15th September 2021

"Putting together a research proposal and the practical application in Occupational Therapy practice: case study of the Post COVID-19 Functional Assessment tool"

Tori Wolfendale
Lead Occupational Therapist, Mersey Care NHS Foundation Trust
Tori.Wolfendale@merseycare.nhs.uk

Dr Karen Morris
Associate Professor (occupational therapy & occupational science), University of Cumbria
Karen.morris@cumbria.ac.uk

University of Cumbria

NHS
Mersey Care
NHS Foundation Trust
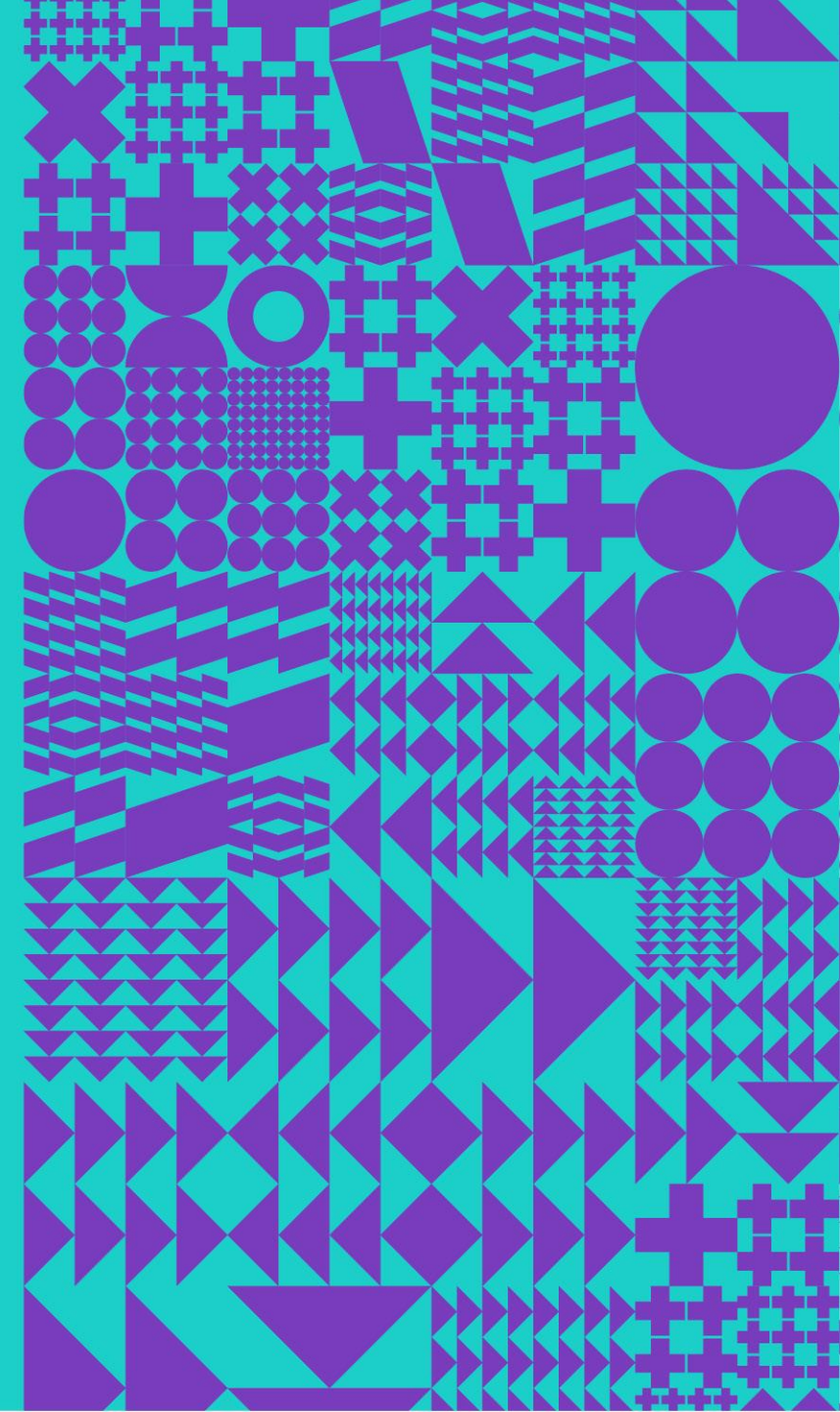
Session outline

1. Introduce ourselves
2. Help you increase understanding of key skills and stages of designing a research proposal
3. Are there rules?
4. Sharing our experiences through an example
5. Who can help
6. Collaboration is key
7. Questions
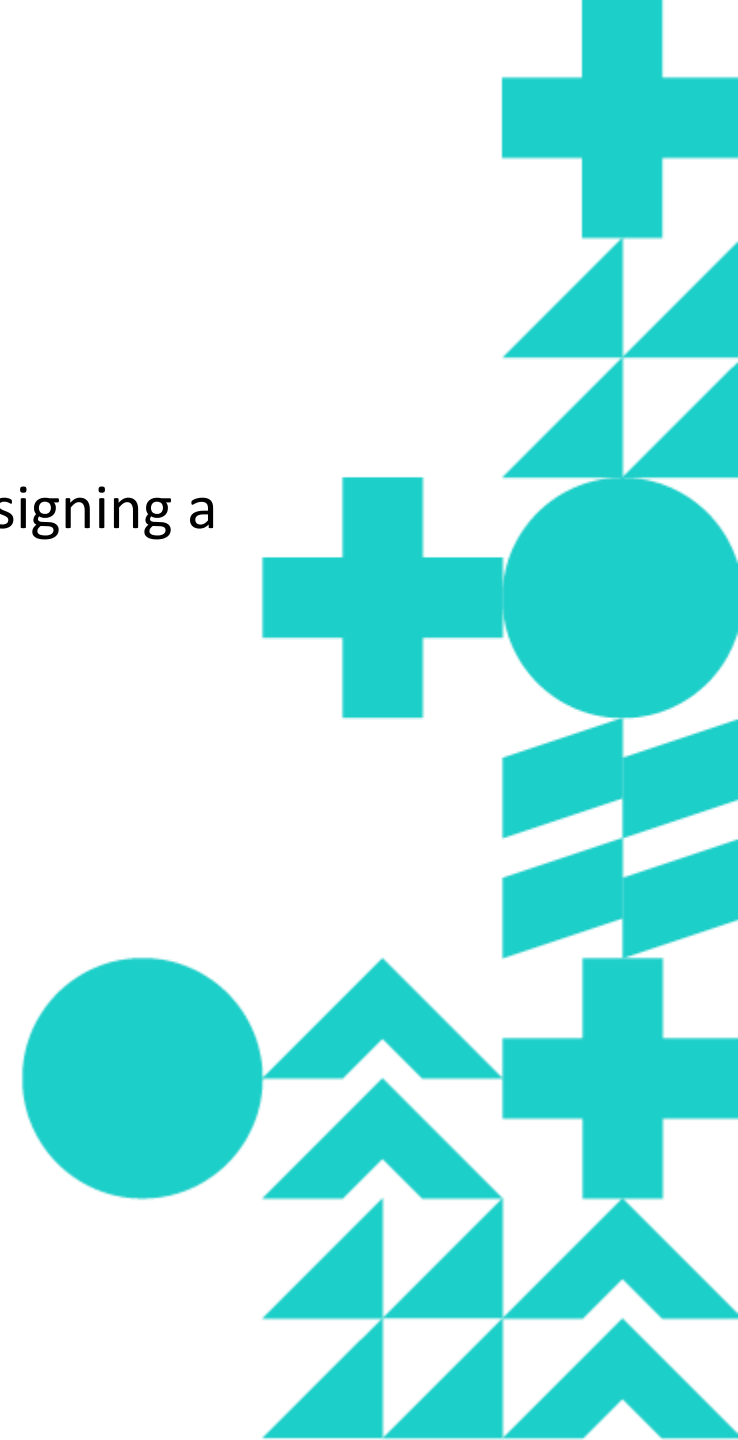
Who are we?

