

National Institute of Health Sciences Research Bulletin

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National Institute of Health Sciences (NIHS)

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Clinical Research

Medical

TITLE	Dermatology Needs Assessment: An Independent Model Defining the Service Deficiencies for Dermatology Patients in the Mid-West Region: GP Survey
AUTHORS	<i>Cotter, S., ¹ Bazmi, K., ² Ramsay, B., ² Kelleher, K. ¹ Department of Public Health Medicine, HSE West, Limerick ¹ Department of Dermatology, Mid-Western Regional Hospital, Limerick ²</i>

INTRODUCTION

As part of a Needs Assessment to assess the Dermatology health needs of the population a survey of General Practitioners in the Mid-Western Health Board was done.

METHODOLOGY

A questionnaire was developed and tested by four GPs with an interest in Dermatology and their alterations were made based on their comments and a survey was sent to a selection of GPs in February 2003. A list of GPs with GMS contacts in the Mid-Western Health Board was provided by the Primary Care Unit and 158 (75%) of GPs in the Mid-Western Region were included.

RESULTS

There was a 61% response rate and 73% were male, median number of years qualified was 23 years and 54% were vocationally trained in General Practice, 2% were in single handed Practice and 74% had Practice Nurses working with them.

CONCLUSIONS

- 10% of overall GP workload was related to Dermatological problems (range to 5 - 30%).
- 90% of these patients were cared for in the Community with just 5% being sent to a Hospital Consultant or 2% to another General Practitioner.
- There was overall dissatisfaction with the accessibility to all Hospitals and their Dermatology Services.
- Most noted was dissatisfaction with access to routine Outpatient appointments (86%), appointment for acute skin conditions (66%) and Outpatient diagnostic services (61%).
- In general GPs were more satisfied to access to Primary Care expertise than hospital based services, but Primary Care Services were still only considered adequate by approximately one third of GPs.
- 93% of GPs felt they would benefit from additional training in Dermatology.

Desired improvement in Mid-Western Health Board Service

- Overwhelming demand for improvement in Outpatient Department clinics and fast tracking of urgent cases.
- More Consultant Dermatologists to be appointed.
- Closer liaison between GPs and Dermatologists.
- Training for GPs and Practice Nurses in Dermatology.
- Dermatology Specialist Nurse Services available to GPs i.e. to visit Practices.

PRESENTED

At the American Academy of Dermatology in San Francisco, on March 3rd - 6th, 2006 by Dr. K. Bazmi.

Clinical Research

Medical

TITLE	Dermatology Needs Assessment: Defining the Service Deficiencies for Dermatology Patients in the Mid-West Region by Talking with Patients: A Survey
AUTHORS	<i>Cotter, S., ¹ Bazmi, K., ² Ramsay, B., ² Kelleher, K. ¹ Department of Public Health Medicine, HSE West, Limerick ¹ Department of Dermatology, Mid-Western Regional Hospital, Limerick ²</i>

INTRODUCTION

This was part of a comprehensive Needs Assessment where a survey was made of patients who had attended Dermatology Outpatients Department in the Mid-Western Regional Hospital. This was part of an assessment to define service deficiencies.

RATIONALE

A three page questionnaire was developed. It sorted information on the patients' experience and patient satisfaction with Dermatology Services in the Mid-Western Health Board, both at hospital and primary care level. Most questions were closed ended and a range of response categories were provided, space was provided for additional comments.

METHODOLOGY

A convenient sample of 100 patients was taken and this systematic sample was generated from a list taken from the first 100 patients who attended Dermatology Outpatients in 2003. Survey was sent out to patients at the end of June 2003; non-response was not followed up. There was a 34% response rate.

RESULTS

Patients with a wide range of diagnosis responded. Waiting time for appointment was 24 weeks.

Satisfaction with hospital services:

In general patients "were very satisfied" with most aspects of Dermatology Services. Least satisfaction was expressed with the waiting time, where the majority of patients were unsatisfied (38%).

A sample of some of the comments from patients about treatment facilities included:-

"Treatment rooms were packed at times with up to four people being seen at once."

"The treatment rooms could be better staffed and people do not have enough room to work."

"There are not adequate changing rooms or lockers to support personnel clothing."

The majority of respondents were satisfied with different aspects of communication. (This line moved down a line) 12% of respondents reported dissatisfaction with information about their skin condition. Venting frustration, particularly in patients who waited many months – "I spoke to him for ten minutes after waiting 14 months for him."



CONCLUSIONS

- Appointment of the second Consultant in line with the Comhairle nOspidéal recommendations of 1988 and 2003.
- Dedicated Outpatient Treatment area for Dermatology Patients.
- Community GP liaison work.
- Integrated approach is needed not only does the Hospital require additional manpower facilities to diagnose and treat both Dermatology In and Outpatients. There is also a need to support Primary Care Services.

PRESENTED

At the American Academy of Dermatology in San Francisco, on March 3rd – 6th by Dr. K. Bazmi.

Clinical Research

Medical

TITLE	An Audit of the Assessment and Management of Patients admitted to Ennis Mid-Western Regional Hospital with Chronic Obstructive Pulmonary Disease
AUTHORS	<i>Suliman, A., McNamara, P., Dervan, M., Griffin, A., Carty, G., Corry, A., Quinn, G., McInerney, C., Frehill, K., Buckley, A., Hennessy, T.</i>

INTRODUCTION

Chronic obstructive pulmonary disease (COPD) has become the second cause of respiratory deaths, accounting for 26% of respiratory mortality, and 20% of respiratory bed occupancy in Ireland. In Ennis Mid-Western Regional Hospital, figures show that respiratory diseases are the most frequent cause of hospital admission, nearly 20% of total hospital admission.

OBJECTIVES

In order to improve the standard of care for patients admitted with acute exacerbation of COPD during the year 2004, an audit was performed to achieve two goals.

1. To provide comparative data on the current clinical practice in the Mid-Western Regional Hospital, Ennis against standard guidelines (GOLD & NICE)
2. To formulate a protocol for management of COPD, to improve patient quality of life and to reduce hospital admission.

METHODOLOGY

A retrospective study was carried out on 50 patients admitted to hospital during the year 2004, with a clinical diagnosis of COPD aged 45-75. Data collection occurred over a four month period from April 2005 to August 2005. Different aspects of the disease were audited covering the following areas of care:

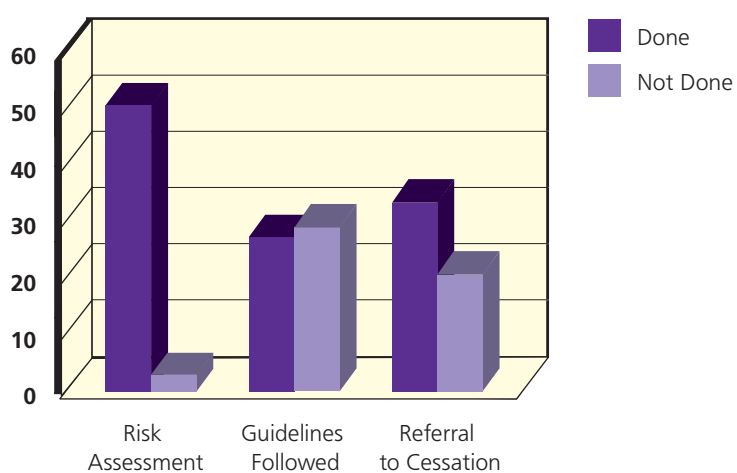
1. Assessing risk factors
2. Diagnosis and assessment of disease severity
3. Management of exacerbations of COPD
4. Management of stable COPD

RESULTS

Data were completed on 50 patients. Almost all of the patients (98%) were assessed for risk factors (smoking), but two thirds (65%) of them were not referred to smoking cessation, and of the 35% who were referred to smoking cessation nothing is documented in their notes. All had chest x-rays, electrocardiogram, and routine bloods performed, 60% had blood gas analysis done, but only half had sputum culture and sensitivity tested, only 16% of patients had spirometry done, and only 7% of patients had their disease severity classified according to GOLD & NICE guidelines. 90% of patients were treated with bronchodilators, antibiotics, and steroid. 64% were given oxygen, 16% provided with long term oxygen, 56% educated about their medications, 82% have follow up arranged, but no one was referred to pulmonary rehabilitation. Refer to tables and figures (1-3).

Table 1 - Risk assessment (smoking)

	Done	Not done	% of measure achieved
Risk assessment	49	1	98%
Guidelines followed	24	26	48%
Referral to cessation	32	18	64%

Figure 1 - Risk assessment (smoking)**Table 2 - Diagnosis of COPD**

	Performed	Not Performed	% of measure achieved
Spirometry	8	42	16%
X-ray	50	0	100%
ECG	50	0	100%
Full blood count	50	0	100%
Urea & electrolytes	50	0	100%
Blood gas analysis	30	20	60%
Sputum C/S	25	25	50%



Figure 2 - Diagnosis of COPD

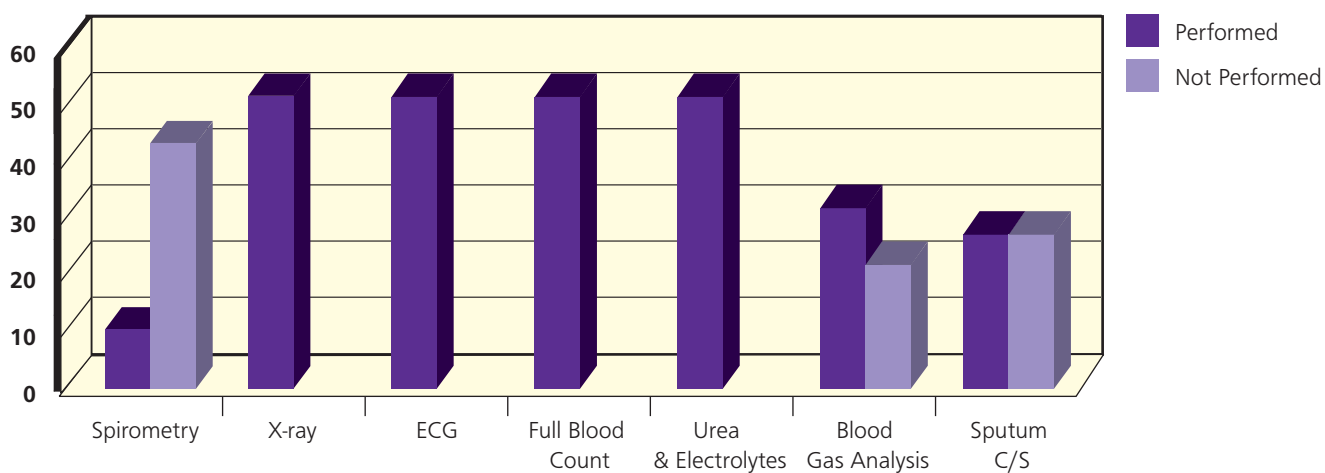
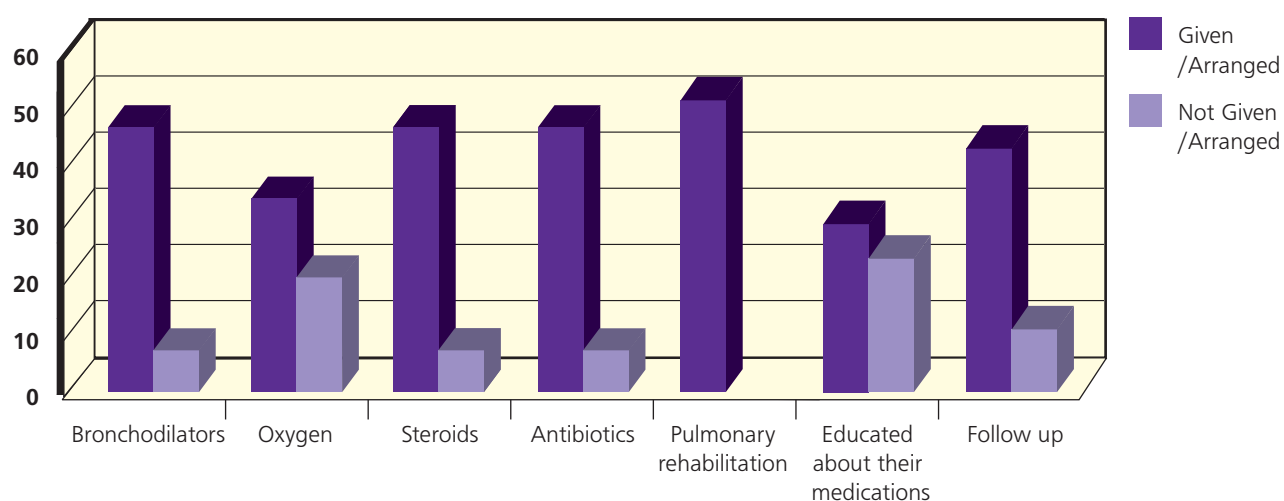


Table 3 - Management of acute exacerbation of COPD

Measure	Given/Arranged	Not given/arranged	% of measure achieved
Bronchodilators	45	5	90%
Oxygen	32	18	64%
Steroids	45	5	90%
Antibiotics	45	5	90%
Pulmonary rehabilitation	0	50	0%
Educated about their medications	28	22	56%
Follow up	41	9	82%

Figure 3 - Management of acute exacerbation of COPD



CONCLUSIONS

Standards of medical treatment were generally adequate, but clinical scoring of disease severity and use of spirometry are lacking, smoking cessation showed several areas of deficiencies where improvements are required.

RECOMMENDATIONS

Provision of full spirometry services, provision of respiratory nurse, more input on smoking cessation and patient education. Development of hospital guidelines for the management of COPD is necessary.

ACKNOWLEDGEMENTS

The authors would like to thank the following for their assistance: Gerry Enright, Clerk, Dr Gilmartin, Respiratory Physician, UCH-Galway, David McCann, Pfizer Pharmaceutical, Gemma Quinn, Infection Control Nurse.

Clinical Research

Medical

TITLE	Evaluation of Documentation in Acute Stroke Care Management in an Irish General Hospital
AUTHORS	<i>Hussain, M., Donnellan, C., Kingston, S. South Tipperary General Hospital, Clonmel, Co. Tipperary</i>

INTRODUCTION

Stroke is the third most common cause of death worldwide and the major cause of adult neurological disability in developed countries.¹ There are significant relationships between risk adjusted outcome and process of care for stroke.²

RATIONALE

Documentation is vital for recording of care process. Although inadequate documentation does not necessarily mean poor care but it makes retrospective chart audit difficult.³

Also inadequately documented care is often the reason for poor audit results.⁴

Therefore hospital record keeping must be of a high standard to allow high quality of stroke audit and thereby help the assessment process and structure of care measures.

OBJECTIVES

To identify the level of documentation of current practice and quality of services in South Tipperary General Hospital (STGH) and to highlight areas of deficiencies that could be targeted in future for improvement.

METHODOLOGY

Consecutive patients admitted to STGH and discharged with the diagnosis of first or recurrent stroke between January to December 2003 inclusive were collected retrospectively from HIPE using the International classification of diseases 9th revision (ICD-9). Patients with subarachnoid haemorrhage and other unspecified intracranial haemorrhage were excluded. Patients who died in emergency and those with previous strokes but readmitted for other medical or social reasons were also excluded. For those with repeated stroke within the defined period only the first stroke were included in the study.

Each individual case note was checked by one of the authors and relevant information was recorded directly into a PC database included in the Royal College of Physicians, London, stroke audit package (2nd edition). The software included in the package was used for the data analysis.

RESULTS

Initially a total of 89 patients were identified (431,434,436). Of those, 12 patients were excluded due to incorrect ICD-9 coding and miscoding and one patient's note was not available. 76 patients were finally eligible for the audit. Of these, 55 had cerebral infarct, 8 had cerebral haemorrhage, 1 had meningioma and 12 were unknown. There were 36 males and 40 females with mean age 70 years and 75 years respectively. Mean length of hospital stay was 12 days (range 1 - 58 days). In the initial neurological assessment recording, the item limb movement scored highest - 78% of the standard. But mental test score, visual field, visual inattention, trunk control and gait scored <20% only. Clear diagnostic formulation scored only 17%. 87% of urinary continence data and 47% of level of consciousness in the first 24 hours were not recorded. Weight and nutritional assessment scored 41% and 36% respectively. Continence management, social and occupational therapist's assessment, pre-stroke function, function at discharge, evidence of carer in setting goals or carer's need for skill training all scored zero. Other under-scored areas are risk assessment for pressure (12%), prevention of deep vein thrombosis (16%) and plan for mood disturbance (15%).

Overall domains that had poor performance are - **Discharge Planning, Communication with Carer and Information Giving**. Domains that scored high are - Secondary Prevention and Communication with General Practitioner. Follow-up and review scored satisfactorily. Items scoring satisfactory to good marks are mentioned in Table 1. Medical record retrieval rate was 98.9% and 92.1% had CT brain done.

Table 1 - Items Scoring High Compliance with Standard

Standard (std) audit question	% for whom std. applicable. 1999	You (STGH)	% compliance with std.1999	You (STGH)
Brain scan carried out within 24 hours	55	17	61	62
Pts assessed by physio within 72hrs of admission	82	95	67	65
Aspirin prescribed for prevention	60	78	90	92
Rx plan for HTN if BP>150/90	28	58	82	70
Pts/carers knows plan for follow up	61	91	80	78
GP informed of pts DC/death by day of discharge	100	100	62	91



Discharge summary to gp includes diagnosis	89	92	92	91
DC summary-medication	61	92	92	97
DC - plans for future health care and management	61	92	79	79
DC summary- community service organised	36	75	55	60
BP recorded since DC from hospital	56	83	74	83
Review at 6 months for secondary prevention	40	89	52	75

CONCLUSION

Our findings are similar to urban teaching hospitals in Ireland ⁵ and comparable with those for UK hospitals with similar settings.⁶

The results of this audit serve as a baseline to initiate and monitor improvements in stroke care service at STGH within its limited resources.

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Clinical Research

Medical

TITLE	Outpatient Audit on Patient's Medication Awareness
AUTHORS	<i>Hussain, M., O'Dwyer, C., Chadwick, G., Fennell, J. St. Colmcille's Hospital, Loughlinstown, Co. Dublin</i>

INTRODUCTION

There is often a discrepancy seen between what patients have been prescribed and actually what they are taking. Occasionally patients are found to be taking some medications for years that should have been stopped or have been stopped without the clinician's knowledge. In some situations the same patient has been found taking two or more preparations of the same chemical compound but with different trade names.

Very often it becomes difficult for clinicians to decide on any changes in patients' medications unless there is an accompanying referral letter or a list of drugs or patients actually know their own medications. Due to lack of time it is not always possible for clinicians to ring the patient's GP or chemist for the details.

Since most of the drugs are prescribed and consumed as an outpatient, the likeliness of Adverse Drug Reaction (ADR) is much higher in the outpatient setting.

OBJECTIVE

This audit is performed as a baseline to look at the existing practice especially with regard to the patient's awareness of their current medications as well as their side effects. We also looked into the possible causes of the discrepancies with the aim of finding out some solutions to these problems.

METHODOLOGY

Consecutive patients attending the medical outpatient department (OPD) of St. Colmcille's Hospital during three successive weeks of April 2003 were approached with a predetermined questionnaire to be filled up while waiting in the department. Patients attending diabetic clinic were excluded due to the 2nd ongoing audit involving these patients only. Among the initial 77 respondents 10 were excluded from the study (3 were not medical patients, 5 did not answer two key questions and 2 were not on any medication). A total of 67 patients were finally included for calculations. All the relevant data were transferred to Microsoft works spreadsheet for further analysis.

