



IRISH RESEARCH NURSES & MIDWIVES

**15th National Conference
16th November, 2023
'Research for all: Diversity, Equality &
Accessibility'**

**University Hospital Limerick
Clinical Education Research Centre**



Scan me!

@Irish_RNM

IRNM23



FOREWORD

On behalf of the Working Committee it gives me great pleasure to welcome you to our 15th Annual IRNM Conference.

Over the past number of years we have experienced and adapted to new modes of communication and connection. But technology has yet to trump the benefit of in person events. Your effort to attend today's conference is testament of your willingness to work together for change and new beginnings.

This year's conference theme is 'Research for All: Diversity, Equality and Accessibility'. Our approach to the recruitment of study participants has in the past been stifled by perceived limitations, resulting in the exclusion of minority and marginalised populations. So today it is pivotal that we are joined by LGBTQi+, Traveller, Roma and Disability representatives, to educate us on how recruitment of their members is possible, and moreover vital to research. We are beholden to all our speakers, session chairs and members, who today will present oral and poster presentations.

The IRNM is now 15 years in existence and has gone from strength to strength. Over the next three years our Competencies Project and upcoming Strategy (2024-2026) invests in research nurses and midwives; elevating our recognition, professionalism, and career progression pathway.

We wish to congratulate and send our best wishes to Deirdre Hyland on her retirement from practice. Deirdre was a long standing member of IRNM, and since its inception and has been a steadfast leader and mentor. We are delighted to say Deirdre will continue to volunteer her time to our Competencies Project.

On a personal, note I wish to thank the IRNM working committee members for giving their time selflessly and their dedication to the success of this conference. The core group volunteer their time whilst juggling work and family commitments. I also appreciate that behind every committee member there is an organisation who is supporting the IRNM indirectly.

Special thanks to our conference sponsor DeRoyal Global Healthcare Solutions Limited.

The IRNM conference is not just for research nurses and midwives; we are delighted to welcome colleagues from all other health disciplines including science, industry and patient organisations.

We hope you enjoy the day and would very much welcome your comments and feedback.

Is mise le meas

Simone Walsh

Chairperson IRNM

#IRNM23



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 to 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 Competencies Project (2023-2026)

The IRNM were awarded €300,000 by the Health Research Board to delivery two strategic objectives.

Strategic Objective 1:

- Report on the challenges and barriers to recruiting and retaining CRNMs, from the perspective of all stakeholders, with additional publications and dissemination as appropriate
- Report/publications on the CRNM role, with recommendations for best practice, appropriate task allocation and effective use of resources.
- Nationally approved criteria for selection of CRNMs aligned to nursing/midwifery grades – Staff Nurse/Midwife, Clinical Nurse/Midwife Manager 1, 2 and 3, Clinical Nurse/Midwife Specialist, Advanced Nurse/Midwife Practitioner.
- Description of CRNM competencies, defining level of skill applicable to employment grade
- Decision tree/matrix to guide Investigators in identifying the skills and experience required for specific research projects. This will ensure the salary costs for a project are neither under or over estimated.
- Tools for development and assessment of clinical research competencies.
- Guidelines for mentorship and competency assessment of CRNMs.
- Potential application for undergraduate student placements

Strategic Objective 2:

- Annual metrics on the profile of registered CRNMs, within the confines of data protection and confidentiality
- Cumulative data on recruitment and retention of CRNMs, duration of employment in particular posts, employment grades and length of experience in clinical research

Project updates and information will be shared on the IRNM website (www.irnm.ie) via our member's new letter and social media.

X (formerly known as Twitter): @Irish_RNM

LinkedIn: Irish Research Nurses and Midwives Network

If you are interested in taking part in our research, please ensure to tick and sign the 'permission to be contacted for research purposes box' on the sign in sheet at registration.

IRNM COMMITTEE MEMBERS

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



Ms. Simone Walsh: PMP, RGN, MSc Public Health, BSc Nursing Management, PG Cert medical Toxicology, FFNMRCSI.

Current Role: Chairperson & IRNM Programme Manager

Contact: simonewalsh@rcsi.com



Ms. Carole Schilling, Registered General Nurse; Postgraduate Certificate Nursing (Clinical Research); MSc Nursing.

Current Role: Clinical Research Nurse RCSI/Beaumont Hospital

Contact: caroleschilling@beaumont.ie



Dr. Veronica McInerney, RGN BNSc,H Dip Onc, MSc, Dip PM PhD.

Current Role: Administrative Director, Advanced Therapies and Cancer Group, HRB Clinical Research Facility, University of Galway

Contact: veronica.mcinerney@universityofgalway.ie



Ms. Derval Reidy, Registered General Nurse; MSc. Nursing

Current Post: Assistant Director of Nursing at the Wellcome Trust/ HRB CRF at St James's Hospital.



Ms. Deirdre Hyland, Registered General Nurse; Registered Midwife; MSc Nursing.

Current Role: Director of Research Nurse Education at RCSI CRC

Contact: dhyland@rcsi.com



Ms. Sabina Mason, Registered General Nurse;

Current Role: Critical Care Research Nurse Coordinator

Contact: sabina.mason@tuh.ie



Ms. 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



Ms. June Considine, Registered General Nurse and Registered Children's Nurse;
MSc. Nursing.

