IRISH RESEARCH NURSES & MIDWIVES

13th Annual General Meeting and National Conference
4th November, 2021
'Integrating Clinical & Research Practice: A Perfect synergy'

@Irish_RNM

#IRNM21

FOREWORD

On behalf of the IRNM Working Committee I am delighted to welcome you to our thirteenth annual AGM and conference.

The restrictions imposed due to the COVID-19 pandemic meant that we were unable to proceed with the conference as planned in 2020. This year we bring the conference to you as a virtual event.

Undoubtedly the pandemic has had a significant impact on the conduct of clinical research in Ireland. It has brought with it challenges that could not have been predicted. However, it also has highlighted the importance of clinical research and has given greater visibility to the role of the Clinical Research Nurse/Midwife (CRN/M).

The theme of the conference this year is 'Integrating Clinical and Research Practice: A Perfect Synergy'. Clinical research has played a pivotal role in the fight against COVID-19 and demonstrates how research delivery can inform clinical practice and improve healthcare outcomes.

We are delighted to have expert speakers to talk about their research and also provide updates on recent changes in health research. Forum two includes speakers presenting their own research projects. Abstracts submitted for this session and for the poster presentations are included in the conference pack. The posters will be available to view during the break.

The IRNM has gone from strength to strength since it was formed in 2008. This due in no small part to the members of the working committee. The core group volunteer their time whilst juggling work and family commitments. We also appreciate that behind every committee member there is an organisation who is supporting the IRNM indirectly.

We are extremely grateful to the Health Research Board (HRB) for funding to support the professional development of CRN/Ms. This includes funding for the annual conference and the IRNM HRB Research Nurse/Midwife Support & Development Grant.

This is the first IRNM virtual conference. We hope you enjoy the day and would very much welcome your comments and feedback. #IRNM21

Carole Schilling

Chairperson IRNM

With special thanks to: The Health Research Board.

IRISH CLINICAL RESEARCH NURSE AND MIDWIFE DATABASE

Are you a clinical research nurse or midwife practicing in Ireland? Are you listed on the CRNM Database?

The Clinical Research Nurses and Midwives (CRNM) Database was established in 2019 as part of the Count Me In study, which aimed to describe the research nurse and midwife workforce in Ireland. The purpose of the database is have a live record of the number of CRNMs in Ireland at any time, with basic demographics about work locations, in order to allow IRNM to advocate for your professional development and support at a national level.
The database is maintained securely by the IRNM committee. While you may be contacted by IRNM for information or research purposes your personal data will not be shared without your permission. You can alter your personal profile at any time, or opt out if you no longer wish to be included in the database.

For more information visit the IRNM website: https://irnm.ie/crn-database-submission/

IRNM EDUCATION & TRAINING MODULES

Did you know that IRNM now offer online training modules for members?

Topics available include Study Feasibility , Social Media, Participant Recruitment and Informed Consent, and blood sampling. More presentations will be added in due course, and members are asked to consider submitting further topics. Certificates of completion are available, and where possible the modules are accredited for professional development.

To access the modules create a personal log-in on the IRNM website.

For further details visit: https://irnm.ie/resources/

IRNM COMMITTEE MEMBERS

To learn more about the IRNM Committee please visit our website:

https://irnm.ie/about-irnm/

Carole Schilling, Registered General Nurse; Postgraduate Certificate Nursing (Clinical Research); MSc Nursing.
IRNM Chairperson
Current Role: Clinical Research Nurse RCSI/Beaumont Hospital

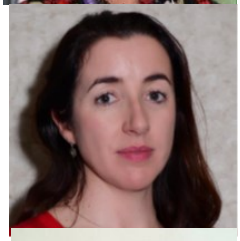
Dr Hazel A. Smith, Registered Midwife; PhD.
IRNM Communications Officer
Current Role: Research & Development Manager, Health Service Executive (HSE)
Contact: smith.hazelann@gmail.com

Dr Veronica McInerney, Registered General Nurse; PhD.
IRNM Treasurer
Current Role: Early Phase and Cell Therapy Trial Manager at CRF NUI Galway
Contact: veronica.mcinerney@nuigalway.ie

Deirdre Hyland, Registered General Nurse; Registered Midwife; MSc Nursing.
IRNM Principle Investigator
Current Role: Director of Research Nurse Education at RCSI CRC
Contact: dhyland@rcsi.com

Jean Foley, Registered General Nurse; PG Cert. Nursing (Clinical Research): MSc.
Current Role: Clinical Research Nurse, HRB Clinical Research Facility Cork
Contact: jean.foley@ucc.ie

Niamh Kelly, Registered General Nurse
Current Role: Clinical Nurse Manager 2, HRB Clinical Research Facility Cork
Contact: niamh.kelly@ucc.ie



