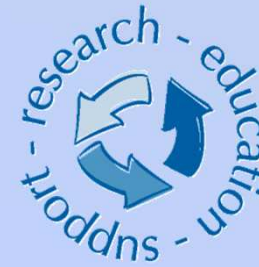


16th Annual Conference of the
National HIV Nurses Association (NHIVNA)



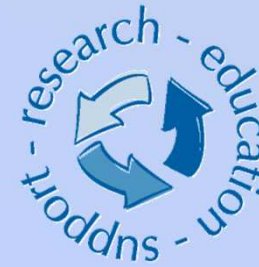
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Juliet Bennett

Freelance Consultant/Nurse Advisor

26-27 June 2014- City Hall, Cardiff

16th Annual Conference of the
National HIV Nurses Association (NHIVNA)



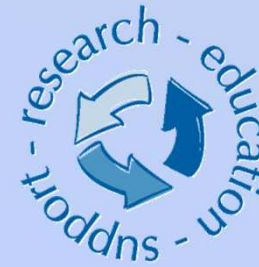
National HIV Nurses Association

Michelle Croston

North Manchester General Hospital

26-27 June 2014- City Hall, Cardiff

16th Annual Conference of the
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

Dr Catrin Evans

University of Nottingham

26-27 June 2014- City Hall, Cardiff



16th Annual Conference of the National HIV Nurses Association (NHIVNA)

NHIVNA TasP project: from guidance to application





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Purpose of the session

- To show case what NHIVNA has achieved
- To provide members with insight into how we achieved this
- We intend to share with you the process involved in the project and share the lessons learnt from the development of this project
- Above all we are hoping to inspire future researchers



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What does this mean for nurses in practice ?

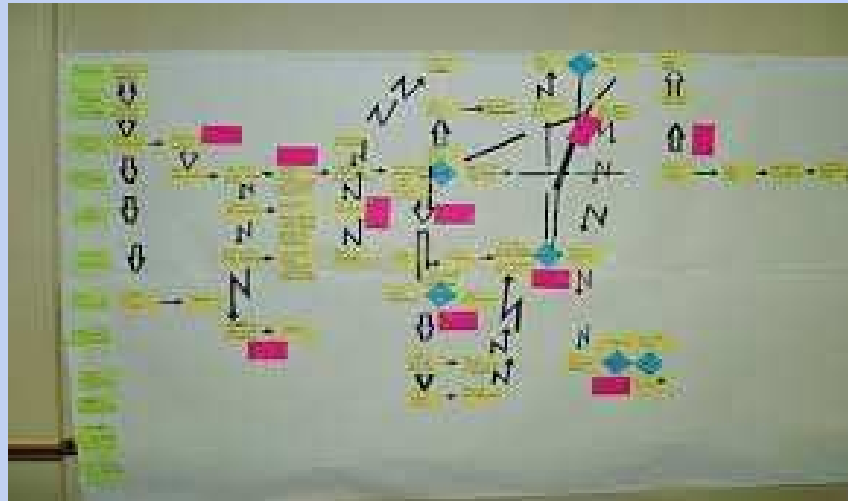




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How did we respond ?

Process



Establishing a team





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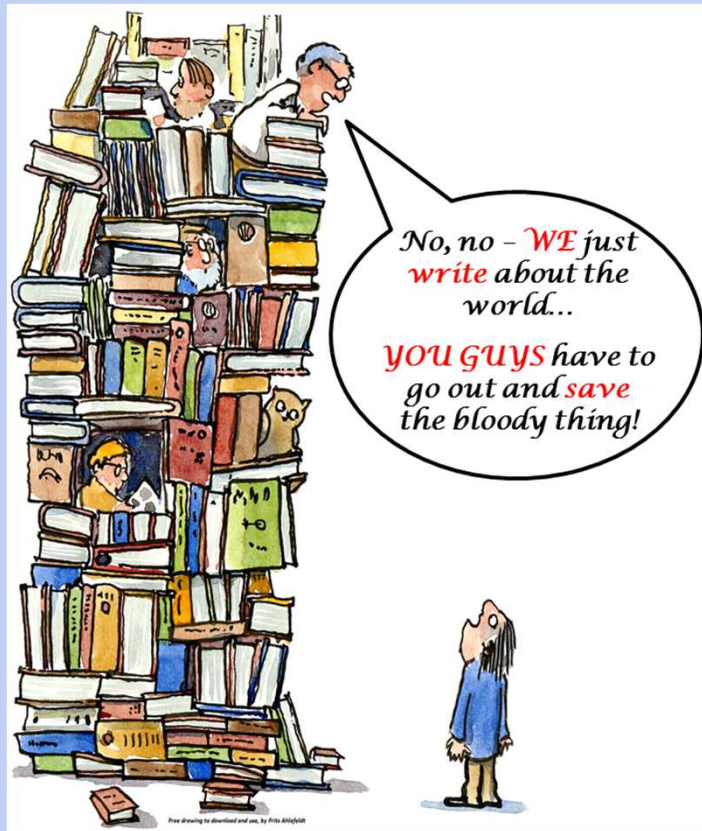
Building the Project Team

