eta^2 = .180$). Male respondents were more likely to agree that 'insufficient funding from the government' was a barrier to the public health role of community pharmacists [$p = .006$; $\eta^2 = .053$].

The findings of my interviews confirmed several aspects of my survey findings, particularly as regards accessibility, encouraging collaboration between pharmacists and other healthcare professionals, and tackling a number of barriers, such as the lack of awareness of the public health skills of pharmacists. There were however some indications from my content analysis that the teaching of macro-level public health activities (such as epidemiology, assessment, pharmacovigilance, policy development and assurance at the population-based level) in most UK pharmacy schools was either minimal or lacking. There is therefore a need to enhance the public health role of community pharmacists in the UK. This will help make public health services more accessible to the public, reduce healthcare costs and pressures on other healthcare professionals, as well as helping to elevate the image of community pharmacists.

In July 2015, I presented a summary of my project at the Middlesex University Research Student Summer Conference 2015. In addition, I hope to publish five papers, based on my project findings in a number of international journals. Three of these papers have already been submitted for consideration. (8,9,10) Two of which have now been accepted by the Journal of Pharmaceutical Health Services Research. (8,9)

References

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4. Agomo, C. The role of community pharmacists in public health: A scoping review of the literature. *Journal of Pharmaceutical Health Services Research* 2012; 3 (1): 25-33.
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MProf (Health) School of Health and Education



Elizabeth Adegoke

I am a member of the clergy and I run an organisation called SAFE ARMS which works to reduce the rate and impact of Domestic Violence in the BME community.

Focus

My focus is on a group of individuals who have experienced domestic violence within the BME Pentecostal community in South East of London.

Approach

The choice of method for this research is that of a Case Study. Qualitative methods of data collection are used in this study and the methods are interviews, focus groups and a survey. A pilot study for each data collection method was carried out. The population in this study was 18 women and the sampling frame was African women attending BME Pentecostal Churches in South London. There were six leaders from BME Pentecostal Communities and twelve participants who had experienced domestic violence.

Impact

The intended impact is to be able create the awareness of Domestic Violence in BME Pentecostal Communities without any stigma attached to it and to equip the Church in dealing with spousal abuse. My aim is to help to create resources that can be used to create awareness and also to help in training clergy to deal with Domestic Violence. I hope these will increase awareness of the complex dynamics of Domestic Violence and reduce the rate of incidents in this community.

The current effect is that this research has spurred me to organise a conference themed "Enlightening the Church on the Issues of Domestic Violence". I have organised this in partnership with National Black Crown Prosecution Association, Crown Prosecution Service, Imkaan and Greenwich DVA services. I am really enthusiastic about this conference. Though I run a lot of conferences on empowering Women, I have never done this type before. This research has enlightened me, trained and equipped me with a lot of information and also given me the confidence to be able to say that Domestic Violence is a crime.

19 MARCH 2016
Time: 12 - 3pm prompt
Registration: 11.30am prompt

Enlightening the Church on the Issues of DOMESTIC VIOLENCE

- To Create awareness of Domestic Violence in the Pentecostal Community
- To Equip the Church in dealing with Spousal Abuse

For all Church Leaders, Heads of Department, Church Members, Christians, Male and Female

GUEST SPEAKERS

- Liz Kingsley (Consultant)
- Pastor Dupe Afolabi (RCCG Administrator)
- Baljit Ubhey, OBE (Chief Crown Prosecutor)

The Conference is organised by City of David in Partnership with National Black Crown Prosecution Association, Crown Prosecution Service, Imkaan, Greenwich DVA Services and SAFE ARMS.

ENQUIRIES: 01322 275493, +447844534699

DProf (Health) School of Health and Education

Jane Obi-Udeaja,

Patient Centred Physical Restraint: A Case Study of Two NHS Mental Health Inpatient Wards

Jane Obi-Udeaja is a Researcher at Middlesex University in a team which facilitates training on the prevention and management of violence and aggression (General Services Association model).

Focus

The GSA model promotes and emphasises patient care during restraint process. The team includes local mental health service users who have had the experience of being restrained when training the ward staff that carry out the restraint procedure. I explored the use of patient centred physical restraint practices in an all-male psychiatric and intensive care unit (PICU) and in an all-female acute ward in two differently located NHS mental health hospitals.