Derval Reidy, Registered General Nurse; MSc. Nursing
Current Post: Assistant Director of Nursing at the Wellcome Trust/ HRB CRF at St James's Hospital.
Contact: reidyde@tcd.ie

Anjali Patel, Registered General Nurse; PG Cert. Nursing (Clinical Research); MSc Public Health
Current Role: Clinical Research Associate, Covance
Contact: anjsukha@gmail.com

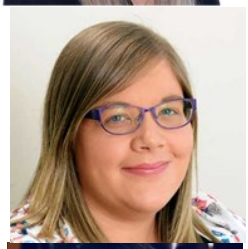
Dr Claire Magner, Registered General Nurse and Registered Children's Nurse; PhD.
Current Role: Assistant Professor/Lecturer in Children's Nursing, University College Dublin
Contact: claire.magner@ucd.ie

Siobhan Egan, Registered General Nurse /Registered Nurse Intellectual Disability; MSc.
Current Role: Clinical Nurse Manager 2 at Health Research Institute, UHLG
Contact: SiobhanMary.Egan@hse.ie

Seán Kearns, Registered General Nurse; PG Certificate Clinical Research
Current Role: Clinical Research Nurse in St Vincent's University Hospital
Contact: sean.kearns@ucd.ie

Elaine Conway, Registered General Nurse; MSc. Nursing
Current Role: Senior Research Nurse at Clinical Research Unit, University of Limerick
Contact: Elaine.conway@ul.ie

Aisling Murphy: RGN; PG Cert. Nursing (Clinical Research).
Current Role: Clinical Research Nurse, HRB Clinical Research Facility, Cork.
Contact: aislingmurphy@ucc.ie



Shaunagh Browne: RGN; RSCN, PG Cert Teaching & Learning, UCC.
Current Role: Clinical Research Nurse, HRB Clinical Research Facility, Cork.
Contact: Shaunagh.browne@ucc.ie

Maeve Kernan: Registered General Nurse; MSc. Nursing (Intensive Care) .
Current Role: Clinical research Nurse, HRN Clinical Research facility, Galway;
Contact: maeve.kernan@nuigalway.ie

Simone Walsh: PMP, RGN, MSc Public Health, BSc Nursing Management, PG Cert medical Toxicology, FFNMRCSI.
Current Role: Senior Research Projects Manager of the RCSI Skin Wounds and Trauma (SWaT) Research Centre
Contact: simonewalsh@rcsi.com

Annual General Meeting
4th November 2021
09.00—10.00

Please note that the AGM is open to registered members of IRNM only, and all discussions are confidential.
The web-link to join the meeting will be sent to registered attendees prior to the meeting date

Agenda Item	Speaker
Welcome and Opening Remarks	Ms Carole Schilling, IRNM Chairperson
Approval of minutes from 2020 AGM	Ms Carole Schilling, IRNM Chairperson
Update on IRNM activities	Ms Carole Schilling, IRNM Chairperson
Treasurers Report	Dr Veronica McInerney, IRNM Treasurer
Communications update	Dr Hazel A Smith, IRNM Communications Officer
Update of HRB Grant to IRNM	Ms Deirdre Hyland, Principle Investigator, HRB/ IRNM Grant
Any Other Business	Ms Carole Schilling, IRNM Chairperson

IRISH RESEARCH NURSES AND MIDWIVES NATIONAL CONFERENCE 2021
INTEGRATING CLINICAL AND RESEARCH PRACTICE: A PERFECT SYNERGY