Occupational therapists – secure mental health

Researchers – audit, qualitative methods, case studies

Key skills

Thinking

Reading theory & evidence

Breaking things down

Analyzing

Interpreting

Planning

Reporting
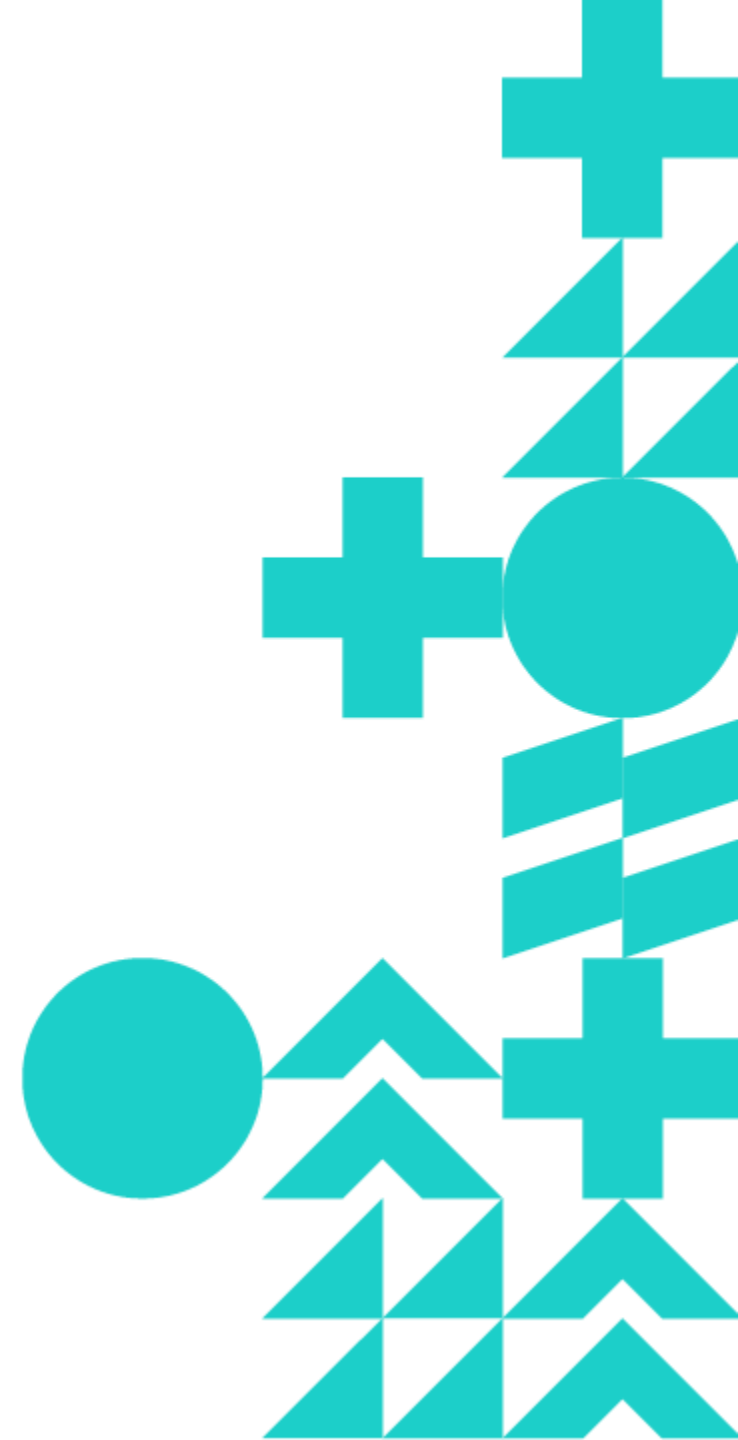
OT process or research process?