RESULTS

Of the total 67 patients there were:

- 58% male and 42% female
- Mean age was 64.5 years (range 15-93)
- Number of patients at or >65yrs were 52% (n-35) and <65yrs were 48% (n-32)
- 22% of patients were living alone
- Only 18% needed some assistance in taking their medications



On the day of OPD visit only 18% brought their medications (Table 1). Of the remaining 55 patients, 18 brought a medication list, 32 came without any written documents and 5 left this question void.

- Only 21% of the total could actually remember and write the name of their medication.
- 71% believed they knew why they were taking tablets.
- 15% had partial knowledge and 4% were not aware of it.
- 77% claimed they were regular in taking tablets.
- 3% responded always irregular (Figure 1).
- 82% (55) were never asked to bring their medications to OPD (Figure 2).
- 39% were not aware of any side effects of their drugs.
- 69% never asked their doctors about side effects while rest did not answer this question.

Table 1 - Medication Awareness

Medication status	Yes		No		Void		Total
	%	No.	%	No.	%	No.	
Medication Brought	18%	12	81%	54	1%	1	67 (100%)
List Only	32.8%	18	58.2%	32	9%	5	55 (100%)
Could Write	21%	13	79%	54	0%	0	67 (100%)

Figure 1 - Advice to bring medications.

Did anyone ask the patient to bring their medication?

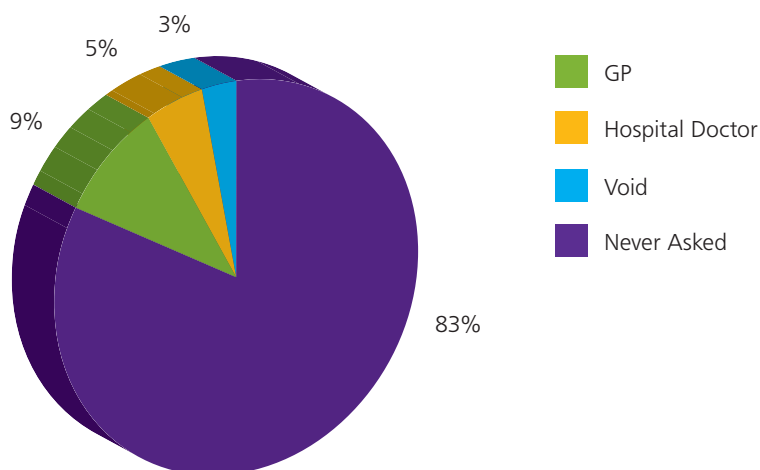


Figure 2 - How regular is the patient in taking their tablets?

Regularity in medication intake

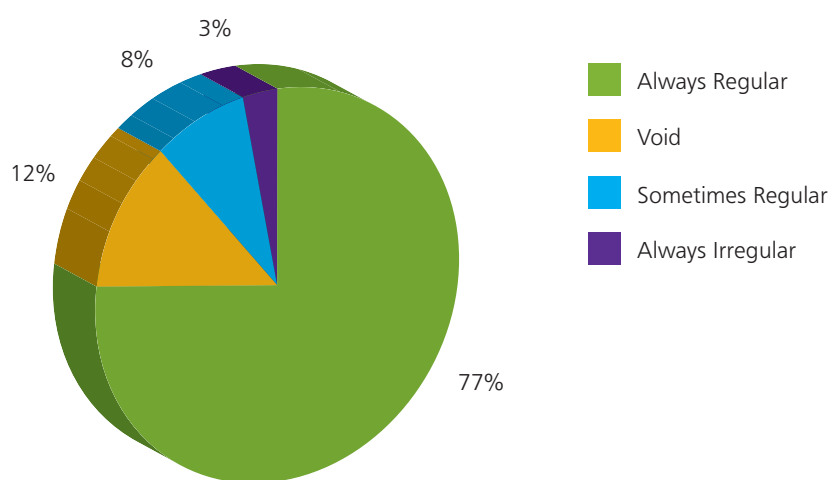
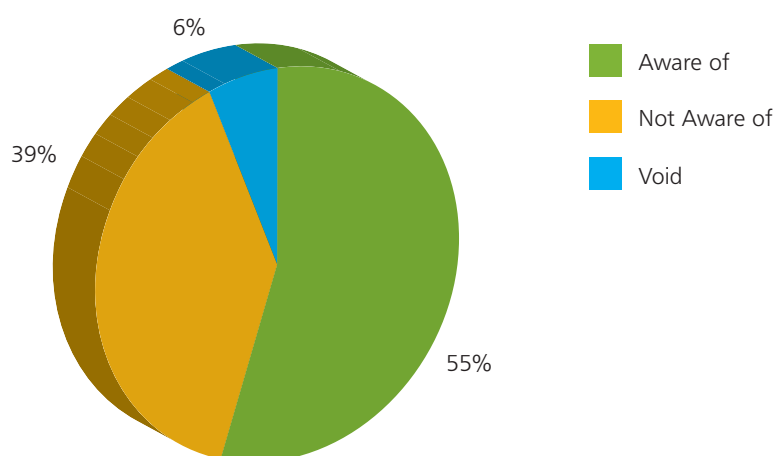


Figure 3 - Awareness of medication side effects

Knowledge about side effect profile





CONCLUSION

The majority of the patients attending OPD at the time of the study did not know what medications they were taking or their important side effects. Most of them did not bring their medications or even a written list of tablets and in a substantial number of cases no one had asked them to do so.

To improve this situation we recommend the following:

- All patients should be asked to bring their medications / current list of medications either through OPD appointment letter or by their doctors.
- Patients should be educated about their drugs either by the attending clinicians or more appropriately by a specialist nurse / pharmacist in the outpatient setting and also probably by telephone or via an easily accessible electronic media system during out of hours.



Clinical Research

Medical

TITLE	Dermatology Patient Fears, Expectations and Level of Understanding: The Hidden Agenda in our Consultations
AUTHORS	<i>Bazmi, K., Ramsay, B. Dermatology Department, Mid-Western Regional Hospital, Limerick</i>

ABSTRACT

When patients attend their Dermatologist they have fears, therapeutic expectations and some level of understanding about their skin condition. These aspects may be ignored or overlooked in many consultations, whilst the Dermatologist focuses on diagnosis and treatment.

This study examines this hidden agenda in Dermatology Outpatients immediately before they visited the Dermatologist.

501 consecutive Dermatology Outpatients were given three open ended questions aimed at eliciting their level of understanding about their skin condition, any associated fears or worries and what they wanted from the doctor that day. They were written by the patient immediately before the consultation and their response was folded closed. No attempt was made to specifically explore these areas during the consultation by the doctor. The doctor checked the patient's written response towards the end of the consultation and asked whether he had become aware of the patient's answers during the consultation.

PATIENT FEARS

It was possible to assign these into 11 different categories based on words used by the patients. The commonest categories were persistence (of condition), symptoms, fear of cancer, unsightly, future deterioration, escalation and unelaborated fear. Fear of the unknown, infectivity and inheritance were the lowest scoring fears and 7% of patients reported had "no fears" relating to their skin condition. The doctor was unaware of patient's fears in 61% of consultations.

Patient Expectations

There were twelve categories of response in terms of patient's expectations from the doctor during the consultation. The commonest was a desire for cure (eradication) or treatment (control) of their skin condition. However, there was also a strong desire to find out what was behind their condition as well as a diagnosis or help and advice. 55% of patients have multiple expectations.

Patients have a wide range of fears about their skin condition and these are often multiple and unexpressed. A lot of patients are seeking cure for their skin condition and this will prove elusive given the chronic nature of the common dermatoses.

Exploring this hidden agenda with questions before the consultation can help pinpoint where the patient's needs are before the consultation starts, allowing the doctor to work not just within the medical agenda, but also to focus on the patient's hidden agenda. This will help improve the quality of the consultation.



PRESENTED

At the American Academy of Dermatology in San Francisco, on March 3rd-6th, 2006 by Dr. K. Bazmi.

SOURCE

Journal of the American Academy of Dermatology. 2006 March; 54 (3):AB 43.

Clinical Research

Medical

TITLE	Dermatology Needs Assessment an Independent Model Defining the Service Deficiencies for Dermatology Patients in the Mid-West Region: An Overall Summary
AUTHORS	<i>Cotter, S., ¹ Bazmi, K., ² Ramsay, B., ² Kelleher, K. ¹ Department of Public Health Medicine, HSE West, Limerick ¹ Dermatology Department, Mid-Western Regional Hospital, Limerick ²</i>

ABSTRACT

The objective of this assessment performed during 2003 was to access the Dermatological Health Needs of the 340,000 local population using available epidemiological logical data.

Key aims were to identify gaps in service provision, improve service planning and support allocation of resources to implement services.

The study focused on the description of the Dermatological Services in the Mid-Western Region in comparison with Dermatological services within Ireland and also focused on Primary and Secondary care of Dermatology in Ireland and in the United Kingdom. It looked through HIPE data at the general morbidity and mortality data as well as hospital morbidity data and Outpatient activity in Mid-Western Health Board (MWHB). The views of service users and those delivering the service were sought by discussion with Management and staff and a GP survey and a Dermatology Patient Survey were carried out.

Dermatology Services are located at the Mid-Western Regional Hospital led by one Consultant, one Registrar and two Dermatology Nurses.

The ratio of Consultation is 1 per 390,000 population well below that recommended by international norms. It has identified deficiencies in MWHB Dermatology service including: -

- Insufficient numbers of staff to provide a high quality services to the population.
 - No dedicated Outpatient facilities.
 - No dedicated In-patient beds.
 - No dedicated Outpatient Treatment Facilities.
 - Lengthy waiting lists to access the service.
 - Dissatisfaction was expressed by nearly all GPs (in particular in relation to waiting times)
 - Dissatisfaction was expressed by patients in relation to prolonged times, waiting lists and treatment facilities.
-
- A Dedicated Dermatology Unit with In-patient beds is required for the MWHB.
 - Outpatient facilities should be developed.
 - An additional two Dermatology Consultants should be recruited.
 - Additional Dermatology Nurses should be trained in a phased manner.

PRESENTED

At the American Academy of Dermatology in San Francisco, on 3rd-6th, 2006 by Dr. K. Bazmi.

SOURCE

Journal of the American Academy of Dermatology. 2006 March;54(3):AB 117.

Clinical Research

Medical

TITLE	Returning to Contact Sports following Infectious Mononucleosis
AUTHORS	<i>O'Connor, T., Skinner, L., Ahmed, I., Kiely, P., Fenton, J.E. Department of Otolaryngology, Head and Neck Surgery, Mid-Western Regional Hospital, Dooradoyle, Limerick</i>

ABSTRACT

Infectious mononucleosis most commonly affects adolescents and young adults with a febrile illness accompanied by tonsillitis/ pharyngitis, lymph node enlargement and transient fatigue. The rare complication of spontaneous splenic rupture serves to focus recommendations for returning athletes to strenuous physical activities and contact sports. Three to six months of abstinence has previously been suggested for generally active athletes but there is no evidence in the literature to support a period of longer than one month. Figures show the risk of splenic rupture is highest in the second and third weeks of the illness during which time there is maximal increase in splenic size. Following this, splenic size returns to normal and rupture after one month is uncommon.

We outline our approach to these patients by presenting our experiences with nine patients (seven male and two female) wishing to return to contact sports following infectious mononucleosis. All patients underwent an ultrasound scan of their abdomen one month after diagnosis to confirm their splenic size was within normal limits. Eight patients had a splenic size within normal limits at one month and one patient required a further ultrasound scan at six weeks at which time their splenic size had returned to normal. Following this all patients made an uncomplicated return to exercise and contact sports. We would therefore recommend performing an ultrasound scan of the upper abdomen one month after diagnosis on all patients wishing to return to contact sports following a diagnosis of infectious mononucleosis.

PRESENTED

At the Annual Scientific Meeting of the Faculty of Sports and Exercise Medicine, RCSI and RCPI at The Royal College of Surgeons in Ireland on September 23rd and 24th, 2005 by Mr. Tony O'Connor.

Also, at the Sylvester O'Halloran Surgical Scientific Meeting at The University of Limerick on March 5th, 2005 by Mr. Tony O'Connor.

SOURCE

Proceedings of the 2nd Annual Scientific Meeting of the Faculty of Sports and Exercise Medicine RCSI and RCPI 2005. p17.

The Irish Journal of Medical Science. 2005 Sept;174(1):55.



Clinical Research

Medical

TITLE	The Issue of Anti-D: An Integrated Seamless Approach from Recognition of Need to Bedside Administration
AUTHORS	<i>Ryan, M.J., Joyce, S., O'Brien, N., Lynch, E., Burke, G., Cahill, M.R. Department of Haematology, Mid-Western Regional Hospital, Limerick and Regional Maternity Hospital, Limerick</i>

ABSTRACT

The appropriate and timely administration of Anti-D immunoglobulin to Rhesus (D) negative women who have delivered Rhesus (D) positive babies is a vital part of obstetric care. Anti-D has an especially high profile in Ireland because of the tragic inadvertent transmission of Hepatitis C to Irish women in past decades.

We have reviewed our policy and procedures pertaining to the administration of Anti-D for sensitising events during pregnancy and postnatally, in the Mid-Western Health Board in 1999/2000. As a result, major changes were made in the storage, issue, recording and administration of Anti-D. New procedures in the transfusion laboratory and in the maternity hospital have been accepted by scientists and midwives and supported by haematology and obstetric medical staff. The pharmacy and haematology laboratory no longer have a role in this programme.

As a result of these changes, the storage, issuing and tracking of Anti-D has become the responsibility of the hospital blood bank. Measurement of foeto-maternal haemorrhage (FMH) is now the responsibility of biomedical scientists in blood bank, utilising both flow cytometry (increasingly recognised as the gold standard method) and the Kleihauer method (Kleihauer-Betke). The programme has moved from a doctor-administered IV Anti-D Ig, to a midwife-administered IM preparation. Prescription remains the responsibility of the doctor. These changes are facilitated by the protocol guided issue of the appropriate dose of Anti-D Ig by biomedical scientists to midwives. The issue of the Anti-D Ig occurs simultaneously with issue of results of mother and baby's serology testing and estimation of volume of FMH. These major changes have been guided by audit and needs assessment and require close liaison between medical, nursing and laboratory scientific staff in haematology, transfusion and obstetrics.

Before new procedures became official policy, a critical incident audit allowed us to pilot our protocol and to revise it using draft new procedures. In this critical incident we describe successful management of a patient with a large foeto-maternal haemorrhage. This incident supported the need for the procedural enhancements already underway.

This critical incident re-emphasised the need for the planned systems improvements to be introduced quickly.

SOURCE

Irish Journal of Medical Science. 2005 Jul-Sep;174(3):58-63.

Clinical Research

Medical

TITLE

Detection of Aspirin Resistance by PFA-100: Prevalence and Aspirin Compliance in Patients with Chronic Stable Angina

AUTHORS

*Crowe, B., Abbas, S., Meany, B., de Haan, J., Cahill, M.R.
Department of Hematology, Mid-Western Regional Hospital, Dooradoyle, Limerick*

ABSTRACT

Most acute coronary syndromes result from a platelet-rich occlusion of the coronary arteries. Antiplatelet drugs are of proven efficacy in preventing myocardial infarction, unstable angina, and stroke. However, not all patients on aspirin (ASA) benefit.

We studied the phenomenon of aspirin resistance with a simple and reliable platelet function analyzer—the PFA-100. Studying 31 patients with unstable angina and 105 controls, we found aspirin resistance in 42% of patients, most of whom were shown to be compliant utilizing concomitant salicylate levels.

SOURCE

Seminars in Thrombosis and Hemostasis [Semin Thromb Hemost]. 2005;31(4):420-5.



Clinical Research

Medical

TITLE	Duration of Increased Bleeding Tendency after Cessation of Aspirin Therapy
AUTHORS	<i>Cahill, R.A., McGreal, G.T., Crowe, B.H., Ryan, D.A., Manning, B.J., Cahill, M.R., Redmond, H.P.</i> <i>Department of Surgery, NUI Cork and Cork University Hospital</i>

ABSTRACT

Aspirin has a significant effect on hemostasis, so it is often recommended that patients taking aspirin discontinue treatment before elective surgery. While off aspirin, these patients may be at risk of thrombosis. The optimum period of time that aspirin should be withheld is controversial.

The aim of this study was to establish the duration of the antihemostatic effect of prolonged aspirin therapy.

In a prospective study, 51 healthy volunteers were randomly assigned into 3 groups, each receiving an identical tablet for 14 days. One group received a placebo tablet; individuals in the other two groups received either 75 mg or 300 mg of aspirin once a day. Template bleeding times and specific platelet function testing (using the PFA-100; Dade Behring) were carried out on subjects before therapy and again after its completion until they returned to baseline.

Thirty-eight volunteers complied sufficiently with the protocol to provide useful results. All bleeding times normalized within 96 hours and all platelet function tests within 144 hours after stopping aspirin. There was no demonstrable hemostatic defect in any volunteer persisting by or beyond the sixth day after treatment cessation. There was no apparent difference in duration of effect between those taking either 75 mg or 300 mg of aspirin.

This study uses sensitive measures of platelet function to demonstrate the duration of increased bleeding tendency after withdrawal of aspirin therapy. It supports discontinuation of aspirin therapy 5 days before elective surgery (with the operation being performed on the sixth day).

SOURCE

Journal of the American College Of Surgeons [J Am Coll Surg]. 2005Apr;200(4):564 -73;quiz A59-61.

Clinical Research

Palliative Medicine

TITLE	A Child's Grief: Documentary Exploring how Children Grieve
AUTHORS	<i>Donnelly, S. Milford Care Centre, Limerick</i>

INTRODUCTION

A Child's Grief is a 23-minute Irish production by Dr. Sinéad Donnelly, Consultant in Palliative Medicine Health Services Executive, Mid-West. This is her third of a series on topics relating to suffering, death and grief. Documentary is a unique and useful tool both educational and therapeutic in palliative care. Documentary provides a window into the often hidden world of dying and death and is a valid presentation format for qualitative research.

METHODOLOGY

In A Child's Grief, fourteen children (9-16 years) tell how they have dealt with the death of a mother or father, a teacher or their best friend. The beauty of this production is in the lightness with which the children can deal with the reality of death. It is often thought by adults that children should be shielded from the reality of death. This in fact is not wise and may be simply protecting the adults. The children participated in a special bereavement programme during which they were given an opportunity to articulate their grief and to understand their reactions.

CONCLUSION

What is heartening is that despite the pain and sadness of bereavement, most children manage to cope, continue to grow and develop creatively.

PRESENTED

1. At the Palliative Medicine International Conference in the Southcourt Hotel, Limerick on April 28th by Dr Sinéad Donnelly.
2. At the Medical School, Wellington, New Zealand in September 2005 by Dr Sinéad Donnelly.
3. To be presented at the Paediatric Palliative Care Conference in Montreal in September 2006.

"A Child's Grief" has been accepted for the Galway Film Fleadh, July 2006 and has been purchased by RTE in May 2006 for broadcast.



Clinical Research

Surgical

TITLE	Knowledge and Attitude towards EBM of the Otolaryngology Higher Surgical Trainees in Ireland
AUTHORS	<i>Amin, M., Fenton, J.E.</i> <i>Mid-Western Regional Hospital, Limerick</i>

INTRODUCTION

Evidence-Based Medicine (EBM), dating back to the mid-19th century, remains a hot topic for clinicians and public health practitioners alike.¹

Evidence Based Medicine is the integration of best research evidence with clinical expertise and patient values.²

RATIONALE

To provide an insight into the knowledge and attitude of the higher surgical trainees in Ireland towards EBM and to highlight some of the difficulties they face in updating their medical knowledge.

METHODOLOGY

We assessed the 20 Specialist Registrars in Otolaryngology in Ireland for their knowledge of EBM using a self administered questionnaire.

RESULTS

68.4% of the trainees had a positive attitude towards EBM, while awareness and use of EBM sources scored 71%, with the Cochrane Database being the most popular source accessed.