Time	Topic	Speaker
10.15	Welcome and Opening Address	Ms Carole Schilling, IRNM Chairperson
10.40: FORUM 1	**Chairperson: Ms. Mary Morrissey, Lead for Knowledge Translation, HSE Department of Research & Development**	
10.45–11.15	Roles, Responsibilities and Relationships – Charting the Murky Waters of Clinical Research Nursing and Midwifery	Dr Gordon Hill (RN): Senior Lecturer, Department of Nursing and Community Health, Glasgow Caledonian University, Scotland.
11.15-11.35 CHANGING TIMES IN HEALTH RESEARCH	2017/45 Medical Device Regulations/ 2017/46 In- Vitro Diagnostic Device Regulation	Dr Tom Melvin, Clinical Manager, Medical Devices & Dr Louise Corcoran, Scientific Officer, Medical Devices at Health Products Regulatory Authority
	Development of the National Clinical Trials Office (NCTO)	Dr Fionnuala Keane, National Clinical Trials Office (NCTO) Manager,
	Health Research Consent Declaration Committee	Dr Emily Vereker, Programme Manager /Secretariat, Health Research consent declaration committee (HRCDC).
	National Research Ethics Committee (NREC)	Dr Melissa Jones, Project Officer , National Research Ethics Committee (NREC)
11.35-11.50	PANEL DISCUSSION	
11.50-12.10	REST BREAK AND POSTER VIEWING	
12.10 FORUM 2	**Chairperson: Dr Catherine Houghton, Senior Lecturer School of Nursing and Midwifery National University of Ireland, Galway (NUIG)**	
12:15-12:35	The Identification and Management of Post Intensive Care Syndrome in COVID-19 Critical Care Services: The First Wave.'	Ms Sabina Mason, Research Coordinator Tallaght University Hospital
12:35-12.55	Experiences of Transgender and Non-Binary Youth Accessing Gender-Affirming Care: A Systematic Review and Meta-Ethnography.	Mr Sean Kearns, BSC, PG Cert, PhD Scholar, Gender Clinical Nurse Specialist, University College Dublin
12:55-13:15	Investigators' Perception of Facilitators and Barriers to Consent and Recruitment in Clinical Trials Involving Pregnant Women and Neonates in Irish Maternity Hospitals	Ms Mandy Jackson, BSc, Quality & Regulatory Affairs Manager, Royal College of Surgeons Ireland.
13:15-13:35	If the Gene Fits: The Trials and Tribulations of Delivering Two Different Gene Therapies During a Global Pandemic	Ms Derval Reidy, Assistant Director of Nursing, Wellcome Trust/HRB Clinical Research Facility, St. James's Hospital/TCD.
13.35-13.50	PANEL DISCUSSION	
13:50-14:00	Presentation of prizes and close of conference	Ms Carole Schilling, IRNM Chairperson

This conference has been accredited for 3.5 continuing education units (CEUs) by the Nursing & Midwifery Board of Ireland (NMBI). Certificates of Attendance will be sent by email to all confirmed attendees. You will also be asked to complete an anonymous evaluation form at that time.

CONFERENCE SPEAKERS

Ms Carole Schilling, Clinical Research Nurse, RCSI/ Beaumont Hospital.

@cschill; @Irish_RNN

Ms Carole Schilling qualified in 1993 with a BSc (Hons) Nursing/ RGN. After working in Intensive Care for 5 years Carole changed career path to become a Cardiology Research Sister, and completed an MSc in Nursing in 1999. She moved to Ireland in 2001 and since then has gained further research experience in various clinical settings and in the pharma industry as a Clinical Research Associate. Carole has worked across a broad range of therapeutic areas including respiratory, infectious disease, hepatology, oncology and ophthalmology. In 2012 Carole joined the RCSI Clinical Research Centre as a Senior Clinical Research Nurse and completed the level 9 Post-graduate Certificate in Nursing (Clinical Research) the following year. In 2015 Carole took on the newly established role of RCSI Quality & Regulatory Affairs Manager, with responsibility for developing, implementing and maintaining quality management systems to ensure that all investigator led clinical trials sponsored by RCSI were conducted in compliance with Good Clinical Practice (GCP) and applicable regulatory requirements. In November 2018 Carole took on the role of Project Manager for the IRNM scoping project, the 'Count Me In' study. On completion of the project Carole returned to a research nursing role in the area of Hepatology and Gastroenterology.

Dr Gordon Hill, Senior Lecturer, Department of Nursing and Community Health, Glasgow Caledonian University, Scotland.

@GordonHill1 @IACRN

Dr Gordon Hill is the Cross-School Lead for International in the School of Health and Life Sciences and a Senior Lecturer in the Department of Nursing & Community Health at Glasgow Caledonian University. In this role he specialises in international marketing, trans-national education and international recruitment. Gordon's other areas of expertise include Clinical Research, Evidence Based Practice, Technology enhanced learning and Social media. He is the Deputy Director, WHO Collaborating Centre for Nursing and Public Health Education and Research, and is also a Senior Fellow of the Higher Education Academy.
Gordon is the founder of the Scottish Research Nurse & Coordinator's Network and is on the Membership and Marketing Committee of the International Association of Clinical Research Nurses. He completed a Professional Doctorate at Queen Margaret University in 2019 and has presented extensively on topics including Clinical Research, Teaching & Learning and Ethics. Gordon is a strong advocate of the power of Social Media and is active on LinkedIn, Twitter and Instagram

Dr Tom Melvin, Clinical Manager, Medical Devices and Senior Medical Officer at Health Products Regulatory Authority

Dr Tom Melvin is clinical manager and part of the high level management team of medical devices at the HPRA. Prior to this, Tom worked for the HPRA as a medical officer in medical devices. Tom holds a degree in medicine, from the Royal College of Surgeons in Ireland, in addition to a degree and masters in law from University College Dublin. Tom is Co-Chair of the Clinical Investigation and Evaluation Working Group, and in addition to chairing, Tom has led a number of taskforces at CIE, and a number of other Working Groups and European Taskforces.