Current Role: Clinical Nurse Manager, Department of Paediatrics and Child Health

Contact: June.considine@ucc.ie



Ms. Elaine Conway, Registered General Nurse; MSc. Nursing

Current Role: Senior Research Nurse at Clinical Research Unit, University of Limerick

Contact: Elaine.conway@ul.ie



Ms. Sharon Carr, Registered General Nurse,

Current Role: Lead Research Nurse, Educational Lead NI Clinical Research Facility Belfast

Contact: sharon.carr@belfasttrust.hscni.net



Ms. Terri Martin, Registered General Nurse; MSc. In Clinical & Translational Research

Current Role: Associate Director of Nursing for UCD CRC

Contact: teresa.martin@ucd.ie



Ms. Emma Cobbe Registered General Nurse, MSc Nursing

Current Role: Clinical Research Support Officer, CNM1, HRB Clinical Research Facility – Cork

Contact: e.cobbe@ucc.ie



Ms. Louise A. Barry Registered General Nurse, MSc Health Sciences .

Current Role: Associate Professor of General Nursing ,University of Limerick

Contact: louise.a.barry@ul.ie



Dr. Hazel A. Smith, Registered Midwife; PhD.

Current Role: Associate Professor of Maternal & Child Welfare Staffordshire University & Deputy Lead for NMAHP Research and Education Excellence with University North Midlands Hospital

Contact: smith.hazelann@gmail.com



Ms. Pooja Varghese Registered Nurse BSc ,MSc

Current Role: GCP Monitor at RCSI Sponsorship office.

Contact: poojavarghese@rcsi.ie

CONFERENCE AGENDA

09:00 - 10:00	Registration & Refreshments: Poster Viewing	
10:00 - 10:10	Welcome Remarks Ms. Simone Walsh Chairperson IRNM	
FORUM 1	Chairperson: Dr. Patrick O'Donnell GP & Associate Professor of General Practice University of Limerick	
10:10 - 10:15	Chair introduction and remarks	
10:15-10:30	Dr Catherine Motherway Key Note Address	
10:30 - 10:50	Dr. John Gilmore Assistant Professor in Nursing UCD School of Nursing, Midwifery and Health Systems	
10:50 - 11:10	Inclusive Research Network (IRN) Mr. Brian Donohoe, Secretary IRN Mr. Ger Minogue, Brothers for Charity Ireland, IRN Member	
11:10 - 11:30	Research Presentation 1 Mx Ryan Goulding Lecturer Mental Health Nursing University College Cork <i>Improving the healthcare experiences of transgender and gender-diverse youths: A mixed method systematic review.</i> <i>Transgender and Gender Diverse Youths' Experiences of Healthcare: A Systematic Review of Qualitative Studies</i>	
11:30 - 12:00	Refreshments and Poster Viewing	
FORUM 2	Chairperson: Dr. Robert O'Connor Director HRB National Clinical Trials Office	
12:00 - 12:05	Chair introduction and remarks	
12:05 - 12:25	Ms. Adriana Quinn Roma Maternal Health, Ms. Bianca Tanase Roma Awareness Worker Ms. Maria McDonell Traveller Awareness Worker	
PARALLEL SESSION	Main Auditorium Ground Floor Chairperson: Deirdre Hyland	Room 6 Ground Floor Chairperson: Dr Robert O'Connor
12:25 - 12:45	Research Presentation 2 Ms. Katrina Byrne RNID, PhD Student Trinity College Dublin The Modified Oral Status Survey Tool: <i>Initial development of a disability focused oral health assessment research tool.</i>	Research Presentation 5 Ms Louise Barry Associate Professor Department of Nursing and Midwifery, UL <i>Clinical Research and COVID-19: Insights from of clinical research stakeholders</i>
12:45 - 13:05	Research Presentation 3 Ms. Jessica Keane MSc Student and Clinical Research Officer with the National Perinatal Epidemiology Centre (NPEC) <i>Area level deprivation as a risk factor for stillbirth in upper middle to high income countries: A scoping review</i>	Research Presentation 6 Ms. Katie O'Byrne CNM2 Research and Innovation, Dublin Midlands Hospital Group <i>Examining the impacts and experiences of people one-year post-sepsis diagnosis.</i>

CONFERENCE AGENDA (Continued)

13:05 - 13:25	<p>Research Presentation 4 Ms. Louise O'Reilly RNID Clinical Nurse Specialist – Health Promotion</p> <p><i>Healthcare Staffs Experience of Supporting Older Adults with an Intellectual Disability who are in Pain: A Systematic Review.</i></p>	<p>Research Presentation 7 Ms. Shannon Sinnott Clinical Research Assistant, Childrens Health Ireland</p> <p><i>Giving a Voice to Children in Research Exploring Research Together; Identifying Research Priorities for Adolescent and Young Adults with Cancer in Ireland and Understanding Children's Experiences of Living With Rare Diseases Through Sand Play and Music</i></p>
13:25 - 14:10	Lunch and Poster Viewing	
FORUM 3	<p>Chairperson Ms. Simone Walsh,</p>	
14:10 - 14:20	<p>Introduction to Workshop Deconstructing the role of the CRN/Midwife'</p>	
14:20- 15:50	Workshop	
15:50 - 16:00	<p>Chairperson's remarks Presentation of prizes and close of conference Ms. Simone Walsh</p>	

FORUM CHAIRPERSONS



Dr Patrick O'Donnell MB BCh BAO MICGP MSc PhD

GP & ASSOCIATE PROFESSOR OF GENERAL PRACTICE

 @PATRICKOD9

 @MEDICINEATUL

Dr Patrick O'Donnell is a General Practitioner and Associate Professor of General Practice who specialises in inclusion health. He graduated with a degree in medicine from UCD in 2006 and completed the Sligo Specialist Training Scheme in General Practice in 2012. He holds a Masters Degree in Global Health from Trinity College Dublin and is a member of the Irish College of General Practitioners. His research interests include social exclusion, health equity, homelessness, addiction and the provision of healthcare to people from marginalised groups. In 2022 he completed his PhD on social exclusion and health at UL. He is involved in the education and training of undergraduate and postgraduate students from the healthcare professions at UL and around the country on topics relating to inclusion health. He is a member of the HSE national Naloxone Quality Assurance Group and the Health Research Board National Mental Health Research Strategy Expert Group. He joined the UL School of Medicine in 2013 as a Clinical Fellow in Social Inclusion to work on a project that included the goal of establishing low-threshold inclusion health clinics in Limerick city for people who could not easily access mainstream health services.



