

Projects with Purpose

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Projects with Purpose

The challenge of identifying and supporting research projects in the workplace

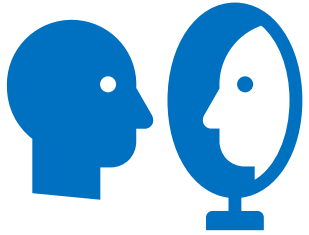


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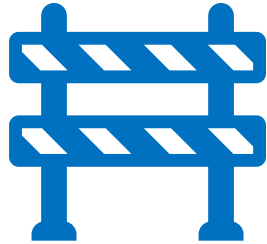


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Projects with Purpose



Purpose of
the project



Barriers and
Challenges



Identify
Opportunities



Tools and
Techniques



Next
Steps

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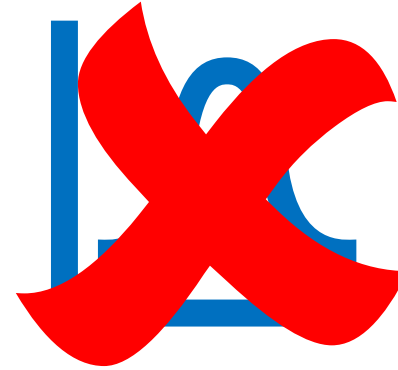
What a project is NOT...



Just another
module



A final hurdle
to jump



Complicated
statistics



Something
to fear

What a project is...

Capstone Experience



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Critical Evaluation

Independence

Interprofessional

Academic Writing



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QAA
QAA
QAA
QAA
Core
Science

QAA
QAA
QAA
QAA
Core
Science



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**Professional
Practice**



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Capstone Experience



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Developing and Evidencing Skillset



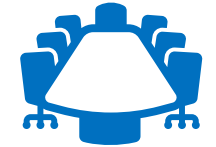
Enquiry
Observation
Negotiation



Literature Review
Ethics and Governance
Safety
Methodology



Refinement
Project Management
Data Analysis
Critical Evaluation



Dissemination



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Students' Learning / Development

What are we asking our students to achieve?

Why are we asking it?

How do we assess it?



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Create

Combining information to make a new whole



Evaluate

Judging the value of information or ideas



Analyse

Breaking information into component parts



Apply

Applying concepts



Understand

Understanding concepts



Remember

Recalling facts



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Barriers and Opportunities

The challenge of identifying and supporting research projects in the workplace



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Barriers and Opportunities

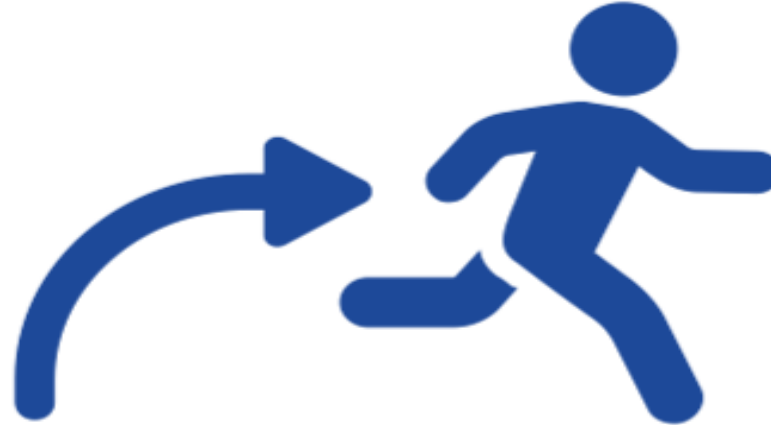
No projects available

Time and workload

Unsure of requirements

Too ambitious

Too tame



Service development

Improvement mindset

Patient outcomes

Continuing
Development

Ethics

Data interpretation

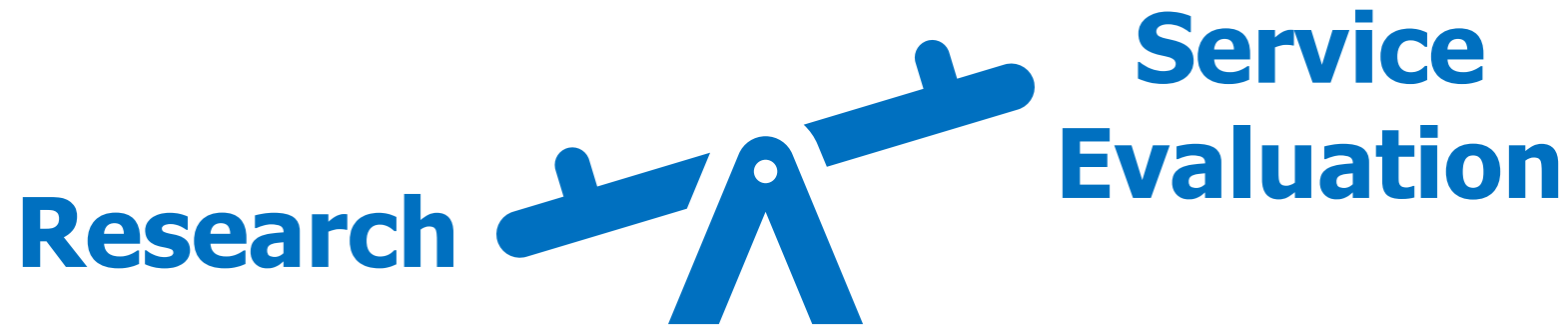


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Barriers and Opportunities



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Barriers and Opportunities



Is my study research?

Welcome. The aim of this decision tool is to help you decide whether or not your study is research as defined by the UK Policy Framework for Health and Social Care Research.

It is based on the **Defining Research** table produced by the Research Ethics Service.

You will be presented with a short series of **YES** or **NO** questions. Take your time to consider the wording carefully. Once you have answered these questions the tool will let you know if your study is research.

To help you with terminology, a **GLOSSARY** button is available on every page. All links to individual glossary items or other websites appear in purple text and open in a new window.

Post Market Surveillance is NOT usually considered research. However, there are some circumstances where NHS REC review may be required. Return to the **Do I need NHS REC review?** tool to determine if your post market surveillance requires NHS REC review.

Follow this link to begin.

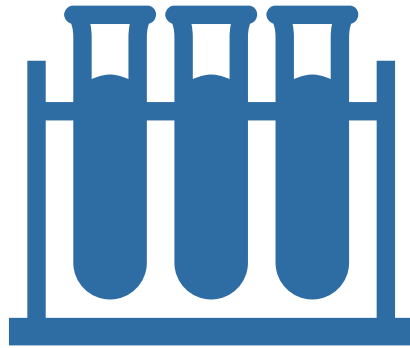


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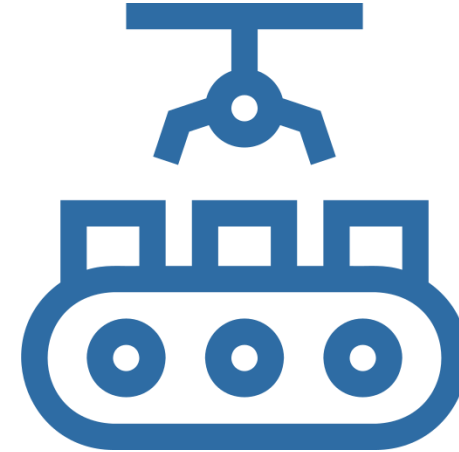


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For example: Method Validation



versus



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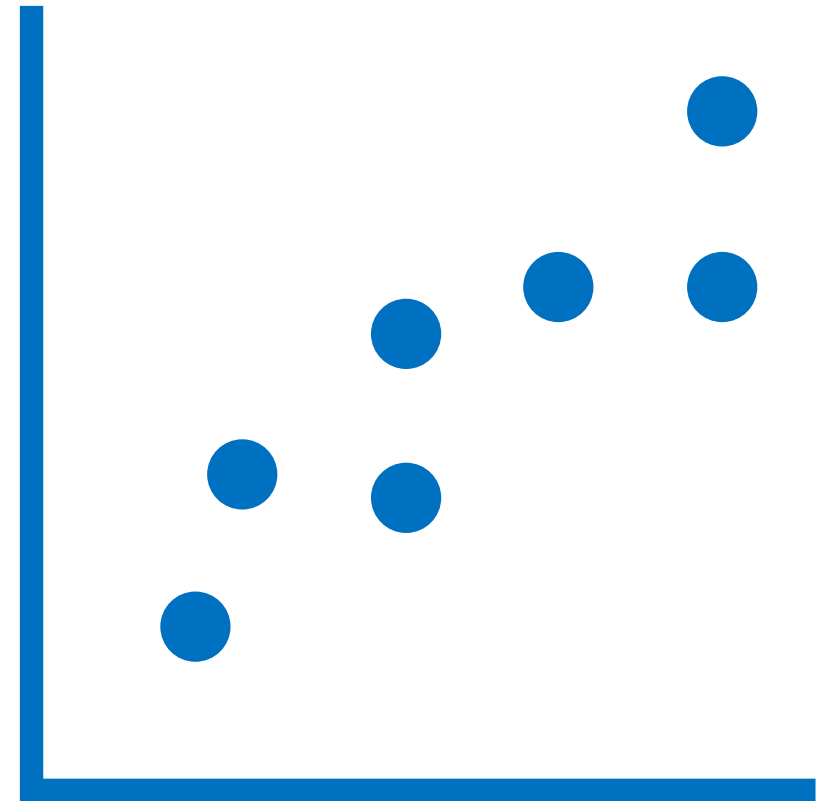
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Established process for method validation.

Commercially available and certified methods.

Capacity for data generation and analysis, but challenge in critical evaluation.

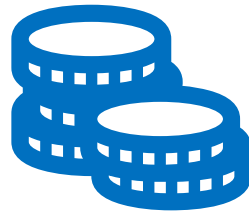
So what?



Critical Evaluation – thinking outside the box



Analytical
Performance



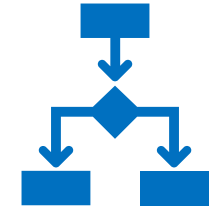
Finance and
Resources



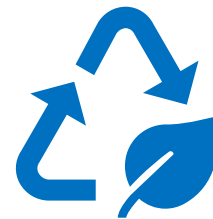
Errors and
Sustainability



Network
Optimisation



Clinical Decisions
and Patient Flow



Rethinking the Research Project...

Dr Dave Lewis
University of Leeds

“Choosing the right final year research, honours or capstone project for you.”



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Rethinking the Research Project...



Laboratory
Quantitative /
Qualitative

Big Data and
Bioinformatics

Computer
Modelling or
Simulation

Systematic
Review with
Meta-analysis

Stakeholder
Opinion

Educational
Development

Team-Based



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For example...

Groups of students (4/5 per group) tasked with generating an infographic based upon a live issue faced by their laboratories...

Online meetings, independent research and discussion with laboratory colleagues.

Initial ideas negotiated, consensus achieved and priorities / tasks allocated.

Content creation, review and editing.



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LABEL RIGHT, TRANSFUSE RIGHT



Safe transfusions start with a sample.

Will we accept it...?

- Correct Forename AND Surname
- Correct Hospital Number (NHS number NOT acceptable)
- Correct Date of Birth
- Sample Date and Collection Time
- Handwritten Details
- In Date K3EDTA sample tube (pink top)

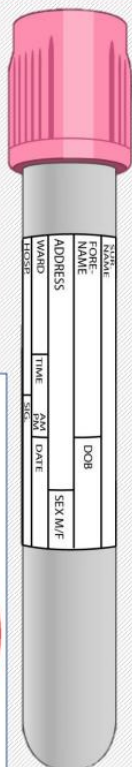


REMINDERS

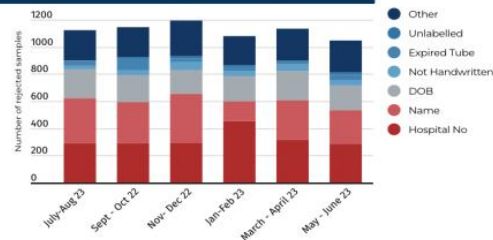
Your sample must be accompanied by a SIGNED request form with demographics to match the sample.

We have a ZERO TOLERANCE policy for errors.

All samples must be labelled at the bedside to ensure you are bleeding the correct patient.



How often do we reject samples...?



- The above figure shows the number of group and screen samples rejected across GSTT for various reasons over the past 12 months.
- In 2022, a substantial 7.4% of all group and screen samples were rejected.
- 75% of these samples were due to errors in the patient's name, hospital number or date of birth
- Simply double checking the sample against the patient's hospital identification band could prevent majority of these rejections.

Why are we so strict...?

- Our zero tolerance acceptance criteria is there to keep our patients safe.
- In 2022, there were 890 cases nationally of near-miss wrong blood in tube samples which could have led to ABO incompatible blood transfusions.
- Introducing incompatible blood to a patient's body can trigger severe reactions, including immune responses, organ damage, and death.
- The compatibility testing performed on the patient's sample are vital to prevent this.

Figure 2. Primary errors leading to wrong blood in tube (WBIT) (SQC, 2022)



Figure 1. ABO incompatible transfusions (ABCI) and events that had the potential to lead to ABCI (SQC, 2021)



IF WE GAMBLE WITH SAMPLE IDENTIFICATION...WE GAMBLE WITH OUR PATIENT'S LIFE

What's the big deal...?

The laboratory's zero-tolerance acceptance policy keeps our patients safe. Rejected samples affect our patients too...make sure you do your part to provide the best patient care possible.



Patients not having a valid sample are a common cause of postponed surgery.



Delays and re-bleeding causes unnecessary anxiety and stress for our patients.



Labelling errors cause delays in patient treatment - crucial in the case of timely transfusion



Rejected samples lead to unnecessary use of universal components.

PATHOLOGY SPECIMEN CHECKLIST

Consent

Due to the invasive nature of sample collection, all pathology tests require a degree of patient consent (wherever possible) to be obtained and tested.

Specimen Containers

To ensure that the specimen can be processed properly the correct specimen container is important. Incorrect containers can delay processing and can cause a sample to be rejected outright.

Labelling Specimens

Ensure the specimen and accompanying documentation are accurately labelled in the presence of the patient, after the sample has been collected. The specimen must be labelled with any 2 unique patient identifiers, the date and time of collection, the clinical details of the patient and if required, where specimen was taken from.

Things to Remember

- Check that the patient details on the specimen are identical to the details on the request form.
- Affix "danger of infection" label if appropriate.
- NEVER pre-label specimens.
- Check specimen and request documents are secure to prevent leakage.
- Specimens should be placed in leakproof specimen bags and kept with the request document.
- Bring urgent specimens directly to the laboratory.

Why is sample collection important?

History cannot discard specimens. If minimum patient identifiers aren't met, the sample will be asked to void the laboratory and fully label and verify the specimen. Once the sample is taken, it is our responsibility to advocate for the patient by following all steps to promote accuracy and obtain a result in a time-efficient manner.

How can this impact the patient?

Some rejected samples must be re-collected from the patient. This is often inconvenient, uncomfortable and avoidable for the patient. Delayed samples can hinder a much-awaited diagnosis, also causing distress.

How can this impact the NHS?

Re-collecting samples takes up valuable time, materials, and resources for the NHS, this relates both to service-users and the laboratories. It can also affect inter-departmental staff relationships when trying to achieve a common goal.

Common causes of rejection

- Insufficient patient identifiers on sample.
- Incorrect sample containers.
- Leaking samples.
- Invalid request forms or lack of clinical detail.
- Insufficient sample volume.

Uncertain about sample collection?

- Check your Standard
- Consult your pathology department's guidelines.
- Contact your Operating Procedures.
- Contact your pathology department.

REJECTED SAMPLES CAUSE DELAYS AND AFFECT PATIENT CARE. CHECK TWICE OR COLLECT TWICE.



Service-User Qualitative Feedback



Targeted Educational Intervention



Stakeholder Feedback on Services

PATHOLOGY SPECIMEN CHECKLIST

Consent
Due to the invasive nature of sample collection, all pathology tests require a degree of patient consent (wherever possible) to be obtained and tested.

Specimen Containers
To ensure that the specimen can be processed properly the correct specimen container is important. Incorrect containers can delay processing and can cause a sample to be rejected outright.

Labelling Specimens
Ensure the specimen and accompanying documentation are accurately labelled in the presence of the patient, after the sample has been collected. The specimen must be labelled with **any 3 unique patient identifiers**, the date and time of collection, the clinical details of the patient and if required, where specimen was taken from.

Things to Remember

- Check that the patient details on the specimen are identical to the details on the request form.
- Avoid "danger of infection" label if appropriate.
- NEVER** pre-label specimens.
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Retrospective Review of Data and Outcomes

Evaluation of Interprofessional Education

Targeted Educational Intervention



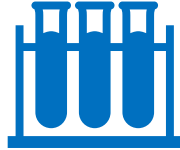
Purpose and Potential



Embed and develop key skills

Contribute to service

Degree classification



Service development

Turn-around times

Implementation of new technology



Service improvements

Changes to patient pathways

Improved communication



Collaboration between academics and practitioners

Teaching and CPD

Research output and dissemination



Improved diagnostic services

Improved outcomes

Critically evaluative scientific workforce



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