Dr Louise Corcoran, Scientific Officer - Medical Devices at Health Products Regulatory Authority

Dr Louise Corcoran is a graduate of Trinity College Dublin with a B.A. in Science, specialising in Neuroscience. Louise then went on to complete a doctorate in Pharmacology and Therapeutics from the National University of Ireland, Galway. Louise's PhD focused on the role of the endocannabinoid system in pain and fear interactions. She currently works at the HPRA Medical Devices' Department as a Scientific Officer within the in-vitro diagnostics team. Her role involves ensuring that medical devices on the Irish market are safe and effective for use. Louise liaises with various stakeholders such as medical device manufacturers and authorised representatives.

@The HPRA

CONFERENCE SPEAKERS

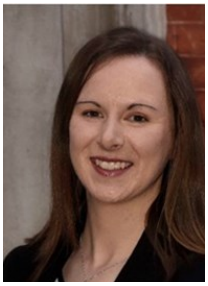
Dr Fionnuala Keane, Manager, HRB National Clinical Trials Office (NCTO)

Dr Fionnuala Keane graduated in 1994 with a B.Sc. Hons in Biochemistry and in 1999 with a PhD in Biochemistry from NUI Galway. From Oct 1999 to Feb 2001 Fionnuala worked as a Postdoctoral Research Fellow in molecular biology and neurochemistry at the Department of Biochemistry, UCD. She joined Novartis Ireland Ltd in Feb 2001 and worked there as a Central Nervous System Hospital Specialist until June 2003. Fionnuala then joined ICORG, the All Ireland Co-operative Oncology Research Group and she remained in ICORG from July 2003 to May 2014. Fionnuala was appointed to the role of Development Lead for the HRB CRCI in May 2014 to develop a 5 year business plan in line with the HRB strategic objectives, working in close collaboration with the CRF/C directors. Following a successful funding application for the development and delivery of HRB CRCI, Fionnuala then served as its Chief Operating Officer from May 2015 to April 2021 to the end of its funding award. From May to July 2021 Fionnuala worked as a Project Manager with UCC on the EU Response and WHO Covid 19 trials for Ireland.
In August 2021, after a successful funding application by the Host Institution, UCC, for the new HRB National Clinical Trials Office (NCTO), Fionnuala was appointed as Manager of the NCTO to lead the team on its programme of work as a central point of contact for Clinical Research in Ireland.

Dr Emily Vereker, Programme Manager of the Secretariat to the Health Research Consent Declaration Committee

@HRCDC_Ireland

Dr. Emily Vereker joined the Health Research Board in 2019, as Programme Manager of the Secretariat to the Health Research Consent Declaration Committee, a statutory body appointed by the Minister for Health under the Health Research Regulations (S.I.314 of 2018). She oversees the operations of the Secretariat that supports the business of the HRCDC, enabling it to deliver on its mandate under the Health Research Regulations.
Prior to taking up the role, Emily was the Senior Patents & Licensing Manager in Trinity College Dublin, with specific case management role in life sciences. she has over 10 years of experience in intellectual property portfolio management, technology commercialisation and collaborative academic-Industry agreements. Prior to working in technology transfer, Emily spent over 5yrs as a Postdoctoral researcher at the Montreal Neurological Institute, McGill, Canada. She is a graduate of National University of Ireland, Maynooth and received her doctorate from Trinity College Dublin.



Dr Melissa Jones, Project Officer, National Office for Research Ethics committees

@NREC_Office

Dr Melissa Jones is the Project Officer for the National Office for Research Ethics Committees in Ireland. Melissa provides expert technical and operational support across the lifecycle of applications for ethics review in the NREC system.
Melissa brings strong scientific and project management expertise to the National Office. She was a Programme Manager at Science Foundation Ireland, where she managed a diverse portfolio of research awards, and was involved in developing and supporting research funding programmes.
Melissa previously worked as a Research Officer for Fighting Blindness, where she developed medical and scientific resources for the general public and managed the patient and public involvement in research initiative. She is committed to ensuring the integrity and efficiency of the national research ethics review process for the benefit of the Irish research community and wider public.
Melissa holds a BSc in Neuroscience from University College Dublin, and a PhD in Clinical Medicine from Trinity College Dublin. She also recently completed a Post Graduate Diploma in Pharmaceutical Business and Technology from Griffith College Dublin and Innopharma Education.

FORUM CHAIRPERSONS

Dr Catherine Haughton, Senior Lecturer, School of Nursing & Midwifery, National University ofIreland, Galwav

@houghtoncath; @n_gnursing; @QUESTScentre

Dr Catherine Houghton is a senior lecturer in the School of Nursing and Midwifery, National University of Ireland Galway. Catherine's research interests are primarily around qualitative research methodologies, qualitative evidence synthesis and the integration of qualitative research in trials. Catherine is Co-Chair of the Qualitative Research in Trials Centre: QUESTS (www.quests.ie) and co-lead of the Qualitative Research in Trials (QRiT) target group, within the MRC-NIHR Trials Methodology Research Partnership(TMRP).