Robert O'Connor Ph.D. NCTO Director

 @drrobertoconnor

 @HRB_NCTO

Robert O'Connor, PhD, is an experienced research director with over 25 years of expertise. He is passionate about utilising research to enhance health outcomes, particularly in clinical trials, oncology, pharmacology, translational health research and life sciences.

Having completed his PhD, Robert was one of the first to take laboratory cancer research into early-stage clinical trials in Ireland. He played a significant role as an executive chair at ICORG (now Cancer Trials Ireland), facilitating networking and funding for interdisciplinary translational cancer research.

He served as a researcher and lecturer in the NICB and School of Nursing at Dublin City University. As the Director of Research for the Irish Cancer Society, he successfully advocated for research inclusion in national cancer treatment policies, integrated patient partnership into research and provided tailored funding to promote health professionals' involvement in research.

Robert also contributed to several national health organisations as a board member and offered strategic support and consultancy to charities, companies and various stakeholders in the health sector.

As the director of the National Clinical Trials Office, Robert strives to promote impactful clinical research growth in Ireland. His focus remains on aligning the office's efforts with patient needs and the ambitions of health researchers, indigenous start-ups, and European and international organisations, companies and partners.

FORUM CHAIRPERSONS



Simone Walsh PMP, RGN, MSc Public Health, BSc Nursing Management, PG Cert Medical Toxicology, FFNMRC SI
Programme Manager, IRNM

Simone Walsh is Chair and Programme Manager of the Irish Research Nurses and Midwives Network. Simone is a certified PMP, RGN and holds an MSc in Public Health and has worked as an epidemiological surveillance nurse researcher of drug and alcohol related deaths, gaining extensive experience in the management of national health information systems. Simone has 17 years' experience in research project management, leading at a senior level in the last six, when she worked as Senior Research Project Manager at the RCSI SWaT Research Centre and specialises in research governance and medical technology regulatory affairs

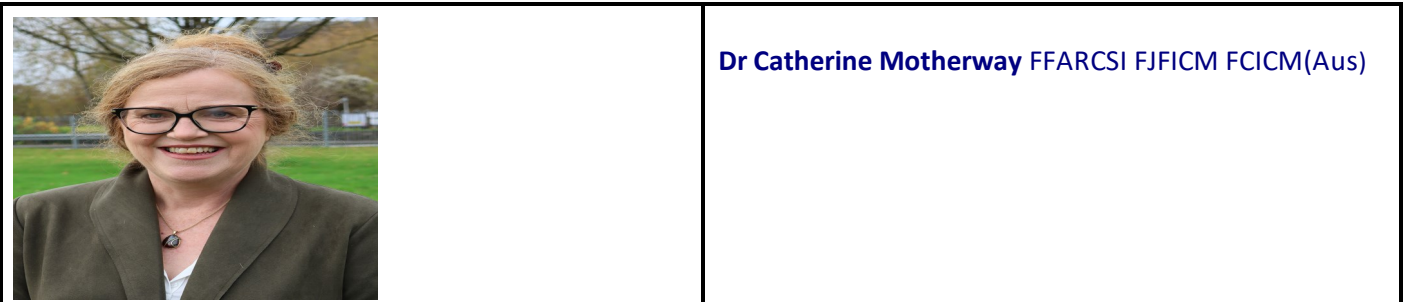


Deirdre Hyland
RGM, RM, H. Diploma ENT Nursing, MSC Nursing

Deirdre Hyland is a registered nurse and midwife with extensive experience of medical and surgical nursing. She has recently retired from her full time role as Clinical Research Nurse and Director of Research Nurse Education at the Royal College of Surgeons Ireland. During almost 20 years in the clinical research setting Deirdre gained experience working on a variety of research projects and clinical trials. Since 2009, Deirdre's role included clinical research nurse education and support. She has developed and delivered modules in many aspects clinical research coordination and management, and also leads on the provision of Good Clinical Practice (GCP) Training for IMP and medical device trials.

Deirdre is a founding member of IRNM, a long-standing committee member, and has served as the Principal Investigator on HRB awards to the network. She continues to contribute post retirement as a member of the Roles and Competencies Project Committee.

CONFERENCE SPEAKERS



Dr Catherine Motherway FFARCSI FJFICM FCICM(Aus)

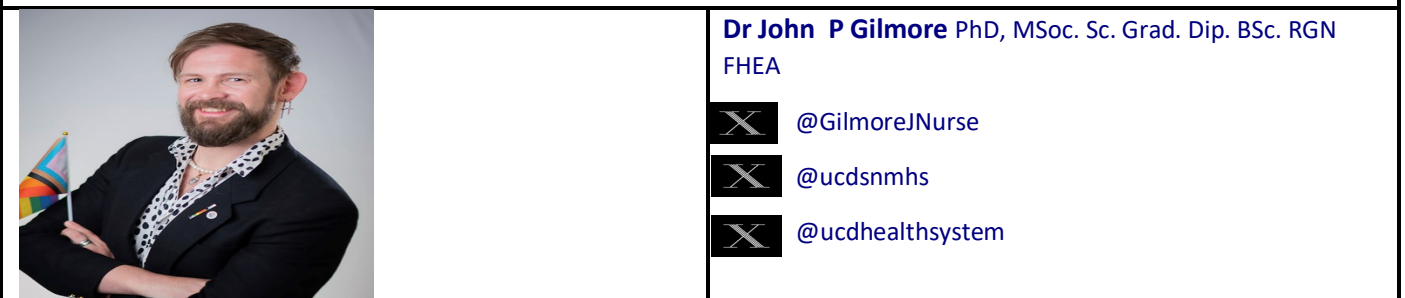
Dr Catherine Motherway qualified from University College Cork in 1985.

