

# Summer 2022 Newsletter

## NIHR Yorkshire and Humber Patient Safety Translational Research Centre

### Welcome to our Summer 2022 Newsletter

In this edition, written by our Centre's PhD Students, we introduce our NIHR SPARC award holders. The SPARC awards (Short Placement Award for Research Collaboration), offered by the NIHR Academy, provide early career researchers with an opportunity to work with specialists in other parts of the NIHR. We also introduce you to three of our current PhD students, who share insights into their work, their aspirations for the future and their top tips for future PhD students. Finally, our Centre recently joined with Greater Manchester and Imperial PSTRCs to host the first joint PSTRC Symposium to discuss the future of patient safety. Three of our PhD students describe key highlights from the event, which was held at the Queens Hotel, Leeds in June 2022.

### Our NIHR SPARC award holders

The SPARC awards are an opportunity for early career researchers to undertake a bespoke short placement in a different part of the NIHR. Award holders are encouraged to get involved in research collaborations, access training in specific research techniques and develop new skills. The award offers up to £5000 per person and applications open in September/October every year. Two members of our team, Caitlin Wilson and Emily Parker, both undertook short placements this year. Read more about their experience of securing their awards, what they achieved and their advice for future SPARC applicants.



**Caitlin Wilson**

**PhD project title: Enhancing feedback for ambulance service staff to promote workforce wellbeing and patient safety**

I was awarded the NIHR Short Placement Award for Research Collaboration (SPARC) in 2021 after completing an application form for Round 7 of this award. My placement was hosted by the NIHR Incubator for Emergency Care and the College of Paramedics, with host supervisor being Professor Julia Williams. My placement title was 'Being an early career paramedic researcher: Networking, collaborating and building research capacity', and I undertook this placement flexibly over 9 months. During this time, I had been leading on the development of an online community for paramedic researchers to be hosted on MS Teams, facilitated a workshop on identity and positionality for paramedic researchers at an international paramedic conference and successfully completed a university course on Implementation Science. I co-authored a NIHR Yorkshire and Humber PSTRC blog post on networking and building connections as an early career researcher and had a manuscript accepted for publication with the British Paramedic Journal ('Identity, Positionality and Reflexivity – Relevance & Application to Research Paramedics'). My SPARC placement has paved the way for a long-term mentoring relationship with an experienced clinical-academic in her area of practice, which I will benefit from not just during but also long after my PhD has been completed.





## Emily Parker

**PhD project title: Reducing inappropriate admissions to hospital: Understanding and enhancing tolerance of uncertainty amongst staff and patients**

During the second year of my PhD, I was awarded funding to complete a SPARC placement with a team of academics from the NIHR Policy Research Unit for Cancer Awareness Screening and Early Diagnosis. My placement focused on assessing the potential value of adapting eCREST, an online patient simulation resource found to be effective and feasible for medical students, to other clinical contexts.

My PhD project is concerned with how emergency medicine doctors can be better supported to tolerate uncertainty. Empirical findings from my PhD highlighted a perception amongst doctors that their undergraduate and ongoing, professional training does not acknowledge the inevitability of uncertainty in clinical practice and therefore does not promote effective management strategies. My SPARC placement therefore focused on whether an existing clinical reasoning educational tool, used by medical schools in the UK and internationally, effectively promotes uncertainty management and if so, the potential value of developing cases within eCREST for emergency medicine specialists. The second focus was to network with a team of intervention developers in the field of clinical decision-making, developing my skills in intervention development and adaptation.

Using think-aloud interviews to evaluate an existing intervention, obtaining funding to attend complex intervention development training and attending knowledge exchange meetings with medical education providers have all significantly improved my confidence in methodology as I enter my third year and embark on co-designing an intervention.

As a result of my SPARC placement, I have been granted many further opportunities. This includes teaching physician associates (the population I focused on in my placement), presenting at an education conference and co-authoring a paper. Most importantly, I have networked with outstanding academics and formed relationships which have secured future collaborations.