Types of 'research' & different rules

Designing a proposal

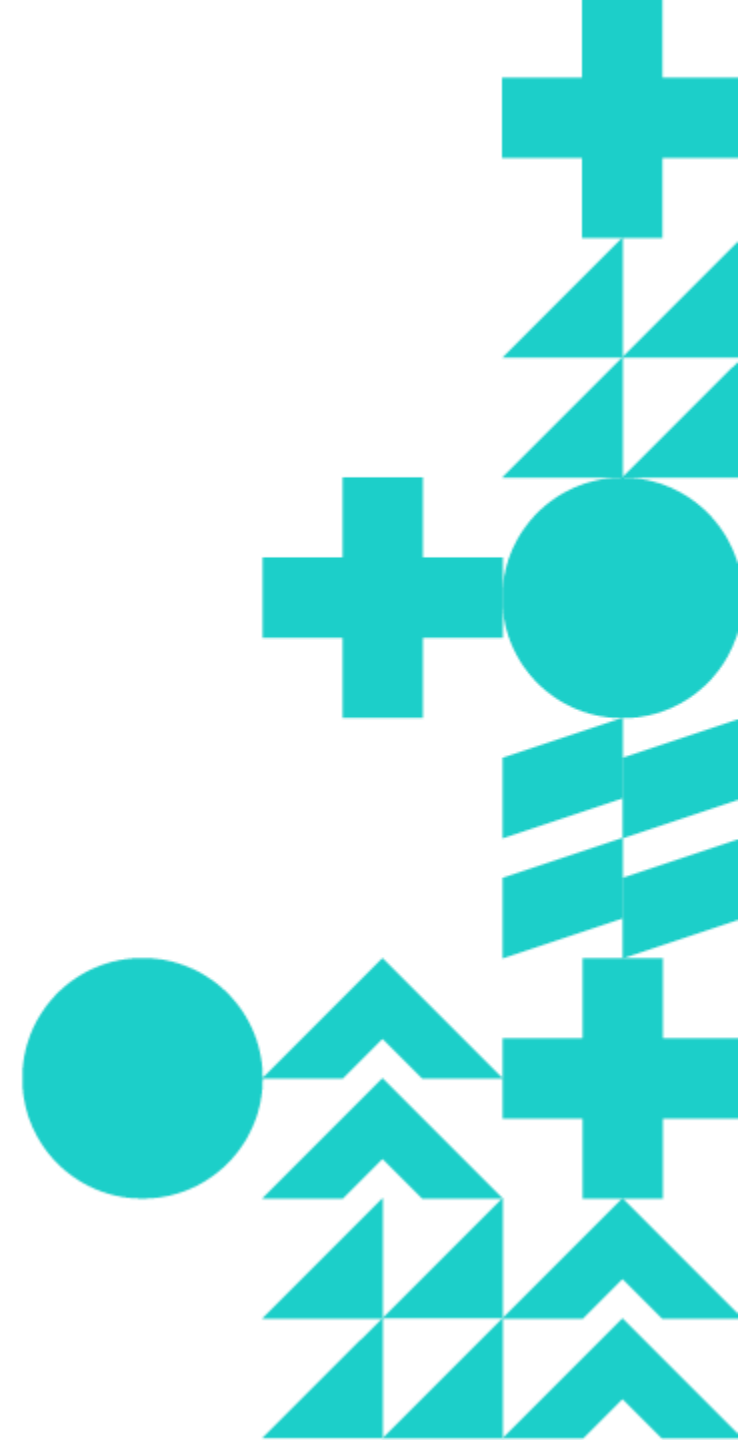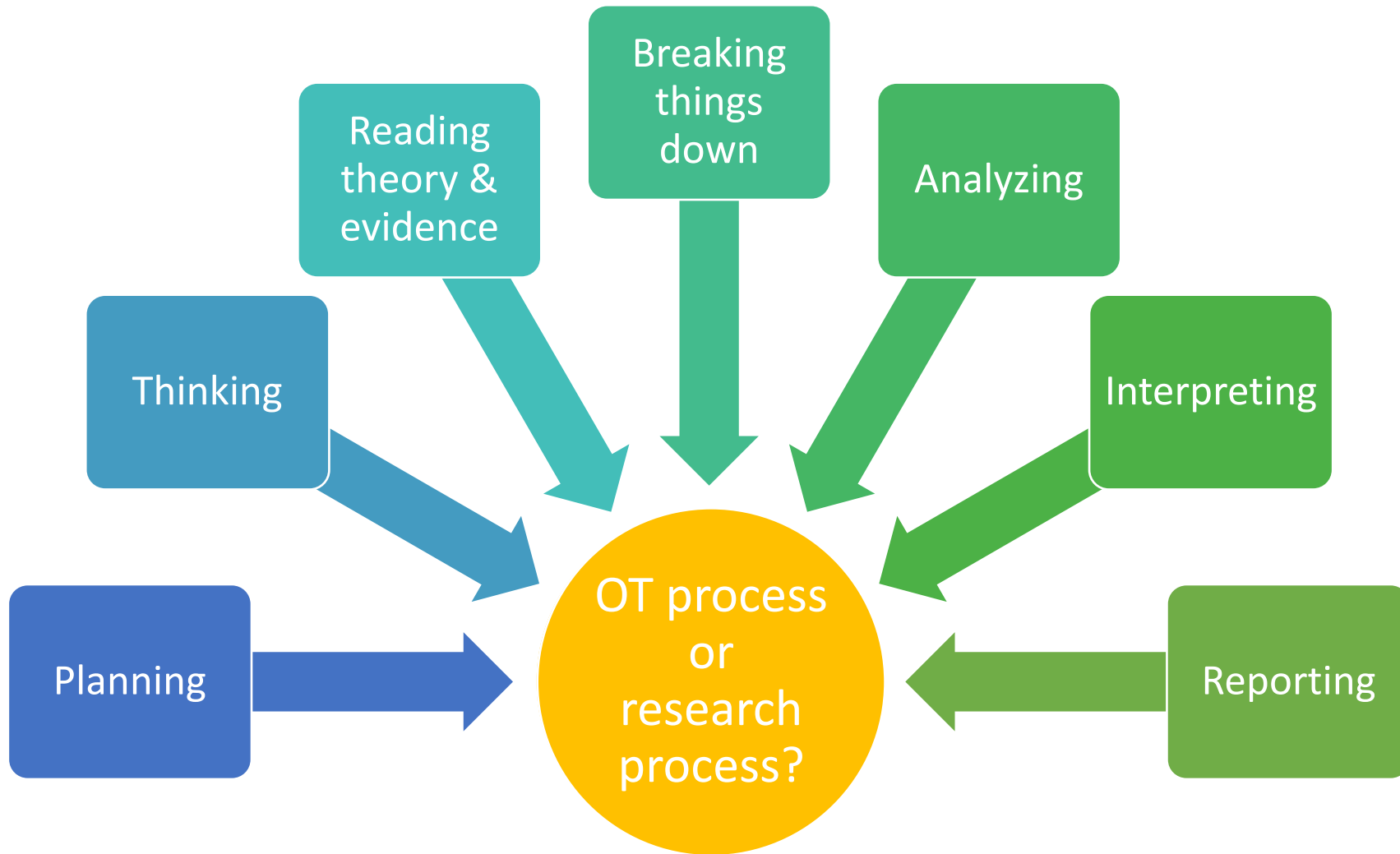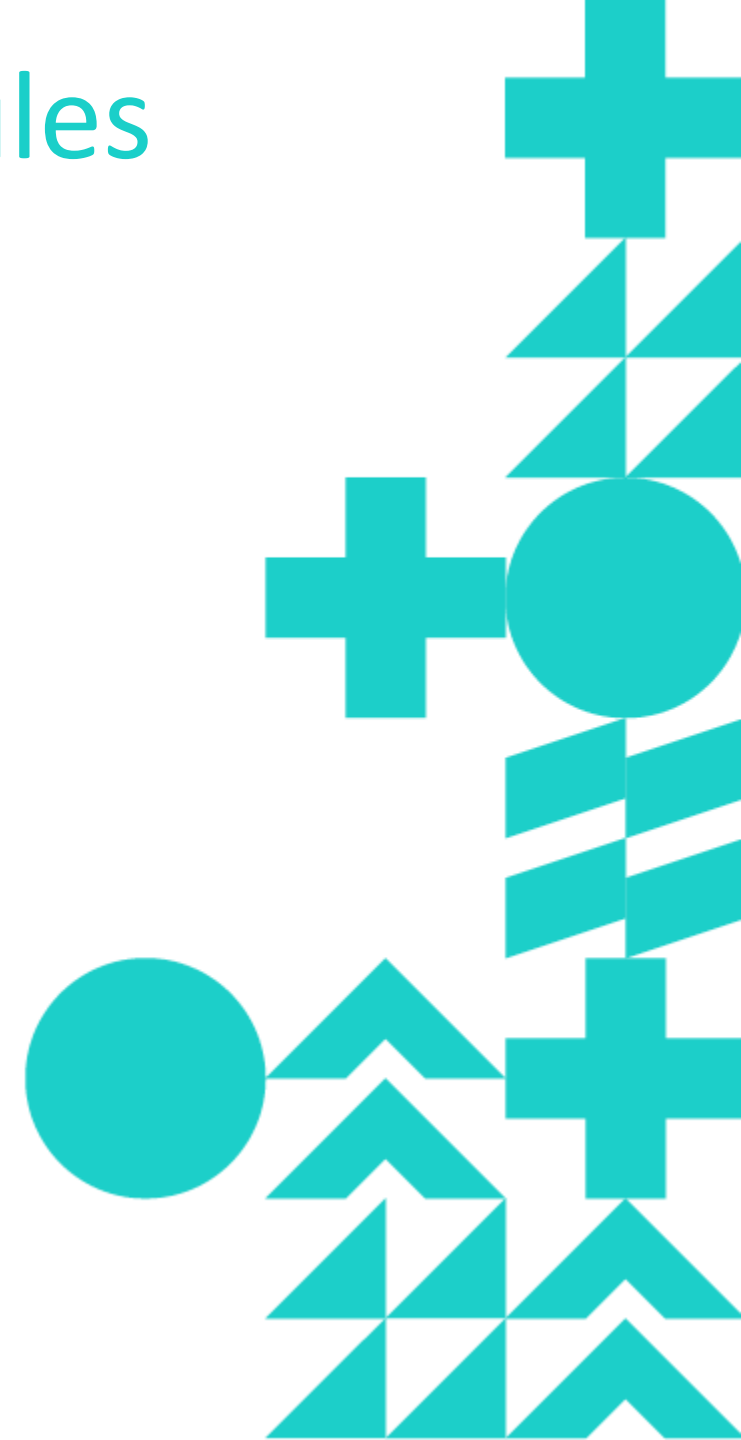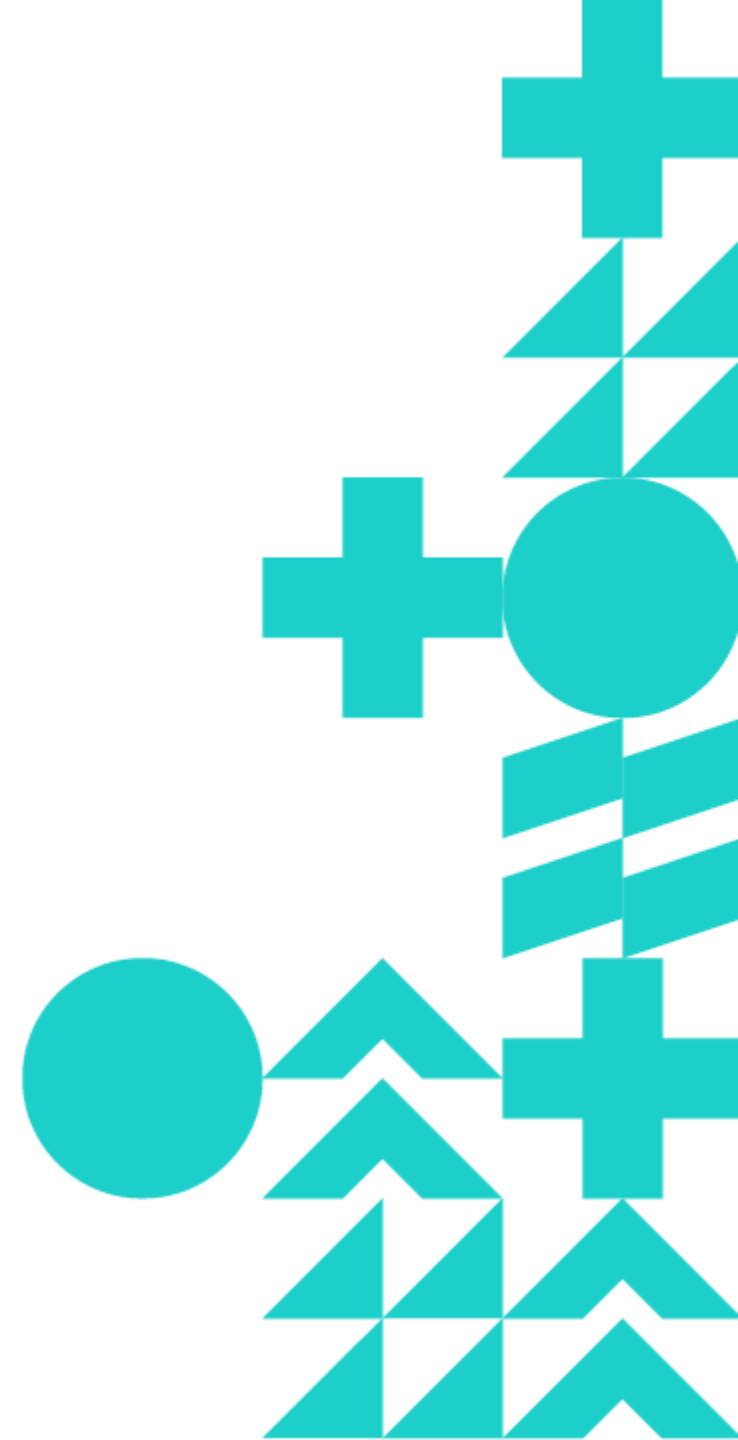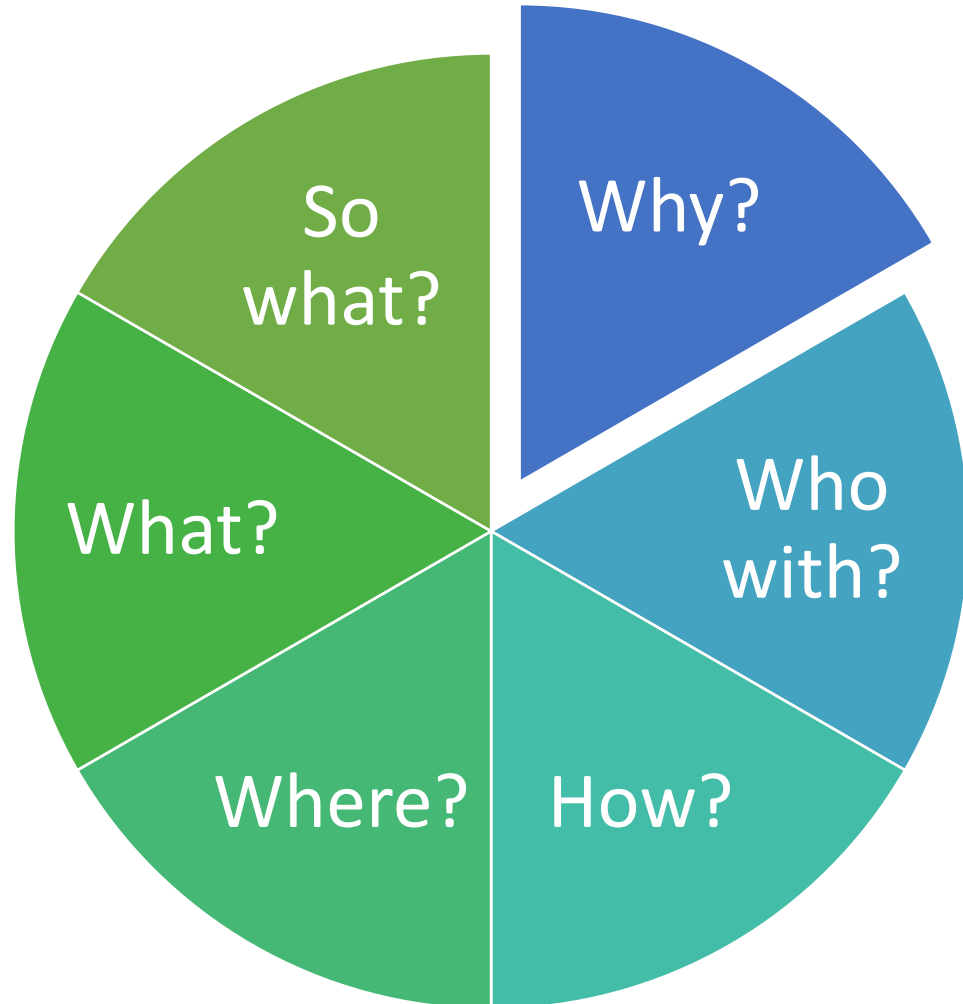| RESEARCH	SERVICE EVALUATION	CLINICAL/ NON-FINANCIAL AUDIT	USUAL PRACTICE (in public health including health protection)
The attempt to derive generalisable or transferable new knowledge to answer questions with scientifically sound methods* including studies that aim to generate hypotheses as well as studies that aim to test them, in addition to simply descriptive studies.	Designed and conducted solely to define or judge current care.	Designed and conducted to produce information to inform delivery of best care.	Designed to investigate the health issues in a population in order to improve population health. Designed to investigate an outbreak or incident to help in disease control and prevention
Quantitative research – can be designed to test a hypothesis as in a randomised controlled trial or can simply be descriptive as in a postal survey. Qualitative research – can be used to generate a hypothesis, usually identifies/explores themes.	Designed to answer: "What standard does this service achieve?"	Designed to answer: "Does this service reach a predetermined standard?"	Designed to answer: "What are the health issues in this population and how do we address them?" Designed to answer: "What is the cause of this outbreak or incident and how do we manage it?"
Quantitative research - addresses clearly defined questions, aims and objectives. Qualitative research – usually has clear aims and objectives but may not establish the exact questions to be asked until research is underway.	Measures current service without reference to a standard.	Measures against a standard.	Systematic, quantitative or qualitative methods may be used.