21% of the trainees were incapable of applying critical appraisal criteria to evaluate the validity of a study.

CONCLUSION

In general, there was a welcoming attitude towards EBM and a linear relationship between knowledge and attitude towards EBM.

Formal teaching of critical appraisal and more involvement and dissemination of EBM in day to day practice is recommended.

REFERENCES

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2. David Sackett, et al. Evidence-Based Medicine: How to Practice and Teach EBM New York: Churchill Livingstone, 2000, p.1.

Clinical Research

Surgical

TITLE	Management of Patients Presenting With Right Iliac Fossa Pain in Acute General Hospital
AUTHORS	<i>Abdeldaim, Y., Mahmood, S., Mc Avinchey, D. Department of Surgery, Mid-Western Regional Hospital, Nenagh, Co. Tipperary</i>

INTRODUCTION

Right Iliac Fossa (RIF) Pain represents about 50% of abdominal pain, and 2% of all hospital admission. About 1 person in 10 will develop appendicitis at some time in their life. The incidence rises in childhood to peak between the ages of 8 and 12 and falls as the years progress to be very uncommon but not unknown beyond 80¹. Despite recent advances in diagnostic medicine, the diagnosis of appendicitis is still doubtful in a number of cases. In 10 to 20% of cases a normal appendix is removed, more often in women than men. ² The aim of this study was to identify all patients admitted to the Mid-Western Regional Hospital, Nenagh with RIF pain over a 12 Month period and their management.

METHODOLOGY

This retrospective study included all patients presenting with RIF pain from 1st January 2004 to 31st December 2004. Data was collected from HIPE and hospital records of the patients. 117 patients were included in this study.

RESULTS

Male: Female: number (%):45:72(38:62). Age: range (median): 8-76(42). Non-operative management 45 (38%). In this group 40 (34%) patients had no specific diagnosis while 5 (4%) had a specific pathology. Operative management: 72 (62%). In this group 63 (53%) appendicectomy was done; 43 (68%) had acutely inflamed appendix, 14 (22%) had chronic inflamed appendix, while 6 (9.5%) had normal appendix in histology examination. The remaining 9 (8%) of the operative management had other pathology.

DISCUSSION

To our knowledge, no major medical organization has proposed specific guidelines for the evaluation of patients with acute pain in the right iliac fossa. The evaluation of acute pain in the RIF is a common clinical problem. The diagnosis relies heavily on an accurate history and physical examination.³ Acute appendicitis affects over 700,000 patients annually in the European Community. A similar number of patients with suspected appendicitis are admitted to hospital with a subsequent diagnosis other than appendicitis. ⁴ At least 20 per cent of appendicectomies should be considered unnecessary, because other or no pathology is found at operation. When surgical exploration is performed, nowadays by laparoscopy, appendicectomy is recommended. This procedure does not decrease the risk of recurrent pain, but confirms the real absence of histopathological abnormality and decreases the number of subsequent hospitalisations. ⁵ In the Western world, the lifetime risk of acute appendicitis is 6.7 per cent for female and 8.6 per cent for males. However, the lifetime chance of appendicectomy is higher, 23.1 and 12.0 per cent respectively. ⁶ A meta-analysis of the clinical and laboratory diagnosis of appendicitis has demonstrated that elements of the disease history, clinical findings and results of laboratory tests are weak individual discriminators of appendicitis. However, in combination they provide high discriminating power. ⁷

CONCLUSION

Pain in the right iliac fossa immediately leads to a suspicion of appendicitis. Although appendicitis is a common surgical pathology, its diagnosis could be difficult despite the innovation in diagnostic tools. We believe clinical examination strengthened by the laboratory investigations should lead to the appropriate diagnosis.

PRESENTED

At the Irish Gastroenterology Winter Meeting in Dublin on March 24th and 25th, 2006 by Mr. Yasser Abeldaim.

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Clinical Research

Surgical

TITLE

Core Biopsy for Breast Lumps - A Change in Practice after Multidisciplinary Team

AUTHORS

*Ayub, A., Hussain, A., Ahmad, N.Z., Lal, K., Rashid, A., Naqvi, S.A., O'Ceallaigh, D., Byrnes, G.
Mid-Western Regional Hospital, Ennis, Co Clare*

INTRODUCTION

Surgical practice has always been passing through an era of evolution. Concepts are taken into practice in an effort to achieve the best outcome for patients.

OBJECTIVE

The aim of this study was to justify the changes brought about by the Multidisciplinary Team (MDT) in Mid-Western Regional Hospital Ennis with a focus on core biopsies in the management of breast cancer.

METHODOLOGY

We conducted a retrospective review of medical records of patients treated for breast cancer from 1997 to 2002. A total of 56 patients was divided into two groups on the basis of presentation before or after the functioning of MDT. Two groups were compared in terms of diagnostic and therapeutic parameters and statistical analyses were done accordingly.

RESULTS

There was a significant difference in the two groups when compared in relation to core biopsies. Out of 28 patients in group A (before the introduction of MDT) only five (17.9 %) patients had core biopsies, whereas in group B (after the introduction of MDT) 17 patients (60.7 %) had the core biopsies done preoperatively, which was a good reflection of change in practice. **(P value=0.001)**

CONCLUSIONS

Core biopsy of breast is a reliable diagnostic tool and should be considered in the management of patients presenting with a lump in the breast.

Clinical Research

Surgical

TITLE	Matrix Excision is not Necessary to Prevent Recurrences for Ingrowing Toenail
AUTHORS	<i>Hussain, A., Lal, K., Ayub, A., Rasheed, A., Ahmad, N.Z., O'Ceallaigh, D., Naqvi, S.A., Byrnes, G.</i> <i>Department of Surgery, Ennis Mid-Western Regional Hospital, Ennis, Co. Clare</i>

INTRODUCTION

Operations for the Ingrowing Toenails (IGTN) are one of the common general surgical procedures and involve wedge resection with or without phenolization of the germinal matrix. Phenolization has been shown to reduce the chances of recurrence. The operative treatments for ingrowing toenails include wedge resection with removal of germinal Matrix and simple wedge avulsion with or without phenolization. The aim of this study was to evaluate and compare these modalities in terms of adequacy, simplicity and recurrences.

METHODOLOGY

A retrospective data collection from the charts and theatre register of those underwent surgery for ingrowing toenails. Two procedures, wedge resection with excision of germinal matrix and nail wedge avulsion with phenol application were compared and analysed.

RESULTS

162 patients who underwent surgery for ingrowing toe nail from July 1998 to June 2002 were included. They were divided into two groups depending on the type of procedure performed. In Group A there were 91 patients who had 123 Wedge resections with removal of Germinal Matrix. Group B had 71 Patients with total number of 100 procedures with simple wedge avulsion and phenolization of the germinal matrix with application time for phenolization was 90 seconds. Both groups had the same local anaesthetic agent, 10 mls of 0.5% Chirocaine. Recurrence rate calculated in group A 16 (13%) and Group B 9 (9%).

CONCLUSIONS

We conclude that Matrix excision is not required to prevent the recurrence. Adequate phenolization of the nail bed without excision of germinal matrix is sufficient, simple and with low recurrence.

PRESENTED

At the Sylvester O'Halloran Surgical Scientific Meeting in The University of Limerick on March 3rd and 4th, 2006.

Clinical Research

Surgical

TITLE

Non-Attendance in Outpatient Clinic is a Cause of Long Waiting List

AUTHORS

*Lal, K., Hussain, A., Abdulkarim, A., Byrnes, G., O'Ceallaigh, D., Naqvi, S.A.
Mid-Western Regional Hospital, Ennis, Co. Clare*

INTRODUCTION

Non-attendance in the Outpatient Clinic is a health management issue that has received little attention in the Irish Health System. We audit the waiting time in the outpatient clinic and survey the causes of non-attendance.

METHODOLOGY

A prospective survey was structured on a telephonic interview in the Mid-Western Regional Hospital, Ennis from October 2005 to November 2005. All the patients who did not attend the clinic were included. The first 100 of these patients were recruited for this study. The questionnaire was set up to enquire about confirmation of receiving invitation, suitability of appointment, duration, mode of notification, patient related difficulties, cancellation, rebooking, hospital preference and major reasons for non-attendance.

RESULTS

476 patients in total were called to attend the Outpatient Clinic. 376 patients attended and 100 patients did not attend. The average waiting time was 51 days. GP referrals amounted to 44, other team referrals were 5 and recalls from the clinic were 51. Of those who did not attend, 46 were male and 54 were female. Appointment suitability in terms of day and time was 95%. Non-attendance was found to be due to a combination of poor communication from hospital (19%), condition resolved (14%), patients forgetting (13%) and change of address (13%). The causes of non-attendance are summarised in Table 1.



Table 1 - Causes of Non-Attendance

Causes of Non-Attendance	
No notification received	19
Condition resolved	14
Change of address	13
Forgotten appointment	13
Improper notification timing	11
Illness	9
Patient does not think to see consultant	8
Personal reasons	7
Other appointment to patient	4
No transport	2

CONCLUSION

We conclude that non-attendance at clinics wastes resources and lengthens waiting lists. We recommend that a system of contacting all patients by telephone should be made prior to the clinic to overcome the issue of non-attendance which may improve attendance rates.

PRESENTED

At the Sylvester O'Halloran Surgical Scientific Meeting in March 2006.

Clinical Research

Surgical

TITLE Audit of Head Injury Management in a General Hospital

AUTHORS Abdulkarim, A., Lal, K., Byrnes, G., O'Ceallaigh, D., Naqvi, S.A.
Mid-Western Regional Hospital, Ennis, Co Clare

INTRODUCTION

Head injury cases are an increasing part of the workload of a general surgical unit. Little accurate quantitative data is presently available on the nature and impact of this workload on the district general hospital. This study reports the results of a retrospective five year audit of head injury.

METHODOLOGY

The study is based on a retrospective audit of consecutive patients admitted with head injury between January 2000 and August 2005 in our unit. Patients' demographic and clinical data was collected and assessed in terms of severity of head injury including GCS level, focal neurological signs, skull/c-spine x-ray and CT brain findings.

RESULTS

We admitted 331 patients with head injury. 228 (69%) were male and 103 (31%) were female with median age of 25 years. All patients had skull x-ray and 41 (12%) patients required transfer for CT scanning. The average hospital stay was 3 days which is a bit higher than those hospitals equipped with CT scan. 30 (9%) patients required transfer to other centres for further management, 261 (79%) were discharged after a period of observation, 26 (8%) of the patients discharged themselves against medical advice, 9 (3%) patients required nursing home care after discharge and 4 (1%) died in hospital.

Table 1 - CT Finding

Finding	No. of patients	%
Cerebral Contusion	9	22%
Cerebral Oedema	1	2%
CVA	4	10%
Skull Fracture	6	15%
Intracerebral Hemorrhage	4	10%
NAD	9	22%
Subdural Haematoma	5	12%
Subdural Hemorrhage	3	7%
Total	41	100%

CONCLUSION

Most of the patients with head injury were managed conservatively in this hospital. We concluded that on site CT would have offered significant advantages in terms of patient comfort, safety and reduced hospital stay.



Clinical Research Surgical

TITLE	Voice Disorders as an Occupational Risk Factor among Teachers
AUTHORS	<i>Khoo, S.G.,¹ McSweeney, P.,² Franklin, S.,² Fenton, J.E.¹ Department of Otolaryngology / Head and Neck Surgery, Mid-Western Regional Hospital, Limerick¹ Clinical Therapies Department, University of Limerick²</i>

INTRODUCTION

The voice is the primary tool of trade among teachers, with the teaching profession increasingly labelled a high risk occupation for voice disorders. There are currently few studies relating the development of voice disorders to specific patterns of vocal use in the classrooms. The objective of this study was to evaluate the prevalence of voice disorders, to identify specific risk factors for these disorders, and the impact on the Irish teaching population. The question of legality involving causation and disability arising from this professional cohort is also discussed.

METHODOLOGY

A total of 355 postal questionnaires were distributed amongst a sample of 35 random schools over a 12 month period. The three parts of the questionnaire related to demographics/risk factors, subjective assessment of type and prevalence of vocal symptoms, and effects on work performance. For each risk factor, a Chi-squared test for statistical significance in contributing to a vocal symptom was performed. Prior ethical approval was obtained.

RESULTS

A response rate of over 75% was achieved with 277 questionnaires returned. Female teachers comprised 79% of the cohort. The majority sampled had been in full time occupation for greater than 22 years. 81.3% experienced at least one vocal symptom during the course of the study, with voice strain being the most common. 78% attributed symptoms to the teaching profession and 90.6% missed work due to their symptoms. 5.9% would consider changing professions due to voice problems. Only 19.7% sought professional voice advice.

CONCLUSION

The prevalence of voice disorders is high in the teaching profession. The majority attribute this to their chosen occupation. There follows a resultant significant impact on curtailment of certain activities in the classroom with implications for the quality of teaching and the learning experience for students. Introduction of preventative voice care programmes is suggested as a means to counter this disability.

PRESENTED

At the Sylvester O'Halloran Surgical Scientific Meeting (Head and Neck Section Prizewinner) in the University of Limerick on March 3rd – 4th, 2006 by Mr. Guan Khoo.

Clinical Research

Surgical

TITLE	Gains of Drains in Laparoscopic Cholecystectomy
AUTHORS	Ahmad, N.Z., Basit, A., Ghous, M.H., Murchan, P., Naqvi, S.A Our Lady's Hospital, Cashel, Co. Tipperary

INTRODUCTION

Use of drains in abdominal surgery has been a matter of debate in practice. Some surgeons prefer to use drain in laparoscopic cholecystectomies routinely whereas others recommend its use in selected cases only. Aim of the study was to evaluate the gains of using drains in selected cases.

METHODOLOGY

Data was collected retrospectively from medical records of the patients who underwent laparoscopic cholecystectomy from January 2002 to June 2003. A total of 135 cases, both emergency and elective were studied. Procedures converted to open cholecystectomy were excluded from the study.

RESULTS

Out of 135 laparoscopic cholecystectomies, acutely inflamed gallbladders were removed in 11 cases and 124 were operated on for chronic symptoms as elective cases. Drains were used in 25 patients, 6 for emergency operations (out of 11 procedures) and 19 in elective cases. Postoperative complications were detected in 6 patients, 2 with biliary leak and 4 with oozing of blood. One case of biliary leak had to go for a re-operation while the rest of the five patients settled with conservative management. Drains were removed in the rest of the patients when the contents were less than 30 ml in 24 hours. There was no infection reported related to the use of the drain and no significant increase in hospital stay.

Table 1 - Patients with or without drains

	No. of Patients	No Drain	Drain
Elective Cases	124	105	19 (15%)
Acute Cases	11	5	6 (54%)
Total	135	110	25

CONCLUSION

It is safe practice to use drains in selected cases of laparoscopic cholecystectomy especially in acute cases. It does not lead to prolonged hospital stay in the absence of complications but helps in early detection and timely management of postoperative morbidity.

Clinical Research

Surgical

TITLE Follow Up of Negative Appendicectomies

AUTHORS Ahmad, N.Z., Ghous, M.H., Basit, A., Murchan, P., Naqvi, S.A.
Our Lady's Hospital, Cashel, Co Tipperary

INTRODUCTION

Appendicitis is the commonest surgical emergency. A high rate of negative appendicectomies is acceptable worldwide. Repeated admissions with recurrent abdominal pain raise the possibility of some other underlying pathology in patients having negative appendicectomies. This study aimed to follow-up on patients after negative appendicectomies in order to establish a definite diagnosis.

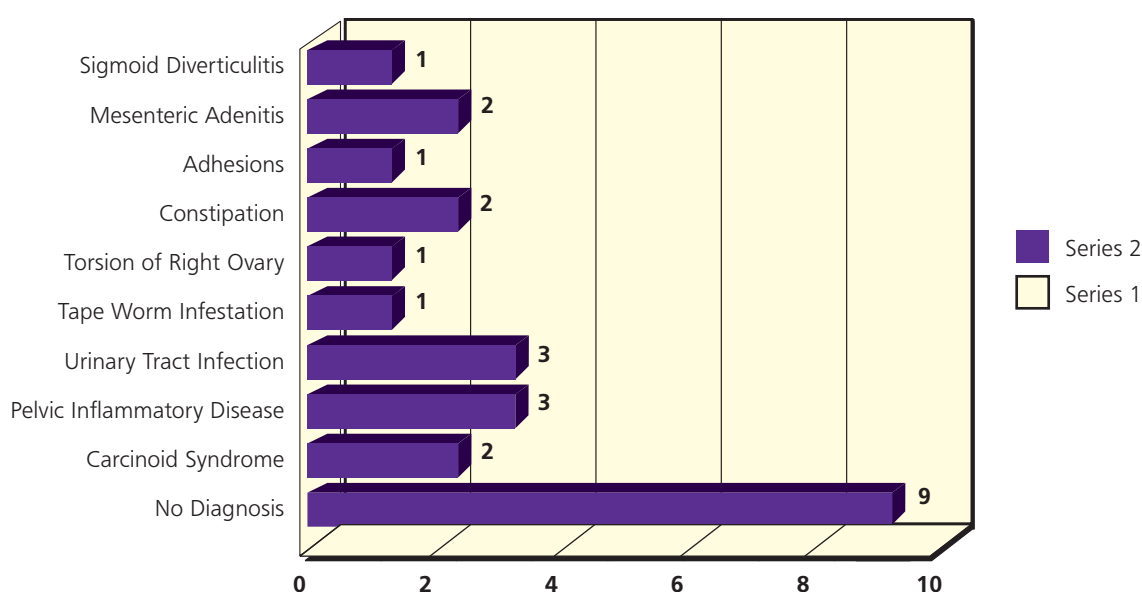
METHODOLOGY

A computerised Surgical Audit Database was used to collect data retrospectively on 167 patients who underwent appendicectomy from January 2002 to June 2003. The data was arranged in Microsoft Excel and the appropriate test was done.

RESULTS

Out of 167 patients, 70 females and 97 males, 25 had their normal appendices removed and were found to have the following pathologies. The details of the normal appendicectomies are described in the bar chart. Figure 1.

Figure 1 - Follow-Up Diagnosis of 25 Normal Appendicectomies



CONCLUSION

Patients having negative appendicectomies should be followed up and investigated further to establish diagnosis of underlying pathologies as the cause of their symptoms.

Clinical Research

Surgical

TITLE	Anterior Iliac Crest Bone Grafting - Seven Year Retrospective Review
AUTHORS	<i>Rogers, S., Clarke, E., Kearns, G. Department of Oral and Maxillofacial Surgery, Mid-Western Regional Hospital, Limerick</i>

INTRODUCTION

The use of autogenous bone is the gold standard in facial skeleton reconstruction. The Anterior Iliac Crest Bone (AIC) is an accessible, abundant source of bone.

METHODOLOGY

This is a retrospective review of AIC at the Mid-Western Regional Hospital Limerick under the Department of Oral and Maxillofacial Surgery (OMFS).

The surgical protocol: Skin incision lateral to the AIC.

Cortico-cancellous grafts are harvested using reciprocating saw and chisels following medial soft tissue dissection. Cancellous grafts are harvested with bone curettes following sagittal splitting of the crest. A minivac drain and local anaesthesia, Bupivacaine 0.5% catheter (BC) are inserted and the wounds closed in layers.

Gender, mean age, surgical indications, hospital stay (HS), duration Bupivacaine treatment, patient mobility, Donor Site complications and follow-up were recorded.

The study included 31 (Male 21, Female 10) patients with 34 AIC grafts, mean age 29.6 (9-71) years.

Surgical indications: mandibular reconstruction 11 (post resection 7, atrophy 3, osteotomy 1), alveolar cleft grafts 8, facial trauma 8, maxillary atrophy 8.