My advice to any student considering applying for a SPARC placement would be to go for it! Focus on achieving impact with potential outputs as this is what I am proud of from my placement. Choose a team of academics to supervise you who have expertise in a methodological skill and/or topic area you want to develop your skills in. Finally, use the opportunity to network and keep your future career options in mind when choosing a placement. My SPARC placement introduced me to medical education, a context my PhD is closely linked to but not situated in and therefore the placement has opened doors to me in a context I hadn't previously connected with.

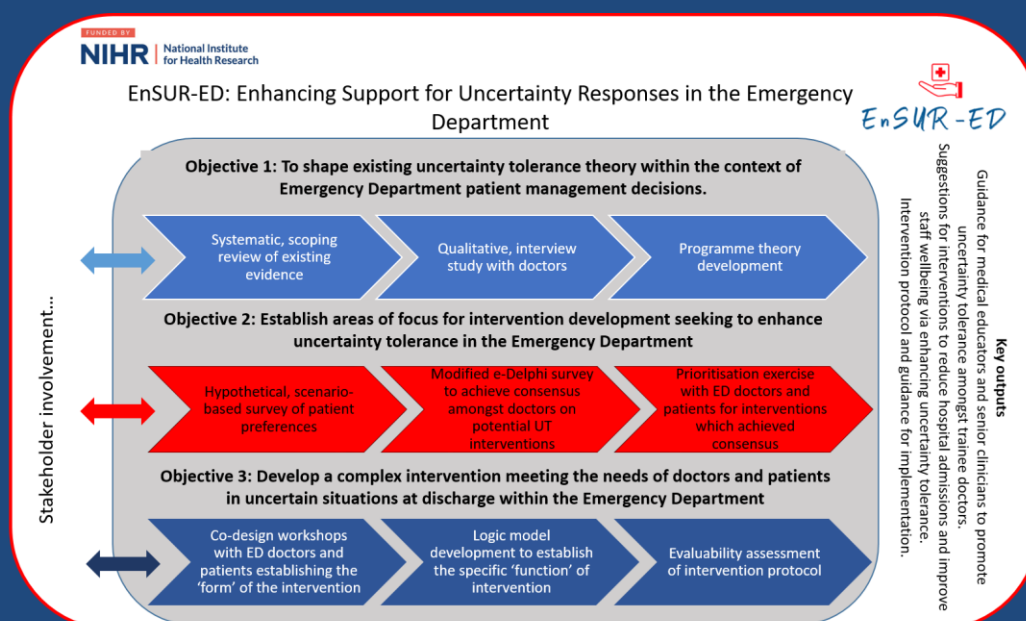


Figure 1. Key objectives and outputs of Emily Parker's PhD; ED= Emergency Department

# Meet our PhD students

Our PhD students are central to our mission to increase capacity and capability in patient safety research. Each of them works on an important topic in health and care safety, supported by academic staff from our PSTRC, patient representatives, clinical staff, policymakers and staff in supporting healthcare roles.



## Olivia Joseph – Second year PhD student

**PhD project:** Incivility in the NHS: Experiences of racial and ethnic minority healthcare workers, consequences and potential impact on the quality and safety of care

### What inspired you to undertake your PhD and has it met your expectations?

I was inspired by the opportunity to contribute to knowledge from a different perspective that centres the experience of those that are often excluded from knowledge production. In addition to learning new research skills, learning and collaborating with people from different backgrounds, disciplines, professions and lived experiences. It has been a rollercoaster of emotions, but it has far exceeded my expectations in terms of the support and encouragement from my supervisory team, colleagues, healthcare staff and external networks.