- Drawing on existing expertise
- Identifying the gaps
- Building a small {but keen!} advisory panel
- Clarifying roles
- Communicating and sharing effectively
- Support from Secretariat {Mediscript}



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Linking with a University





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Role of the University

- Academic supervision and advice
- Research knowledge, skills, experience – provide advice and Linking with other research networks and facilities (e.g. interview transcription, library data bases)
- Cheaper (!) than consultants
- Access to a research governance and research ethics infrastructure
- Support with publication



The University of
Nottingham

UNITED KINGDOM • CHINA • MALAYSIA



Two Main Models for Working with a University

(1) Advising (TasP Model)

- Will provide ad hoc research supervision, guidance and support – at any stage of the research process
- Will take part in project meetings
- May or may not charge
- Can enable access to a research ethics committee
- Can undertake parts of a larger project (e.g. a literature review)

(2) Doing

- Will undertake the entire project, guided by a practice-based steering committee
- Project can be pre-specified (i.e. detailed terms of reference will be required)
- University may bid to undertake research on a pre-defined area (but the process is less specified)
- Will require a formal contract with detailed budget and time scale



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How to Link with a University?

- Use existing contacts (e.g. from undertaking CPD modules)
- Cold calling
- Contact NHIVNA Research & Audit Team





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How did this all fit together ?





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From big ideas to reality



- Considered different options for data collection methodology
- Practicality & feasibility
- Guided by evidence and expertise



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Implementation; Team roles

Mentor:

- Provided research process expertise
- Oversaw protocol design and development
- Maintained the timeline
- Encouraged momentum

Principal Investigator:

- Established meeting schedule and timeline
- Delegated responsibilities
- Facilitated meetings
- Oversaw the research process

Advisory Board:

- Provided a wealth & variety of relevant clinical experience
- Provided service users' perspective
- Provided data collection and analysis expertise

Research Assistant

- Recruited & consented participants
- Collected & monitored data
- Facilitated mechanisms for communication
- Wrote protocol, progress reports and final report
- Participated in presentation of results



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Barriers & Challenges

- Communication
- Reaching consensus
- Lack of experience in conducting telephone interviews
- Technological problems!
- Time



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Time; consuming & constraining!

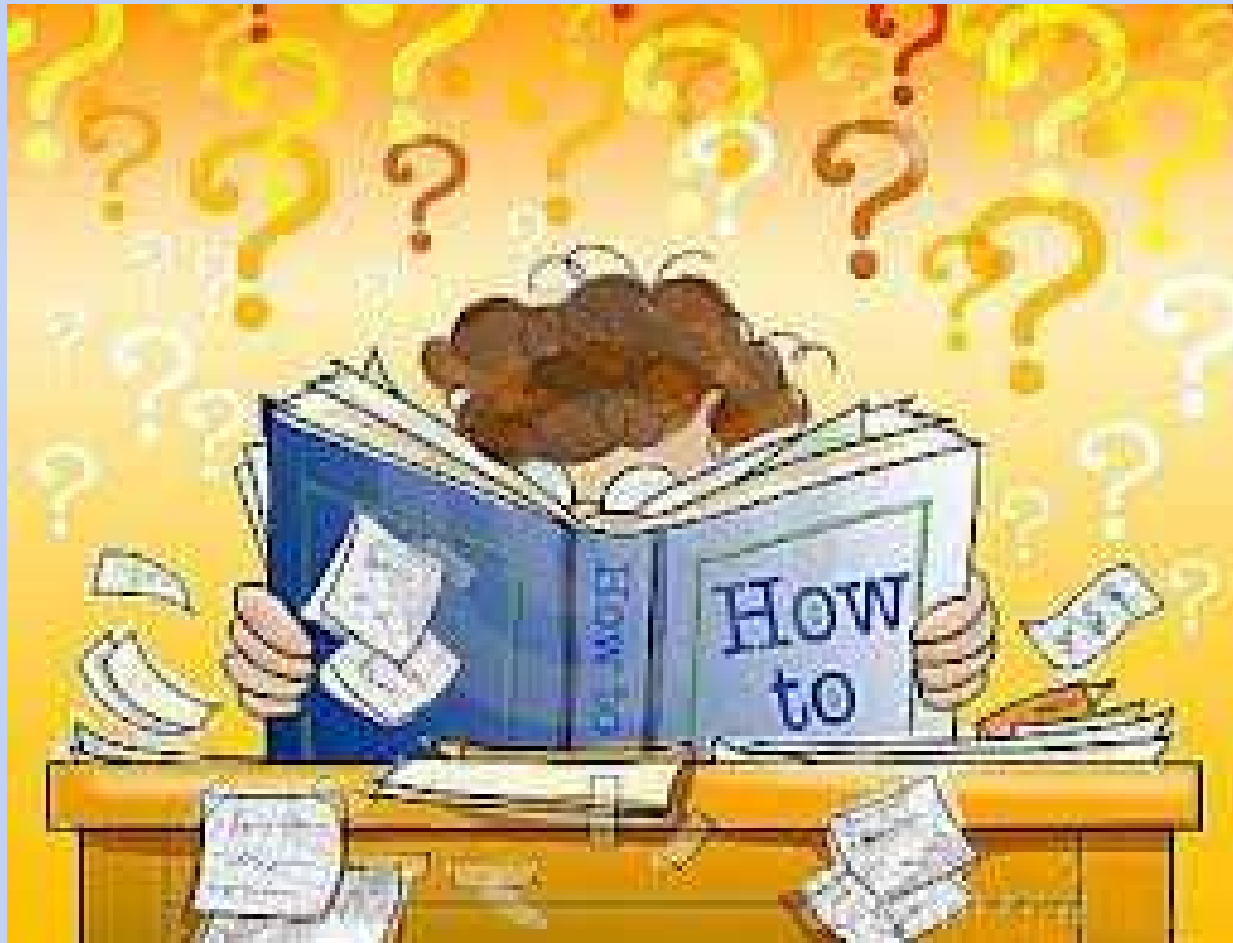
- Obtaining information
- Obtaining ethical approval
- Access to technology
- Organising meetings
- Questionnaire design
- Piloting questionnaire
- Obtaining consensus
- Finding dates/interviewing
- Data entry & analysis
- Writing reports