RESULTS

31 of the 34 grafts had BC inserted and administered 8-hourly for a mean of 2.4 days. The mean HS post op was 5.2 days with all patients mobile before discharge. One patient was treated for a superficial wound infection at the donor site. Follow-up time was 24 (6-69) months. Otherwise no patient suffered long term pain or impaired mobility.

CONCLUSION

The iliac crest is an excellent source of autogenous bone, readily accessible and with a low morbidity.

PRESENTED

At the Sylvester O'Halloran Surgical Scientific Meeting in the University of Limerick on March 4th, 2006 by Dr. Seamus Rogers.

Clinical Research

Surgical

TITLE

Experience with Porcine Acellular Dermal Collagen Implant in One-Stage Tension-Free Reconstruction of Acute and Chronic Abdominal Wall Defects

AUTHORS

*Shaikh, F.M., ^{1,2} Giri, S.K., ¹ Durrani, S., ¹ Ahmad, K., ¹ Waldron, D., ¹ Grace, P.A. ^{1,2}
Department of Surgery, Mid-Western Regional Hospital Limerick ¹
University of Limerick ²*

INTRODUCTION

Various techniques have been proposed for reconstructing abdominal wall defects (AWD), Porcine acellular dermal collagen (Permacol™) is a biological implant (PADCI) derived from porcine dermis. We report our experience with the use of PADCI in the management of large AWD.

METHODOLOGY

Twenty consecutive patients with chronic AWD (CAWD) arising from large incisional hernia and acute AWD (AAWD) arising from visceral oedema or tumour resection were studied prospectively. After musculofascial mobilization, the abdominal wall defect was closed using sheets (10x15 cm) of PADCI as an 'underlay' interposition graft. Patients were followed up to a median of 18 months postoperatively.

RESULTS

All 20 defects were closed without tension using PADCI. 8 and 12 patients had reconstruction for AAWD and CAWD, respectively. 12 patients (60%) had an uneventful recovery and were discharged within seven days. 1 patient (5%) died from multi-organ failure. 7 patients (35%) developed a complication (two seromas, two minor wound infection, one wound haematoma, one skin edge necrosis, one superficial wound dehiscence and wound sinus). Overall there were 3 recurrences (15%).

CONCLUSION

PADCI can be safely used in the reconstruction of large acute and chronic abdominal wall defects. Medium-term recurrence rate is comparable to synthetic mesh repairs.

Clinical Research

Surgical

TITLE	Management of Vaginal Erosion after Tension-Free Vaginal Tape Procedure for Stress Urinary Incontinence
AUTHORS	<i>Giri, S.K., Cullen, E., Nama, G., Queally, J., Flood, H.D., Drumm, J. Department of Urology, Mid-Western Regional Hospital, Limerick</i>

OBJECTIVE

To report our experience in the management of vaginal erosion after tension-free vaginal tape (TVT) procedure for stress urinary incontinence (SUI).

METHODOLOGY

All patients diagnosed with vaginal erosion after a TVT procedure carried out by a single urologist were identified. A retrospective review of the records of these patients was carried out. All the patients were evaluated with history and examination, urinalysis, flexible cystoscopy and vaginoscopy. The interval from TVT placement to diagnosis, presenting symptoms and signs, duration of symptoms, diagnostic tests, treatment and postoperative results were recorded. All patients were followed for at least 12 months.

RESULTS

Between January 2001 and June 2004, a total of 51 patients underwent the TVT procedure. Of these, 4 patients (7.8%) were diagnosed with isolated vaginal erosion from 4 to 40 months postoperatively. There were no cases of urethral or bladder erosion in this series. Symptoms included vaginal discharge, pain, bleeding and dyspareunia. The eroded margin of the vaginal mucosa was trimmed, mobilised and closed over the tape with interrupted vertical mattress suture in single layer using 2-0 polyglactin 910 to avoid mucosal inversion. All patients remained symptom free without any evidence of defective healing or further erosion at a minimum follow-up of 12 months.

CONCLUSIONS

Primary re-closure of vaginal mucosa over the TVT tape is a safe and effective first-line treatment option for vaginal erosion without compromising continence. Patients undergoing the TVT procedure should be adequately counselled about the possibility of this complication and presenting symptoms so that they present early giving an opportunity to minimise morbidity.



Clinical Research

Surgical

TITLE	The Long-Term Results of Pubovaginal Sling Surgery using Acellular Cross-Linked Porcine Dermis in the Treatment of Urodynamic Stress Incontinence
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AUTHORS	<i>Giri, S.K., Mabadeje, O., Shaikh, F.M., Narasimhulu, G., Flood, H.D. Department of Urology, Mid-Western Regional Hospital, Limerick</i>
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ABSTRACT

Acellular cross-linked porcine dermis (PD) is a potential substitute for rectus fascia as a sling material with the advantage of decreased morbidity. However, long-term efficacy is unknown. We compared the 3-year efficacy of PD versus autologous rectus fascia (RF) as a sling material for pubovaginal sling surgery (PVS) in the treatment of urodynamic stress incontinence (USI).

Between July 2000 and December 2001, 101 consecutive, non-randomised patients with USI underwent either PD (n=51) or RF (n=50) sling. Patients were assessed at 6 weeks, and 3, 6 and 12 months postoperatively. Urodynamic study was repeated in failures. A detailed survey questionnaire was mailed to all patients at least 36 months after their surgery and all responders were then retested by telephone interview by a blinded assessor. The primary outcome measure was patient perceived success rate (cure or improved) at least 36 months after PVS. Secondary outcome measures were patient satisfaction 36 months after surgery, durability of success with time and re-operation rate.

Complete data were available on 94 patients (48 with PD and 46 with RF sling). The groups were well-matched for age, leak point pressure, prior incontinence surgery and urge symptoms. Pubovaginal sling was successful (cured or improved) in 37 (80.4%) patients with RF but in only 26 (54%) patients with PD 36 months after surgery ($p=0.009$, Fisher's exact test, 95%CI = 8.03, 44.4). Failure occurred by 9 months after RF and by 24 months after PD sling. Repeat urodynamic study showed USI as the cause of failure in 18 (37.5%) of 20 PD patients but only 3 (6.5%) of 8 RF patients.

We have shown that use of the PD sling, although reducing early morbidity results in a significantly inferior long-term cure rate in comparison to the RF sling. Acellular cross-linked porcine dermis should therefore not be used as a substitute for rectus fascia.

PRESENTED

At the International Continence Society Meeting (ICS) in Montreal, August 28th - September 2nd, 2005.

SOURCE

The Journal of Urology. 2006 May;175(5):1788-92.

Clinical Research

Surgical

TITLE	Percutaneous Radiofrequency Ablation of Renal Cell Carcinoma: Preliminary Results
AUTHORS	Giri, S.K., ¹ McKenna, P., ¹ O'Brien, P., ² Wallis, F., ² Cullen, E., ¹ Drumm, J., ¹ Girish, N., ¹ Flood, H.D. ¹ <i>Department of Urology, Mid-Western Regional Hospital, Limerick ¹</i> <i>Department of Radiology, Mid-Western Regional Hospital, Limerick ²</i>

ABSTRACT

An increasing number of small asymptomatic renal cell carcinomas (RCCs) are being detected by imaging. Because of the non-aggressive behaviour of many of these tumours, there is increasing interest in minimally-invasive treatment, particularly for the elderly and patients with co-morbid conditions. We report early results in percutaneous radiofrequency ablation (RFA) of RCCs with an expandable radiofrequency (RF) probe in a selected group of patients.

In 6 patients (mean age 70 years) ultrasound and computed tomography (CT)-guided RFA was performed using RF needle (Invatec MIRAS™ 19G) under midazolam sedation. The efficacy of RFA was evaluated with contrast-enhanced, dynamic CT performed immediately after the procedure, 1 month and then every 6 months after treatment.

RFA was technically successful in all patients, resulting in a maximum size of coagulative necrosis of 3 cm. Average tumour size was 3.0 (range 2.6 - 4cm). 3 patients were completely treated within one single session and the remaining 3 required two sessions. Mean duration of each session was 12 minutes. No local recurrence was observed at a minimum follow up of 6 months.

Our preliminary data suggest that nephron sparing percutaneous RFA of RCCs is a safe and effective minimally-invasive treatment.

PRESENTED

At the Sylvester O'Halloran Surgical Scientific Meeting in the University of Limerick on March 3rd - 4th, 2006 by Mr. S.K. Giri.

SOURCE

Irish Journal of Medical Science March 2006.



Clinical Research

Surgical

TITLE	Changes in Outcome following Surgery for Colorectal Cancer: One Surgeon's Experience
AUTHORS	<i>Kiely, J.M., Kavanagh, E.G., Guiney, A.M., Fiuza-Castineira, C., Delaney, P.V. Department of Surgery, Mid-Western Regional Hospital, Limerick</i>

ABSTRACT

Colorectal cancer (CRC) has the second highest mortality rate of all cancers in Ireland. Developments in imaging, surgical technique, and perioperative care in the last two decades have altered management.

The objective of this research was to determine, whether outcome following surgery for CRC in the Mid-West has changed over a twenty two-year period.

422 patients were divided into two time periods: group A (1980-1991, n=203) and group B (1992-2002, n=219) and demographic, in-patient and survival data were reviewed. The mean age was 67 years, 59% were male. Group B patients had less advanced disease at presentation (Dukes' stage D 14% vs 22%, $p<0.05$), fewer perioperative complications (13% vs 23%, $p<0.05$), and fewer local recurrences (6.8% vs 11.8%, $p<0.05$) than group A. No difference in 30-day mortality rate or survival was detected.

Although perioperative CRC management has improved, methods of earlier diagnosis and improvements in adjuvant therapy should be explored to improve survival.

PRESENTED

1. Sir Thomas Miles lecture given by Peter Delaney at the Sylvester O'Halloran Symposium in the University of Limerick in March 2002.
2. At the Ulster Surgical Society meeting in the University of Limerick in June 2003 by Eamon Kavanagh.

FUNDING

This research has been fully funded by the Sylvester O'Halloran Fund.

ACKNOWLEDGEMENT

The authors wish to gratefully acknowledge the enormous contributions of Peter Delaney to the development of Limerick as an academic surgical centre. Peter died in 2002.

SOURCE

Irish Journal of Medical Science. 2005;174(4):10-16.

Clinical Research

Surgical

TITLE	Retrospective Review of Paediatric Appendicectomy in a General Surgical Unit
AUTHORS	<i>Falebita, O.A., ¹ Khalid, M.S., ² Cassidy, M., ³ Clinton, O. ⁴ Department of Surgery, Portiuncula Hospital, Ballinasloe, Co. Galway ^{1,2,4} Department of Pathology, Portiuncula Hospital, Ballinasloe, Co. Galway ³</i>

INTRODUCTION

Acute appendicitis is the most common cause of abdominal surgical emergency. However, the accurate diagnosis in the paediatric age group is still a difficult matter resulting in wide variations in reported negative appendicectomy rates.^{1, 2, 3, 4}

RATIONALE

The aim of this study was to determine the negative appendicectomy rate in our surgical unit and to evaluate results of preoperative investigations and the histology of the appendix removed at surgery.

METHODOLOGY

We retrospectively reviewed the charts of patients below 16 years of age who underwent appendicectomy over a 2 year period (January 2003 to December 2004).

Data collected were age, sex, results of preoperative investigation (white blood cell count, C-reactive protein) and histology of the removed appendix.

155 patients were evaluated (83 male and 72 female). The mean age was 10.7 years (range 2- 16years).

RESULTS

- Appendicitis was confirmed on histopathology in 91 patients (58.7%). The remaining appendices (n=64) were reported as showing no evidence of inflammation (negative appendicectomy rate of 41.3%).
- White blood count (WBC) at admission was elevated above 12,000 cells/mm³ in 75.8% (n=69) of patients with inflamed appendix compared to 7.7% (n=12) of patients with normal appendix. (p<0.001) Table 1
- C-reactive protein (CRP) level was assayed in 23 of 64 patients with normal appendix of which 91.3% (n=21) was < 5mg/dl. On the other hand, CRP level was assayed in 41 of the 91 patients with inflamed appendix of which 14.6% (n=6) was < 5mg/dl. (p<0.001) Table 1

Table 1 - Preoperative investigation results

	No evidence of inflammation	Acute appendicitis
WBC:		
<4,000/MM3	4.7% (n=3)	0% (n=0)
4-12,000/MM3	76.6% (n=49)	24.2% (n=22)
>12,000/MM3	7.7% (n=12)	75.8% (n=69)
Total (n)	(n=64)	(n=91)
CRP:	23/64 patients	41/91 patients
>5MG/DL	91.3% (n=21)	14.6% (n=6)
>5MG/DL	8.7% (n=2)	85.4% (n=35)
Total (n)	(n=23)	(n=41)

WBC = White blood cell count

CRP = C- reactive protein

n = number of patients

p <0.001

- 31.9% of acutely inflamed appendices were supportive. Enterobius vermicularis accounted for 21% of associated histological findings in the normal appendices. Table 2, Table 3.

Table 2 - Associated histopathological findings in appendix with no evidence of inflammation

Findings	Percentage
ENTEROBIUS VERMICULARIS	14.1% (n=9)
FIBROSIS	9.4% (n=6)
LYMPHOID TISSUE	7.8% (n=5)
FEACOLITH	3.1% (n=2)

n = number of patients



Table 3 - Associated histopathological findings in acute appendix

Findings	Percentage
SUPPURATIVE	31.9% (n=29)
FEACOLITH	14.3% (n=13)
PERFORATION	3.3% (n=3)
ENTEROBIUS VERMICULARIS	2.2% (n=2)
FIBROSIS	2.2% (n=2)
LYMPHOID TISSUE	1.1% (n=1)
APPENDICEAL ABSCESS	1.1% (n=1)
NODULE	1.1% (n=1)

***n* = number of patients**

CONCLUSION

We conclude that our negative appendectomy rate is comparable to reported rates. Elevated WBC and CRP levels may support the diagnosis of appendicitis. However, we believe development of other diagnostic modalities with unequivocal proven accuracy may reduce the overall negative appendicectomy rate. Proceeding to appendicectomy is a safe final option to be considered in doubtful cases.

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PRESENTED

As a Poster Presentation at the Waterford Surgical Club and Surgical Section, Royal Academy of Medicine in Ireland Joint Surgical Symposium at Waterford Institute of Technology on October 8th, 2005.

SOURCE

Modern Medicine, The Irish Journal of Clinical Medicine, 2006 Feb;36(2):15-17.

Clinical Research

Surgical

TITLE The Influence of EMLA Cream (Lidocaine-Prilocaine Eutectic Mixture) on Minor Surgical Procedures: A Randomized Controlled Double Blind Study

AUTHORS Shaikh, F.M., ^{1, 2} Chow, T., ¹ Naqvi, S.A., ¹ Grace, P.A. ^{1, 2}
 Department of Surgery, Mid-Western Regional Hospital, Limerick ¹
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ABSTRACT

Needle puncture is generally required for anaesthetic infiltration before minor surgical procedures and is associated with discomfort, pain, fear and anxiety. The use of topical anaesthetics such as eutectic lidocaine-prilocaine (EMLA) cream has been shown to be effective in reducing pain from needle sticks including those associated with blood sampling and intravenous insertion. ^{1,2}

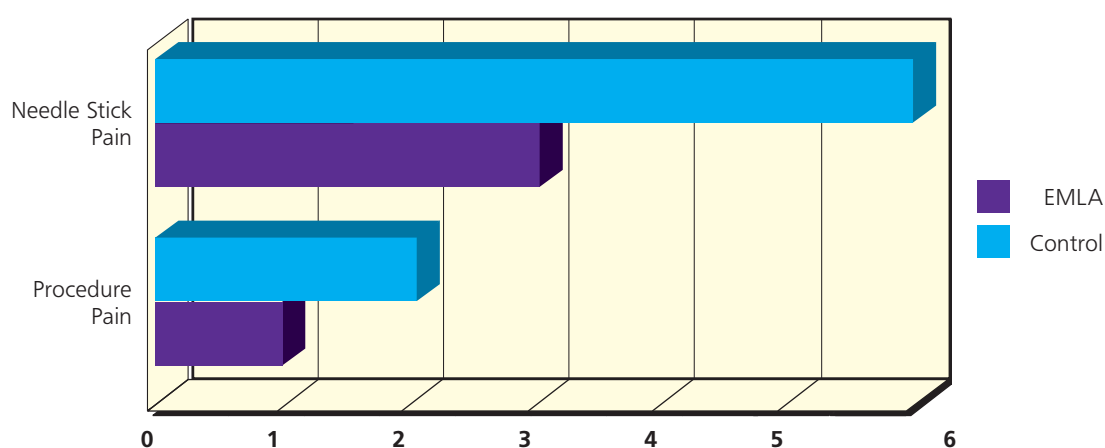
The aim of our study was to evaluate the effectiveness of EMLA cream applied before needle puncture for local anaesthetic administration prior to minor surgical procedures.

72 patients (35 men, 37 women), median age 45 years (range 14 to 86 years) participated in this double blind, randomized, controlled, parallel group study. Patients were randomly assigned to receive either EMLA or placebo cream (Aqueous) applied under an occlusive dressing. The topical cream was removed 30 to 60 minutes after application and before surgery. After the procedure patients were asked to rate the needle prick and procedure pain on a visual analog scale (0 = no pain; 10 = maximum pain).

Table 1 - Showing Sites of Minor Surgical Procedures in Two Groups

Procedure Site	Control (n)	EMLA (n)	Total (n)
Face	10	10	20
Upper limb	13	11	24
Back	7	9	16
Lower Limb	8	9	17
Buttocks	4	1	5
Neck	2	2	4
Abdominal Wall	1	3	4
Chest Wall	0	4	4

Figure 1 - Pain Scores Following Needle Stick for Local Anaesthetic and Minor Surgical Procedures in the two groups



A total of 94 minor surgical procedures (49 in EMLA and 45 in control) were performed. The mean needle-stick pain score in the EMLA group was significantly lower than the control group (2.7 vs 5.7, p value < 0.0005, Mann-Whitney U test). There was also a significant reduction in procedure pain in the EMLA group compared to the control group (0.83 vs 1.86, p value = 0.009). There were no complications associated with the use of EMLA.

EMLA effectively reduces pre-procedural needle stick pain and procedural pain associated with minor surgical procedures. We recommend that EMLA cream should be applied before all minor surgical procedures.

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PRESENTED

As a Poster Presentation at the Sylvester O'Halloran Surgical Scientific Meeting in the University of Limerick on March 4th, 2006.

ACKNOWLEDGEMENT

The authors wish to acknowledge the assistance of all of the Nursing Staff of the Day Ward, Mid-Western Regional Hospital Limerick and they wish to thank Dr A. Abdulkarim and Mr S. Safi of the Mid-Western Regional Hospital Limerick for their support during this trial. They also wish to thank Dr J. Saunders, University of Limerick for her assistance with the statistical analysis.

SOURCE

Irish Journal of Medical Science. 2006 Jan Feb Mar.175(1)Suppl 1:38.

Clinical Research

Surgical

TITLE

An MRI-Based Study Comparing the Effectiveness of Standard Vaginal Gauze Pack vs A Novel Balloon Pack on the Compression of Retropubic Space Following Sling Surgery: Preliminary Results

AUTHORS

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Department of Urology, Mid-Western Regional Hospital, Limerick ¹
Department of Radiology, Mid-Western Regional Hospital, Limerick ²*

INTRODUCTION

Traditionally, a vaginal gauze pack (GP) is used after sling surgery to compress retropubic space (RS) to prevent haematoma formation from bleeding arising from the vaginal and paraurethral dissection and perforation of the endopelvic fascia. However, the effectiveness of a GP in the vaginal distension and compression of RS is unknown. We have devised a novel vaginal balloon pack (BP) which is easy to use and remove with minimum postoperative discomfort. Our hypothesis was a BP would exert uniform compression on the anterior vaginal wall and retropubic space without elevating the vaginal vault. On the other hand, the conventional gauze pack would apply uneven pressure and elevate the vaginal vault. The aim of our study was to compare and contrast the effect of the standard GP and BP on the compression of RS following sling surgery.