Quantitative research – may involve evaluating or comparing interventions, particularly new ones. However, some quantitative research such as descriptive surveys, do not involve interventions. Qualitative research – seeks to understand better the perceptions and reasoning of people.	Involves an intervention in use only. The choice of treatment, care or services is that of the care professional and patient/service user according to guidance, professional standards and/or patient/ service user preference.	Involves an intervention in use only. The choice of treatment, care or services is that of the care professional and patient/service user according to guidance, professional standards and/or patient/service user preference.	Involves an intervention in use only. Any choice of intervention, treatment, care or services is based on best public health evidence or professional consensus.
Usually involves collecting data that are additional to those for routine care but may include data collected routinely. May involve treatments, samples or investigations additional to routine care. May involve data collected from interviews, focus groups and/or observation.	Usually involves analysis of existing data but may also include administration of interview(s) or questionnaire(s).	Usually involves analysis of existing data but may include administration of simple interview or questionnaire.	May involve analysis of existing routine data supplied under license/agreement or administration of interview or questionnaire to those in the population of interest. May also require evidence review.
Quantitative research – study design may involve allocating patients/service users/healthy volunteers to an intervention. Qualitative research – does not usually involve allocating participants to an intervention.	No allocation to intervention: the care professional and patient/ service user have chosen intervention before service evaluation.	No allocation to intervention: the care professional and patient/service user have chosen intervention before audit.	No allocation to intervention.
May involve randomisation.	No randomisation.	No randomisation.	May involve randomisation but not for treatment/ care/ intervention.
Normally requires REC review but not always. Refer to http://hra-decisiontools.org.uk/ethics/ for more information.	Does not require REC review.	Does not require REC review.	Does not require REC review.
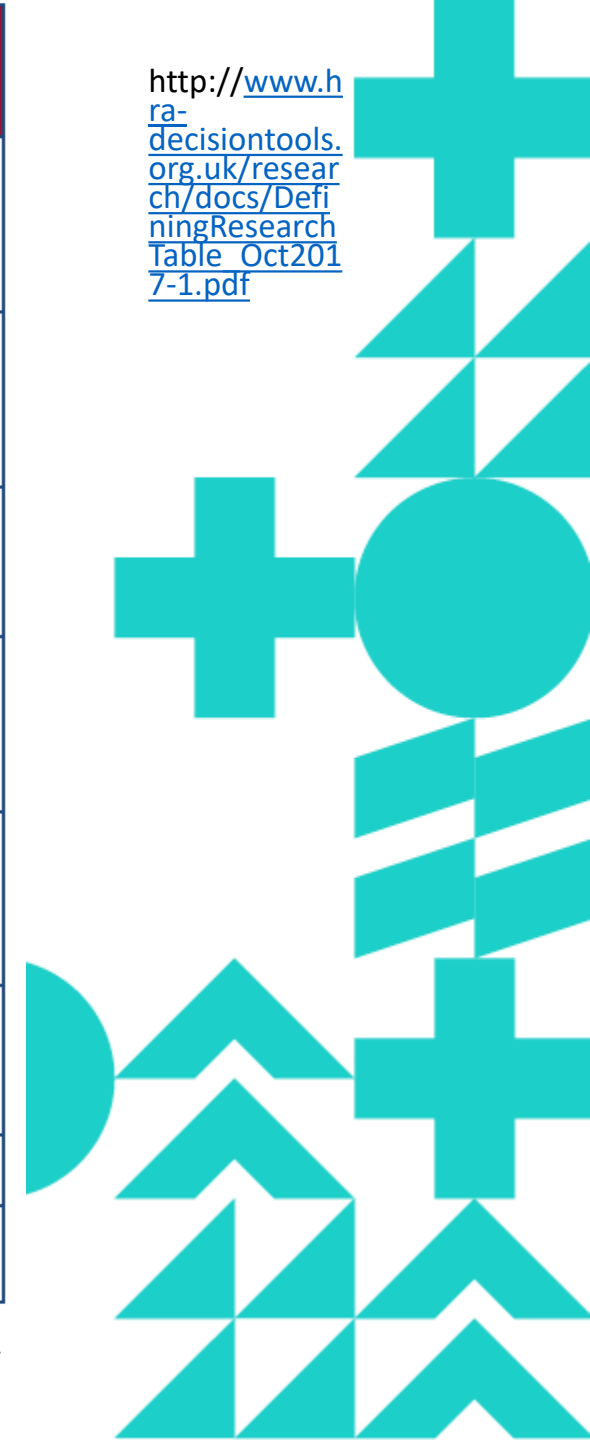
Stages