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Dissemination





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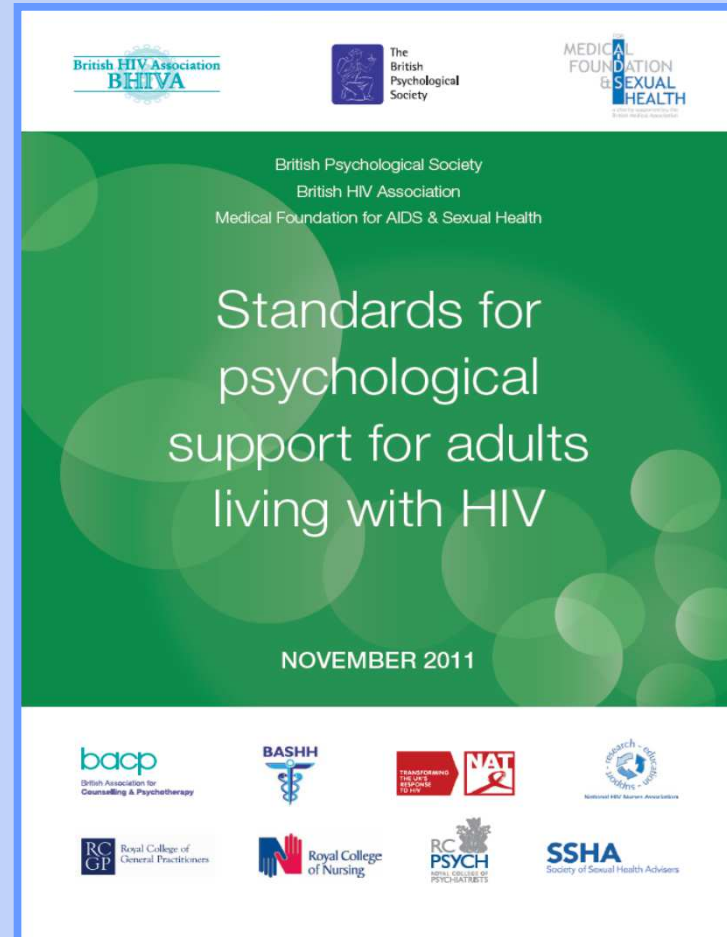
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National Audit





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How do HIV nurses facilitate shared decision making with patients ?



■ **Standard 6:**
Psychological care

People living with HIV should receive care and support which promotes their mental, emotional and cognitive well-being and is sensitive to the unique aspects of living with HIV.



■ **Standard 9:**
Self-management

People living with HIV should be enabled to maximise self-management of their physical and mental health, their social and economic well-being, and to optimise peer-support opportunities.



■ **Standard 10:**
Participation of people with HIV in their care

People living with HIV should have opportunities to be actively involved in decisions about their health care. People who use HIV clinical services should have opportunities to be involved in the design, planning and delivery of these services.

1. British HIV Association Standards of Care for People Living with HIV, 2013. Available online at: <http://www.bhiva.org/documents/Standards-of-care/BHIVStandardsA4.pdf> Accessed March 2014





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Thank you and questions

Nathan Brito-Ault

Sarah Fiddler

Jane Bruton

Hilary Curtus

Robert Fieldhouse

Murad Ruf

Mediscript

Nottingham University

And all the people who took part in the research