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The journey of an ARC-GM Intern during a global pandemic

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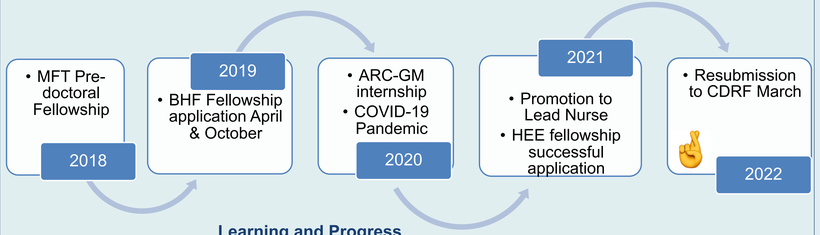
My Research Journey



Learning and Progress

- Two unsuccessful BHF applications for PhD funding
- Time away from clinical practice to focus on refining my research project whilst developing new networks and collaborations with academics across the UK.
- Developed and refined a protocol for an evidence synthesis. This will be submitted for publication on completion.
- Collaboration with PPIE panel.
- Submitted an application to the NIHR CDRF June 2020 (mid pandemic).
- COVID-19 impacted on the internship
- Joined a pain research group and presented at this group.
- Developed further networks with Cambridge based researchers and participated in the review process for an evidence synthesis in Heart Failure.
- Developing further research ideas and progression other related research into research capacity for the ACP workforce and also Nurses knowledge of Acute Coronary Syndromes.

Impact of ARC-GM internship on future career

- Increased research knowledge and skills to develop future early career researchers.
- Promotion to Lead Nurse for Cardiovascular Services.
- Successful application and grant award for Health Education England Fellowship.
- Championing research across my organisation.
- Actively contributing to capacity building by encouraging and supporting fellowship/internship applications.
- Supported one successful ARC-GM internship and one successful Director of Nursing fellowship in 2021.

Internship Outputs

- Evidence synthesis protocol development
- Almost ready to submit protocol to Prospero and to a peer reviewed journal
- Submission of one NIHR CDRF Application June 2020.
- Submission to NIHR mock review panel for further feedback.
- Critical Appraisal and Evidence Synthesis Level 7 research module completed.
- Networking and collaboration with academics across different fields to give different dimension to my project.

A mixed methods evidence synthesis exploring what factors influence the effectiveness of clinical follow-up and secondary prevention strategies for patients post Non-ST-elevation Acute Coronary Syndrome diagnosis: A review protocol

Introduction

Secondary prevention programmes following Non-ST-elevation Acute Coronary Syndrome (NSTE-ACS) are underutilised and there is a lack of consistency and guidance relating to patient clinical follow-up post hospital discharge. These patients are often older and frail with multiple co-morbid conditions. The lack of evidence contributes to reduced physical activity, anxiety and depression, increased emergency department attendances, reduced self-efficacy and quality of life. This problem has been exacerbated post COVID-19, where an already vulnerable cohort of patients risk becoming further disadvantaged by hospital social distancing arrangements and reduction in clinic capacity and ability to provide group secondary prevention programmes. Therefore, the way in which patient consultations are provided must be reviewed.

Review Questions

Quantitative: What is the current relative evidence of effectiveness for strategies of clinical follow-up and secondary prevention for patients post NSTE-ACS?

Qualitative: What are patients', Carers' and Health care professionals use and experience of follow-up and secondary prevention strategies post NSTE-ACS?

Mixed methods synthesis: An integration of the two synthesis will assimilate the findings from the two systematic reviews to answer the question for practice of what factors influence intervention effectiveness?

Search strategy

Databases: Cochrane central register of controlled trials; Ovid MEDLINE including in-process and other non-indexed research plan citations; Ovid EMBASE & EMCARE; EBSCO CINAHL Plus; ProQuest BNI

No restriction will be placed on date. Any paper that can be translated into the English Language will be used. Searches will be re-run just before final analysis to identify any further published studies.

Participants/population

Quantitative: Any study which recruits participants with a diagnosis of NSTE-ACS will be included

Qualitative: Any study where the participants have experience of having or treating NSTE-ACS will be included. This will include patient, staff and carers as participants.

Interventions/Exposures

Quantitative: Any intervention that is aimed at reducing secondary cardiovascular event rates as well as other physical and psychological outcomes will be included.

Qualitative: Interventions relating to the treatment of NSTE-ACS will be included.

Comparators/control

Quantitative: Studies with an without control groups will be included if they report outcomes of interest.

Qualitative: Not applicable.

Studies to be included

Quantitative: Any experimental study design will be considered including RCT, Non-RCT and quasi-experimental design.

Qualitative: Any qualitative methods including (but not limited to) designs such as phenomenology, grounded theory, action research, in-depth interviews, focus groups, ethnography, reflective diaries and case study methodologies.

Main outcomes

Quantitative: The impact on participants' physical, psychological wellbeing and secondary cardiovascular events. Any measures that have previously been validated will be considered so as not to limit the evidence available.

Qualitative: Experience, perceptions, attitudes, behaviours and views post NSTE-ACS diagnosis

Mixed methods synthesis: A theoretical understanding and concept map of necessary components for an efficient and effective model of nurse-led follow-up.

Data extraction

In the title and abstract screening stage, the quantitative and qualitative studies will be separated. All references will be imported into Evidence for Policy and Practice Information (EPPI) reviewer-4. Two blinded review authors will independently assess the titles and abstracts for relevance. After this initial assessment, full text copies thought to be relevant will be obtained. Two blinded review authors will independently check the full papers for eligibility. Any disagreements will be resolved by discussion and where required with the input of a third review author. Standardised data extraction forms will be developed for use by the reviewers to ensure consistency. Study characteristics, participant characteristics and details relating to the intervention, setting, outcome data and results will be independently assessed.

Risk of bias assessment

Quantitative: Two review authors will independently assess the included studies using the Cochrane tool for assessing risk of bias. For randomised controlled trials we will also consider recruitment bias, baseline imbalance, loss of clusters, incorrect analysis and comparability with individually randomised trials.

Qualitative: Two review authors will independently assess the included qualitative studies using the CASP. GRADE CERQual will also be utilised to assess the methodological limitations, relevance, coherence and adequacy of the data.

Data synthesis strategy

Quantitative: Clinical and methodological heterogeneity will be considered supplemented with information regarding statistical heterogeneity assessed using the I^2 measure. Risk ratio and Mean difference will be used with 95% confidence intervals for dichotomous and continuous outcomes respectively. Data presented using forest plots where possible.

Qualitative: The RETREAT approach will be used to identify the qualitative synthesis methods.

Mixed methods synthesis: The results of the quantitative and qualitative reviews will be combined. The purpose of the synthesis will be to determine to what extent the effectiveness of interventions address the factors that affect the patients', carers' and healthcare professionals experience of clinical follow-up post NSTE-ACS, whilst considering what constitutes the most effective way of delivering nurse-led care and lifestyle advice in cardiology.

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