- Identify your topic
- Narrow down to identify the specific issue to be investigated
- Think about who you need to collaborate with
- Think about who can help you
- Develop a clear research question
- Identify the best way of answering the question
- Identify research objectives so you can evaluate your study
- Choose your tools & sample
- Plan how you want to analyse your findings
- Get the permissions
- Plan you timescale
- Write your proposal

ETHICS
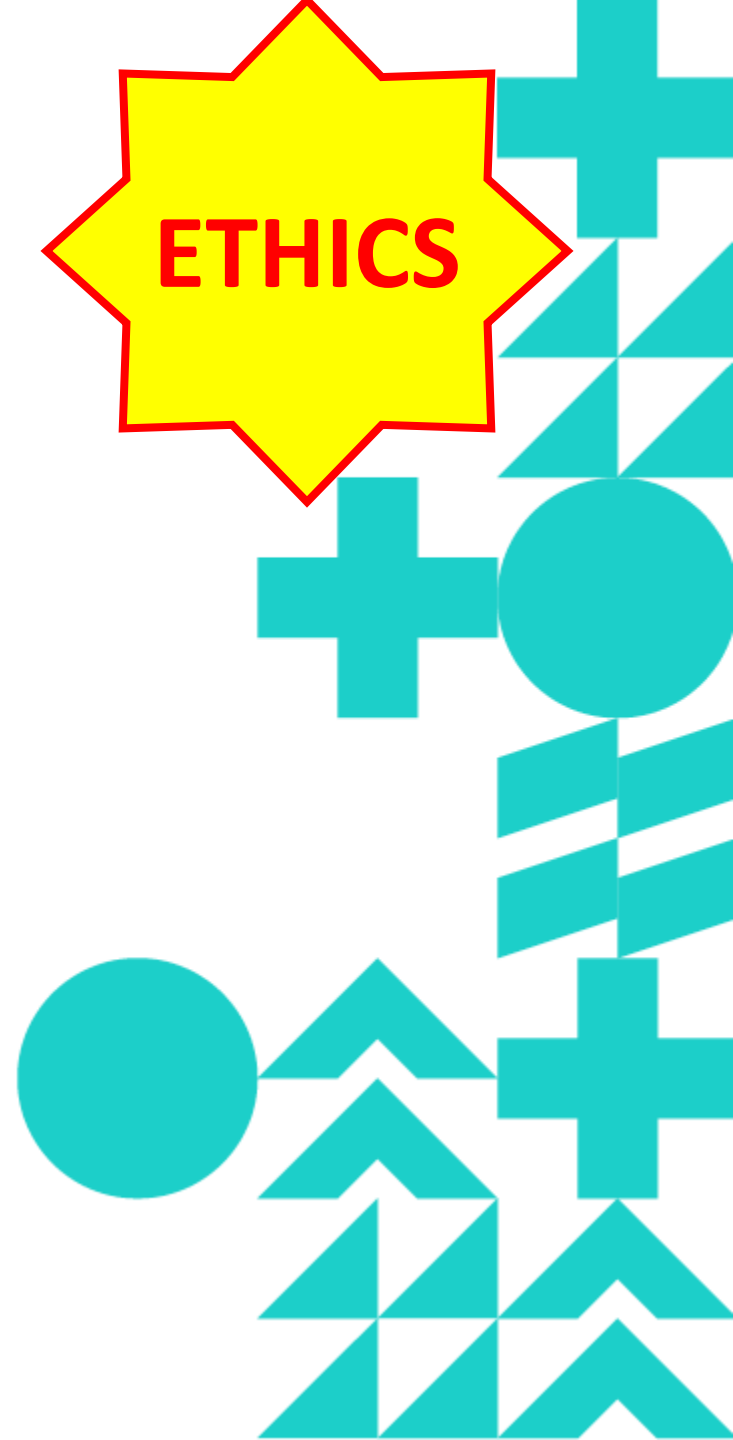
Simple done well is best…

Introduction

Background & Literature Review

Project Proposal

1. A rationale for and justification of the chosen methodology

2. A rationale for and justification of the chosen method, and explanation of how it will be implemented, including:

      a. sample (where you will be getting your data)

      b. search process

      d. data collection method and procedure

      e. data analysis method and procedure

4. Consideration of research governance

5. Consideration of issues relating to rigour and bias

References:

Appendices:

Relevant materials to support your proposal, for example draft ethics application documents, sample questions

ETHICS

PICO

Eg
https://csulb.libguides.com/nursing/pico
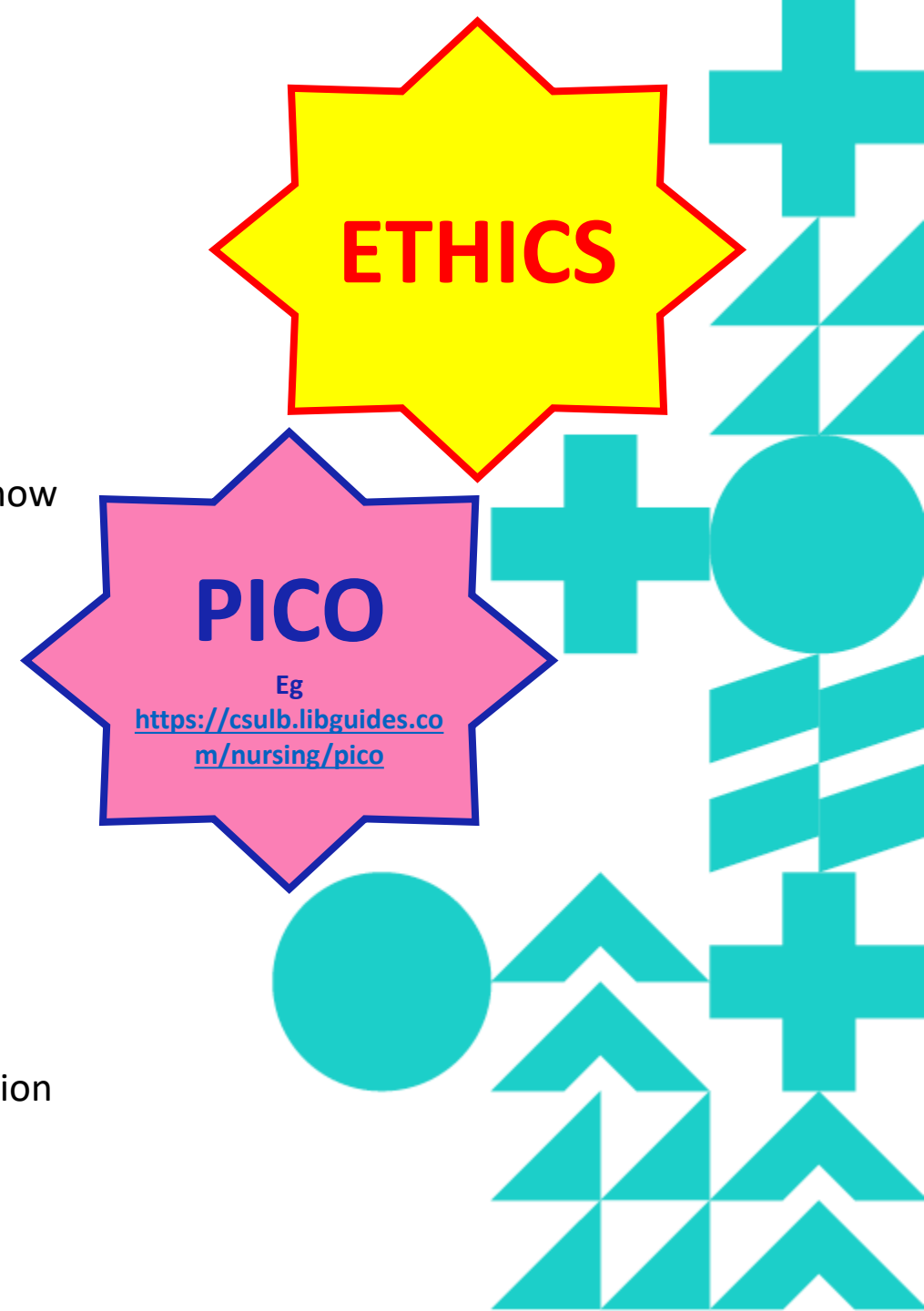
Post COVID-19 Functional Assessment tool