Catherine is also a research associate for Evidence Synthesis Ireland, and a member of the Emergency Evidence Response Service (EERS) in response to COVID-19. She has led and co-authored a number of qualitative syntheses including a recently published Cochrane rapid review in response to COVID-19. Catherine is on the advisory board for the International Institute for Qualitative Methodology (IIQM) and European Editor for the International Journal of Qualitative Methods (IJQM).

Ms Mary C. Morrissey, Psychology Lead for Research & Evidence, Health Service Executive.

@marycday

Ms Mary Morrissey is Psychology Lead for Research and Evidence, HSE. She is the Co-Lead for the Knowledge Translation Project. Mary provides facilitation and consultation support for HSE project groups in the areas of vision, change management, intra-action reviews and implementation science. She is the team lead for the Knowledge Brokering team in the library. Mary also provides a clinical psychology service one day a week for patients with diabetes in Connolly Hospital Dublin.

Sincere Thanks

IRNM wish to sincerely thank our Forum Chairpersons, Invited Speakers and Abstract Presenters – both Oral and Poster – who gave of their time and expertise to make this conference possible.

Thanks also to the Health Research Board, for their ongoing commitment to supporting the professional development of research nurses and midwives in

Research Forum 1:	**Sabina Mason,** Research Nurse Coordinator, Tallaght University Hospital	
Abstract Title:	The identification and management of Post Intensive Care Syndrome In COVID-19 critical care survivors: the first wave.	
Author/s:	Collins J, Gilmartin M, O' Doherty V, Mason S, Fahy A, Baily-Scanlan M, Kelly Y, Snyman L, Donnelly M	E-mail: sabinamason@icloud.com Twitter handle: @SabinaMason_

Objective: The aim of this study is to institute a post-ICU clinic for COVID-19 critical care survivors in order to assess the prevalence of PICS components. Our intention is to utilise the gathered data to advocate for the establishment of a permanent post-ICU clinic service in our institution.

Method: Adult patients in ICU with respiratory failure in the setting of a positive SARS-CoV-2 PCR test were recruited before discharge. Exclusion criteria included patient refusal, expected survival 3 months post discharge. Post ICU physical and psychological testing was carried out using standardized assessment tools, including 6 minute walk test (6MWT), PHQ-9 (Depression), GAD-7 (anxiety) and PTSD checklists.

Results: In total, 26 patents were recruited following ICU admission, 22 completed follow up clinic post ICU discharge. The incidence of anxiety disorders and the early features of PTSD were captured frequently with approaching one third of patients in this group likely to develop PTSD.

Demographics: Mean patient age was 52, with 68% being male. Mean BMI was 31, with 54% meeting criteria for obesity. Three patients were smokers; none of these patients had a formal diagnosis of COPD.

Conclusions: Survivors of COVID-19 critical illness reviewed in this Post-ICU clinic demonstrated features of Post Intensive Care Syndrome involving the physical, psychological and mental health domains

Research Forum 2:	**Seán Kearns,** Gender Clinical Nurse Specialist, NUIG/UCD	
Abstract Title:	Experiences of transgender and non-binary youth accessing gender-affirming care: a systematic review and meta-ethnography.	
Author/s:	Kearns, S., Neff, K., Kroll, T. & O'Shea, D.	Email: sean.kearns1@ucdconnect.ie

Objective: Transgender and non-binary individuals frequently engage with healthcare services to obtain gender-affirming care. Little data exists on the experiences of young people accessing gender care. This systematic review and meta-ethnography aimed to identify and synthesise data on youths' experiences accessing gender-affirming healthcare.

Method: A systematic review and meta-ethnography focusing on qualitative research on the experiences of transgender and non-binary youth accessing gender care was completed between April-December 2020. The following databases were used: PsychINFO, MEDLINE, EMBASE, and CINAHL. The protocol was registered on PROSPERO, international prospective register of Systematic Reviews (CRD42020139908).

Results: Ten studies were included in the final review. The sample included participants with diverse gender identities and included the perspective of parents/caregivers. Five dimensions (third-order constructs) were identified and contextualized into the following themes: 1.) Disclosure of gender identity. 2.) The pursuit of care. 3.) The cost of care. 4.) Complex family/caregiver dynamics. 5.) Patient-provider relationships.

Conclusion: This synthesis provides insight into the experience of transgender and non-binary youth accessing gender-affirming healthcare. The third-order constructs highlight the myriad of barriers that young people and their families/caregivers must navigate through on a long and winding road to accessing gender care. Ryvicker's behavioural-ecological model of healthcare navigation is discussed in relation to the findings and compared to the authors' line of argument model.