She completed training in Anaesthesiology in 1996. Subsequently, she travelled to Australia to complete training in Intensive Care Medicine - becoming a fellow of the College of Intensive Care Medicine.

She returned to Ireland in 1999 as a Consultant Anaesthesiologist with an interest in Intensive Care Medicine in UHL. She retired from full time clinical practice in late 2022.

She was Clinical Lead in Organ Donation in UHL and has a special interest in ICM, Ophthalmic Anaesthesia, and Transfusion Medicine and Training. She served on the College Council of the College of Anaesthesiologists of Ireland, and is a past Chair of the National Training Committee. She is the past President of the Intensive Care Society of Ireland and, in that role, was involved at national level with the Intensive Care response to the COVID-19 pandemic. Currently she works part-time with ODTI supporting and promoting Organ Donation. She serves on the National ATLS committee and represents the ICSI on NODTAG and NOCA ICU Audit Committee.

Married to Christy, with two adult children – Ciarán and Aoife – she enjoys long walks with her family and two border-collie sheep dogs, Shep and Sandy.



Dr John P Gilmore PhD, MSoc. Sc. Grad. Dip. BSc. RGN FHEA

 @GilmoreJNurse

 @ucdsmhs

 @ucdhealthsystem

Dr John P Gilmore is a Registered General Nurse and Assistant Professor in Nursing at UCD School of Nursing, Midwifery and Health Systems. John's work focusses on issues of social justice, inclusion health and gender and sexual minority healthcare; and he is a member of UCD's Centre for Interdisciplinary Research, Education and Innovation in Health Systems.

In 2022 John was awarded a Fulbright HRB Health Impact Scholar award, and in Spring/Summer 2023 was based at the Center for Gender and Sexual Minority Health and the Gender and Sexual Minority Health Equity Lab at University of California San Francisco, and the Center for Gender and Sexual Minority Health Research at Columbia University New York. While in the USA John conducted research exploring the enablers and barriers to providing LGBTQI+ primary care and visited a number of specialist LGBTQI+ health services.

John received a PhD with examiner commendation in 2021 from Canterbury Christ Church University, UK and he holds a visiting position at the University of Huddersfield, UK.

John's presentation will focus on the inclusion of gender and sexual minority communities in clinical research.

CONFERENCE SPEAKERS



Mr Brian Donohoe - Secretary (Inclusive Research Network—IRN)

Brian Donohoe has been working for the National Federation of Voluntary Service Providers since 2005. He is also the Secretary of The Inclusive Research Network (IRN) since 2012. The Inclusive Research Network is a group of people with Intellectual Disabilities who do research on issues important to them. They have their own Steering Group made up from and elected by their members every 3 years. IRN has completed many research projects and takes part in talks at conferences and other events. IRN's last project 'Doctors and Us' was about what it is like for a person with ID to go to their GP in Ireland. The current project is about making decisions.

Through his work in the National Federation and IRN, he has represented people with Intellectual disabilities in working groups in the HSE, NDA and Trinity College and others thereby ensuring people with ID have a voice in forming policy.

In his spare time he is a poet and has written over 30 poems under the pseudonym Barry Jacob. He took up poetry as a means of coping with the isolation during covid lockdowns. He also has a keen interest in politics.




Ger Minogue - Brothers of Charity Ireland IRN Member

Ger Minogue is one of the lead advocate researchers with Clare Inclusive Research Group. A proud Clare man with a passionate interest in Traditional music and G.A.A. sport. He has represented C.I.R.G. at many international conferences since 2008 including the IASSIDD World Congresses in Cape Town and Glasgow and European Congresses in Rome & Vienna, Gruntvig EU exchange work in Iceland and Inclusive Research promotional work in Scotland, Croatia and Israel. He was part of two successful legal campaigns: The repealing of the Criminal Law (Sexual Offences) Act 1993 and Ireland's ratification of the UN Convention on the Rights of People with Disability treaty; sitting on consultative bodies for both these major legislative transitions

CONFERENCE SPEAKERS

<p>Forum 2</p> 	<p>Adriana Quinn—Health Development Worker at Pavee Point Travellers and Roma Centre MSc in Health and Social Inclusion (DCU) 2022-2024 MSc in International Management of Health Systems (University of Liverpool) 2013-2017 Certificate in Equality Studies (Maynooth University, Level 7) 2021 Certificate in Community Development and Leadership (Maynooth University, Level 7) 2020 Former Registered Nurse, General Medicine</p>
<p>Adriana Quinn is a Health Development Worker at Pavee Point Travellers and Roma Centre. Coming from a Nursing background, Adriana has vast experience in clinical and administrative tertiary health. With a strong passion for social inclusion, interculturality and health equity, she works based on Community Development principles and Social Determinants of Health for equal access of Roma community to health information and Healthcare services in Ireland, and is co-researcher for ‘Le Romneango Sfato, Roma Women’s Voices: Experiences of Maternal Health Services in Ireland’ (Pavee point, 2023). Adriana is completing a Master’s degree in Health and Social Inclusion with DCU, and her research is focused on Roma and Medical Card application process</p>	
	<p>Bianca Claudia Tanase Certificate in Community Work, Participation and Social Inclusion in a Diverse Ireland (Maynooth University, Level 7, 2023)</p>
<p>Bianca Tanase is a Health Development Worker at Pavee Point Travellers and Roma Centre, with a passion for social inclusion and gender equality, proudly representing the Roma community in the organisation’s research and policy work, as well as engaging with her community and advocating for equal access to health information and healthcare services for the Roma in Ireland. Some of Bianca’s outstanding achievements are the completion of the Level 7 course in "Community Work, Participation and Social Inclusion in a Diverse Ireland", with Maynooth University, and the Pavee Point work around Roma Maternal Health as co-researcher for ‘Le Romneango Sfato, Roma Women’s Voices: Experiences of Maternal Health Services in Ireland’ (Pavee point, 2023).</p>	