### Describe one highlight and one challenge you've experienced so far (and how you've overcome it if appropriate)

One highlight has been the level of engagement and interest in my research topic from healthcare staff, patients, carers, researchers and other PhD students. My research topic focusses on discussions of race, ethnicity and migration and poor workplace behaviours which can be deeply emotive, and divisive. However, there has been acknowledgement of the need to understand this research gap to be able to develop holistic and effective interventions to address uncivil behaviours in the workplace. Still a work in progress, but my biggest challenge is negative self talk and feeling I'm not good enough to be undertaking this PhD. I'm trying to overcome this by celebrating small wins and steps in progress.

### What do you hope to achieve through your work?

**Partnership working and shared learning:** Through privileging the voices of racial and ethnic minority hospital staff and working together to develop and contribute to empirical evidence, I hope to highlight their experiences to key decision-makers and co-develop recommendations with stakeholders to improve work experiences. Also, sharing the learning with a wider network to support validating their experiences and share insights about the often hidden organisational processes, practices and policies.

**Awareness raising of the impact of incivility:** Influence the refinement of local, national and international policy and guidelines to improve working experiences for racial and ethnic minority healthcare workers.

### What would you like to do after completing your PhD?

There were so many directions I could have taken with my PhD and after this foundational work, I would like to apply for grants to take the co-developed recommendations and work towards intervention development.

### What are your top three tips for anyone starting their PhD?

1. Attend as many training sessions, workshops and conferences as you can. Talking about your research ideas in different places can invite interesting comments and questions that help develop your thinking.
2. Don't be afraid to ask for help, support or advice from early career and senior researchers. Reach out to them with a clear ask.
3. You are not alone. Create internal and external community of people online or in-person that is an interested and safe space to talk about methodologies, ideas, and hopes to change the world.
4. Added a cheeky fourth - I learnt this the hard way, but make sure you schedule in rest and breaks.



## **Daniel Okeowo – Third year PhD student**

**PhD project: The role of community pharmacists in developing and implementing deprescribing initiatives in primary care**

### **What inspired you to undertake your PhD and has it met your expectations?**

It's hard to say what inspired me, as the idea of doing a PhD had always seemed foreign to me. I didn't know of any family members or friends who completed a PhD, so I really didn't know exactly what I was getting into.

I've always enjoyed the idea of researching. This started from my dissertation during my undergraduate degree (Masters in Pharmacy). I was researching deprescribing which I found very interesting, but also equally important. So naturally, finding a PhD opportunity to research deprescribing caught my interest.

### **Describe one highlight and one challenge you've experienced so far (and how you've overcome it if appropriate)**

One enormous challenge I faced was recruiting patients and healthcare professionals for research during the COVID-19 pandemic. This was really challenging, as many of the traditional ways of recruiting for research were not available or experiencing delays. However, I was flexible in my approach but also very persistent, which helped me reach my recruitment targets.

A major highlight for me was completing my data collection for my interview research study. This was such an achievement for me as everything, from gaining NHS ethical approval and recruiting patients to actually conducting the interviews, had been really challenging. But seeing my efforts pay off was very uplifting and taught me multiple life lessons.

### **What impact do you hope to achieve through your work?**

I want to help make sure how we use medicines is the safest way possible. We are seeing more and more medicines become available, which is great, as we have more options to treat patients with. However, we need to make sure we are actively checking whether patients still need a medicine. It's now more and more common for a patient to be taking 5 or more medicines at the same time. I hope that my work can make it easier and safer to stop the use of unnecessary medicines. This might be anything from helping patients question the necessity of their medicines, or helping clinicians introduce the idea of stopping unnecessary medicines.

### **What would you like to do after completing your PhD?**

I definitely want to continue researching as I find it very fulfilling. I've also really enjoyed teaching undergraduate nursing students during my PhD, so I'm really interested in lecturing roles.

### **What are your top three tips for anyone starting their PhD?**

1. You are not an imposter. You have been given this opportunity because you deserve it.
2. Be resilient. A few bad days doesn't define your entire PhD journey.
3. Enjoy it!