Aims:
- To evaluate, treat and monitor likely changes in the physical and mental health needs of the patient population within a Secure and Specialist Learning Disability Service, a team of Occupational Therapists at Mersey Care developed an innovative, evidence-based assessment tool to detect changes in levels of functioning and mobility.
- For every patient with a confirmed (or suspected) diagnosis of COVID-19 to be assessed by Occupational Therapy and speech and language therapy (SaLT) clinicians. Help was already available via the dietetics team to all COVID and urgent post COVID patients who were nutritionally compromised, and for those who were unwell on the ward.

Three elements:
- One to one interview with an OT.
- Observation to identify changes in functioning, particularly with regards to posture, mobility, motor skills, transfers, or anything affecting day to day life.
- Findings triangulated with the patient's named nurse and clinical team members

The results used to inform rehabilitation interventions, equipment needs or further assessment.

Patients given practical information on how to conserve energy during and post COVID-19, using the three Ps principles (Pace, Plan and Prioritise) and easy-read leaflets on managing post viral fatigue or changes in functioning.

Information Gathering	
• Pre COVID-19 baseline • Any reported or perceived changes to functional independence in activities of daily living *This can be established through clinical notes, collateral information, feedback from clinical team, ward staff, observations.*	
• What symptoms did the patient experience during COVID19? Please list. • Does the patient continue to experience any of the aforementioned symptoms?	

Audit overview & summary

Retrospective audit completed March 2021:
- What info tool gave
- Workload of staff
- Sought therapist views on tool & audit

Headline findings:
- Since June 2020, all patients under the care of the Division who have tested positive, have been evaluated using our post COVID-19 functional assessment tool.
- Number of assessments completed (initial and repeat)
- Enabled individual patient progress tracking
- Helped with follow-up
- Themes and patterns of support needed
- Promoted full range of the OT profession

148 assessments

	No further action	To be reviewed	declined to engage	deceased	total with a recorded comment
initial	99	25	16	2	140
review 1	5	2	0	0	7
review 2	1	0	0	0	1

■ initial   ■ review 1   ■ review 2
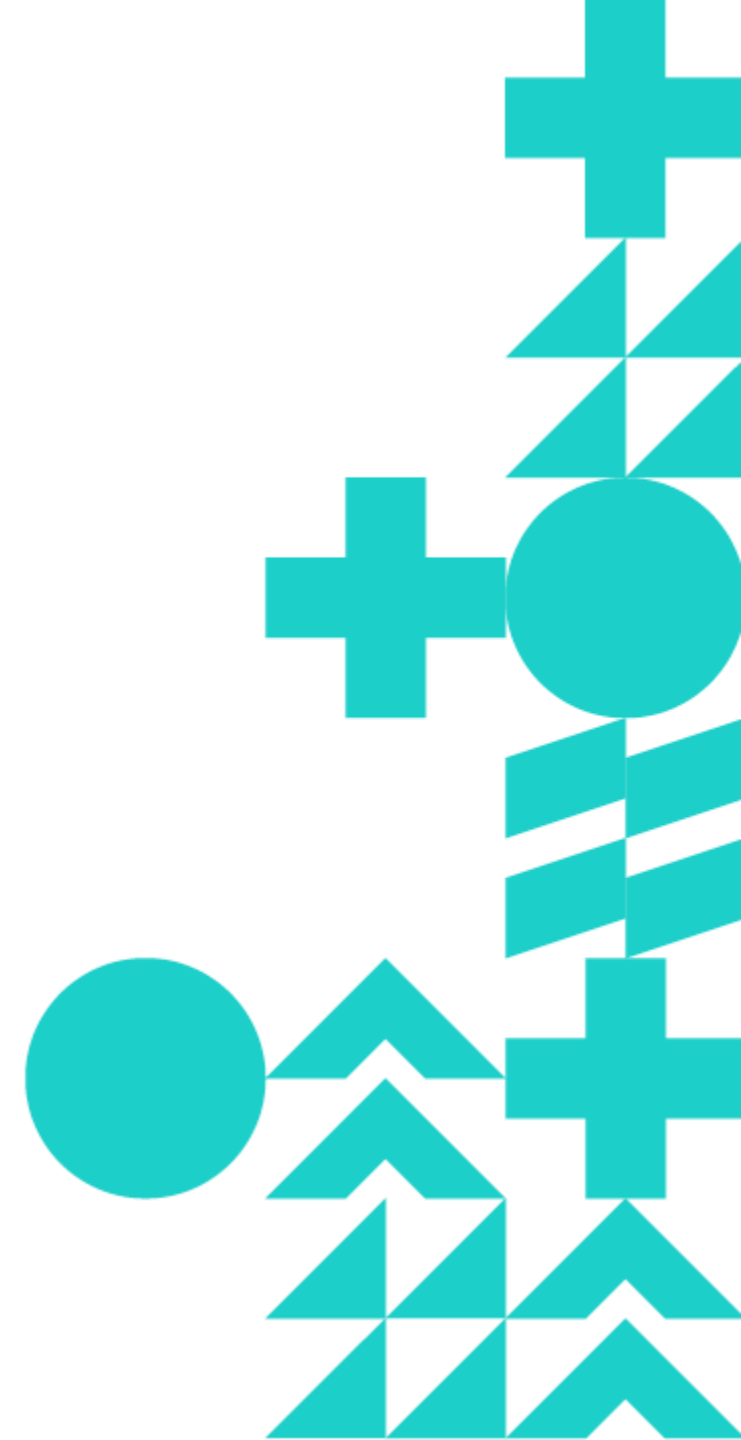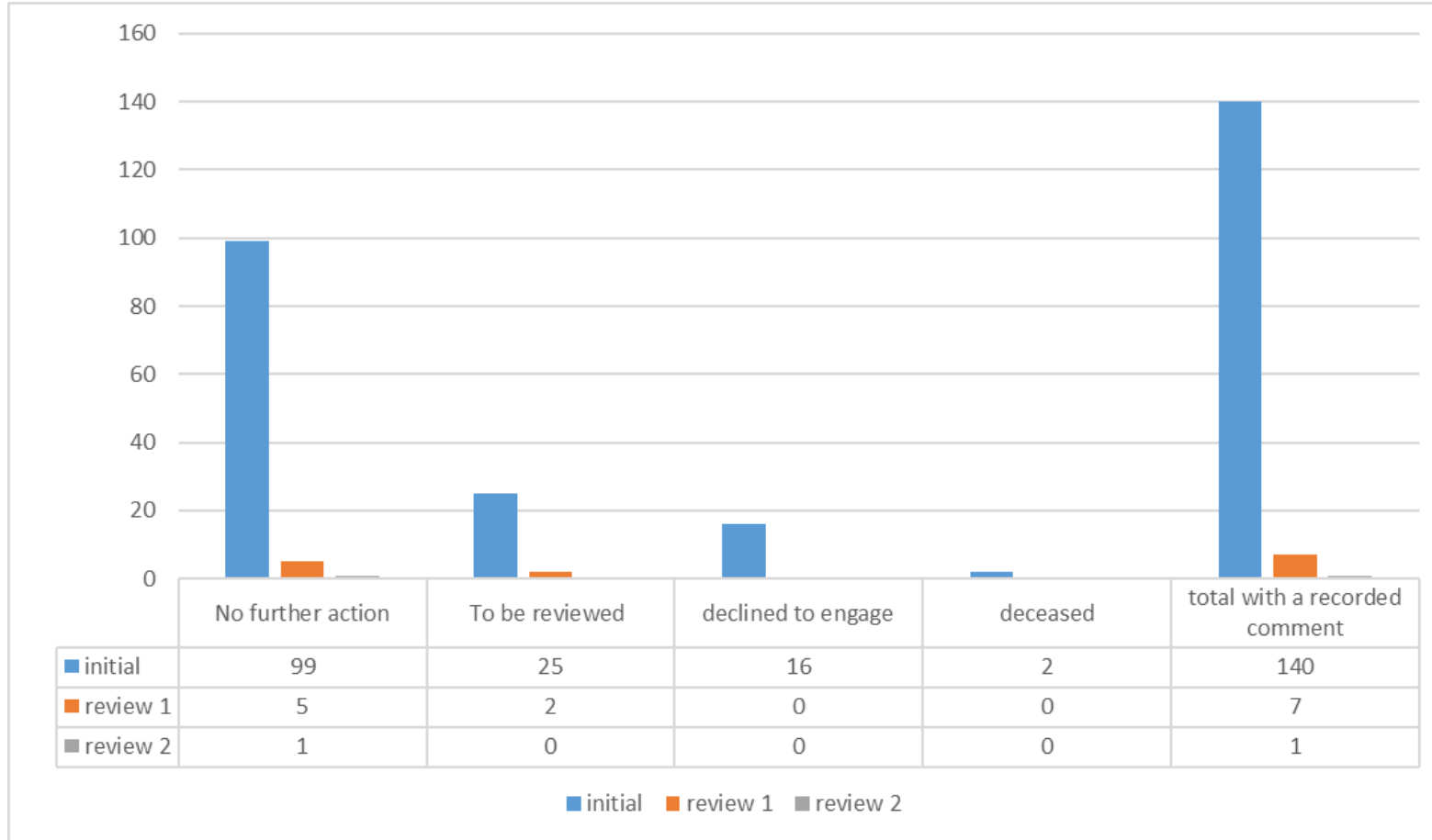
How did your involvement in the completion of the Post COVID-19 Functional Assessments contribute to your professional practice?