CONFERENCE SPEAKERS

 A portrait of Maria McDonnell, a woman with long dark hair, wearing a patterned orange and red top.	<p>Maria McDonnell Traveller Maternal Health Awareness Worker</p>
---	--

Maria McDonnell is a Traveller Maternal Health Awareness Worker on the Pavee Mothers programme in Pavee Point Travellers and Roma Centre. Maria has a passion for addressing maternal health inequalities for Traveller women, providing information and support to women in her own community as well as supporting their views in maternity services to better support Traveller women

RESEARCH STUDY PRESENTERS

Forum 1: Research Presentation (1)	Ryan Goulding, PhD Candidate/Mental Health Nurse	
Abstract Title:	Improving the healthcare experiences of transgender and gender-diverse youths: A mixed method systematic review	
Author/s:	Mx Ryan Goulding, Dr John Goodwin, , Dr Mohamad M Saab, Megan Mc Carthy, Prof Brenda Happell, Dr Aine O Donovan	
<p>Background: Minority stress theory aids in the comprehension of health disparities and challenges faced by minority groupings, including transgender and gender-diverse youth. Health disparities have been consistently identified across mental and physical healthcare for this cohort. Negative experiences are commonly reported by this population within healthcare settings.</p> <p>Aim: To identify and critically analyse the effect of interventions to improve transgender and gender-diverse youths' healthcare experiences.</p> <p>Methods: Studies were sourced through a comprehensive search of electronic databases, clinical trial registries, and grey literature databases. Countries identified with large transgender and gender-diverse academic outputs were identified through two bibliometric analyses and relevant organisations were searched. Studies were double screened for eligibility. All included studies were critically appraised and assessed for risk of bias. Data were extracted and analysed using a convergent segregated synthesis approach.</p> <p>Results: Following screening, nine studies were included. Three narratives were identified: components of intervention design, impact of the intervention on transgender and gender-diverse youth, and impact of the intervention on healthcare providers. Interventions were predominantly education-based, in-person, and targeting healthcare providers rather than transgender and gender-diverse youths. These included the provision of transgender cultural competence, increasing use of affirmed name during documentation, and affirming approaches in working with transgender and gender diverse youth.</p> <p>Discussion: While education-based interventions for healthcare providers are important, it is also necessary to ensure these interventions address covert expressions of prejudice or discrimination towards transgender and gender-diverse youths. In addition, to ensure interventions are appropriately targeted, transgender and gender-diverse youths need to be involved in co-producing interventions. The lived experience of this community must be respected and acknowledged.</p>		
Forum 2: Research Presentation (2)	Katrina Byrne, PhD Student/ Nurse (RNID)	
Abstract Title:	Initial development of a disability focused oral health assessment research tool	
Author/s:	Byrne K., Daly B., McCarron M., McCallion P., Mac Giolla Phadraig C.	
<p>Aim: To develop and modify The Oral Status Survey Tool (OSST) an oral health assessment tool. To lead to a tool that can gain data on a range of clinical features pertaining to oral function, and oral disease and treatment need in a manner that is acceptable and feasible within disability field research.</p> <p>Methods: A cross-sectional survey of the oral health status of older adults with intellectual disabilities in wave 5 of the Intellectual Disability Supplement to The Irish Longitudinal Study on Ageing (IDS TILDA) study. Following training and calibration, A modified version of OSST tool (Mac Giolla Phadraig et al, 2021) was used to record oral health status among participants. Reliability, feasibility and validity measurements were gathered in data collection. The statistical software SPSS V23 was used to conduct analyses. Ethical approval was secured.</p> <p>Results: From piloting this novel and unique disability focused tool, the MOSST was found to have feasibility among people with Intellectual disability and data collectors from disability field. Reliability scores indicated that training was effective. Content validity was gained from a international panel that led to final modifications to this tool and development of Modified Oral Status Survey Tool (MOSST).</p> <p>Conclusions: Traditional epidemiological and surveillance methods have excluded people with disabilities. Many of the barriers that lead to this come from a dental research profession that lack key skills such as communication, environment, disability awareness and communications skills. The MOSST could be useful within health surveys, local needs assessments and service development for populations with intellectual Disabilities and similar populations.</p>		