## **Daisy Halligan – Final year PhD student**

### **PhD project: Identifying, understanding and stopping low-value safety practices**

#### **What inspired you to undertake your PhD and has it met your expectations?**

After completing my Master's degree in health psychology, I wanted to apply what I'd learned to have a positive impact on people's health. I worked as a lifestyle behaviour coach at a company that delivered an evidence-based digital solution for people with diabetes to help them manage their condition and lose weight. I really enjoyed using behaviour change techniques to support patients with making sustainable positive changes, however, I wanted to be more involved in the process of designing behaviour change interventions to improve health. When I came across the advert for my PhD, I was therefore keen to apply. My PhD has exceeded my expectations in many ways. Although challenging, I have found the process very rewarding and enjoyable so far thanks to my supervision team and fellow researchers at the PSTRC.

#### **Describe one highlight and one challenge you've experienced so far (and how you've overcome it if appropriate)**

A highlight for me has been engaging with healthcare staff on wards at BTHFT during data collection for a survey study I was carrying out. Over several weeks, I had the opportunity to meet a variety of healthcare professionals who kindly gave me their opinion on my research. This experience taught me a lot about the pressures that NHS staff face on a daily basis and put my research into perspective. A challenge during my PhD has been recruiting nurse managers onto an interview study during Covid. With increased pressure on the NHS, I was concerned that it would be difficult to recruit nurse managers onto the study. However, I was able to recruit 16 nurse managers by conducting interviews online and being as flexible as possible with timings.

#### **What impact do you hope to achieve through your work?**

I hope that my PhD work will contribute in some way to understanding the relatively new research area of de-implementation in healthcare. I'd be really happy if my PhD work prompted further research that could pilot an intervention that supported the de-implementation of a low-value safety practice. The ultimate aim for my work would be to improve staff wellbeing by reducing their workload through the de-implementation of unnecessary safety practices.

#### **What would you like to do after completing your PhD?**

I am keen to continue carrying out research that meaningfully involves patients and healthcare staff to improve the quality and safety of healthcare.

#### **What are your top three tips for anyone starting their PhD?**

1. Don't be afraid to ask for clarification if you don't understand something.
2. Try not to compare your PhD to others. All PhDs are different.
3. Write down everything you do – even if it doesn't go to plan! It's really important that you can retrospectively justify why you made certain decisions.



# PSTRC Joint Symposium, 16 June, Queens Hotel, Leeds

By Daisy Halligan, Emily Parker and Caitlin Wilson

Yorkshire and Humber, Greater Manchester and Imperial NIHR Patient Safety Translational Research Centres hosted a joint symposium on 16 June at the Queens Hotel in Leeds to discuss the future of patient safety research. The symposium was an extremely welcome opportunity to see colleagues face-to-face and, despite highlighting many shortcomings in the current landscape of patient safety, the atmosphere was vibrant with encouraging presentations that focused on three key themes: insight, involvement and improvement.



In the 'Involvement' session, we heard from Professor Bryony Dean Franklin from Imperial PSTRC, Professor Jane O'Hara from Yorkshire and Humber PSTRC and Professor Caroline Sanders from Greater Manchester PSTRC. It was great to hear about simple yet effective ways of collaborating with a diverse range of people, particularly groups we traditionally considered 'hard-to-reach' but are now understanding that with effective networking with organisations and meaningful engagement, are enthusiastic to be involved.

The 'Insight' session was led by Dr Lindsay Dewa from Imperial PSTRC, Dr Richard Williams from Greater Manchester PSTRC and Professor Rebecca Lawton from Yorkshire and Humber PSTRC. The session highlighted insight from patients, staff and health data taken from research carried out over the last five years across the PSTRCs.