METHODOLOGY

Between August 2005 and December 2005, 10 patients were randomised to either a GP (n=5) or a BP (n=5) after a rectus fascia sling. All patients underwent pelvic MRI 6 hours postoperatively. All the images were analysed by one experienced radiologist (FW). Our primary outcome measures were distances between the mid-point of the pubis to the anterior vaginal wall and the maximum anteroposterior (AP) distension of the vagina at the same level and anatomical displacement of the vaginal axis.

RESULTS

The mean distance between the mid-point of the pubis to the anterior vaginal wall was significantly shorter after BP (12 vs 20mm respectively; $p < 0.001$). Maximum AP distension of the vagina was significantly greater with the BP (mean 40mm vs 25mm; $p < 0.001$). Analysis of the MRI images showed that the BP caused uniform distension of the vagina with compression of the RS. On the other hand, there was significant distortion of the vaginal wall with deviation of the anatomical axis away from the RS in the GP group.

CONCLUSION

The BP through exertion of uniform pressure on the anterior vaginal wall is more effective in compressing the RS than the GP.

Clinical Research

General Practice

TITLE	Diabetes Mellitus in Irish General Practice; Association with Deprivation
AUTHORS	<i>O'Connor, R. ¹ Houghton, F. ² Saunders, J. ³ Greally, T. ⁴ Mid-Western Specialist Training Programme in General Practice, University of Limerick ¹ Department of Public Health, Health Service Executive West, Limerick ² Statistical Consulting Unit, University of Limerick ³ Department of Public Health, Health Service Executive West, Limerick ⁴</i>

INTRODUCTION

Diabetes mellitus is an increasingly common and important chronic disease. Its exact prevalence in the community is not known but is thought to be affected by socioeconomic status. ¹⁻⁴

RATIONALE

Due to the insidious nature of its onset, many patients present with diabetes mellitus in a relatively advanced state, frequently with associated irreversible complications. It has been argued that detection programmes should target high risk people identified by assessment of risk factors.⁵ This paper helps the process of risk stratification by studying the socio-economic status of patients in the community known to have the disease.

METHODOLOGY

This was a cross-sectional questionnaire study. 52 General practitioners working in the Mid-Western Health Board region of the Irish Republic were identified from the Primary Care Unit listing.

The selection process aimed to match the sample to a nationally representative pattern using data from the Irish College of General Practitioners national general practice study.⁶ The questionnaire looked at individual patients, including their address. The deprivation measure used, based on each patient's address, was the Trinity College Dublin Small Area Health Research Unit's deprivation index using the 2002 Census data (SAHRU 2002). The proportion of patients, in the areas of Limerick and Clare sampled having Type 1 and Type 2 diabetes were compared to their deprivation scores to see if this affected their chances of having the disease.

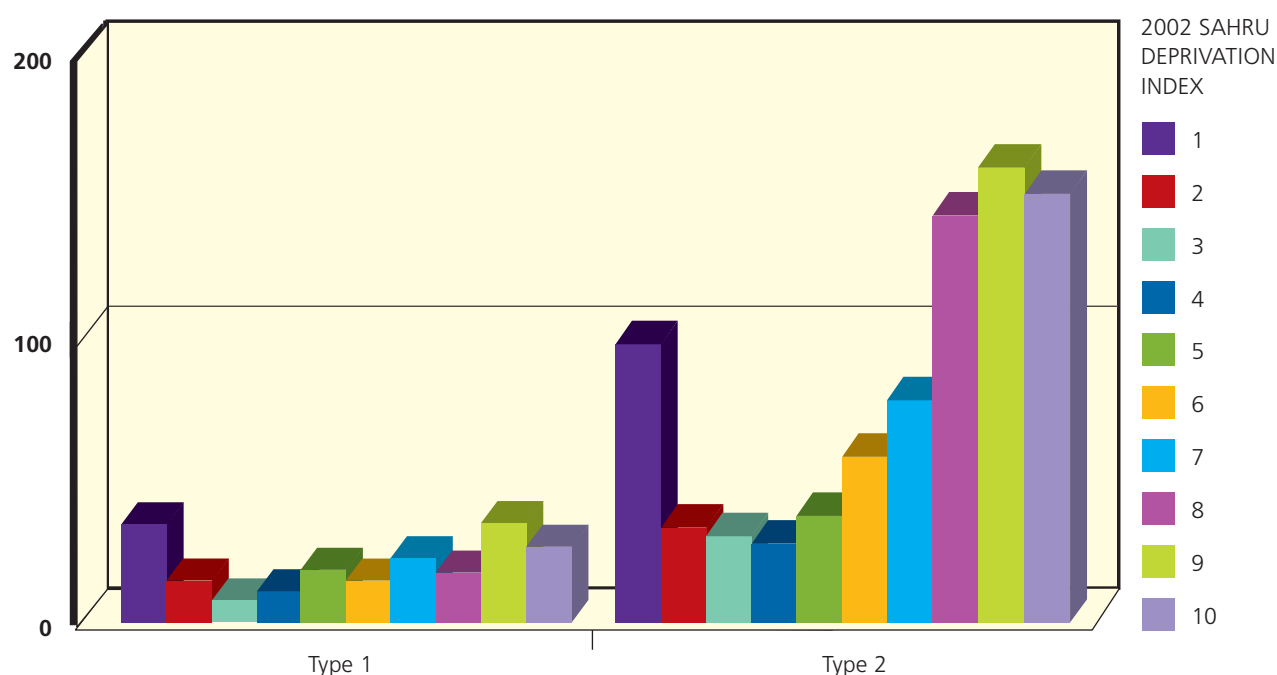
Fifty-two questionnaires were distributed. Twenty-seven were returned giving a response rate of 52%. The proportion of Type 1 and Type 2 diabetic patients in Clare County and Limerick City and County was analysed to consider the null hypothesis that there is no difference in the proportion of Type 1 and Type 2 diabetic patients living in the less deprived areas (SAHRU index 1-5) compared to the more deprived areas (SAHRU index 6-10). The z test for equality between 2 proportions was used.

RESULTS

It was found, using a 5% significance level, that there is a difference in the proportion of Type 1 diabetic patients in less deprived areas compared to the proportion of Type 1 diabetic patients in areas of more deprivation. Therefore the null hypothesis is rejected. It appears that the people in areas of more deprivation have a larger proportion of Type 1 diabetes, with an odds ratio of 1.54, 95% CI (1.25, 2.07).

For Type 2 diabetes also, we found using a 5% significance level that there is a difference in the proportion in less deprived area compared to the proportion in more deprived areas. Therefore the null hypothesis is rejected. It appears that the people in areas of more deprivation have a larger proportion of Type 2 diabetes, with an odds ratio of 2.38, 95% CI (2.04, 2.77). This is illustrated in Figure 1.

Figure 1 - Graph showing numbers of diabetic patients in the different SAHRU Deprivation Indices by disease type



CONCLUSIONS

This study clearly shows that diabetes mellitus is related to socio-economic status, as determined by the patient's address. This risk is present for both Type 1 and Type 2 diabetes but the order of magnitude of the increased risk is much higher for the Type 2 disease. Future diabetes detection programmes should reflect this finding.

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PRESENTED

At the Association of University Departments of General Practice in Ireland (AUDGPI) Conference in Dublin Castle on March 4th, 2005 by Dr. Ray O'Connor.

FUNDING

This research was fully funded by The Research and Education Committee of The Department of Health and Children, Dublin, Ireland.

Clinical Research

Mental Health

TITLE	An Evaluation of the Effects of Combining Music Therapy and Art Therapy to Reduce Challenging Behaviour in People with Dementia on a Specialist Care Ward
AUTHORS	Edwards, J., ¹ Ledger, A., ¹ Loane, R., ² Newson McMahon, J., ² Wale, S., ² Hiscock, R. ² University of Limerick ¹ Limerick Mental Health Services for Older People, Health Service Executive West, Limerick ²

INTRODUCTION

There is a growing body of research and practice evidence to support the inclusion of Music Therapy and Art Therapy as therapeutic approaches effective in addressing the needs of people who have dementia (Brotons et al., 1997; Harlan, 1990; Koger, Chapin, & Brotons, 1999; Lee Goldman, 2004; Lou, 2001; Kahn-Denis, 1997; Nugent, 2002;) and their carers (Brotons & Marti, 2003; Clair & Ebberts, 1997).

Music Therapy can involve participation through singing, playing, composing or improvising music. Art Therapy sessions can involve drawing, painting, collage, and looking at or handling art objects and materials. It is not the musical or art materials in and of themselves which are considered to create the therapeutic effect but rather a complex interaction comprising the verbal and non-verbal communication with the therapist, the personal history of the patients and their current functioning as well as the planned and creative use of music and art. Research findings indicate that these therapies can reduce the challenging behaviour exhibited by people with various types of dementia (Brotons, Koger, & Pickett-Cooper, 1997; Mahoney, Volicer, & Hurley, 2000; Nugent, 2002; Opie, Rosewarne, & O'Connor, 1999).

Challenging behavior includes a group of symptoms including repetitive acts, behaviour inappropriate to social norms and aggressive behaviour towards self or others (Cohen-Mansfield & Martin, 1999). A reduction in the level of challenging behaviours should improve the quality of life of the individual and decrease the burden of care on those caring for them.

OBJECTIVE

The present research investigated the effects of providing Art Therapy and Music Therapy upon the challenging behaviour of 23 people with dementia residing on a continuing care ward in a hospital in Ireland.

METHODOLOGY

This research was carried out within Limerick Mental Health Services for Older People. The ward provides specialised continuing care for those people with dementia and associated challenging behaviour. All patients who resided on the continuing care ward at the time of recruitment were considered eligible to participate in the research. This research was approved by the Mid-Western Regional Hospital Scientific Research Ethics Committee. The study was a repeated measures design, with patients acting as their own controls. Demographic information and baseline measures were taken prior to the commencement of therapies on the ward, with follow-up 28 weeks after the start of the Music Therapy and Art Therapy programme.

At baseline the **Mini-Mental State Examination** (Folstein, Folstein & McHugh, 1975) was used to assess patients' levels of cognitive impairment and the **Behaviour Rating Scale** (BRS) of the CAPE assessment (Clifton Assessment Procedures for the Elderly, Pattie & Gilleard, 1979) was used to rate patients' levels of dependency. **The Cohen-Mansfield Agitation Inventory** (Cohen-Mansfield, Marx & Rosenthal, 1989) - The CMAI measures the frequency of 29 agitated behaviours in the two weeks prior to administration and relies on information from a nursing staff member.



Once baseline measures were completed, qualified therapists implemented Art Therapy and Music Therapy five days per week on the ward, in accordance with each individual's assessed abilities, needs, backgrounds and preferences.

RESULTS

Table 1 - Characteristics of the subjects

Demographic characteristic		n
Gender	Male	7
	Female	16
MMSE Score	10-20	7
	0-9	16
CAPE (BRS) Category	D – High Dependency	4
	E – Maximum Dependency	19

CMAI (Challenging behavior) Results

The patients' mean frequency scores for each of the 29 CMAI behaviours at pre-test and 28 weeks post-test are displayed in Figure 1.

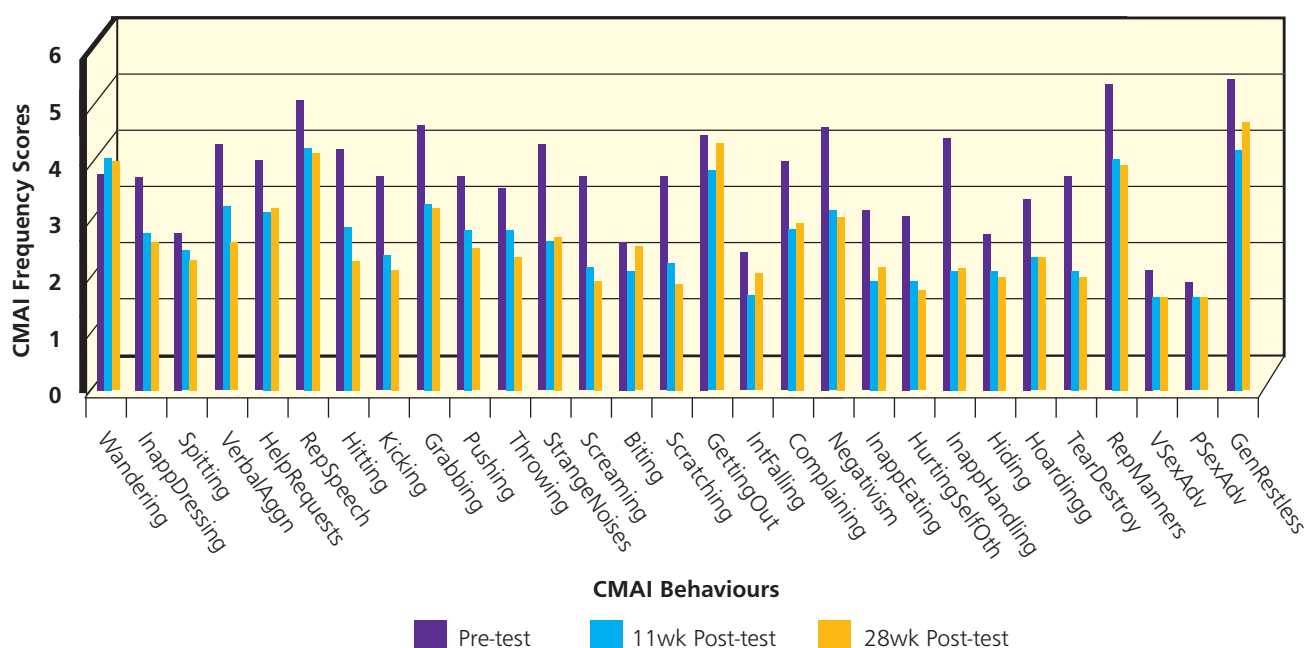
Table 2 - CMAI Pre/post difference scores

CMAI Domain	CMAI Difference scores	Uncorrected P
4. Cursing or verbal aggression	-1.8 (-2.7 - -0.9)	0.0005*
7. Hitting (including self)	-1.7 (-2.7 - -0.8)	0.001*
13. Screaming	-1.8 (-2.8 - -0.8)	0.002*
15. Scratching	-1.8 (-2.8 - -0.7)	0.002*
19. Negativism	-1.7 (-2.6 - -0.8)	0.0008*
29. General restlessness	-1.8 (-2.8 - -0.8)	0.002*

Data presented as mean (95% CI for difference of mean).

*statistically significant at corrected p value (Holm method) = 0.002

Figure 1 - Average Frequency For Each CMAI Behaviour



DISCUSSION

The evidence for managing challenging behaviour in people with dementia through psychotropic medication is limited and there is increasing evidence to support the use of other approaches to patient management including the therapeutic approaches of Music Therapy and Art Therapy. The results from this pilot project indicate that Music Therapy and Art Therapy are highly effective in reducing challenging behaviour in this patient population and both validates the need for further research in this area as well as the need to increase service provision within the health services in Ireland.

This project is unique in that it is the first research study in Ireland to rigorously evaluate the effects of Music Therapy and Art Therapy with a cohort of dementia patients. It gives support for the increased application of these approaches by qualified creative arts therapists.

The design of the project did not allow us to draw any conclusions as to why certain behaviours were reduced or why certain patients responded. The study was limited in that it did not attempt to control for variables such as use of psychotropic medication, severity of symptomatology. The project quantified the presence of challenging behaviour and its reduction with the use of Art and Music therapy but did not use any quality of life measures. Further research should evaluate the impact on the quality of life of people living with dementia.



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PRESENTED

1. As a Poster Presentation entitled "Music Therapy and Art Therapy in the Reduction of Agitation in Patients who have Dementia" at the 11th World Congress of Music Therapy in Brisbane, Australia. July 19th-23rd 2005.
2. As a Poster Presentation entitled "Music and Art Therapy in the Reduction of Agitation in Patients who have Dementia" at the 8th European Arts Therapies Conference(ECArTE) in Rethymno, Crete. 14th-17th September 2005.
3. At the 6th Interdisciplinary Research Conference of the School of Nursing and Midwifery in Trinity College Dublin as "An Evaluation of the Impact of Art Therapy and Music Therapy on a Continuing Care Ward for People with Dementia" on November 8th, 2005 by Alison Ledger.
4. At The Creative Arts in Caring Seminar in Milford Hospice, Limerick as "Art Therapy and Music Therapy in the Care of People with Dementia" on October 5th, 2005 by Alison Ledger and Jennifer Newsom-McMahon.
5. At the Irish World Academy of Music and Dance 'Music Therapy Responding to the Needs of People who have Dementia' seminar, as "Reducing Agitation in People who have Dementia using Music Therapy and Art Therapy in a Continuing Care Setting" on April 5th, 2006 Dr Jane Edwards, Alison Ledger, Dr Ruth Loane (Chair) and Jennifer Newsom-McMahon.

FUNDING

This project was part-funded by the Health Services Executive, Mid-Western Area and part-funded by the Irish World Academy of Music and Dance, University of Limerick.

ACKNOWLEDGEMENT

The authors wish to thank Peter Dowling, Marie Foley and Paschal Moynihan for their assistance with the project.

Clinical Research

Mental Health

TITLE	A Confirmatory Analysis of the Client Attachment to Therapist Scale
AUTHORS	Moore, N., ¹ Butler, E., ¹ Dooley, B. ² Health Service Executive West, Community Mental Health Services, North Tipperary ¹ Department of Psychology, University College Dublin ²

INTRODUCTION

This study was a component of a thesis completed by the first author as a requirement for the Doctorate in Clinical Psychology. It was based on the application of Bowlby's Attachment Theory to the therapeutic relationship and focused on the client's attachment to the therapist. Mallinckrodt, Gantt, and Coble (1995) conceptualised the therapeutic relationship from an attachment perspective and developed the Client Attachment to Therapist Scale (CATS) to "measure the quality of the client's attachment to their therapists" (p.308). This is a central feature of the therapeutic relationship in that if the client perceives a secure attachment with the therapist it 1) enables the individual to feel safe to explore their inner conflicts without feeling ashamed or humiliated and 2) allows the individual to experience the therapist as responsive and understanding. Therefore a secure attachment to the therapist encourages change and a positive outcome. The CATS consist of the following three subscales:

"Secure – experiencing the therapist as responsive, sensitive, understanding and emotionally available, feeling hopeful and comforted by the counsellor and feeling encouraged to explore frightening or troubling events.

Avoidant-Fearful – suspicious that the therapist is disapproving, dishonest and likely to be rejecting if displeased, reluctance to make personal disclosures in therapy and feeling threatened, shameful and humiliated.

Preoccupied - Merger – longing for more contact and to be at one with the therapist wishing to expand the relationship beyond the bounds of therapy and preoccupation with the therapist and the therapist's other clients" (p.310).

RATIONALE

The CATS had not been used with a clinical population in Ireland therefore research was required to test its psychometric properties in an Irish clinical sample to establish its clinical utility. Hence, the aim of this study was to confirm its factor structure with an Irish sample (n=50) of adults attending a Clinical Psychologist for psychotherapy in community-based Mental Health Services.

To achieve this, the factor structure of the CATS for the current data were analysed and compared with that of Mallinckrodt et al. In addition the Working Alliance Inventory (WAI, Horavth & Greenberg 1989) and the Adult Attachment Scale (AAS, Collins & Read 1990) were used to estimate the construct validity of the CATS.