RESEARCH STUDY PRESENTERS

Forum 2 :Research Presentation (3)	Jessica Keane, MSc Student and Clinical Research Officer with the National Perinatal Epidemiology Centre (NPEC)	
Abstract Title:	Area level deprivation as a risk factor for stillbirth in upper middle to high income countries: a scoping review	
Author/s:	Keane, J; Robinson, L; Greene, R; Corcoran, P; Leitao, S	
<p>Socioeconomic deprivation has been long associated with health inequalities. A woman’s level of deprivation has been shown to be linked to poor perinatal outcomes.</p> <p>Deprivation can be described as a multidimensional concept, with composite indicators (e.g. area-based) developed internationally to study population health.</p> <p>This scoping review aims to examine the literature on the relationship between area level deprivation, based on composite measures, and stillbirth in upper-middle to high income countries. The Joanna Briggs Institute methodology for scoping reviews was utilised, with the research question based on the Population Concept Context framework.</p> <p>Six scientific databases were searched to identify relevant publications. Results were screened (title, n=13,161; abstract, n=2123; and full text, n=165) and reference lists searched to identify relevant literature. Data extraction on study characteristics and evidence provided was carried out and a narrative summary completed with main findings.</p> <p>A total of 39 studies were included, from 10 countries (the majority UK-based, n=26; followed by the Netherlands, n=4; and Brazil, n=3). A wide range of deprivation indices were utilised internationally. The UK’s Index of Multiple Deprivation was the most used (n=13), followed by the Townsend (n=7) and Carstairs indices (n=5). Preliminary results show an association between stillbirth and areas identified as being socioeconomically deprived.</p> <p>A better understanding of the impact of deprivation on stillbirth can highlight inequalities in healthcare services. Focused initiatives to reduce stillbirth among women at higher deprivation related risk are required for improvement of services, care and clinical practice, ultimately improving maternal and perinatal outcomes</p>		
Forum 2 Research Presentation (4)	Louise O’Reilly, RNID, Clinical Nurse Specialist – Health Promotion	
Abstract Title:	Healthcare Staffs Experience of Supporting Older Adults with an Intellectual Disability who are in Pain: A Systematic Review	
Author/s:	Louise O’Reilly – CNS Health Promotion Mr Paul Keenan Assistant Professor, Trinity College Dublin. Dr Eilish Burke, Associate Professor in Ageing and Intellectual Disability, Trinity College Dublin	
<p>Aim of review—Exploring the experiences of healthcare staffs’ use of pain assessment management tools, staff training and capturing opinions in practice.</p> <p>A search of the literature completed between December 2021 - January 2022 using: APA PsycArticles, APA PsycInfo, CINAHL Complete, ERIC, MEDLINE, and Social Sciences Full Text, Embase, PubMed, Google Scholar and OpenGrey. Key search terms included: ‘intellectual disability’, ‘healthcare staff’, ‘pain’, ‘ageing’ and ‘experience’. The study appraisal, selection, data extraction and methodological quality was reviewed by two researchers.</p> <p>Findings</p> <p>Overall, 569 citations were identified. Following the exclusion process, seven studies were eligible to progress to quality appraisal stage. Data from these studies were extracted and four themes emerged: barriers to effective pain recognition, identification of pain – capturing the broad and diverse indicators, strategies employed which facilitate effective pain management, the experience of pain.</p> <p>Conclusion and impact Recommendations relate to research, education, clinical practice and provision of policy.</p> <ul style="list-style-type: none"> • Further research is warranted to ascertain staffs’ knowledge, use of protocols for pain assessment and management, and exploration of soft signs as valid indicators of pain within the Irish service provision setting. • Healthcare staff training is required in relation to the education of the prevalence and expression of pain and how to manage pain within specialist and non-specialist intellectual disability services. • Provision of policy and protocols to guide pathways for pain identification, ascertaining causes and directing healthcare interventions and building capacity of the older person with intellectual disability to self-report such pain. 		

RESEARCH STUDY PRESENTERS

Forum 2 :Research Presentation (5)	Ms Louise Barry, Associate Professor Department of Nursing and Midwifery	
Abstract Title:	Clinical Research and COVID-19: Insights from of clinical research stakeholders	
Author/s:	Christine FitzGerald, Aoife Vaughan-Witts, Louise Barry, Gillian Corey, Fiona Leahy, Siobhán Egan, Elaine Conway, Margaret O'Connor, Rose Galvin.	
<p>COVID-19 resulted in a complex high-risk clinical research environment with clinical research activities significantly impacted. This qualitative study explored the experiences of conducting clinical research during COVID-19 with HSCP clinical research stakeholders. Insights spoke to the impact that COVID-19 had in areas such as consent, recruitment, communication, rapport as well as strain amongst HSCPs in terms of the value and prioritisation of clinical research. Barriers and facilitators of clinical research adaptations towards virtual communication and the flexibility this offers a patient group with a preference for a non-clinical research setting provide learnings for the future clinical research. The findings inform, equip and support clinical research stakeholders in the event of future adverse public health events ensuring clinical research remains as an accessible and valued element of providing enhanced patient care and outcomes. The experiences of clinical research stakeholders captured offer recognition of the main challenges for clinical research during COVID-19, as well as unique insights into how CRS adapted to maintain clinical research activities. These experiences are central to understanding, supporting, and equipping CRS with necessary training, resources, and support to pre-empt any future disruption to clinical research as experienced during COVID-19</p>		
Forum 2 Research Presentation (6)	Katie O'Byrne, CNM2 Research & Innovation	
Abstract Title:	Examining the impacts and experiences of people one-year post-sepsis diagnosis	
Author/s:	Katie O'Byrne – Clinical Nurse Manager 2 – Research & Innovation Dr Karn Cliffe - Director of Nursing & Midwifery, Dublin Midlands Hospital Group	
<p>Background - The long-term effects of sepsis are associated with psychological, cognitive and physical impairments, resulting in a reduced quality of life. Defined diagnosing criteria, care bundles, healthcare worker education and community awareness campaigns has contributed to the increase in sepsis recognition and consequently sepsis survivorship. To date in Ireland there is no dedicated service to support patients impacted by associated long-term sequelae of sepsis.</p> <p>Aim - To identify the long-term impacts of sepsis on patients within an Irish regional context.</p> <p>Secondary aims: To identify patients' experiences of sepsis and sepsis survivorship. To identify any service gaps to inform future service provision needs for sepsis survivors</p> <p>Method - A prospective longitudinal study (based on Scherag et als 2017 study) conducted across five acute hospitals using mixed methods (qualitative data reported in this presentation). In-depth interviews were conducted at 12-months with survivors of critical care-treated sepsis/septic shock. Thematic analysis was utilised involving three researchers. Ethical approval was granted.</p> <p>Findings - Eight in-depth interviews were analysed with four key themes emerging:</p> <ul style="list-style-type: none"> • <u>Lasting impact on survivors</u>: Physical, psychological and cognitive challenges were detailed with some defined as life-changing. • <u>Transitional care supports</u>: Mixed levels of supports were received inclusive of hospital, community, staff and family support with no clear standardised structures in place post-discharge. • <u>Awareness</u>: Participant awareness was mixed, regarding healthcare worker awareness; a lack of awareness/information provision of psychological aspects and recovery guidance was highlighted. • <u>Unmet needs</u>: A lack of timely structured support, information on sepsis diagnosis and rehabilitation guidance specifically at initial stages post-discharge was identified. <p>Conclusion One key component noted was the need to define ownership of ongoing surveillance post-discharge as well as navigating the speed of follow-up supports. The study contributes to the identification of service gaps and recommendations for an integrated discharge pathway for sepsis survivors.</p>		