The 'Improvement' session was led by Dr Jonathan Benn from Yorkshire and Humber PSTRC, Dr Ana Luisa Neves from Imperial PSTRC and Professor Tony Avery from Greater Manchester PSTRC. The overall theme was digitally enabled improvement and specifically socio-technical interventions in hospitals and general practice. Examples were the evaluation of a digital hospital command centre, the use of virtual primary care during the COVID-19 pandemic and reducing patient harm from medication errors by identifying patients at risk using a pharmacist-led IT-based intervention.



The NIHR Yorkshire and Humber PSTRC team.

# Publications

Highlights of papers recently published by members of the NIHR Yorkshire and Humber PSTRC:

Louch G, Albutt A, Smyth K, O'Hara JK. What do primary care staff think about patients accessing electronic health records? A focus group study. BMC Health Services Research. 2022 Dec;22(1):1-1. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-07954-y>

Powell C, Tomlinson J, Quinn C, Fylan B. Interventions for self-management of medicines for community-dwelling people with dementia and mild cognitive impairment and their family carers: a systematic review. Age and Ageing. 2022;51(5). <https://doi.org/10.1093/ageing/afac089>

Peat G, Olaniyan J, Fylan B, Breen L, Grindey C, Hague I et al. Mapping the resilience performance of community pharmacy to maintain patient safety during the Covid-19 pandemic. Research in Social and Administrative Pharmacy. 2022;. [www.doi:10.1016/j.sapharm.2022.01.004](https://doi.org/10.1016/j.sapharm.2022.01.004)

Peat G, Fylan B, Marques I, Raynor DK, Breen L, Olaniyan J, Alldred DP. Barriers and facilitators of successful deprescribing as described by older patients living with frailty, their informal carers and clinicians: a qualitative interview study BMJ Open 2022;12:e054279. [www.doi:10.1136/bmjopen-2021-054279](https://doi.org/10.1136/bmjopen-2021-054279)

Vogt KS, Grange A, Johnson J, Marran J, Budworth L, Coleman R & Ellis R. S. (2022). Study protocol for the online adaptation and evaluation of the ' Reboot ' ( Recovery- boosting ) coaching programme , to prepare critical care nurses for , and aid recovery after stressful clinical events. Pilot and Feasibility Studies, 1–10. <https://doi.org/10.1186/s40814-022-01014-2>

Ramsey L, Albutt, A, Perfetto K et al. Systemic safety inequities for people with learning disabilities: a qualitative integrative analysis of the experiences of English health and social care for people with learning disabilities, their families and carers. Int J Equity Health 21, 13 2022. <https://doi.org/10.1186/s12939-021-01612-1>

Heyhoe J, Reynolds C , Bec R, Wolstenholme D, Grindell C, Louch G, Lawton R. The Shared Safety Net Action Plan (SSNAP): a co-designed intervention to promote greater involvement of patients to support the timely diagnosis of cancer in primary care. British Journal of General Practice 1 February 2022; BJGP.2021.0476. <https://doi.org/10.3399/BJGP.2021.0476>

Albutt A, Berzins K, Louch G, Baker J. Health professionals' perspectives of safety issues in mental health services: A qualitative study. International Journal of Mental Health Nursing. 2021;30(3):798-810. <https://doi.org/10.3399/BJGP.2021.0476>

Prudenzi A, Graham C, Rogerson O, O'Connor D. Mental health during the COVID-19 pandemic: exploring the role of psychological flexibility and stress-related variables. Psychology & Health. 2022;:1-24. <https://doi.org/10.1080/08870446.2021.2020272>

Wilson C, Howell A, Janes G, Benn J. The role of feedback in emergency ambulance services: a qualitative interview study. BMC Health Services Research. 2022;22(1). <https://doi.org/10.1186/s12913-022-07676-1>

## Blogs

For the Centre's current and previous blogs, please click [here](#)

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The research described in this newsletter is funded by the National Institute for Health and Care Research (NIHR) Yorkshire and Humber Patient Safety Translational Research Centre (NIHR Yorkshire and Humber PSTRC). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR, or the Department of Health and Social Care.