METHODOLOGY

Clinical Psychologists working in Adult Mental Health Services in the HSE West area were contacted and informed of the nature of the study. The only inclusion criterion was that clients must have completed at least five sessions of therapy with their therapist. The individuals that agreed to participate and provide informed consent were 50 adults (66% female, 34% male) attending community based Adult Mental Health Services in the HSE West area, with an average age of the 39 years. Each was involved in a course of psychotherapy with a Clinical Psychologist and agreed to complete the following measures 1) Demographic questionnaire 2) CATS 3) AAS and 4) WAI.



RESULTS/CONCLUSIONS

Factor analysis of the CATS data yielded a slightly different but reliable factor structure compared to Mallinckrodt et al. The three subscales accounted for 40% of the variance in the data whereas Mallinckrodt et al.'s accounted for 38% in their study. Conceptually both factor structures were similar suggesting that the subscales of each structure appeared to measure similar dimensions of the client-therapist relationship. Reliability coefficients for the CATS according to Mallinckrodt et al.'s factor structure and the factor structure reported in this study demonstrated high levels of reliability and the CATS showed good concurrent validity supported by the correlations with Working Alliance Inventory and the Adult Attachment Scale. These results indicated that the CATS is a reliable measure of the client attachment to the therapist for an Irish clinical sample and a valid measure to use in clinical practice.

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Clinical Research

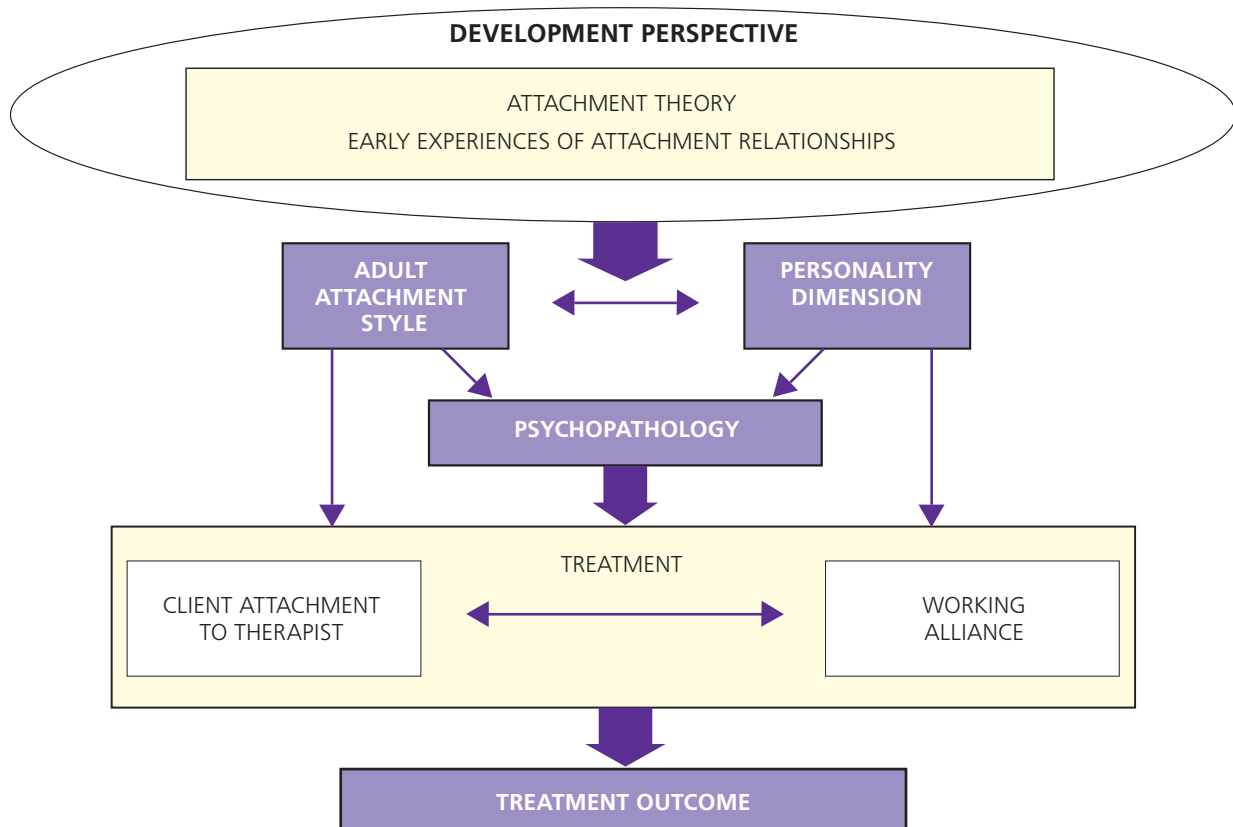
Mental Health

TITLE	A Study of the Impact of Clients' Attachment History and Style and Personality on their Attachment to the Therapist, on the Working Alliance and on the Therapeutic Outcome
AUTHORS	Moore, N., ¹ Butler, E., ¹ Dooley, B. ² North Tipperary Mental Health Services, Nenagh, Co. Tipperary ¹ Department of Psychology, University College Dublin ²

INTRODUCTION

This study was completed by the first author as part of a Doctoral thesis in Clinical Psychology. It investigated the attachment system, symptomatology and therapeutic relationship over a 12-month period, for seven adults attending a Clinical Psychologist for Psychotherapy in a Community Mental Health Service in North Tipperary. The study is best conceptualised within a developmental framework (Figure 2).

Figure 2 - Conceptual Framework for the Research



Based on this it is valid to hypothesise that an individual's attachment style, personality characteristics and symptoms would influence the client's attachment to therapist, working alliance and outcome.

From this perspective there is a developmental logic to any client's thought, emotion, behaviour or meaning organisation (Ivey and Ivey 1998). Therefore a client's most severe and extreme behaviour can be logically understood within the context of the client's developmental history and the meaning taken from that history.



Attachment theory postulates that children develop internal working models (IWMs) or cognitive expectations about the accessibility and responsiveness of their caregivers as well as their own ability to elicit need-meeting responses from their caregiver (Bowlby 1973). IWMs of self are relatively stable cognitive structures that represent a set of beliefs about one's worthiness and competence as an individual. IWMs of others represent a set of beliefs about how responsive and reliable others are. Adults' IWMs of self and others constitute an individual's attachment style. Bender, Farber and Geller (2001) stated that an individual's attachment style influences "interactions, expectations, defensive modes, affect regulation and coping strategies" (p.554). Insecure attachment styles represent a major risk factor for the development and maintenance of psychopathology. Subsequently research has shown that individuals with insecure attachment styles are well represented in clinical populations. In addition Meyer, Pilkonis, Proietti, Heape and Egan (2001) stated "adult attachment styles overlap conceptually with personality disorders (PDs) and both may complicate the course of symptoms among psychiatric patients" (p. 371).

RATIONALE

The aim of this study was to investigate the influences of the clients' attachment style and early attachment experiences (attachment history) and personality dimensions, on their attachment to the therapist, on the quality of the working alliance and subsequently on the therapeutic outcome. Specifically this study proposed to examine the relations between the elements outlined in the conceptual framework presented in Figure 2 among clients attending a Clinical Psychologist for Cognitive Psychotherapy for a one-year-period.

This study also contained a qualitative component the aim of which was to explore client's experience of therapy and their therapist. It was hoped that this would reveal prominent characteristics of the therapeutic relationship and therapist characteristics that enhance a positive (desired) outcome for the client.

METHODOLOGY

This was a single case study repeated measures design, with participants providing data at Time 1, six months later at Time 2 and six months later at Time 3. The participants were seven clients attending a Senior Clinical Psychologist in the Nenagh Sector of the Tipperary North Riding Mental Health Services. At Times 1 and 3 participants completed the Experiences in Close Relationships Questionnaire (ECR, Brennan, Clark & Shaver 1998), the Parental Bonding Instrument (PBI, Parker, Tupling & Brown 1979), the Client Attachment to Therapist Scale (CATS), the Working Alliance Inventory (WAI), The Beck Depression Inventory, the Beck Anxiety Inventory, Symptom Checklist-90-R, Minnesota Multiphasic personality Inventory-2 (MMPI-2). At Time 2 the ECR, CATS, WAI were completed and a semi-structured interview was conducted about clients' attendance and expectations of therapy.



RESULTS

The results of this study were presented in a predominantly qualitative format with the development of an individual clinical profile for each participant. Each profile was constructed on the elements of the framework in Figure 2 and prominent themes expressed in the qualitative interview were incorporated. In summary the common factors that emerged from the seven individual profiles included 1) Majority of clients perceived their mother-child bond negatively with high levels of overprotection and low levels of care 2) all individuals showed insecure attachment styles 3) all individuals displayed severe psychological distress and personality pathology 4) despite their insecure attachment styles positive changes emerged in client attachment to therapist and working alliance as treatment progressed 5) positive therapist variables were identified from client interviews and a sense of felt security was highlighted in the therapeutic relationship and 6) reduction in symptomatology for four of the seven clients.

CONCLUSION

The clinical profiles support the view that negative early attachment experiences result in the development of an insecure attachment style contributing to an individual's personality traits and subsequently their presenting symptomatology. Long-term psychotherapy is warranted with such individuals to encourage a secure attachment relationship with the therapist and a positive working alliance, thus offering a corrective emotional experience and a safe environment in which therapeutic change can occur.

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Clinical Research

Microbiology

TITLE	Molecular Analysis of the Inducible Antibiotic Resistance Genotype Associated with the Bacterial Integrating Chromosomal Element R391 Homolog's of which are now found in all New Epidemic <i>Vibrio cholera</i> Strains
AUTHORS	Pembroke, J.T., O'Halloran, J., Piterina, A.V. Molecular and Structural Biochemistry Group, University of Limerick

INTRODUCTION

The bacterial mobile integrating chromosomal element (ICE), R391¹ belongs to a novel group of drug resistance elements, termed the SXT/R391 group, which are found associated with all new epidemic strains of *Vibrio cholera* worldwide. Prior to 1996 such elements were absent indicating that powerful selective pressures are promoting the spread of such elements in *Vibrio* and in other pathogens.²

METHODOLOGY

We have recently sequenced the 89-kb R391³ element and are examining those genes that are promoting fitness, spread and pathogenicity. We have previously shown that the element shows increased transfer under certain stress conditions such as UV irradiation⁴ which would favour spread in certain environmental conditions.

RESULTS

Molecular analysis of the drug resistance determinant, *aph* of R391 encoding kanamycin phospho-transferase has revealed it contains 3 copies of IS15Δ1 in different orientations, indicating significant molecular rearrangements have occurred. It also contains a stress inducible operator/repressor binding control region to unusually control gene expression of the resistance determinant. Analysis of homologous *aph* genes from other systems do not show this control region which may indicate it occurred due to the unusual IS15Δ1 rearrangements. Stress induces increased *aph* gene expression and drug inactivation, while in the absence of stress the genes are effectively silent.

CONCLUSION

Such a mechanism of expression control of drug resistance and other R391 genes would promote efficient maintenance without imposing a metabolic burden on a host cell. This novel mechanism may be at the heart of the 'super' fitness of such SXT/R391 elements and may be a key reason for their rapid and widespread dissemination in such a short period.



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FUNDING

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Clinical Research

Microbiology

TITLE	<i>Ralstonia pickettii</i> : A Growing Nosocomial Infectious Threat
AUTHORS	Ryan, M., ¹ Pembroke, J.T., ² Adley, C.C. ¹ Microbiology Laboratory, Department of Chemical and Environmental Sciences, University of Limerick ¹ Molecular Biochemistry Laboratory, Department of Chemical and Environmental Sciences, University of Limerick ²

ABSTRACT

Ralstonia pickettii is not considered to be a major pathogen and its virulence is thought to be low; therefore, it is not usually sought in routine hospital analysis. ¹

¹ However, in investigating this claim a wide range of *R. pickettii* infection were identified in the literature. In addition, the types of infections were more invasive and severe than were thought previously. Fifty-five separate instances of the clinical presence or infection with *R. pickettii*, encompassing 366 patients, were recorded. This indicates that the organism may be a more widespread and serious pathogen than was previously considered.

This is reinforced by the fact that four instances of death have been recorded in cases linked to *R. pickettii* infection. The first known instance of death associated with *R. pickettii* was recorded in 1968. A 33-year old man (drug user) died of Group-IV-d-related endocarditis,² this was later identified as *R. pickettii* by Dimech et al.³ The second known instance of death was recorded by Poty et al., where two diabetic patients (71 and 74 years old) died of *R. pickettii*-related septicaemia. The source of the *R. pickettii* contamination was found to be the ion-exchange resins used to purify water for hospital use.⁴ Timm et al. recorded the third instance of death in 1995, where a premature infant died due to *R. pickettii*-related pneumonia.⁵ The fourth known instance of death found to be related to *R. pickettii* was recorded by Moreira et al. In this case, the deaths of two premature babies were found to be associated with *R. pickettii*. Case 1 (male, birth weight 770 g) became septicaemic on 28 March 1998, deteriorated rapidly and died the following day. *B. cepacia* complex and *R. pickettii* isolates grew on antemortem blood cultures. Case 2 (male, birth weight 785 g) had clinical sepsis diagnosed on 30 March 1998. On 8 April 1998, he had a documented episode of *R. pickettii* bacteraemia, his condition deteriorated and he died on 9 April 1998. The infection of *R. pickettii* was shown to be due to contaminated vials of water for injection.⁶

The widely accepted view that *R. pickettii* is not an important pathogen needs to be re-evaluated in light of this data including the identification of 55 reported instances of infection and the death of six patients from the literature. It should therefore not be disregarded as a possible cause of nosocomial infections, and should be considered for addition to routine hospital screening programmes.



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FUNDING

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SOURCE

Journal of Hospital Infection. 2006;62(3):261-394.

Population Health

Public Health

TITLE	Factors Influencing Parental Decisions to Immunise their Infant with the MMR Vaccine
AUTHORS	Walsh, J.C., ¹ Hoare, S. ² Department of Psychology, National University of Ireland, Galway ^{1,2}

INTRODUCTION

Uptake of the MMR (Measles, Mumps and Rubella) Vaccine is far below the 95% needed to provide 'herd immunity' with only 75% uptake in the West of Ireland (WHB, 2002). The consequence of this drop in the uptake of MMR vaccination in children has been a number of outbreaks of measles in various regions of Ireland. This problem is viewed as very serious by the Health Service Executive (HSE) which is keen to increase the uptake of vaccination as a matter of urgency.

RATIONALE

The aim of the present research is explore cognitive and emotional factors that influence parental decisions to immunise their child with the MMR Vaccine, to examine the impact of 'action planning' on attendance and the effect of an information booklet on attendance.

METHODOLOGY

Over 2,000 consecutive cases of parents due to bring their child for MMR Vaccination in the Western region were sent the study questionnaire assessing attitude, emotional factors, risk assessment and intention. Attendance data was collated after 3 months of receiving the letter of invitation. Participants were matched to their attendance record on the basis of the HSE CCI number. For the 'action planning study', participants were randomly assigned to the experimental or control group. The experimental group were asked to form an implementation intention specifying when, where and how they would make an appointment to bring their child for the MMR.

RESULTS

The response rate was 57%. The results showed that over 94% of parents reporting that they were 'very' or 'extremely' likely to bring their child for the MMR. Despite this, only 70% of parents had brought their child for the MMR within 3 months of receiving the letter of invitation (average delay was 33 days). A hierarchical multiple regression was run to test the effect of the predictors of intention controlling for perceived level of information. Attitude and perceived control were among the two strongest predictors that explained 54% of the variance in intention. Perceived level of information explained a further 2% of the variance. Demographic factors were not related to attendance. Parents who saw the diseases as more severe and who anticipated regret over not attending were the most likely to bring their child for the MMR.

The 'action plan' intervention (i.e. to plan their appointment to bring their child for vaccination) did not increase attendance. Only 71% of the total experimental group, compared with 69% of the control group, brought their child for the MMR by the end of the study ($\chi^2=0.53$, $DF=1$, $p=0.48$). The booklet intervention did not result in increased attendance rates. There were no differences in attendance between booklet (64%) and control groups (59%) ($\chi^2=2.46$, $df=1$, $p=0.12$). Those in the booklet condition had, however, shorter delays ($M = 10.99$) between invitation and attendance than those in the control group ($M = 21.27$) ($t = 3.02$, $df = 574$, $p = 0.003$).



CONCLUSIONS

The results of the study suggest that providing additional written information or asking parents to plan their appointments do not result in increased rates of attendance for the MMR. The favourable attitudes toward the MMR are promising, but translating these into action remains a challenge for the HSE. General Practitioners may hold the key to promoting the uptake of MMR.

PRESENTED

1. At the European Health Psychology Conference, August 31st to Sept 3rd 2005.
2. Division of Health Psychology (PSI), April 22nd, 2005.

FUNDING

The authors would like to acknowledge the funding provided by the Department of Public Health, HSE Western Region and NUI Galway Millennium Fund for this research.

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Population Health

Health Promotion

TITLE	Womens' Views of the ICSP: Knowledge, Access to Information, ICSP Registration, Perceived Barriers and the Role of the General Practitioner
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AUTHORS	<i>Treacy, F. Irish Cervical Screening Programme, St. Joseph's Hospital, Limerick</i>
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INTRODUCTION

The Irish Cervical Screening Programme (ICSP) launched Phase 1 of a National Cervical Screening Programme in October 2000. The Programme is based in the primary care setting with doctors and nurses who are registered with and contracted by ICSP taking the cervical smears tests. The ICSP has a central administrative office, which manages the organised call/recall and the cervical screening register.

A cervical screening programme needs to achieve 80% uptake of the eligible population for the service to be successful. However the experience of the ICSP is that the target for success is not yet being reached, despite the fact that the Programme is now in operation over three years, and offers free cervical screening to women.

The Programme writes to women to invite them to attend for screening, it is aware however that this letter to women from an unknown manager at the ICSP is not achieving the required target for success. The ICSP does allow women the option to self-refer for a smear test as a means of entry to the Programme. Women who have never had a Programme smear or have not been screened in over 4 years can make an appointment for a free smear test.

OBJECTIVE

The research looks at women's perception and understanding of the Programme. In particular women's views on how the service is delivered.

The research intends to examine the following:

- How are women informed about cervical screening?
- Does the system of sending invitation letters to women registered with the Programme encourage women to attend for screening?
- What is women's understanding of the ICSP Register?
- Is the service accessible?

METHODOLOGY

One hundred participants were randomly selected from women aged 25 to 60 years in the Mid-Western Health Board area in Ireland (N = 80,000). Selected participants were sent a letter inviting them to participate in the study and requesting them to complete the questionnaire for the purposes of research, they were also sent the study questionnaire, containing a freepost self-addressed envelope. Data were collated after a cut-off point of one month after the cover letter and questionnaire was sent out.

In the second stage, a focus group was conducted with some of these women in order to further explore some of the issues raised by women in the questionnaire.



RESULTS

Profile of Respondents

It was useful to establish the respondents' previous knowledge of the ICSP prior to receiving the questionnaire. The awareness among the sampled population (n=62) was very high with 93 per cent of respondents indicating that they were aware of the Programme prior to receiving the questionnaire.

Access to Information

The response to where participants actually got information on cervical screening is very interesting. The Doctor was the primary source, while the Practice Nurse and the ICSP were the second choice. None of the participants listed the radio as a source of information and only three participants cited the newspaper.

What it means to be on the ICSP Register?

There was a mixed response to the question on what it means to be on the ICSP register. The responses indicated an awareness of the register but poor knowledge on the benefits of being registered and what registration means

- 20% of access to regular 5 yearly screening and follow-up
- 20% a reminder when to have a smear test
- 27% free smear tests
- 18% an invitation to participate in the Programme

Having registered, when do respondents expect to be invited for smear test?

