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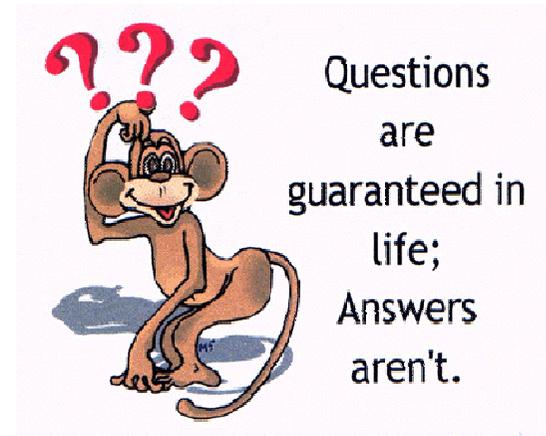
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Academia and practice working in partnership: making research real

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Consider.....

- Research is boring!
- Only undertaken by academics
- Clinicians don't have time
- Does research impact on practice?
- Should all nurses be involved in research?
- Is research an integral part of a nurses role?
- Do nurses understand research?



Without research.....

Egg whites and oxygen
Dry wound healing environment
Hydrogen peroxide to cleanse wounds
Cotton wool and gauze to clean wounds
Betadine soaked gauze
Proflavine packs
Doughnut cushions
Water filled gloves
Medically led
Sitting out of bed all day.....



Example 1

- Treatment of pre-tibial lacerations (PTL)
- Collaborative study between A&E, Calderdale and Huddersfield Foundation NHS Trust and University of Huddersfield:
- - A&E – Consultant nurse, medical staff, medical student, TVNs, A & E nurses, district nurses, service users

Aims of the Study

- To establish incidence of PTL's in NHS District Hospitals
- To investigate the cause and progression of PTL's
- To evaluate current practice in the management of PTL's in the A&E Department and primary care
- To assess the clinical effectiveness of PTL treatments.

The Problem

- Characteristically long healing time and often marked impact on the social welfare of patients subsequent to initial presentation
- Most often sustained by vulnerable people
- No consensus on the best practice for managing elderly patients with pre-tibial lacerations

Wound Dressings

- No consensus as to the most appropriate dressing to use:
- **Ranged from:**
 - Soft silicone
 - Mepore
 - Bactigras
 - Foam
 - Inadine
 - Aquacel
 - NA dressing
 - Gauze
 - Some were bandaged

Wound Length vs Healing Duration

Wound Length is a significant predictor of wound healing time

- All wounds under 7cm in length healed within 70 days, whereas only a minority of wounds of length 7cm or more had healed by 120 days

Further clinical questions

- Steri-strip or not?
- Soft-silicone dressing or other?
- Clinical effectiveness of standard practice guidance
- ?cost effectiveness
- Plastic surgery referral for all bigger wounds?

Example 2

- **Quality of life experienced by patients undergoing negative pressure wound therapy as part of their wound care treatment compared to patients receiving standard wound care**

Partners



- Tissue Viability specialist - South Tyneside Foundation Trust
- Vascular Nurse Specialist – Mid Yorkshire NHS Trust
- District Nurses
- Academics – University of Huddersfield
- Statistician - University of Huddersfield

Why Investigate QoL?

- The use of Negative Pressure Wound Therapy (NPWT) has been widely documented as a technique to help heal complex wounds
- The ability to measure patient satisfaction has been discussed for many years
- Difficulties associated with the accurate measurement of patient satisfaction with care

Aim of Study



- To explore satisfaction and quality of life experienced by patients undergoing negative pressure wound therapy (NPWT) as part of their wound care treatment in comparison to that of patients with a wound using traditional (standard) wound care therapies.

Results

- Although there was no overall interaction between the therapies used for wound healing
- NPWT did have an effect on social life: during the first 2 weeks of the application of therapy
- Patients in the NPWT group reported an increase in the social life domain.

Example 3

- Delphi Survey
- **Consensus for the Prevention of Orthopaedic Wound Blistering**

Delphi Group



- Led by academics - University of Huddersfield
- Purposive sample
 - Orthopaedic nurses
 - TVNs
 - Orthopaedic consultants
- 17 participants were invited from England, Wales, Ireland, Scotland, Scandinavia, India, Australia and the USA

Conclusions from Delphi

1. The choice of post-operative wound dressing was the most important factor in the prevention of wound blister formation
2. Nursing staff should be the first to assess a wound post-operatively and to choose the appropriate wound dressing
3. The wound dressing should be left intact for as long as possible.
4. An ideal wound dressing to prevent wound blister formation should: conform to the wound, be easy to apply, allow for swelling, be easy to remove and minimise pain on removal

Working in partnership

- Identify 'real' clinical issues
- Find the time to research
- Ethical approval and governance procedures shared
- Make a difference for the patients

- Make new friends!

Inspiring tomorrow's professionals

Through research.....

- We can:
 - Change practice
 - Promote research and evidence based practice
 - Improve the patient experience
 - Ensure a multi disciplinary approach to care interventions
 - Cost effective interventions
 - Keeping the patient at the heart of all we do
 - Share best practice