Research Forum 3:	**Mandy Jackson,** Quality and Regulatory Affairs Manager, RCSI Sponsor Office
Abstract Title:	Investigator's perception of facilitators and barriers to consent and recruitment in clinical trials involving pregnant women and neonates in Irish Maternity Hospitals.
Author/s:	Jackson, M. Twitter handle: @mandoqt E-mail: mandyjackson@rcsi.com

Objective: Investigator-initiated clinical trials are crucial for improving quality of care for children and pregnant women as they are often excluded from industry-initiated trials and are therefore under-represented. Little research has been conducted on perspectives of recruiters of clinical trials involving pregnant women and neonates in Ireland. Herein, we explore investigator's perception of facilitators and barriers to consent and recruitment in clinical trials involving pregnant women and neonates in an Irish maternity hospital.

Methods: Semi-structured interviews were conducted using a purposive (non-probability) sample of 8 investigators working in one large urban Irish maternity hospital who had experience of recruiting pregnant women and/or neonates to clinical trials.

Results: In considering trial recruitment, participants viewed that the most common facilitator was the perceived benefit of trials both for the pregnant woman and the neonate. The most commonly cited barrier was trial impact, with several subordinate themes emerging; all 8 participants cited this as a reason for pregnant women and parents of neonates to decline trial participation.

Conclusion: The results of this research study add to the existing European and International literature, with some unique themes emerging in an Irish context. Cognisance of the facilitators and barriers to recruitment of pregnant women and neonates to clinical trials will enable researchers to improve future recruitment strategies.

Research Forum 4:	**Derval Reidy,** Assistant Director of Nursing, Wellcome Trust-HRB Clinical Research Facility, St James's Hospital.
Abstract Title:	If the Gene Fits: The trials and tribulations of delivering two different gene therapies during a global pandemic
Author/s:	Reidy D., Coleman U., Argue R. & O'Toole E. E-mail: reidyde@tcd.ie

The Gene therapy revolution and personalised health care is well underway. Gene therapy is a technique that modifies a person's genes to treat or cure disease. Gene therapies can work by several mechanisms: Replacing a disease-causing gene with a healthy copy of the gene or Inactivating a disease-causing gene that is not functioning properly.

Delivering gene therapy is a highly specialised technique requiring specialised equipment, specialised staff with specific training, a designated research pharmacy area with all of the safety parameters in place and the know how to deliver these drugs safely in a suitable environment with the necessary support services in place.

The Wellcome HRB Clinical Research Facility located at St James's Hospital is currently the only site in Ireland that has delivered gene therapy products to patients. In 2020, 3 Irish Haemophilia patients were dosed with a gene therapy vector and within the same year, the facility dosed 4 babies suffering from Spinal Muscular Atrophy. All of this took place in the midst of a global pandemic.

The aim of this presentation is to outline the steps in delivering these two projects – the first through a Clinical Trial in an adult population and the second through a Managed Access Program in a paediatric population.

We will give an overview of the project management aspects, regulatory considerations, training of staff, equipment required and the practical implementation of delivering these projects, as well as very positive outcomes for all patients involved.

Poster Abstract 1	**Kate Aughey,** Staff Nurse & **Viji Nair,** Clinical Nurse Facilitator, PICU, CHI at Crumlin	
Abstract Title:	Handover Practices In PICU: An observational study	
Author/s:	Aughey K., Nair V., Joseph M., Tan M.H., Brereton, E., Melbourne J., O'Sullivan A., McManus B., Babu J., Joseph L., & Kunnath K.	E-mail: augheyk@tcd.ie

Introduction: National and international guidelines recommend using a standardised handover in the clinical setting, to improve efficacy, patient experiences and safety by ensuring consistencies in critical information exchanges during handover. Barriers of handover include distraction, lack of structure, interruptions, and education during handover that can lead to errors. Given the complexities of care in the Paediatric Intensive Care Unit (PICU) environment a standardised handover may improve communication and reduce the likelihood of omissions or errors.
Aim: To establish a standardised handover in the PICU, to reduce potential handover errors and enhance communication.
Method: Pre and post implementation anonymous surveys were administered to all nursing staff in the PICU. The ISBAR3 communication audit tool, interruption frequency and clinical handover length was audited. Main outcome measures were current clinical handover practices handover documentation and the evaluation of clinical handover.
Setting: General and Cardiac PICU with a combined bed capacity of 23 beds.
Outcomes: Based on the survey result, The ISBAR3 framework was adopted as well as team brief, the golden 5 minutes, on consultation with relevant key stakeholders and with agreement from the handover focus group. A standardised ISBAR3 handover now features in the PICU electronic healthcare record. Training was provided prior to the introduction of ISBAR3 clinical handover. We promote an environment conducive to handover.
Conclusion: ISBAR3 standardised handover was successfully implemented in both PICUs. The ISBAR3 framework can be replicated and transferable to other ICU environments.

