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

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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
‘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

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

<table>
<thead>
<tr>
<th>Eye Opening</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous</td>
<td>4</td>
</tr>
<tr>
<td>To sound</td>
<td>3</td>
</tr>
<tr>
<td>To pain</td>
<td>2</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Motor Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Obey commands</td>
<td>6</td>
</tr>
<tr>
<td>Localizes pain</td>
<td>5</td>
</tr>
<tr>
<td>Normal flexion (withdrawal)</td>
<td>4</td>
</tr>
<tr>
<td>Abnormal flexion</td>
<td>3</td>
</tr>
<tr>
<td>Extension</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
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<table>
<thead>
<tr>
<th>Verbal Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Oriented</td>
<td>5</td>
</tr>
<tr>
<td>Confused conversation</td>
<td>4</td>
</tr>
<tr>
<td>Inappropriate words</td>
<td>3</td>
</tr>
<tr>
<td>Incomprehensible sounds</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
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* 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

- Trauma therapy co-ordinator
- 2013 – Broken collar bone, oops!
- Office based for 2 weeks
- Developed the Cognitive Functional Performance Measure
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

25/06/2019

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<table>
<thead>
<tr>
<th><strong>USABILITY QUESTIONNAIRE — CLINICANS RESPONSES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Useful in their practice and routinely used by the trauma therapy service during the screening of their patients.</td>
</tr>
<tr>
<td>Improved the patient assessment and helped to prevent patients with problems being missed.</td>
</tr>
<tr>
<td>Identified problems that were not noted on the ward.</td>
</tr>
<tr>
<td>Helped to increase knowledge and understanding of cognitive deficits.</td>
</tr>
<tr>
<td>Helped to plan the patient journey and offered a more holistic assessment of patients’ needs.</td>
</tr>
<tr>
<td>Helped to prevent patients being discharged home with unmet needs and prevented unsafe discharges.</td>
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</tbody>
</table>
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
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
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!
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
REFERENCES


ACKNOWLEDGEMENTS

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

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