I felt that the development of this assessment made me evaluate my clinical practice and how I become narrow in my clinical practice and I wasn't as holistically as I should have been, assessing the physical and mental being.

I gained experience exploring physical health needs with patients, not just cognitive and mental health related needs. It provided me with the opportunity to take a whole-person approach to health and wellbeing.

Unlike my usual practice as an OT working in forensic MH, I had the opportunity to provide advice, new strategies and recommendations for needs relating to fatigue and breathlessness. I was introduced to the 3 P's principles (pace, plan and prioritise).

It highlighted gaps in service delivery such as patients on Medium Dependency Wards not having a documented baseline of functioning.
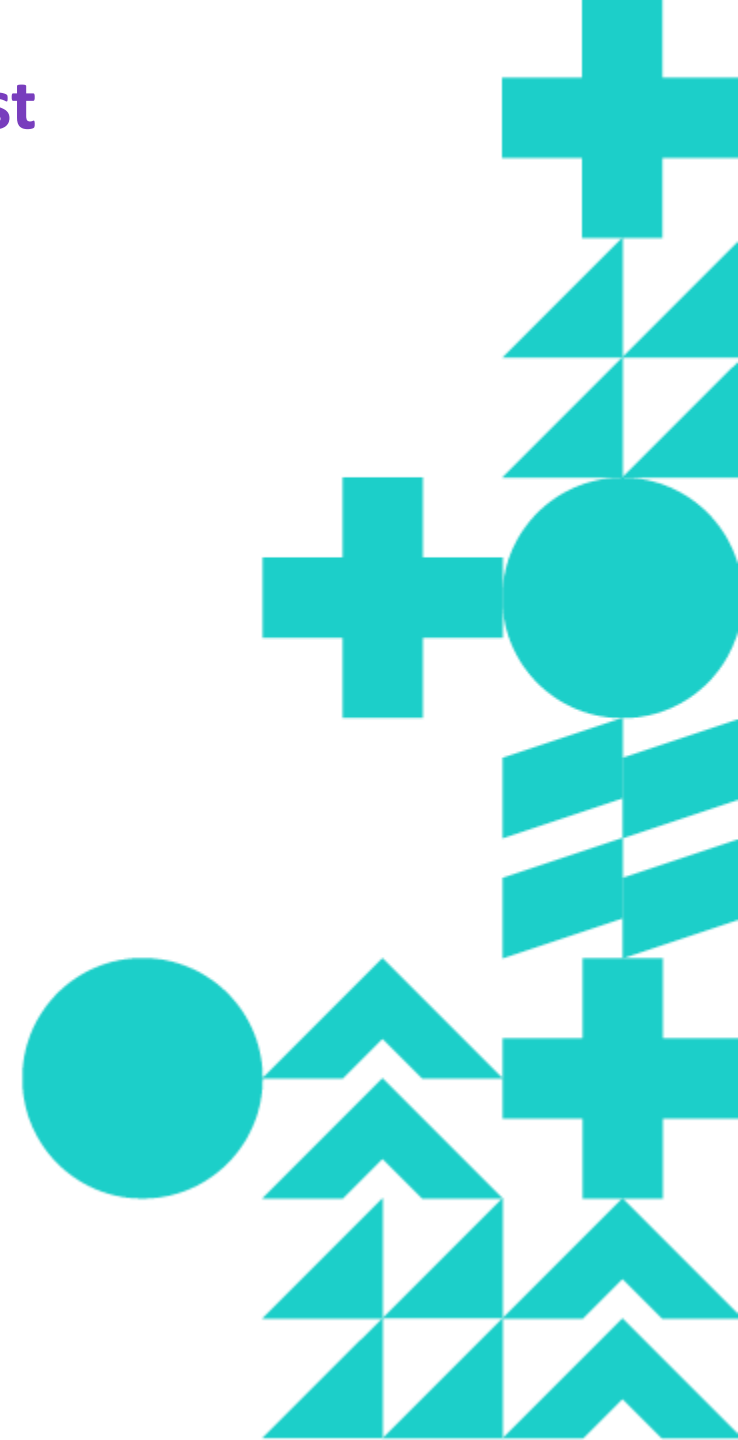
How did the Post COVID-19 Functional Assessment project contribute to the forensic MH/LD service during the global pandemic?

I think it enabled me to consider physical health needs as well as mental health needs and also to consider the other AHP's needed for input in order to promote recovery.

This piece of work enabled the service to display a proactive response to the global pandemic – there were shared concerns across all staffing disciplines about our vulnerable patient population due to their existing physical health, general health and wellbeing and co-existing conditions, so it was really positive that our profession was able to proactively assess for changes in mental health and physical health in light of testing positive for COVID19. This resulted in changes being picked up more effectively and those who experienced changes in functioning would have input to promote recovery.

To some degree, I believe it has promoted the role of OT. It highlighted that OT's provide holistic assessment and treatment that considers physical, mental, emotional, cognitive, social and spiritual wellbeing.

What was your experience of using the Post COVID-19 Functional Assessment?

My experience has been to complete the assessments with service users and also supervising OTs to complete the assessment.

I have completed specific rehabilitation interventions with one particular service user in the high secure environment who spent time in intensive care – this patient required an interprofessional approach on returning to the secure environment, with support from nursing, OT, dietetic, physio and SALT. The tool enabled for an in-depth assessment of his functioning and mobility post COVID19, which was compared to his baseline. This helped to identify his physical and MH needs and to keep this under review on a monthly basis.

I was involved in the roll out of the assessment in High Secure Services. I completed the assessment on a number of patients on High and Medium Dependency Wards, on patients both with and without a baseline of functioning.

How did you communicate outcomes from the Post COVID-19 Functional Assessment? What was the impact?