Concerns abound regarding the negative effects of physical restraint on both patients and staff. Yet there are situations in the care settings when physical intervention is inevitable and may indeed save life (Paterson 2007, Hollins and Stubbs 2011, DH 2014, NICE 2015, Mind and NSUN 2015)

When physical restraint is used for the right reason and the duty of care is maintained right through the process, both staff's and patient's experience of it can be positive (Winship 2006, Steckley 2008, Mind and NSUN 2015)

Impact and Effects

The main impact has been new learning for the staff restraint team such as: non-pain compliant holds, communicating with and trying to de-escalate the patient, debriefing the patient afterwards, confirmed their claim to patient centred practices. The model worked effectively with both patient groups in the study wards. It enabled the staff to quickly regain their therapeutic relationship with the patient.

Other effects are

- Reinforcement of 'Best Practice'
- Reassurance for staff who adopt the approach that therapeutic relationship can be recovered
- Reiteration of the advantages of patient centred practices during physical restraint including:
 - minimization of injuries
 - quick retrieval of therapeutic relationship,
 - promotion of recovery (DH 2014, Mind and NSUN 2015)
 - ultimately savings on resource
 - emotional burden or guilt about physical restraint out-

If the model worked in a PICU, by implication it could work in other settings. However, shortage of trained staff and the use of emergency response teams could hinder the process and reduce positive impact.

Research Approach

The aim was to work collaboratively with the staff to identify their experiences and perceptions of patient centred physical restraint through: determining whether the approach works effectively for staff and patient; identifying barriers to good practice and proposing changes if necessary to make the approach sustainable in the setting.

I obtained permission from the NHS Research and Development Dept. I chose a phenomenological framework to capture subjective and intersubjective experiences using a focus group and semi-structured interviews and paying attention to ethical issues reflexively and keeping in awareness the limitations acknowledged. Phenomenological analysis was carried out as guided by Giorgi (1985) and Moule and Goodman (2014) on focus group data analysis.

DProf (Compliance in Medical Devices Management Policy) Institute for Work Based Learning

Dr John Sandham CEng FIHEEM MIET, CEO of TBS GB Ltd



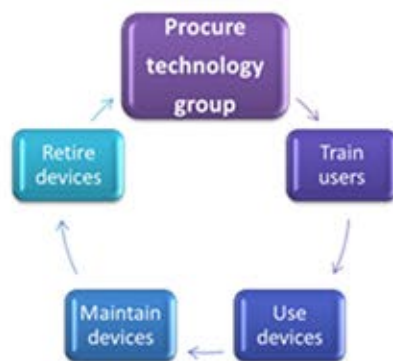
Achieving a Model for Improving Medical Devices Management Policy

Focus

Hospitals have always faced fundamental questions of patient safety care, and budgetary concerns. There has been increasing recognition recently of the serious issue of medical devices management, covering the areas of procurement, training, maintenance, and governance. My research focus was in 'Compliance in medical devices management policy'.

Approach

As a result of my work in the field of medical devices management, I had constructed a policy model based on my own specialist experience and knowledge. This research sought to improve that model through participatory research conducted at an NHS Hospital in London. It took the form of a case study that specifically explored the core policy areas, but this time in collaboration with participants with expertise in one or more of the four interrelated policy areas of procurement, training, maintenance, and governance. This collaboration involved researching and analysing the external demands from regulatory agencies and internal demands from the organisation, centred on procurement, budgetary, and policy issues.



Postscript

Since completing my doctorate, I have met a number of private and public healthcare organisations and been able to articulate the benefits of my research resulting in new business. This is delivering many opportunities to take this concept into other organisations generating more business, jobs, and ultimately improving organisational safety and productivity whilst controlling, and in many instances reducing, costs to the organisation.

Impact and Effects

The overall outcome of the research was to deliver an organisationally approved best practice policy model for medical devices management within a governance framework that met the needs of the external regulators, and the management of the organisation.

More specifically it was discovered that the use, maintenance, and governance of medical equipment were all reliant on a central issue, namely procurement practice. Procurement conduct for the organisation was redefined within the Hospital policy, and is making training, maintenance, and governance easier to achieve, thereby reducing risk and cost. Moreover, it is anticipated that the model could be used at similar healthcare organisations, ultimately leading to a contribution to knowledge and practice which assists in patient safety and meeting budgets. This research was always intended to leave a lasting legacy, namely, to ensure healthcare technology policy stays on track. This DProf project has led to conference papers, training programmes and presentations to my professional peers. It has allowed me to improve my analytical approach, enhancing medical devices management policy.

