

2017/2018 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on 3 July 2017

Supervisor Information (First named supervisor will be the contact):		
First Supervisor's Name and Title: Maree Steel, Lecturer		
Department - UOC &/or CDHB (if applicable): Centre for Postgraduate Nursing Studies, UOC		
First Supervisors Phone: 027 2804846	First Supervisors Email:	
	maree.steel@otago.ac.nz	
First Supervisors Mailing Address: c/- 198 Pages Road, Timaru 7910		
Co-Supervisors Name and Title(s): Dr Philippa Seaton (Director, CPNS); Gill Coe (Research Officer, NZ Institute of Community Health Care / Nurse Maude); Sheree East (Director of Nursing, Nurse Maude)		
Research Category (Choose one category only – to be used for judging the students' presentations):		
Clinical	Laboratory	Community
Project Title (20 words MAXIMUM):		
Recognition of Clinical Deterioration in Community Based Nursing Care.		
Project Description:		

Introduction:

Nurses play a crucial role in recognising and responding to clinical deterioration (Liaw, Scherpbier, Klainin-Yobas & Rethans, 2011). It has been established that 85% of severe adverse events in hospital settings are preceded by abnormal physiological signs (Le Lagadec & Dwyer, 2017) and the global emergence of early warning score (EWS) systems based on vital signs observations has sought to assist clinical staff to detect and respond to clinical deterioration at the earliest indicator. **Le Lagadec and Dwyer's recent scoping review** conveyed the benefit of early warning score systems can be to augment the ability of clinical staff to recognize and respond to patient decline, however that effectiveness appears to be dependent upon the context, facilities available, level of staff education and attitude. The literature on early detection of clinical deterioration is based predominantly in the context of ward settings within hospitals. However, a significant amount of care is delivered in community settings, yet there is little discernable evidence that early recognition of clinical deterioration has been explored in the context of health care provision in the community.

Aims:

To complete a literature review on the topic of early recognition of the deteriorating patient in community based health care settings to determine what is known about this topic.

To explore perceptions and experiences of key Nurse Maude Association staff that have a clinical management and leadership focus on nursing service delivery and patient outcomes in the community.

To provide a written descriptive report to Nurse Maude Association that conveys the literature review and qualitative research findings.

Possible impact (in lay terms):

Patient-centred outcomes: Early recognition of clinical deterioration means greater likelihood of reducing incidence of serious adverse events, including hospitalisation.

Healthcare provider outcomes: specific information source to inform service based policies and guidelines for nursing assessment and management of clinical deterioration in community settings.

Method:

The methodology used will be a general qualitative descriptive design, with the use of semi-structured individual interviews. Sampling will be purposive, aiming to recruit five participants involved in clinical management and leadership of nursing service delivery at Nurse Maude Association. Interviews will be based upon 3-4 broad questions which will be developed from a literature review which will be completed at commencement of the research project. Interviews will be undertaken by the student researcher and one research supervisor. Interviews will be audio-recorded and transcribed verbatim. Data analysis will be conducted using a general inductive approach (Thomas 2006) and presented as themes with supporting participant quotes.

Ethical approval will be sought from the University of Otago Human Ethics Committee and the Nurse Maude Ethics Committee. Maori Consultation will also be undertaken via University of Otago, Christchurch and Nurse Maude Association processes. Interview data will be de-identified through use of pseudonyms. Data storage and disposal will occur in accordance with relevant University of Otago and Nurse Maude Association policies.

Student Prerequisites (eg. Medical Student) if applicable:

Any health professional student. Ideally suited to a nursing student.

Administration Details

1. Is ethical approval required? **Yes/No**

If Yes: please circle or tick one of the following:

- a) Applied for (provide application #)
- b) Approved (attach a copy of the letter of approval from the ethics committee or application #)
- c) To be done**

2. Are you able to provide the funding for this project (ie. \$5,000 for the student, incidental expenses should be met from departmental or research funds) Yes/No **PARTIAL**

If Yes: Please provide name of the funder Nurse Maude will provide \$2,500 _____

If No: Please provide ideas of possible funding sources, including past funding agents and topics often associated with this research area, for the Research Office to contact.

If Yes: You will be sent a request for more information.

3. Medical Records or Decision Support accessed Yes/**No**

4. Health Connect South or other DHB records Yes/**No**

5. Signatures:

- I have read the 2017/2018 Summer Studentship programme handbook.
- I am prepared to supervise the project and will be available to the student during the studentship (including Christmas/New Year break if the student is working during this time).
- I agree to assume responsibility for the submission **of the student's reports to the Research Office** by the due date 29 January 2018.
- I agree that the project lay report may be available to local media for publicity purposes.

Signature of Project Supervisor(s):

Date:

- I understand that I am responsible for hosting the Summer Student chosen for this project and will meet any costs incurred. I agree that incidental expenses will be met from departmental or research funds.

Signature of Head of Department:
(Print Name)

Date:

Signature of Clinical Director: (if applicable)
(Print Name)

Date: