

**Research
Project/ Concept
Outline**

Do not change the font or font size.

SHORT PROJECT NAME.	Supporting the role of the Clinical Nurse Specialist in Palliative Care within one hospice setting in Northern Ireland			
Chief Investigator.	Professor George Kernohan (MSc Supervisor)			
Other Researchers. <i>The cell to the right will expand as you type – do not insert additional rows.</i>	Evelyn Whittaker (MSc Nursing) Dr. Dorry McLaughlin (MSc Supervisor)			
Department Specify the identified department.	Community			
Is this a Medical research project? Is the project led by a Doctor, about medical practice and will it contribute to new medical knowledge?	Yes		No	
Is this a Nursing research project? Is the project led by a Nurse, about nursing and will it contribute to new nursing knowledge?	Yes	X	No	
Is this an A.H.P./ Social Work or Chaplaincy research project? Is the project led by an AHP, social worker or chaplain about their profession and will it contribute to new knowledge?	Yes		No	X
The Research question or hypothesis. Give a concise statement of what you are going to do, why, and how appropriate it is. <i>The row below will expand as you type – do not insert additional rows.</i>				
Using a descriptive qualitative approach, the proposed research aims to explore the learning and development needs of the hospice nurse specialist.				
Research Questions				
<ol style="list-style-type: none"> 1. What learning and development support is available for hospice nurse specialists in order to fulfil the four components of their role? 2. What are the learning needs of hospice nurse specialists in order to fulfil the four components of the role? 3. What are the challenges and facilitators to achieving learning and development to fulfil the components of the Hospice Nurse Specialists role? 4. What future strategies might address the learning and development needs of hospice nurse specialists in order to meet the components of their role? 				
Background. Provide a brief description of the research area and how you arrived at the Research question or hypothesis. <i>The row below will expand as you type – do not insert additional rows.</i>				
Palliative and end of life care is increasingly recognised as a public health issue that encompasses the health and wellbeing of the population as a whole. Approximately 15,000 people die in Northern Ireland each year (DHSSPSNI, 2010). Nearly two thirds (62%) of all deaths occur in people over the age of 75 years. Whilst cancer remains a major cause of death in Northern Ireland, more people actually die from non-malignant diseases such as ischaemic heart disease, and respiratory conditions (NISRA, 2009). It is recognised that older people living with advanced non-malignant diseases have increasingly complex needs (WHO, 2002a, 2002b, 2004a, 2004b) which may benefit from				

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access to palliative care, regardless of care setting (NCPC, 2007; DHSSPSNI, 2010; WHO, 2011). Indeed, current strategic developments within Northern Ireland emphasise the importance of person centred, community based care, ensuring patient choice and equity of access to timely services irrespective of disease and across care settings (DHSSPSNI, 2010; 2011). Whilst access to general palliative care may be appropriate for the majority of people in the last year of life, a smaller number would benefit from access to specialist palliative care services (NCPC, 2005)

Specialist palliative and end of life care is the management of unresolved symptoms and more demanding care needs, including complex psychosocial, end of life and bereavement issues (DHSSPSNI, 2010). This is delivered by specialist multi-disciplinary teams that have developed expert knowledge, skills and competences in palliative and end of life care (NICE,2004; NICAN, 2011).

The Clinical Nurse Specialist is a core member of the specialist palliative care team, and has for many years been the public face of specialist palliative care across the UK (Skilbeck & Seymour, 2002). However, the development of this role has been somewhat uncoordinated, with no clear definition of what the role entails, leading to a myriad of role titles and job descriptions across organisations (Taylor, 2004). It is generally accepted that the role within the UK consists of four components, clinical practice, education, research and management, however, Skilbeck & Seymour, (2002) identify the provision of consultation services as a further distinct component of the role. In an attempt to standardize the core elements of the clinical nurse specialist role, in partnership with Skills for Health, Macmillan Cancer Relief has recently developed a Nationally Transferable Role (NTR) for Macmillan CNSs which outlines the competence required to fulfil the role (Macmillan Cancer Relief, 2011).

Whilst there is quite a lot of descriptive literature available regarding the role of the Clinical Nurse Specialist in general, and in palliative care, there are relatively few research articles on this topic. Of those research articles which are available, most concentrate on the clinical remit of the role. Although the four components of the role are acknowledged, it is widely recognised that the clinical component of the role takes up the majority of the palliative care nurse specialist's time, with much less time being spent on the other components of the role (McCreadie, 2001; Seymour et al, 2002; Leary et al, 2008; Oddsdottir & Sveinsdottir, 2011). Education is seen as a significant part of the role, both from a policy perspective and from the individual practitioner perspective. Yet, Husband and Kennedy (2006) highlighted conflict in delivering the education component of the role, with those nurses who do so, actually meeting their overall workload within their own time. Review of the literature indicates that whilst the overall components of the role may be achieved, this is rarely achieved by individual CNSs and more likely to be a collective approach within a team. This indicates that individual CNSs may not have all the knowledge and skills required to fulfil the role in its entirety. Furthermore, whilst the literature clearly indicates the importance placed on both the clinical practice and the education components of the role (Skilbeck & Seymour, 2002; Skilbeck & Payne, 2003; Husband & Kennedy, 2006; Husband 2008; Leary et al, 2010), no such emphasis is placed within the literature on the research and leadership/ management aspects of the role (Newbury et al, 2008).

This study will therefore consider the learning and development needs of the Community Palliative Care Clinical Nurse Specialist in order to fulfil all aspects of the role. This role encompasses clinical, education, leadership, and research aspects.

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Plan of Investigation. (if possible)		
Using the six categories below, give a short high level description of your plan for the investigation. <i>The cells below right will expand as you type – do not insert additional rows.</i>		
1. Study Design.	<p>A descriptive qualitative approach will be used to ascertain the views of the hospice nurse specialists. This will be done through semi structured interviews. The interview schedule has been developed through a review of the literature and by adapting the interview schedule used in a previous similar research study (Bamford & Gibson, 2000). Qualitative data from the interviews will be thematically analysed using the pragmatic approach advocated by Newell and Burnard (2006).</p> <p>In order to identify ambiguities or other deficiencies in the design of the study tool, Lacey (2006) recommends pilot testing the interview schedule before embarking on the main study. This will be done using 1 participant. Findings from the pilot study will be used to inform any changes to the interview schedule which are necessary.</p>	
2. Planned Interventions.	Semi structured interviews will be used to ascertain the views of Hospice Nurse Specialists.	
3. Estimated duration.	<p>Each face to face semi structured interview is expected to last 40-60 minutes</p> <p>The overall project will be completed by September 2012</p>	
4. Type of participants.	Band 7 Hospice Nurse Specialists	
5. No. of participants.	Other studies of this type suggest that a minimum of 6 participants is sufficient to address the study aims. However, recruitment will be until data saturation occurs where no more new data is emerging but this is not expected to exceed 12 participants	
6. Inclusion and Exclusion Criteria.	<p><u>Inclusion criteria</u> In order to provide valid responses, participants will be working as a Band 7 Hospice Nurse Specialist within Northern Ireland Hospice.</p> <p><u>Exclusion criteria</u> Hospice Nurse Specialists who are currently on long term sick, maternity leave, retiring/semi retiring within the next six months, those working 15 hours per week or less, and those who are currently undertaking projects</p>	
Resources. (if known)		
Detail below all other departments that will provide resources to the project. List what the resource(s) will be and initial each row to indicate that the department has agreed to provide it(them). <i>Insert additional rows if necessary.</i>		
Department	Resource(s) to be provided.	C.I. init's
Community	1 hour per Hospice Nurse Specialist interview – maximum 6-12 hours	

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Community/Education	Study Leave 1 day per month	GK	
Project Funding.			
Has a potential funder been identified?	Yes	No	x <i>If yes, give funder's name below</i>
Form completed by:			
Name	Evelyn Whittaker		
Signature			
Date	14-4-12		

Northern Ireland Hospice Research
Project Approval Form

Part 1- Preliminary Approval			
Short Project Title			
Date submitted		Submitted by	
Having reviewed the Project Outline presented, we can confirm that the proposed project: <ol style="list-style-type: none"> 1. Aligns with our research strategy, 2. Has included all the major resource components, and 3. It appears feasible for the research to be conducted in this organisation. On that basis, we grant preliminary approval for the project.			
Signed by	<i>Heather Weir</i> Director of Clinical Services <i>Nursing and Patient Services</i> Director of Medical and Care Services	Date of signing	23.5.12.
Name <i>Please print clearly</i>	HEATHER WEIR.	Director of Clinical Services N+PS	Director of Medical and Care Services
	1		

Part 2 – Protocol Approval			
Date submitted		Submitted by	
Having reviewed the Protocol presented, we confirm that: <ol style="list-style-type: none"> 1. All sections are completed, the level of detail is appropriate and it contains nothing extraneous that should be removed. 2. In the following table, all Departments impacted by the project have been identified correctly and their agreement to provide the requested resource/service has been sought and received. <i>Please complete both rows and all columns with "yes" or "no", as appropriate.</i>			
Department	Medical Nursing Social Work Physiotherapy Occupational Therapy Chaplaincy Human Resources Administration		
Impacted?			
Agreed?			

3. There is evidence that any legal and/or ethical requirements have been taken into consideration, and
4. The presentation is of a high standard.
5. **External peer review is required YES/NO**

On that basis, we grant approval for the Protocol.

Signed by		Date of signing	
Name <i>Please print clearly</i>			
On behalf of the	¹ Northern Ireland Hospice Research Group		

Part 3 - Financial Approval

Having reviewed the costings section of the Protocol presented, I confirm that:

1. All reasonably foreseeable resources required and other costs have been identified and included,
2. Correct values have been applied for all standardised costs, and
3. Non standard costs have been correctly quantified.

On that basis, I agree with the financial costing for the project

Signed by		Date of signing	
Name <i>Please print clearly</i>			
Administrative Director/ Finance Manager	¹	Department	

Part 4 - Final Approval

Date submitted		Submitted by	
Having reviewed the following documentation:			
<ol style="list-style-type: none"> 1. Finalised working Protocol, 2. Funding confirmation, 3. Sponsorship agreement, 4. Favourable Ethics Committee opinion, 			
And, if applicable:			
<ol style="list-style-type: none"> 5. Statutory approval, 6. Commercial contract(s). 			
We grant approval for the project to start, subject only to receipt of a copy of the Certificate of Indemnity			
Signed by		Date of signing	
Name <i>Please print clearly</i>			
On behalf of the	¹ Northern Ireland Hospice Research Group		