Perhaps, the most important outcome of the study is that it has made me consider deeply the complex role of being an insider-consultant-researcher. For instance, I now see that my specialist knowledge might be seen as a benefit and a hindrance; a benefit because it allows me to use my experience to compare any new ideas with those that have gone before, and a hindrance because I may already consider my methods to be good. Therefore, I may be unknowingly 'set in my ways' and need to be mindful of these factors, critically reflecting on my methods, thereby taking myself out of my comfort zone.

However, with hindsight, being an insider-consultant-researcher gave me, and all the participants, time to 'bed in' the process for the case study and the Action Research cycle. I found that as a consultant-researcher (specialising in this subject matter) I was able to work more constructively with the participants to enhance policy and methods further for adoption and implementation. During the case study we learnt more about each other, and this enabled me to build stronger working relationships, benefiting the overall study.

Undoubtedly, through the study I gained new knowledge that has found expression in a new medical device management policy model, and subsequently, new business models.



DProf (Health) School of Science and Technology

Raliat Onatade

The development of a conceptual framework to aid decision-making in the local development of clinical pharmacy services



Clinical pharmacy is "that part of the practice of pharmacy that contributes directly to patient care and develops and promotes the rational and appropriate use of medicinal products and devices"

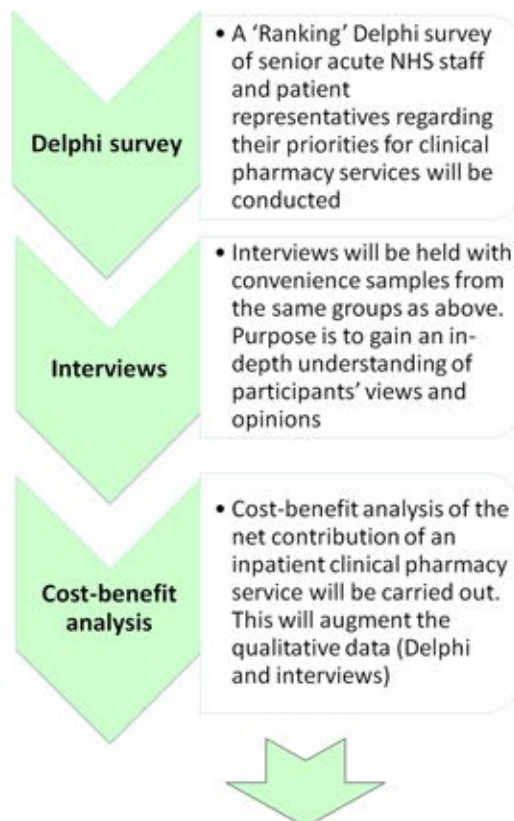
Background

- There is a proliferation of literature describing hospital clinical pharmacy activities
- There is very little information upon which to base decisions on the most important services to be provided, which activities deliver best value or how best to use clinical pharmacists

Objectives

- To obtain the views of stakeholders on the value added by clinical pharmacy services
- To conduct a cost-benefit analysis of selected clinical pharmacy services
- To use the outputs of the above exercises to develop a decision-making framework

A mixed methods approach will be adopted



Clinical pharmacy activities include prescription review, provision of prescribing advice, medication error and adverse drug reaction reporting, dose adjustments, medicines reconciliation, patient education, patient consultations, antimicrobial stewardship, pharmacokinetic and therapeutic drug level consultations, participation in clinics, optimisation of treatment and avoidance of adverse effects from high-risk drugs, training and education of other healthcare staff, managing formularies and the entry of new drugs, guideline and protocol writing, clinical audit and supporting the management of the medicines budget

The main product will be a conceptual framework
 A decision-making conceptual framework assumes the presence of a decision-maker, a decision situation and relevant information...
 ...The information is arranged according to a strategy so that the decision-maker can readily recognize an advantageous course of action

Other products

- Guidance for senior managers (pharmacy and non-pharmacy) to assess where their local clinical pharmacy services are best targeted
- Insights from stakeholders and decision-makers about where clinical pharmacy is known to add value
- Quantitative data from the cost-benefit analysis to aid in assessing how to decide which services should be invested in, or disinvested from



DProf (Economic Policy) Institute for Work Based Learning

Dr Raymond Yeung (CPA), Finance Sector, Hong Kong

A Critical Analysis of a Goods and Service Tax for Hong Kong



Professional Background

I run a public accounting firm in Hong Kong. Before that I had worked as Finance Director of a film production group which was engaged in a variety of businesses the main business being film production and distribution, but it had a diverse portfolio which also included catering, property investment and development. Before I started the Doctor of Professional Studies Programme I had already gained a BA (Hons) degree in Economics, Accountancy and Finance, LL.B, LL.M and an MA in Work Based Learning (Professional Education).