A summary of when respondents indicated that they would expect to be invited for a smear test, having registered with the ICSP is as follows:

- 15% straight away on having registered
- 15% within two months of registration
- 23.5% within a year
- 11% within five years of registering

Barriers

The women in this study identified the factors that would influence their decision to have a smear test. The barriers identified by participants in this study are as follows:

- Fear
- Lack of choice of female smear taker
- Who and where it is done
- "Cancer scares"



Self Referral

The vast majority of respondents – 81% reported that the option for women to directly a doctor/nurse for a free smear test as entry to the ICSP as a very good idea. The ICSP permits such entry termed as “self-referral” for smear test.

Contact regarding cervical screening

Sixty six per cent of the study participants believed that both the ICSP and the General Practitioner should be contacting them regarding cervical screening.

There was a strong theme emerging from the study of the importance of the role of the family doctor and this is supported by the International Agency for Research on Cancer. It was indicated as a factor influencing participation with one participant stating she would be influenced *“If the doctor recommended me to have one done”*, another woman mentioned *“Family Doctor”* and *“my GP suggesting I should have one.”*

DISCUSSION

The findings on where women get their information on cervical screening are very relevant and need to be taken into account when planning awareness campaigns.

The findings are similar to those found by Walsh (2003), where 70 per cent of respondents indicated that the Doctor was where they received information on cervical smear testing; a further 10 per cent suggested the Practice Nurse. The majority of respondents thought that both the ICSP and the General Practitioner should be contacting them regarding cervical screening.

There was evidence to indicate that respondents did not have a clear understanding of what being on the ICSP register means. There was an understanding of the concept of free screening. However being on a register or database was not mentioned, or the details contained such as Personal Public Service Number (PPS No.) personal details, smear history and results was not acknowledged. It was not apparent that there was any understanding of the choice element for women, including choice of any of the registered smear taker, as the history and smear results are still available to the ICSP once the woman agrees to participate in the Programme.



CONCLUSION

- The organised call/recall should be reviewed to increase the role of the smear taker in the sending of invitations to participate in cervical screening
- The patient-physician relationship is a major factor influencing the decision of many women to avail of screening, this should be further explored and promoted
- The ICSP need to provide women with clear concise information on what being registered with the ICSP means
- The means of providing women with information on cervical screening needs to be revised, to utilise the doctor as a primary source, and to make other sources of information available to users
- Barriers to attendance identified should be addressed in the Programme designed, in order to promote the uptake of cervical screening, particularly in relation to gender sensitivity.

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PRESENTED

As a Poster Presentation at the Irish Cervical Screening Programme Conference in the University of Limerick on Saturday, June 18th, 2005.



Population Health

Health Promotion

TITLE

Barriers Affecting Attendance for a Cervical Smear Test

AUTHORS

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INTRODUCTION

Cervical cancer is one of the most preventable cancers and 90% of cases can easily be identified and treated in the early stages in a simple outpatient procedure. Despite its relatively easy prevention and treatment, many new cases of cervical cancer are diagnosed each year.

METHODOLOGY

The present study examines levels of knowledge and access to information about cervical screening and the impact of perceived barriers on attendance for a routine cervical smear test. The study is based on a sample of over 1,000 women from the Irish Cervical Screening Programme database who were sent a letter of invitation to attend for a smear test.

RESULTS

The results show that women have relatively poor levels of knowledge about cervical cancer and screening. In addition, women identified several barriers to attendance which significantly impacted on their likelihood to attend for a smear. Implications for the development of health promotion campaigns are discussed.

PRESENTED

As a Poster Presentation at the Irish Cervical Screening Programme Conference in the University of Limerick on Saturday, June 18th, 2005.

FUNDING

This study is an abstract from "Factors Affecting Attendance for a Cervical Smear Test: A Prospective Study."
It was co-funded by the Irish Cervical Screening Programme and the Health Research Board.

Population Health

Health Promotion

TITLE	An Evaluation of Peer Education in Relation to Cervical Screening
AUTHORS	<i>Treacy, F. ¹, McCarthy, J. ²</i> <i>Irish Cervical Screening Programme, St. Joseph's Hospital, Limerick ¹</i> <i>University of Limerick ²</i>

INTRODUCTION

Peer Education is "a developmental process which targets individuals in terms of their professional and personal development: equipping them with the skills and knowledge to become effective educators within their peer groups" (Newitt, Karp, McClure, Cowan and Ross 2000). Peer education and self-support groups have proved to be particularly effective in challenging social expectations around sexual health. The prevention of cervical cancer is an essential part of womens' sexual health and an integral part of health promotion in general. The empowerment approach that is peer education facilitates people in identifying their own concerns and allows them to gain the skills and confidence to act upon them. The health promoter becomes a facilitator instead of the expert, whose role is to act as a catalyst, and then withdraw from the situation (Naidoo and Wills 2000).

OBJECTIVES

The aim of the training was to prepare women to be effective peer educators in relation to cervical screening. Peer education aims to promote the benefits of cervical screening and increase the number of women availing of the service.

- To provide a basic knowledge on key issues pertaining to cervical screening.
- To provide the opportunity to explore personal attitudes and values and how these may impact on delivery of information sessions.
- To use experiential learning methods that can be adapted to different community settings.
- To make the links between self, sexuality, and personal and professional development.
- To create networking opportunities for the sharing of information and providing support.

METHODOLOGY

The Irish Cervical Screening Programme (ICSP) delivered a Peer Education Programme to 12 volunteers in June 2004. The volunteers were divided into 4 teams, each team were required to deliver 6 sessions by the end of October 2004. The volunteers represented a diverse population, with a combination of community representatives, practice nurses, nurse tutors and family planning clinic staff. Though a health professional background was not required of peer educators many of the volunteers were indeed professionals with a prior knowledge of the ICSP.

Design

The model is based on three specific theory bases, social psychology, the principles of adult education and health promotion. The training incorporated the developmental group work, social learning theory and experiential learning as the main elements. Relationships in the peer education group are the key to effective education. The peer based relationship helps to break down barriers. Educators work in teams as support is essential for the success of the model.



RESULTS

The Peer Education Model reached 133 women in the Health Service Executive Mid-West Area over a 6 month period. Over 61% of these women returned evaluation forms on the Peer Education Model.

Participants' knowledge of the ICSP

- 12% of the participants reported having NO knowledge of the ICSP.
- 85% of the participants reported having knowledge of the ICSP.
- 2% of the participants did not answer the question.

Was information presented at the session easy to understand?

- 98% of the participants felt that the information was delivered in a manner that was easy to understand.
- 2% of the participants did not answer the question.

Registration Details

- 55% of the participants indicated that they were previously registered with the ICSP.
- 32% of the participants indicated that they were not previously registered with the ICSP.
- Over 12% of the participants indicated that they were unsure if they were previously registered with the ICSP.
- 1% of the participants did not answer the question.

It is encouraging that of the 44% of participants who indicated that they were not registered with the ICSP, over 37% of these participants said that they would now register with the ICSP. 96% of the participants said that they would tell their friends/families/colleagues about the ICSP.

CONCLUSION

The ICSP Peer Education training project is unique and innovative as it is the first of its kind designed specifically for delivering information with regard to cervical screening and the Irish Cervical Screening Programme in a manner that is collaborative and cognisant of capacity building amongst women in the community.

This evaluation has shown that the participating peer educators found the course to be extremely beneficial and has heightened their awareness and capacity to deal with sexual health issues pertinent to diverse community groups. Numerous sessions have been successfully held and have been positively evaluated by participants. Peer education and self-support groups have proved to be particularly effective in challenging social expectations around sexual health.

The peer educators found that the training had empowered them and enhanced their communication, negotiation and decision-making abilities. In addition that had further developed personal skills and attitudes for prevention such as self-knowledge, self-esteem and self-respect.



Peer education presents an opportunity for women to be effective educators within their community and to play a part in informing women about cervical screening. This includes helping women to exert greater control over the determinants of their health and thereby improve their overall health and well-being.

Peer educators have successfully reached approximately 200 women since the programme was delivered.

The cascading effect of the sessions appears to be successful as 96% of the participants said that they would inform their relatives and friends about the ICSP.

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PRESENTED

As a Poster Presentation at the Irish Cervical Screening Programme Conference in the University of Limerick on Saturday, June 18th, 2005.

Population Health

Health Promotion

TITLE	Health Behaviour in School-Aged Children: A World Health Organisation Collaborative Cross-National Study
AUTHORS	Kelly, C., ¹ Ní Gabhainn, S., ² Molcho, M., ³ Walsh, K. ⁴ Centre for Health Promotion Studies, National University of Ireland, Galway

INTRODUCTION

Health Behaviour in School-Aged Children (HBSC) is a WHO (Europe) collaborative study, conducted by an international network of research teams. Principal investigators from 41 countries collaborate in relation to survey content, methodology and timing and an international protocol is developed.¹ HBSC runs on an academic 4 - year cycle. The 2006 survey will be the third time that Ireland is involved.

RATIONALE

The study aims to gain new insight into, and increase our understanding of young peoples' health and well-being, health behaviours and their social context. The survey considers the positive aspects of health, as well as risk factors for ill health and disease. HBSC is unique because it takes into account relationships with family and peers and accounts for the school setting and the socio-economic environment in which young people grow up. In addition, the international aspect of HBSC enables the exchange of strategies and practices where certain countries have been more successful in containing particular risk behaviours.

As well as serving a monitoring and a knowledge-generating function, one of the key objectives of HBSC has been to inform policy and practice at national and international levels.

METHODOLOGY

HBSC is a school-based survey with data collected through self-completion questionnaires administered in the classroom. The HBSC protocol aims for sample sizes of 1,536 in each age group (11, 13 and 15 years). In order to fulfil HBSC criteria, a sample from 2 classes (5th and 6th) in primary schools and 5 classes in post-primary schools (excluding the Leaving Certificate year) is required. In order to obtain a nationally representative sample of school-aged children (primary & post-primary), data from the 2002 census was employed to provide a picture of the distribution of children across health regions. Schools were randomly selected from a list of schools provided by the Department of Education and Science.

School principals have been invited to participate by post. Class groups within schools were randomly selected and students were invited to complete the questionnaire under the supervision of a teacher. Interested schools received questionnaires, envelopes, parental consent forms, information sheets and classroom feedback forms by post. Parents were informed about the study and consent was requested if deemed appropriate by the school. Questionnaires were returned in freepost envelopes to researchers at National University of Ireland Galway (NUIG). The entire process is voluntary, confidential and anonymous. Fieldwork commenced in March 2006.

Once data entry is complete, the entire dataset will be sent to the Norwegian Social Science Data Services, University of Bergen, Norway, for incorporation into the international dataset. Irish data will be analysed by the team at NUIG and comparisons with international data will be made. The findings and implications, both at a policy and practice level, will be disseminated widely.



RESULTS

Progress and updates will be regularly posted on the following website www.nuigalway.ie/hbsc. The HBSC 2001/02 international report is available on www.hbsc.org

FUNDING

This research is funded by the Health Promotion Policy Unit and Office of the Minister for Children, Department of Health and Children.

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Population Health

Health Promotion

TITLE

Absence of Seasonal Effects in Irish HBSC Data

AUTHORS

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Centre for Health Promotion Studies, National University of Ireland, Galway

INTRODUCTION

The Health Behaviour in School-Aged Children (HBSC) survey aims to obtain insight and improve the understanding of young peoples' health behaviour and well-being. Although not a purposeful feature of the study design, in 2002 the Irish HBSC data was collected towards the end of the academic year (Spring/Summer) and at the start of the next school year (Autumn/Winter).

RATIONALE

Seasonality has been documented in the literature as an influence on health status and behaviours.^{1,2} On the basis of such associations, it was both necessary and opportunistic to use the dual intake of the Irish HBSC data collection, to examine the presence of seasonal effects in the self-reported health status and health behaviour of Irish adolescents.

METHODOLOGY

Samples were evenly matched for age and gender and consisted of 951 boys and 1,446 girls from intake 1 (Spring/Summer) and 951 boys and 1,446 girls from intake 2 (Autumn/Winter). Males ranged in age from 10.2 years to 18.8 years and females ranged in age from 10.5 years to 18.5 years. The categories and individual variables of interest are listed in Table 1. A univariate analysis of variance was conducted for each of the dependent variables using 'intake' as an independent variable. The analysis was conducted separately for male and females.

Table 1 - Dependent Variables

General Health
Health: How would you describe your health?
Life Satisfaction: In general, on a scale of 1 to 10 how good is your life at the moment?
Happiness: In general how do you feel about your life at present?
Smoking
Tried Smoking: Have you ever smoked tobacco?
How Often: How often do you smoke tobacco at present?
Alcohol
How Often: At present how often do you drink anything alcoholic, such as beer or wine or spirits?
Been Drunk: Have you ever had so much alcohol that you were really drunk?



Drugs

Ever Taken: Have you ever taken cannabis in your life?

Last 12 Months: Have you ever taken cannabis in the last 12 months?

Food & Nutrition

Fruit: How many days a week do you usually have fruit?

Vegetables: How many days a week do you usually have vegetables?

Sweets: How many days a week do you usually have sweets?

Coke/Soft Drinks: How many days a week do you usually have coke/soft drinks?

Breakfast Weekdays: How often do you usually have breakfast on weekdays?

Breakfast Weekends: How often do you usually have breakfast on weekends?

Lunch Weekdays: How often do you usually have lunch on weekdays?

Lunch Weekends: How often do you usually have lunch on weekends?

Supper Weekdays: How often do you usually have supper on weekdays?

Supper Weekends: How often do you usually have supper on weekends?

On A Diet: At present are you on a diet or doing something to lose weight?

Exercise

How Often: Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

Accidents

Seatbelt: How often do you use a seatbelt when you sit in a car?

Helmet: How often do you wear a helmet when you ride a bicycle?



RESULTS

Male participants from the Spring/Summer intake were significantly more likely to have tried smoking, to eat supper on the weekends, to be on a diet and to use a bicycle helmet frequently, than those from Autumn/Winter. However, the partial Eta squared effect sizes (ES) were .004, .004, .003 and .005 respectively.

Girls surveyed in Autumn/Winter ate fruit more frequently (ES=.003) than those surveyed in Spring/Summer. Conversely girls from the first intake drank coke/soft drinks (ES=.006), exercised (ES=.002) and wore a bicycle helmet (ES=.003) more frequently than students from the second intake.

CONCLUSIONS

Although statistically significant on some items, the minute effect sizes indicate that seasonality did not have a strong influence on the HBSC data set. There are three potential reasons for this lack of influence.

- The majority of previous studies focus on seasonal effects from the perspective of Seasonal Affective Disorder, rather than a more normative cyclical change. This may be an indication that the power of seasonality in this form may not be as influential as sometimes supposed.
- The two instances of data collection occurred within the academic year. Therefore changes in health status and behaviour that would be associated with the unstructured time of summer school holidays, e.g. increase in smoking³ may have been minimised.
- Differences in the Irish climate between Spring and Autumn are not as significant as they would be in other countries or at other times of the year. The null findings here may reflect this lack of difference.

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FUNDING

This study is a part of a larger project in translating HBSC 2002 into policy and practice, which is funded by the Health Research Board.

Health Systems Research

Health Management

TITLE	A Case Study Analysis of the Changes in Records Management Practices in the Irish Health Services in the Last Seven Years
AUTHORS	<i>Murphy, B. Organisation Development Unit, Health Service Executive West, Limerick</i>

INTRODUCTION

The Freedom of Information (FOI) Act was principally introduced in Ireland to assist members of the public to obtain access to official information to the greatest extent possible consistent with the public interest and the right to privacy.

OBJECTIVE

This research sets out to determine if there have been changes in records management practices in the Health Services as a result of the implementation of this Act.

METHODOLOGY

A Literature Review was undertaken on the Methodology, on the Irish FOI Act and on Records Management. A Case Study was selected as the most appropriate research method. Questionnaires, interviews and a focus group targeted FOI personnel and Record Managers.

RESULTS

The introduction of Freedom of Information legislation caused a focus on compliance rather than a focus on improving records management systems. The work needed for FOI was not automatically associated with the relevant knowledge and skills possessed by Record Managers. Records Retention policies were drawn up and introduced but are not rigidly enforced. Improvements are noted in record-keeping aspects, more formal recording and a rise in standards of documentation. Up to now records management has been seen as a support rather than a core function.

CONCLUSIONS

Recognition should be given to records management as a specific, adequately resourced, corporate programme with senior commitment. The chronic shortage of professionally qualified Record Managers and Archivists within the Irish Health Services should be addressed. Every agency should devise and publish an overarching records management policy covering the creation, maintenance and disposal of records. Existing records management systems should be reviewed to ensure that they are geared to meeting the needs of the business. Procedures should be established to support the policy, and training in the form of briefing sessions and workshops, should be introduced. Good patient care requires well functioning records systems, and records management should be given a much higher priority.



PRESENTED

At the Freedom of Information (FOI) Health Sector Network in Dublin on December 8th 2005 by Mr. Brendan Murphy.

FUNDING

Funding support was received from the Health Service Executive Mid-West Area for MSc Course done via Northumbria University.

This research has been submitted to Northumbria University as part of a Masters Dissertation.

RESEARCH ETHICS COMMITTEE MID-WESTERN AREA

In March 2006, the Tánaiste and Minister for Health and Children, acting in her capacity under the Regulations as the Ethics Committee Supervisory Body decided that the Research Ethics Committee HSE Mid-Western Area is to be recognised as an ethics committee under regulation 7 of the European Communities (Clinical Trials on Medicinal Products for Human Use) Regulations, 2004 (as amended).

In the discharge of its functions as an Ethics Committee, it is a condition of the recognition that the committee shall act for the whole state and in relation to clinical trials of all descriptions and classes.

HSE LIBRARIES ONLINE - WWW.HSELIBRARY.IE GOES LIVE!

- Do you need information for your clinical practice?
- Are you studying for further qualifications or engaged in a research project?
- Do you need help to find the right information?

HSE Libraries Online www.hselibrary.ie is the first national electronic library and information service to be set up in Ireland which is designed for healthcare staff working within the HSE.

The resource was launched on May 10, 2006 by Professor Brendan Drumm, Chief Executive of the Health Service Executive (HSE).

Professor Drumm also launched a second online resource for HSE staff - the Digital Archive of Irish healthcare information.

The launch took place in Dr Steeven's Hospital, Dublin. Dr Teresa Maguire, Head of Research at the Health Research Board, gave the keynote address.

HSE Libraries Online provides a gateway to an electronic library of health information and displays a real commitment to the provision of library services to HSE staff.

The website is the initiative of a group of HSE librarians who have been working conjointly for a number of years. The members of the HSE Regional Librarians' Group, having looked at best practice internationally, developed the website with the aim of providing comprehensive high quality knowledge content.

The two main aims of this website project are:

- To provide a single point of access to electronic journals and databases
- To access the Digital Archive of Irish healthcare information

Healthcare libraries in Ireland traditionally have been one of the principal sources of information for staff working in the health service. HSE Libraries Online is continuing this tradition by pooling the resources of its libraries to form a consortium to subscribe collectively to web-based information services.

The website was developed to provide high quality, value for money, co-ordinated library and information services for all HSE staff, thereby enhancing patient and consumer care.

Key information resources available on www.hse.library.ie include:-

- Fulltext electronic journals
- Databases of journal articles
- Irish Health Publications Archive
- A Directory of HSE Libraries

HSE Libraries Online provides 24/7 access from work or home and also acts as a contact point for a Digital Archive of Irish Health Information which may be accessed from any computer with Internet access.



The Irish Health Publications digital archive is a collection of Irish Health publications including former area boards, Department of Health & Children and current HSE publications. The documents are all available in PDF format.

The benefits of the Digital Archive include:

- Improved access to electronic documents
- Preservation of older material
- Preserving knowledge for future generations
- Provides a structure for electronic documents held on both Internet and Intranet sites
- Expansion of awareness of material held electronically

Access to the majority of these resources is free for all e-Library users. However, many of the electronic journals and some of the electronic databases require an ATHENS password, which is available to all staff and students working or training with Health Service Executive.