Poster Abstract 2	**Ruth Argue,** Research Nurse, TCD	
Abstract Title:	How to Recruit During a Pandemic-Clinical Research Nurse Perspective on Conducting Research on COVID-19 During a Global Pandemic	
Author/s:	Argue R., Kelly A., Downer T., O'Doherty L., Mangan C.O ., O'Toole E., Reidy Conlon N., Hennessy M. & Ní Cheallaigh C.	E-Mail: rargue@tcd.ie

Background: The COVID-19 pandemic reached the Republic of Ireland at the end of February 2020, and within three weeks, cases had been confirmed in all counties. The pandemic affected many aspects of society. The government shut all schools, colleges, childcare facilities, cultural institutions, and advised cancelling large gatherings.
Phase 1 of the epidemic had a big impact on hospital and ICU admissions particularly in Dublin hospitals. Researchers locally and globally diverted their attention to research in COVID and the race was on to determine the best type of treatment for COVID-19.

Aim and objective/s: This poster will outline the practicalities and considerations of conducting research in this novel area, the need for a multi-disciplinary approach, the infection control considerations, and the importance of a nimble system in an ever-changing landscape.

Description of innovation: Multiple Covid research studies were set up during this time these ranged from clinical trials to investigator led studies

Impact of innovation: The ability to offer novel research to patients within a hospital setting

Conclusions and implications: A nimble system is required in order to recruit successfully into –19 studies

Poster Abstract 3	**Sophie Trainor,** Infectious Disease Research Nurse, Infectious Disease and Tropical Medicine, RCSI	
Abstract Title:	Serial RADT Testing in Healthcare Workers: The Efficacy of RADT on the Asymptomatic Group.	
Author/s:	Trainor, S., de Barra E., & Crawford, R.	E-Mail: sophietrainor93@gmail.com

Background: Hospital staff volunteered in a Dublin University Hospital to carry out serial RADT (Rapid Antigen Detection Testing) self-testing at home. A rapid antigen test is a rapid diagnostic test suitable for point-of-care testing that directly detects the presence or absence of an antigen, which is commonly used for the detection of COVID-19. The sensitivity of RADT is around half that of standard PCR testing. The purpose of serial RADT testing is to find asymptomatic cases thus, protecting patients and staff.

Methods: In this descriptive study, participants were asked to test and upload their results every 48 hours to a database.

Results: Out of 28 Staff members who were enrolled, 156 uploads were provided. 1 tested positive with the RADT and received a positive PCR. 153 of these tests were negative and 2 of these tests were invalid.50% of participants were consistent with the recommended testing period which was every 48 hours every two weeks. 21% of participants dropped off the study during the two weeks period prior to completing the two weeks. 36% of participants uploaded all tests required during the testing period.

Discussion: Among asymptomatic staff, only one was confirmed RADT and PCR positive. The number of tests ranged from 1- 30 per participant. This is potentially a useful risk mitigation tool but needs re enforcement to ensure consistent use, such as text reminders and poster/information reminders around the hospital.

Poster abstract 4	**Ciara Mathews,** Clinical Lead Nurse- HeartCare at Home at Centric Health, Centric Health, Department of Research and Innovation	
Abstract Title:	HeartCare at Home- the development of a home monitoring programme for patients with heart failure.	
Author/s:	Mathews C., Levis O., Mooney C., McLaughlin A., Bailey D. & Coughlan A	E-Mail: Ciara.mathews@centrichealth.ie

Background: It is estimated over 90,000 patients in Ireland have a diagnosis of Heart Failure (HF). The HeartCare at Home programme aims to reduces GP and A&E presentations and hospital admissions by providing patients with remote monitoring, and direct clinical support, to manage their HF optimally at home.

Methods: Eligible patients are referred by their GP. Patients are provided with a blood pressure (BP) monitor, weighing scales and smart device if required. The HeartCare at Home app, a CE-certified Medical Device class IIa, is provided by Luscii Vitals. Patients are requested to input their weight, BP, heart rate (HR) and symptoms twice weekly. If measurements fall outside pre-determined parameters or a deterioration is noted, the team is alerted. Where clinically appropriate and in line with cardiologist approved protocols, the team can support the patient to titrate their diuretic medication at home with continuous daily monitoring.

Results: To date, over 150 patients have commenced the programme (50% female; median age 79 years, IQR, 72-84). Over 22,000 measurements have been collected, of which 25% have triggered an alert. Nine percent of these are attributable to weight gain. The team have intervened in 48 cases to support patients to titrate their diuretic medication at home. An estimated 16 heart failure related admissions were expected during the study period in this cohort. We report one heart failure related admission during the remote monitoring period.