Focus

With a strong background in finance and a heavy work schedule I wanted to further my studies in a flexible, practical format that could not only further my achievements but also those of my organisation. My research project was about tax policies, mainly the Goods and Services tax. As a tax practitioner I am used to focusing on tax law and its applications. The research made me look at taxes on a wider scale and with a broader scope, especially their impact on the economy and society. The research enhanced both my practical and training skills.

Approach

I used a mixed methods approach but what was very important was the emphasis on critical, analytical skills and reflection on my own work experience rather than just interpreting the technical knowledge of the subject and this is what now informs my approach to my professional practice.

Impact and Effects

The major change I experienced was that the Professional Studies programmes at Middlesex University helped strengthen my analytical ability which helps me in my professional role. I feel my role as a Certified Public Accountant (CPA) is not only to practice my profession based on professional ethics, standards, skills, techniques, rules and regulations, but also to transfer my learning skills and experience to my colleagues.

Where possible I have passed on and expanded my training methods and skills to other colleagues to include what I have benefited from. The learning that emerged for me is what I want to happen for the people in my organisation. It is important to learn a skill but what is more challenging is to encourage the development of a learning attitude. This has really helped develop our company into an organisation that is constantly learning.

We are promoting professional studies to staff. They can learn from books or in a classroom when preparing for their professional examinations but ideally they need to learn the skills required for a work environment and from their experience. Most importantly this involves how to apply their learning from the literature to the work situation, how to work with concepts and theories, how to reflect on their experiential and academic learning in their professional role. Professional studies are part of professional learning. IWBL programmes help our organisations to build up the intellectual capital from the experience of the practitioners and their work projects. In other words, learners' research capability and critical analytical skills developed by such an approach are then transferred into their organisations.

The Doctor of Professional Studies programme gave me confidence in myself; it gives my clients confidence in me as well. Certainly, this is not only because of the academic title, but it is also the enhancement of the research capability and the emphasis on professional ethics and public interests. Confidence in practice and confidence in theory, the Doctorate in Professional Studies gives opportunities for the development of both to any individual thought leader in their chosen field. I can say now to colleagues and clients – work closely with Middlesex University to make a difference.

DProf by Public Works Institute for Work Based Learning

Dr Russell Wate, Safeguarding Consultant formerly a Senior Police Office (retired)

Investigating child deaths- achieving a balanced approach between sensitivity and the investigative mind set



Focus

I served most of my career in the police force as a detective and spent the last six years of my service as the head of CID for a police force. A key area of specialism for me within this role was the national policing lead for the investigation of childhood death.

I decided to study for a doctorate in professional studies by public works to explore an academic confirmation of my actions in how I carried out of this national policing role. The doctoral process gave me the chance to look in detail at what I did, why I did it, and then, to reflect on what I saw as a successful period of leadership. However, would it to stand up to the scrutiny of reflection that is required at doctoral level? I believe I did succeed in demonstrating **autonomy of leadership and the responsibility for myself, and others, in the specialism of investigating child deaths.**

Approach

I selected three main pieces of my published works on which to critically reflect 1) National policing guidance on investigating child deaths (three versions) 2) National police training in investigating child deaths. 3) Three articles covering different aspects of these deaths.

To support and validate my critical reflection and review and analysis of how I developed the sets of guidance and training course, I set myself two aims: to look into any impact that the guidance and training course had had nationally, not just within policing, but on a wider multi-agency perspective; to be in a position to advise anyone else who may find themselves in a similar position of leading an area of policing nationally.

To fulfil these aims, I used the following methods

- enquired of all 43 police forces if they had in place child death procedures
- surveyed all 151 LA websites to see if their child death procedures included any reference to the child death procedures.
- enquired with the College of Policing and Dave Marshall (the two main trainers of the child death course) as to how many students had been trained since the course commenced.
- sent a questionnaire to past students who had completed the training course.
- sent a questionnaire to the child death sub-group members.
- sent a questionnaire to my in force Detective Superintendents.