HSE staff should register online at **www.hselibrary.ie** or at your local HSE library for an Athens password.

It is envisaged that the range of resources available will be extended and developed over the coming months and years to provide comprehensive subject coverage to reflect the commitment of the HSE to supply high quality, evidence-based information to all staff at the point of care.

This in turn will facilitate all staff groups - medicine, nursing and the allied health professions, management and ancillary staff to:

- Gain ready access to their professional knowledge base
- Provide them with the best available evidence to inform their practice
- Sustain their continuing professional development
- Provide a vital support for their research activity

Feedback from users of the website has been most positive to date, demonstrating the need for accessing up to date information from one single point of access.

For more information log on to **www.hselibrary.ie** or contact your local HSE Library.

Launch of HSE Libraries Online by Professor Brendan Drumm on May 10th, 2006.



Professor Brendan Drumm being presented with his personal Athens access details for HSE Libraries Online by Anthony Linnane, Chairperson HSE Regional Librarians Group.



Professor Brendan Drumm with l to r Anthony Linnane, Chairperson HSE Regional Librarians Group and Bennery Rickard, Regional Librarian, HSE-Shared Services Eastern Region.



Events

SYLVESTER O'HALLORAN SURGICAL SCIENTIFIC MEETING 2006

The Sylvester O'Halloran meeting is held annually on the first weekend in March at the University of Limerick. The meeting is named after Sylvester O'Halloran, who was a renowned Limerick surgeon of the 18th century. He and others founded the Limerick County Infirmary in the 1760s and he was influential in establishing the Royal College of Surgeons in Ireland in 1784. Mr. Peter Delaney started the Sylvester O'Halloran Meeting in 1992. The meeting runs over two days and includes four sessions of oral presentations (surgical science, prize session, surgery and surgical practice), poster presentations and two eponymous lectures (The Sylvester O'Halloran Lecture and the Sir Thomas Myles Lecture). A prize of €3000 is awarded for the best oral presentation (O'Halloran Prize) and a prize of €1000 for the best poster.

This meeting is open to anyone who wishes to present original work on a scientific or surgical topic. The closing date for receipt of applications is the second Friday of December of the preceding year. Submission of abstracts is through the NIHS website (www.nihs.ie) only. Further information regarding the meeting can also be had via the website.

The 2006 Sylvester O'Halloran Meeting took place on the 3rd and 4th of March at the University of Limerick.

The **O'Halloran Prize** was won by **Dr. J.P. Burke, Mater Hospital, Dublin.**

The **Poster Prize** was won by **Mr. Fergal Fleming, SpR., Mid-Western Regional Hospital, Limerick.**

The XIVth Sylvester O'Halloran Lecture was delivered by Professor Matthias Rothmund, Marburg Medical Centre, Germany; Title: "Patient Safety in Surgery" and the meeting closed this year with Professor Pierce Grace's Valedictory Address to the Surgical Section of The Royal Academy of Medicine in Ireland as he stands down as it's President; Title: "Houses of Care, the Story of Hospitals in Ireland".

IRISH ASSOCIATION OF INTERNAL MEDICINE:

SPRING MEETING 2006 CASTLETROY PARK HOTEL LIMERICK APRIL 7TH AND 8TH, 2006

The Irish Association of Internal Medicine (IAIM) in conjunction with the Irish Committee of Higher Medical Training (General Internal Medicine Section) announced that there will be an exit examination in General Internal Medicine (GIM) for Specialist registrars doing dual training in a specialty and GIM. Dr Tom Peirce National Specialty Director in GIM stated that in future there may also be a requirement for consultant specialist trainers to take the examination. The examination will be run by the European Board of Internal Medicine and the American Boards and aims to set minimum standards across Europe.

The Lemass Medal for original scientific research was won by Dr Margaret O' Connor, Specialist Registrar, Mid-Western Regional Hospital and University of Limerick for a presentation on Gait Analysis in Orthostatic Hypotension.

A Forum on the European Working Time Directive debated the problems of maintaining professionalism in an era of shift work based on experiences from Canada (Dr Clinch), New Zealand (Dr O'Regan) and Dr. Chadwick (Royal College of Physicians).

Updates on managing bleeding in the era of antiplatelet agents, new heparins and thrombolytics were presented by Dr Leahy, on interventional radiology by Dr O'Brien on palliative care for non malignant illness by Dr Conroy and on women, pregnancy and epilepsy by Dr Moore. Dr James O'Hare (President of IAIM) reviewed the history of Myth and Symbol in the medical profession.

Dr Colm Quigley (vice president of the Medical Council of Ireland) addressed competence assurance which will be in future be based on clinical performance and anticipates that the forthcoming Medical Practitioners



Act should close of some anomalies that currently handicap the profession from self-governance. A forum on the re-emergence of general internal – acute medicine concluded with a presentation by Dr Mary Hynes HSE Hospitals office which anticipates that general medicine will continued to be managed both by sub- specialists and perhaps by dedicated GIM specialists as suggested in the Comhairle report. Dr Kellett (European Board of Internal medicine) strongly advocated the American model of Hospitalist the most rapidly expanding disciple in American hospital care. IAIM strongly supports training in General Acute Medicine which has specific competencies, a trend already developed by the Royal College of Physicians in the UK.



Dr James O' Hare, President of the Irish Association of Internal Medicine presenting the Lemass Medal for original scientific observations to Dr Margaret O'Connor, Specialist Registrar in Medicine/Geriatrics for her Research on Orthostatic Hypotension carried out in collaboration with the University of Limerick and the Department of Medicine/Geriatrics at the Mid-Western Regional Hospital, Dooradoyle, Limerick.

ATTENTION PHYSICAL EDUCATION TEACHERS AND RESEARCHERS INTERESTED IN "RESEARCHING PHYSICAL EDUCATION, PHYSICAL ACTIVITY AND SPORT PARTICIPATION IN THE IRISH CONTEXT"

A Research Forum

The 1st Research Forum on Physical Education, Physical Activity, and Sport will take place on the campus of the University of Limerick from 15th -16th June, 2006. This research forum promises to be the first gathering of teachers, policy makers, and researchers with interests in research questions around young people's involvement in sport, physical education, and physical activity.

This forum will discuss opportunities and challenges in researching physical education, recreation, and sport experiences for children, youth, and adults in an Irish context. The forum is intended to provide a structure whereby those conducting research will have an opportunity to seek input on research design and instrumentation, share research questions and findings of research projects, and create a network of colleagues for potential future collaboration on research projects.

There will be three aspects of the forum to cater to interests of the participants, a number of whom we hope will be practicing teachers interested in research as well as faculty and postgraduates at third level institutions currently pursuing research in these areas. One strand of the forum will be **two formal presentations**. A second strand will include a series of **applied physical education workshops**. The third and central strand of the forum will be the **sharing of research projects** by Irish researchers/teachers.

Formal Presentations

- Safe Practices for Engagement in PE/PA and Sporting Contexts
- ESRI Report on School Children and Sport in Ireland



Applied Physical Education Workshops

Applied physical education workshops must be related to some practical aspect of the primary or post primary physical education curricula.

Research Sessions

There will be an opportunity to attend three kinds of research sessions allowing participants to hear about or share research ideas on projects currently underway in the Irish context;

Poster Sessions

Researchers will share their research in poster format and time will be allocated for participants to speak individually with researchers about their research project.

Round Table Discussions

This will be most appropriate for researchers who wish to share research in progress and to gather ideas in the discussion about how to best proceed with their research project (sample, instrumentation, design, interpretation of findings, next steps, etc.)

Short Research Presentations

This type of presentation will be most appropriate to those who have completed a research project and wish to share key results with a wider audience (master's thesis, research project, undergraduate research, postgraduate or postdoctoral research).

The research projects may address a question from one of several categories:

- Curricular Innovations in Teaching
- Policy Studies in Sport, Physical Education, and Physical Activity
- Physical Activity Engagement of Children and Youth
- Coaching and Coach Education
- Athlete Engagement, Development, and Motivation
- Initial Teacher Education and Mentoring
- Professional Development
- Methodologies in Researching Physical Education, Physical Activity & Sport

Important Dates

- **30 April 2006 Deadline for Abstracts**
- **15 May 2006 Notice of Acceptance**
- **1-15 June 2006 Registration**
- **15-16 June 2006 Forum at University of Limerick**

For further information please contact:

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Forum Director
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Fax: 061 202814

Email: Deborah.Tannehill@ul.ie

Education, Training and Continuing Professional Development

FACIAL PLASTIC COURSE

A recent Facial Plastic Surgery course was held in the Health and Science Building at the University of Limerick. This was run by the E.N.T./Head and Neck Department. Two distinguished colleagues Mr. Andrew Maguire from Dublin and Mr. Martin Donnelly from Waterford helped the local faculty – Mr. Manning, Prof. Fenton, Mr. Hughes and Mr. Ahmed to run the course. Ten doctors from the E.N.T./Head & Neck Higher Surgical Training Scheme participated. The course was confined to the theory and practical methods of reconstruction of facial skin defects associated with the removal of malignant skin lesions.

Facial Plastic Surgery is now an integral part of the intercollegiate examination. This is the exit exam taken by Specialist Registrars before they are eligible to apply for Consultant posts. This was an inaugural course which went (aside from a few teething mishaps) very well. It is intended to make this an annual course taking place at the same time as the Sylvester O'Halloran meeting. We would like to thank Ms. Susan O'Reilly, Ms. Jackie Kennedy and Mr. Aidan Hickey for their invaluable help in organising this course in the excellent laboratory facilities available in the Health Science Building.



Left to Right: Mr. Andy Maguire, Mr. Kevin Manning, Mr. Martin Donnelly, Professor John Fenton, Mr. Joseph Hughes who delivered the recent Facial Plastic Course in the University of Limerick.

A PROPOSED ACTION RESEARCH EVALUATION PROJECT OF A PILOT OF THE RCN-CLINICAL LEADERSHIP PROGRAMME.

"GOOD CLINICAL LEADERS PROVIDE GOOD PATIENT CARE"

NURSING AND MIDWIFERY PLANNING AND DEVELOPMENT UNIT, HSE WEST, LIMERICK, CLARE AND NORTH TIPPERARY

BACKGROUND TO PROJECT

- Part funding has been received from the *National Council for the Professional Development of Nursing and Midwifery* to run this project to enhance the development of Clinical Nurse/Midwife Leaders HSE-West (Limerick, Clare and North Tipperary).
- This clinical leadership programme will be facilitated by a project officer and there will be 24 places for Clinical Nurse/Midwife Manager 2 on the programme.
- The 12 month Clinical Leadership programme will commence in March 2007.



AIM OF THE PROGRAMME/PROJECT

The aim of the programme is to assist healthcare practitioners and their teams to develop patient centred and evidence based leadership strategies within the context of their day to day practice, their organisational climate and the policy agenda.

CONTENT OF THE PROGRAMME/PROJECT

- The RCN Clinical Leadership Programme is a 12-month programme of learning which aims to develop transformational leadership behaviours in its participants.
- The programme focuses on self development of the participant, closely linked with patient/client involvement and quality improvement.
- The programme focuses on:
 - personal development through one-to-one supervision,
 - action learning
 - mentoring
 - patient stories
 - observations of care

Further information in relation to the programme is available by contacting Cora Lunn (Assistant Project Manager NMPDU) at 061 464017.

ESTABLISHMENT OF THE IRISH CENTRE FOR SOCIAL GERONTOLOGY

The Irish Centre for Social Gerontology (ICSG) is a multidisciplinary research centre at NUI, Galway established jointly by the University and through a generous donation from Atlantic Philanthropies. The Centre represents a unique initiative for Ireland, intended to contribute to the elaboration and implementation of public policies on ageing and influence the direction and priorities for scientific gerontology in the decades to come in the country.

The aim of the Irish Centre for Social Gerontology is to develop and promote research on social ageing in Ireland, in collaboration with stakeholders, with a view to promoting a holistic and positive view of ageing, emphasising participation and empowerment for older people at all levels of society. It will offer research expertise and support to public, private and voluntary agencies involved in the formulation and implementation of public policy for older people at all levels.

The Centre seeks to expand and further develop existing research links at NUI, Galway among the fields of economics, social policy, public health, psychology, nursing and medicine. The Centre will also provide the appropriate leadership and support for multi-disciplinary teams engaged in research in the broad field of social gerontology in Ireland and abroad.



THE ICSG TEAM

Professor Eamon O'Shea is Director of the Centre at NUI, Galway. His academic work has been published in journals such as the *Journal of Health Economics*, *Applied Economics*, *Social Science and Medicine*, *Health Policy*, *Age and Ageing*, *Ageing and Society* and the *International Journal of Geriatric Psychiatry*.

Professor O'Shea has worked as a consultant for the European Commission and the Council of Europe in the field of ageing research. He has also published a number of research reports and policy documents in the field of ageing and related studies in Ireland, particularly for the National Council on Ageing and Older People. His book *Policy and Practice for Dementia Care in Ireland* was published in 2004. He recently chaired the National Economic and Social Forum project team on care of the elderly which reported in December 2005.

Ms Christine De Largy – Development Officer

Ms Brenda Gannon – Research Fellow

Ms Áine Ní Léime – Research Co-Coordinator

Dr Kieran Walsh – Research Officer

RESEARCH ACTIVITIES

The establishment of this integrated unit, with its interdisciplinary research teams, will enhance the potential and scope of ageing research in the country, thereby making an important contribution to the formulation, implementation and evaluation of public policy for older people. The Centre will make a significant contribution to ageing research in Ireland and provide important support for the development of better information on ageing issues leading to more informed policy-making for older people in the country.

The Centre will pursue research on quality of life and well-being for older people in Ireland that goes beyond health outcomes and emphasises community-based social dimensions of ageing.

Diploma in Social Gerontology

The ICSG will be offering a Diploma in Social Gerontology commencing in September 2006, which will cover a broad range of economic, social and political theories relating to age and ageing. The objective of the programme is to examine the impact of social, socio-economic and socio-cultural conditions on the process of ageing and to explore the broad social and economic consequences of this process for older people and society.

Intended for

The programme is of interest to health and social care professionals who work with older people, including those working in government, non-government and voluntary organisations. It is also of interest to people in active retirement groups and to older volunteers and caters for anybody who wishes to study issues related to older people for their own interest and enjoyment.

**Programme content** Year 1

- Introduction to Social Gerontology
- Economics of Ageing
- Social Perspectives on Ageing

Programme content Year 2

- Rural Gerontology
- Public Policy for Dependent Older People
- Research Skills and Research Paper

Enquiries- Programme Content

Ms Áine Ní Léime / Ms Christine De Largy
Irish Centre for Social Gerontology
NUI Galway

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christine.delargy@nuigalway.ie



Call for Abstracts

Call for Abstracts for Next Issue of the NIHS Research Bulletin

Subject area: please tick the appropriate box

Surgical	<input type="checkbox"/>	Personal & Social Services	<input type="checkbox"/>
Clinical Services	<input type="checkbox"/>	Nursing and Midwifery	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	Research in Progress	<input type="checkbox"/>
Health Services Management	<input type="checkbox"/>	Other *	<input type="checkbox"/>

* If 'Other', please specify _____

Is the research Completed? ☐ Ongoing? ☐ Date Started _____ Date Completed _____

Title of Research _____

Author(s) _____

Your abstract should reflect the following suggested headings:

Introduction, Rationale, Methodology, Results, Conclusion(s)

Has this research led to further research activity? If yes, please give details _____

Has this abstract been previously published? Yes ☐ No ☐ (please tick one box)

If "Yes", please state where and when: _____

Has this abstract been presented at Conferences or Seminars? Yes ☐ No ☐ (please tick one box)

If "Yes", please state when, where and by whom (please provide title Mr, Ms, Dr. etc.): _____

Please indicate any funding the research has received which you would like to have acknowledged.

Your contact details (including e-mail if possible). Name: _____

Postal address: _____

Tel: _____ E-mail: _____

Please e-mail your abstract and this completed form to: ckennedy@nihs.ie

For Further information please contact:

Catherine Kennedy, Information Scientist, National Institute of Health Sciences, Health Service Executive, Mid-Western Area, St. Camillus' Hospital, Shelbourne Road, Limerick t. 061-483975 f. 061-326670

We particularly welcome submissions on the online version of this form which may be accessed in the Research Bulletin Section of our website at www.nihs.ie

Alternatively, please e-mail your abstract and this completed form to **ckennedy@nihs.ie**





Guidelines for Previously Unpublished Material

PLEASE USE THESE GUIDELINES TO WHEN PREPARING ABSTRACT FOR SUBMISSION TO THE NIHS

The abstract should be structured as follows:

- **Title**
- **Author(s)**
- **Work Location of each author when involved in doing this research**
Specify Department, Institution, Town/City

Abstract

Abstracts should be structured to include as many of the following parts as appropriate:

- **Introduction**
Providing the background for the study, this section should be informative and brief
- **Rationale**
Defining why the study was conducted
- **Methodology**
Indicate the context, number and type of subjects or materials being studied, the principal procedures, tests or treatments performed
- **Results**
Confirming or refuting the hypothesis, supported by statistics if appropriate
- **Conclusions**
Stating the major new findings of the study and specifying what these findings add to what is known already
- **Presented** (if appropriate)
Listing meeting name, location, date(s), name and title of speaker
- **Funding** (if appropriate)
Indicating any sources of funding/sponsorship received which author(s) wish to have acknowledged

ABSTRACT FORMAT

1. All text should be typed in 12 point font size Times New Roman.
2. The abstract should be typed single-spaced with one line of space between paragraphs and under headings.
3. Paragraphs or headings should not be indented.
4. Type the title in **bold-face**.
5. List all authors (last name, first name initial) under Title, indicating main author by superscript ¹ placed after the first name initial, the second author by superscript ² etc.
6. In the Location Section, list the place where each author was based when they carried out the research. Place superscript ¹ after the location of the main author and number other locations according to the order of the authors in the previous list.
7. Keep the body of the Abstract to an overall word limit of 600 words.
8. Use the following headings to structure your abstract: Introduction, Rationale, Methodology, Results, Conclusions, Presented*, Funding* (if appropriate)



9. Figures and Tables may be included. They should be labelled Table 1-/ Figure 1 and provided with a title which should be inserted above the graphic.
10. In the text of the abstract use standard abbreviations and symbols and define each abbreviation when it is used for the first time.
11. References may be included at the end of the abstract using the Vancouver Style. It is **essential** that all references are numbered in the text with superscript and listed at the end in the following format:

Author's surname, Author's initial(s). Title of Article. Title of Journal. Year of Publication; Volume Number (Issue Number): Page Numbers of Article.

For Example:

Withrow R, Roberts L. The videodisc: Putting education on a silver platter. Electron Learn 1987;1(5):43-4.

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1. Online Submission via **www.nihs.ie**
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For any queries you may have with regard to responding to the Call for Abstracts, please contact

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Abstract Submission Guidelines for Previously Published Material

PLEASE USE THESE GUIDELINES WHEN PREPARING ABSTRACT FOR SUBMISSION TO NIHS

The piece of research should have been published in the 6-8 month period prior to December or June for inclusion in this section of the National Institute of Health Sciences Research Bulletin.

Please structure the abstract using the following subheadings:

- **Title**
- **Author(s)**
- **Work Location of each author when involved in doing this research**
Specify Department, Institution, Town/City
- **Abstract**
A summary of the piece of research providing brief descriptions of the background, rationale, methodology, results and conclusion. This can all be included in one segment of text without the use of any subheadings.
- **Source of the Abstract**
Full Details of the name of publication, volume, issues, year, page range
- **Keywords**
Main terms covered by the research
- **Presented (if appropriate)**
Listing meeting name, location, date, name and title of speaker
- **Funding (if desired)**
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