RESEARCH STUDY PRESENTERS

Forum 2 :Research Presentation (7) (PART 1)	Shannon Sinnott, Clinical Research Assistant	
Abstract Title:	Exploring research together; Identifying research priorities for adolescent and young adults (AYA) with cancer in Ireland.	
Author/s:	Shannon Sinnott, Niamh O Sullivan, Evelyn Griffith, Aifric O Kane, Scheryll Alken, Eileen Furlong	
<p>In Ireland adolescent and young adult (AYA) patients are those who are diagnosed with cancer between the ages of 16-24 years. AYA cancer is internationally recognised as a sub-specialism within the oncology community, with existing gaps in care provision and poorer outcomes when compared to adult and paediatric cancers. Currently, there is limited research on AYA cancer from an Irish perspective. The purpose of this study is to develop research priorities for AYA cancer in Ireland through empowering AYA patients to identify their top research priorities for AYA cancer care. Having a list of priorities means that our Irish AYA cancer services will be built on what we learn from those who have had cancer at this age.</p> <p>This mixed methods study adopted the important concept of Patient and Public Involvement (PPI). Participants were AYA's in Ireland, who had a diagnosis of and lived with and beyond the experience of cancer treatment. Building on research from the UK and Australia, participants were surveyed by presenting them with the top UK AYA research priorities. This survey asked AYA's to identify and re-order their priorities from the UK priority list. This included the opportunity for participants to identify new priorities also. Following the survey focus groups interviews were held with the participants to identify a priority list. Ethical approval was obtained from the host organisation's research ethics committee.</p> <p>The survey and workshop group findings will be discussed during this presentation. The top research priorities of Irish AYA participants will also be presented.</p>		
Forum 2 Research Presentation (7) PART 2	Shannon Sinnott, Clinical Research Assistant	
Abstract Title:	Understanding Children's Experiences of Living with Rare Diseases through Sandplay	
Author/s:	Shannon Sinnott, Sandra McNulty, Alison Sweeney, Shirley Bracken, Niamh Buckle, Atif Awan & Suja Somanadhan	
<p>Play is considered the child's natural way of communicating their experiences. Sandplay has become a popular method in working with children due to its non-verbal approach. The purpose of this study was to learn how children view their own lives and their rare disease (RD) in an attempt to gain insight into their experiences living with a rare disease, and to inform the development of sandplay as a research method and/ or tool to support children with RDs to share their experience.</p> <p>Seven children aged between 7-13 years participated in the sandplay modality: five boys and two girls. All of the participants had a RD, which included PKU, HCU, Dystonia, Renal cystinosis, Duchenne muscular dystrophy and Gaucher Disease. All sessions were facilitated by a clinical and counselling psychologist, trained in sandplay therapy. Participants were asked what it is like to live with their RD, and to answer this question through creating a picture in the sandtray. A range of figurines were available to the participants to use during their sandtray creation.</p> <p>Thematic analysis was conducted on each participant's final sandtray, as well as the sandtray process. Experiences of burying things, danger/ threat, the Self, resistance, feeling different and caring through food emerged during analysis. The preliminary results of this research indicate that children with rare diseases have a varied experience of living with their condition. While the results are being finalised, it is clear that these children face psychosocial challenges living with their condition, which can manifest in different ways.</p>		

RESEARCH STUDY PRESENTERS

Forum 2 :Research Presentation (7) (PART 3)	Shannon Sinnott, Clinical Research Assistant	
Abstract Title:	Understanding Children's Experiences of Living with Rare Diseases through Music	
Author/s:	Shannon Sinnott, Alison Sweeney, Niamh Buckle, Philip Larkin, Lisa Gibbs, Thilo Kroll & Suja Somanadhan	
<p>There is growing interest in the use of music in healthcare settings, both in adult and child populations. The purpose of this study was to learn how children view their own lives and their rare disease in an attempt to gain insight into their experiences living with a rare disease, and to inform the development of music as a research method and/ or tool to support children with rare diseases' to share their experience.</p> <p>Five children aged between 7-13 years participated in the music modality: three boys and two girls. All of the participants had a rare disease, which included PKU, HCU, and Gaucher Disease. All sessions were facilitated by a qualified music therapist. Participants were asked what it is like to live with their rare disease, and to answer this question through creating a piece of music. A range of instruments were available to the participants to use during their session. Participants were given 30 minutes to complete their music piece, during which the music therapist asked them questions about the different sounds they created to initiate discussion. Participants were also asked to give their music piece a title.</p> <p>Thematic analysis was conducted on each participant's musical piece. Preliminary findings demonstrated that these children are generally positive about living with their condition. Despite this, some chose to highlight their negative experiences of in their musical pieces. As a research method, the process of creating a musical piece generated understanding about children's subjective experience of living with a rare disease.</p>		