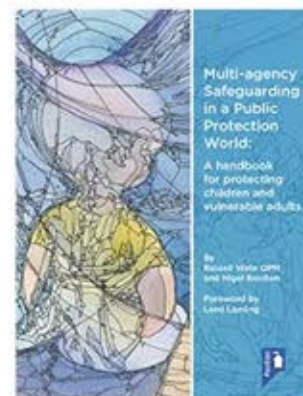
Until I undertook this doctorate I was not aware that I had been doing action research. I had been doing what I felt was the right thing to do to get information on which others could rely with confidence.

Impact and Effects

There are a number of ways that I feel I have developed through completing the doctorate. These vary from the personal to the professional: improving my writing style, from the style I had developed as a police officer; developing a more engaging and focused set of presentation skills, for example, I used to just present my knowledge to audiences, but now find out much more of what would be of benefit to them and tailor my presentation for that audience.

One of the most significant impacts not just for me but for others working in the field nationally, was, after conversations with my adviser, I really felt inspired by the idea of editing a Journal. I had at that time just seen the feedback from the ACPO (Association of Chief Police Officers) child death conference. There had only been 200 people present, yet there were thousands of officers around the country who would have benefitted from some of the inputs at the conference. I put together a proposal to start the 'National Journal of Investigating Child Deaths' with myself as the editor. This has come to fruition and the second edition is to be published in March 2016. I also co-authored a book on multi-agency safeguarding.

Finally, it is always important to know that your work means something to others. A candidate on a Master's programme in the Netherlands read my thesis as part of her studies, and said she felt inspired by my work enough to contact me with a view to trying to change how the Netherlands investigates child deaths. A colleague and I are now going to the Netherlands in May to assist them with their developments in this area. This is a highlight for me because to investigate child death with skill, compassion and care has become my life's work.





DProf (Risk) School of Science and Technology



Dr Shaun Lundy, Academic Portfolio Leader, Department of Built Environment, University of Greenwich, London

Focus

I am a member of the Institution of Occupational Safety and Health (IOSH) Professional Committee. As a principal lecturer at Middlesex University I chaired a working group on the development of a new Code of Conduct with a view to creating an additional syllabus requirement for undergraduate and postgraduate education of practitioners as well as a CPD specification for those already qualified. The research is underpinned by traditional ethical theories including Virtue ethics, Deontology, Egoism, utilitarianism, also Kohlberg (1976) theory of moral development and Humphrey (1990) 6 moral principles. Benchmarking against comparable professional bodies has also been undertaken following guidance offered by Friedman et al (2005) on analysing ethical codes of UK professional bodies.

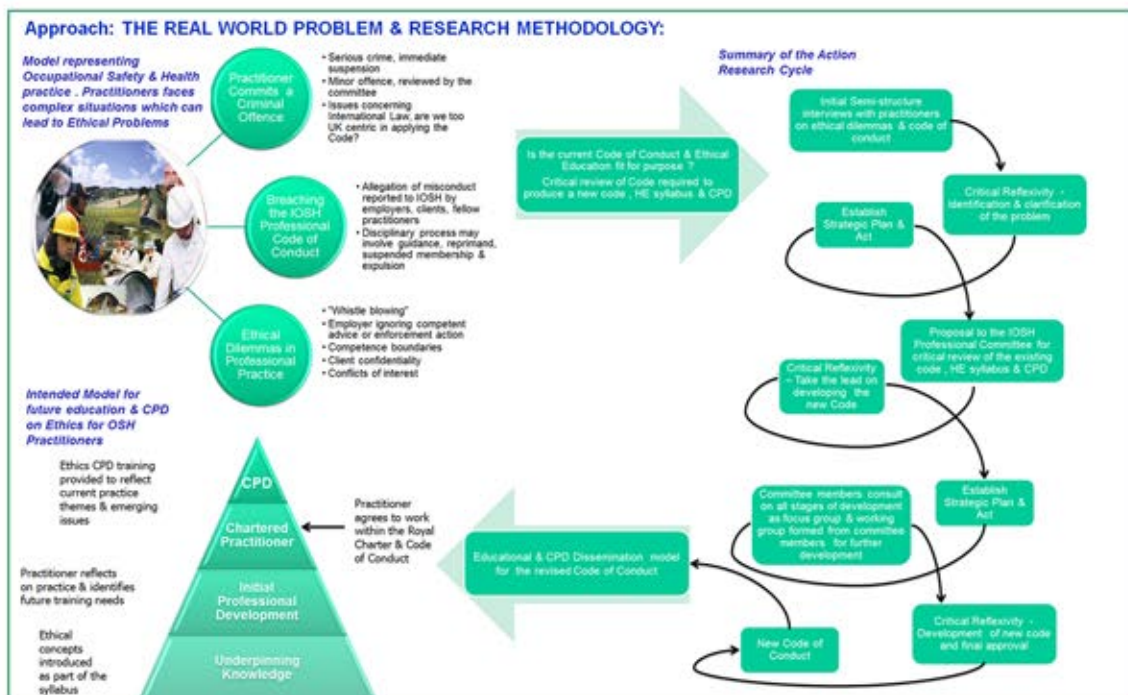
The aim of the project was to create a new code of conduct for Occupational Safety & Health Practitioners with additional educational syllabus and CPD.