Communicate through ward rounds and face to face with the service users around their goals.

Through ward rounds and highlighted any changes through the CPA process also.

Individual patient care teams were notified of any changes for their patients and this was documented within the patients clinical notes. Also any mixed methods data (i.e. numbers of patients assessed or the specific findings, therapeutic input) was highlighted at senior leadership meetings to ensure that the service as a whole was aware of the impact of COVID19. This resulted in more effective joined up working with the physical health disciplines to ensure optimum recovery for our patient population.

Outcomes were documented on PACIS in a timely manner using a clinical entry template.

Any outcomes including identified treatment needs and recommendations were shared with the patient and MDT including each patients Named Nurse.
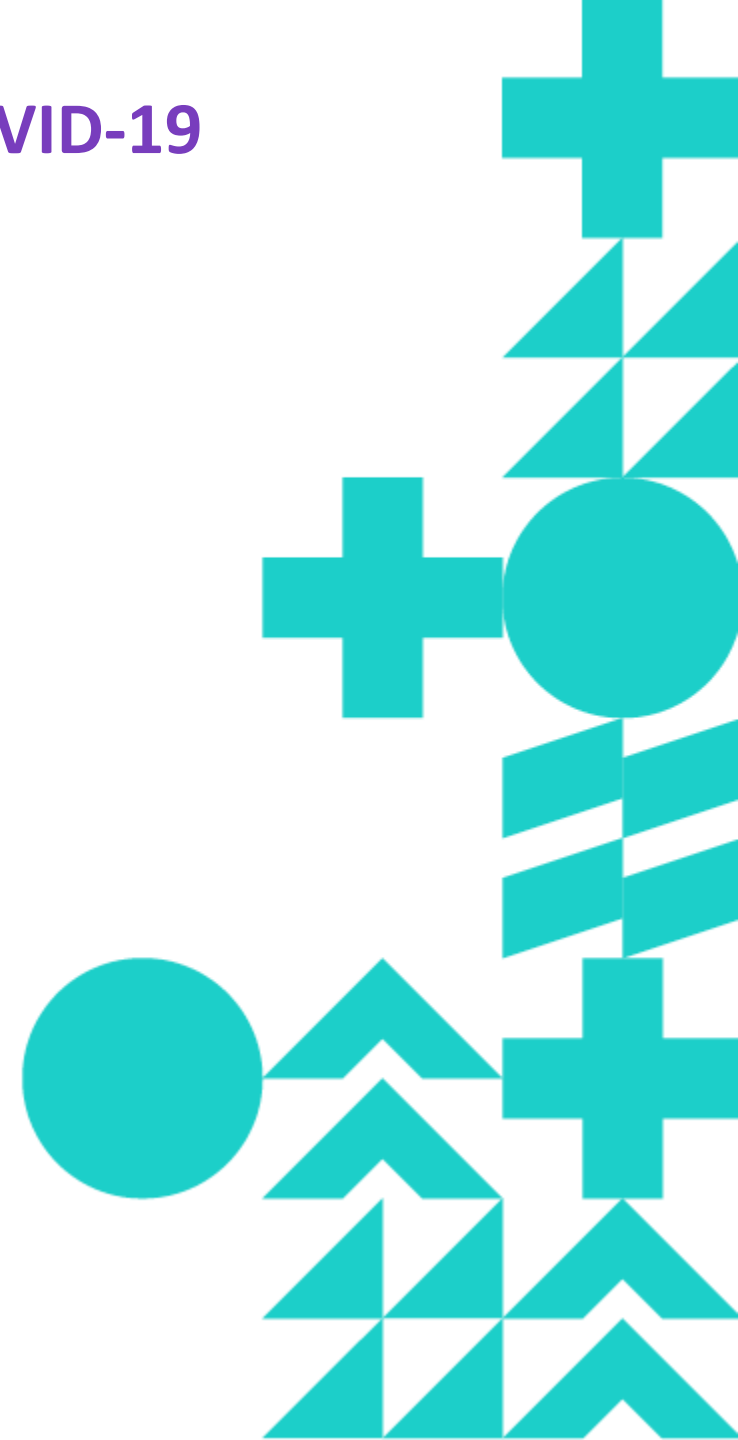
Our reflections

- A new collaboration

- Joining expertise and learning together

- Translating knowledge in to practice

- Keeping the project moving – different pressures at different times

- Space to pause and think about our practice

- Sharing ideas for future projects

- Writing up next….

Who can help you?

- Participants – at <u>every</u> stage - https://www.invo.org.uk/
  - suggesting research questions
  - giving opinion on potential research
  - designing research
  - decision-making committees
  - co-researcher
- NIHR Research Design Service - https://www.nihr.ac.uk/explore-nihr/support/research-design-service.htm
- R & D department where you work
- Local organisations - 3rd sector, Universities, partner organisations, professional bodies, interest groups etc
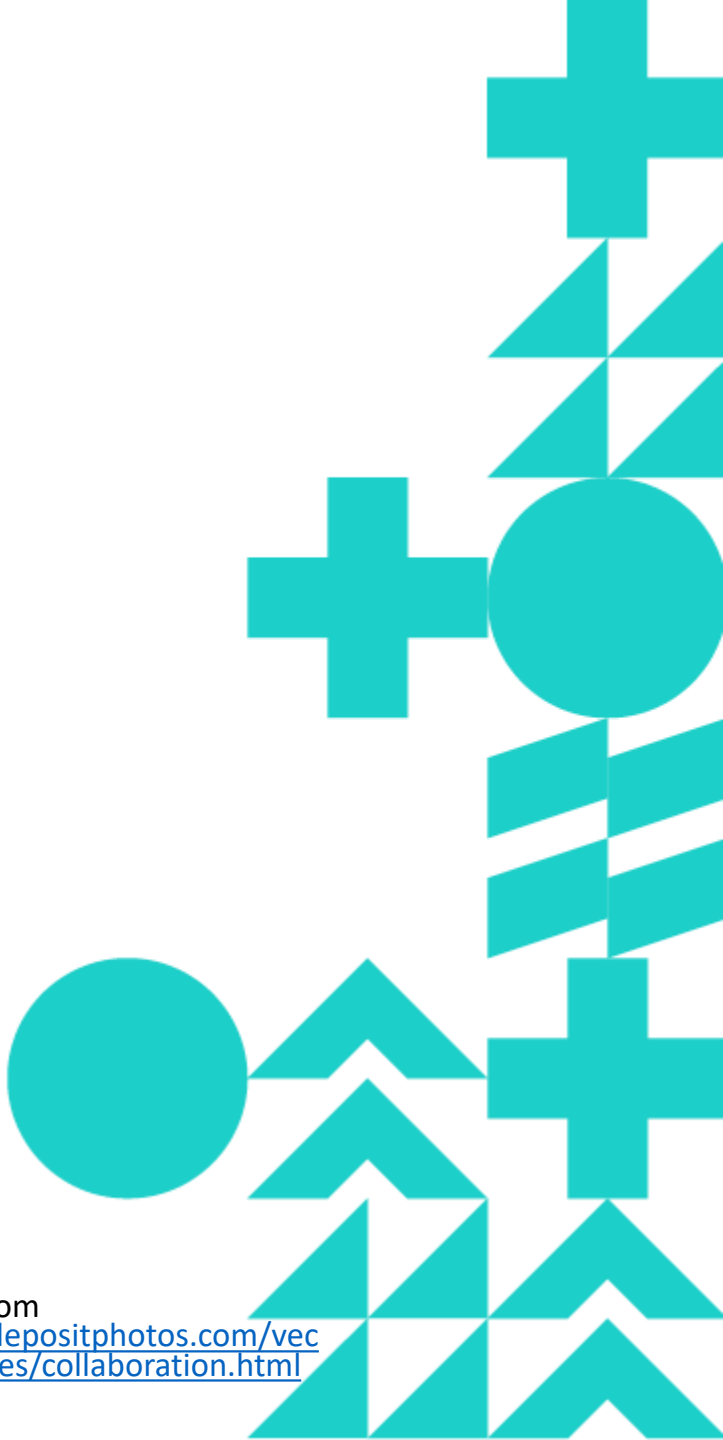- Just ask people, be cheeky!

ETHICS

Collaboration is key

Image from
https://depositphotos.com/vector-images/collaboration.html

Questions? Thoughts? Comments?