Discussion: Initial data suggests home monitoring, with direct clinical support, reduces hospital admissions significantly. Further research is ongoing to examine the positive healthcare effects, both clinical and patient benefits, of the HeartCare at Home programme.

Poster Abstract 5	**Tania** Bautista, Postgrad Research Student, UCD	
Abstract Title:	Exploring the Experiences of Children Who Are Living with a Skin-Tunnelled Catheter or a Totally Implanted Port, with a Focus on their Quality of Life	
Author/s:	Bautista T.	E-mail: maria-tania.chimuris-bautista@ucdconnect.ie

Background: In the paediatric population central venous access devices are required for the treatment of a variety of conditions. This study focuses on skin-tunnelled catheters (STC) and totally implanted ports (TIP). In Irish hospitals, STCs are preferred over TIPs in contrasts with international practice, where TIPs are chosen more often. The decision is made by the surgeon. TIPs have the advantage of reduced rates of infection, being less physically noticeable and having less of an effect on activities of daily living when compared with STCs.

Methods: Qualitative semi-structured interviews were conducted on a purposeful sampling of ten children with either a TIP or a STC.

Results: All Patients with TIPs highlighted that insertion of the TIP was a source of relief as they had previous experience with insertion of percutaneously inserted central catheters which was cited as traumatic. Needle access with the TIP was highly tolerated. Patients with STCs reported more episodes of infection and fear of dislodgement, as well as a reduction in activities of daily living such as bathing.

Discussion: All families interviewed believed that it would have been beneficial to be provided with a choice of device at their surgical consultation. Majority of families with a STC reported that they would have chosen a TIP despite the needle access, while all families with a TIP would have kept the same device.

Conclusion: In conclusion, our findings indicate that offering the option of TIP or STC at surgical consultation could lead to an enhancement of quality of life during a difficult illness for the patient and their families.

Poster Abstract 6	**Seán Kearns,** Gender Clinical Nurse Specialist, NUIG/UCD	
Abstract Title:	Transgender and non-binary demographics, referrals and comorbidities among young Irish adults (2014-2020).	
Author/s:	Kearns S., O'Shea D. & Neff K.	E-Mail: sean.kearns1@ucdconnect.ie

Background: Over the last six years, there has been a change in the demographics of people presenting to gender services in Ireland. This is in line with international trends describing a higher number of transgender men (Female-Male, FTM, AFAB) presenting to gender services as compared to transgender women (Male-Female, MTF, AMAB), and lower ages at referral, Given the changes in demographics, it would be anticipated that clinical needs may have changed. This study describes the demographics of a young Irish sample (participants aged 18-30 years old) and explores the referral pathways and clinical needs of this cohort.

Methods: The study was performed as a prospective random sample chart review of 167 charts at The National Gender Service, St Columcille's Hospital, Dublin over a five-month period.

Results: Transgender men represented 62.3% of the sample, transgender women 35.3%, and transmasculine/non-binary individuals represented 2.4%. Over two-thirds of participants were on cross-sex hormones or GnRH antagonists and 16.1% had undergone surgical interventions. The median time from referral received to being seen at the clinic was 450 days (481 mean).

Conclusion: This is the first study to show increasing referrals of people who were assigned female at birth (AFAB) over assigned male at birth (AMAB) individuals in Ireland, and to document the clinical needs of this cohort. By understanding the changing demographics and clinical needs, we can better plan for service development and improvement.

RESEARCH NURSE & MIDWIFE SUPPORT

The Health Research Board (HRB) have awarded grant funding to the Irish Research Nurses Network (now called Irish Research Nurses and Midwives (IRNM) to support the professional development of clinical research nurses and midwives in Ireland (2018-2021).
Due to disruption caused by the Covid-19 pandemic this award has been extended until June 2022.

The funding was approved for 5 specified purposes:

- ⇒ Support for IRNM Annual National Conference and other IRNN activities
- ⇒ Conference and event attendance by IRNM members
- ⇒ Seed funding for innovation or quality improvement initiatives
- ⇒ Funding for attendance at national and international committee/working group meetings by IRNM representatives, where that person is a member or observer of the group
- ⇒ Completion of a national scoping exercise to ascertain the number of research nurse and midwife positions in Ireland, their employment structures, roles and responsibilities (Count Me In Study).

Research nurses and midwives who are members of IRNM can apply for funding to engage in professional development activities as outlined in points 1-3 above. The applicant must be able to demonstrate that their planned activity is relevant to the research nurse/midwife role and will benefit their professional development and/or their organisation. Full details of the application process, and application forms, are available on the IRNM website: https://irnm.ie/grants/irnn-hrb-research-nurse-midwife-support-development-grant-open/