Objectives:

1. Critically review the existing Code of Conduct, Syllabus and CPD provision.
2. Present evidence to the IOSH Professional Committee for the need to revise the Code.
3. Lead the revision of the Code through the establishment of a working group.
4. Create additional learning outcomes for professional qualifications in Occupational Safety & Health
5. To develop a suitable CPD solution in professional ethics.

Impact and Effects

This research has resulted in changes to my own practice and a deeper understanding of the complexities of Health and Safety and Codes of Ethics which I refer to as Professional Ethics. It makes me a more informed and constructive member of committees in this area whose mandate is to keep people safe not least in their working environments. It helps me to help others to navigate the complex dynamics of business demands and health and safety requirements without compromising on standards for either stakeholder. It has enabled me to contribute to higher education and CPD course design and content which will prepare health and safety leaders for a future of rapid changes driven by technology and market forces, a climate in which health and safety will face different challenges these of the past.





DProf (Health) School of Science and Technology

Thewodros Leka, Directorate Pharmacist for Surgical Business Unit, West Middlesex University Hospital



Can improving medication adherence reduce readmission in different ethnic/cultural groups of patients with a chronic illness such as diabetes?

Focus

WHO (2003) defines adherence: 'the extent to which a person's behaviour - taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider'. Medication contributes to 5 - 8 per cent of hospital admission and readmissions, of which almost half (approximately 4 per cent) are preventable. According to NICE (2009), between 33 and 50% of all medications prescribed for long term conditions are not taken as recommended.

Evidence from US & Europe suggests that use of prescription drugs vary by ethnicity.

Diabetes

Diabetes is a chronic metabolic disease. 285 million people globally, in the UK, 2.8 million people with some form of diabetes.

Prevalence:

National 3%

Ethnicity -Prevalence: 5-6 times greater in Asian, 3 times greater Caribbean. (Jhita, 2014) Ethnicity reflects an individual's own self-identification, which encompasses a broad range of socially constructed characteristics. (Rohini 2013)

In health research, ethnicity can provide valuable information about shared exposures for individuals. (Simpson & Akinwale, 2006)

Intended Impact

There are not many studies combining non-adherence, readmission and ethnicity/cultural background together. There is a gap in knowledge in assessing the contribution of ethnicity to non-adherence leading to readmission. It is hoped that this research will attend to these matters so that both patients and cares systems will receive considerable benefits from the knowledge outcomes



Aims

- To study medical, social and other factors contributing for non-adherence in different ethnic/cultural groups.
- To examine the relationship between compliance in adhering to prescribed medication and readmission to hospital.

Approach

A multi-method approach that combines feasible self-reporting and reasonable objective measures is the current state of-the-art in measurement of adherence behaviour. (Morgan, 2011).

Methods

Assessment of Adherence

200 Diabetic patients from different ethnic/cultural and socio-economic background will be identified for structured interview.

Retrospective study of medication record of these patients.

20 patients out of these for focus -group interview.

40 patients of these for in-depth interview.

Evaluation of the link between adherences to prescribed medication & hospital readmission

48 Diabetic patients will be supported over 12 month period by health professionals to improve adherence.

48 patients will be monitored as a control over 12 months without support. Readmission rate will be calculated for both groups.