POSTER ABSTRACTS

Poster Abstract 1	Anne Marie Cusack, Clinical Research Nurse Manager 1	
Abstract Title:	The LIAM Mc Trial - Linking In with Advice and supports for Men impacted by Metastatic cancer	
Author/s:	Cusack AM, Medved Cahill A, Corkery S, Johnston K, Saab M, Hegarty J, Connolly R, Bambury R, Noonan B, and Gleeson, J.P.	
<p>Introduction: Advances in cancer treatment are greatly increasing survival rates for patients. Approximately 13,000 men are diagnosed with invasive cancer every year. The LIAM Mc Trial is a cancer survivorship programme for men with advanced genitourinary cancers.</p> <p>The consequences of cancer and its treatment can result in significant, often lifelong, effects on health and quality of life. Patients have many and varied needs on the cancer survivorship trajectory. The healthcare system will be able to respond to these needs in a more coordinated way if a cancer survivorship pathway is formalised to support the men to transition through the various stages of the cancer journey. This will encourage patients to be an active participant in their care to live with, through and beyond a cancer diagnosis. The programme introduces self-care interventions using a group-based format in a supportive and safe enabling environment.</p> <p>Methods: The 12-week programme will involve twice-weekly input from a physiotherapist, dietitian, specialist nursing, medical social worker and psycho-oncology specialists, with programme oversight provided by medical oncologists.</p> <p>Outcome measures include EORTC QoL, muscle strength and mass, weight maintenance, cancer related symptom control, cancer related -fatigue scores, feasibility outcomes and a process evaluation.</p> <p>Results and Conclusion: If this intervention proves feasible, the data generated from this feasibility study will form the basis for a Quality Improvement (QI) initiative for patients in the future, by offering this programme to all cancer patients as a standard component of clinical care .</p>		
Poster Abstract 2	Karen Molan, Research Radiation Therapist	
Abstract Title:	State of the art radiotherapy clinical trials portfolio at the Bon Secours Hospital Cork (BSHC)/UPMC	
Author/s:	Karen Molan ¹ , Erica Bennett ¹ , Dr Paul Kelly ¹ Dr. Mat Samuji, Mohd Syafawii ¹	
<p>Background: The Bon Secours Hospital Cork and the University of Pittsburgh Medical Centre established a Joint Venture radiotherapy department in Cork in the summer of 2019. Since then, the Bon Secours Radiotherapy Cork has established a suite of radiotherapy clinical trials. We are the only centre outside of Dublin currently offering a range of Stereotactic Ablative Radiotherapy [SABR] clinical trials.</p> <p>Methods: In collaboration with Cancer Trials Ireland 4 radiotherapy clinical trials have opened and accrued 32 patients to date.</p> <ol style="list-style-type: none"> 1. PACE C Trial. This is an international randomised study of conventional radiotherapy vs SBRT for organ-confined prostate cancer run by the Institute of Cancer Research at the Royal Marsden Hospital, London. 13 patients recruited at BSHC. 2. DASL HiCaP trial. Darolutamide Augments Standard Therapy for Localised Very High-Risk Cancer of the Prostate. This is an international phase 3 trial run by ANZUP. 7 patients recruited at BSHC 3. SABR COMET 3 trial. Stereotactic Ablative Radiotherapy for Comprehensive Treatment of Oligometastatic (1-3 Metastases) Cancer. This is an international phase 3 randomised trial run by the BC Cancer Agency. 5 patients have been recruited to this trial at BSHC. 4. SABRE trial. Effectiveness of the SpaceOAR Vue System in Subjects with Prostate Cancer Being Treated with Stereotactic Body Radiotherapy. 7 patients recruited at BSHC. <p>Results: Irish patients are keen to participate in advanced radiotherapy technology international collaborative group clinical trials</p> <p>Conclusions: It is important that Irish patients outside of Dublin have the option locally of participation in radiotherapy clinical trials</p>		

POSTER ABSTRACTS

Poster Abstract 3	Louise Barry/Ida Carroll, Associate Professor Department of Nursing and Midwifery	
Abstract Title:	A Frailty Census of Older Adults in the Emergency Department and Acute Inpatient Settings in a Model 4 Hospital in the Mid-West of Ireland.	
Author/s:	Ida Carroll, Aoife Leahy, Rose Galvin, Margaret O'Connor, Nora Cunningham, Sheila Ryan, Declan McNamara, Josie Dillon, Ali Sheikhi, Pauline Meskell, Sylvia Murphy Tighe, Louise Barry	
<p>Background : Frailty is a risk factor for presentation to the ED, in-hospital mortality, long hospital stays and functional decline at discharge. Profiling the prevalence and level of frailty within the acute hospital setting is vital to ensure evidence-based practice and service development within the construct of frailty.</p>		
<p>Methods : Data collection was undertaken by clinical research nurses and advanced nurse practitioners experienced in assessing older adults. All patients aged ≥ 65 years and admitted to a medical or surgical inpatient setting between 08:00-20:00 and who attended the ED over a 24-hour period, were screened using validated frailty and co-morbidity scales. Age and Gender Demographics, Clinical Frailty Scale (CFS), Charlson Co-morbidity Index (CHI) and admitting specialty (Medical/Surgical) were collected. For the ED cohort, the Identification of Seniors at Risk (ISAR) was utilised to determine the risk of adverse outcomes. The data was fully anonymised and ethical approval was granted. Descriptive statistics were used to profile the cohort and p-values were calculated to ascertain the significance of results.</p>		
<p>Results: Within a sample of 413 inpatients, 291(70%) were ≥ 65 yrs. 202(70%) were ≥ 75 yrs. 207(71%) utilised medical services and 121(41%) surgical services while 37(12%) used both. The median CFS was 6 indicating moderate frailty levels and the median CCI score was 3 denoting moderate co-morbidity. Overall, 195(67%) had moderate-severe frailty (CSF ≥ 6) while 218 (75%) had moderate-severe co-morbidity (CCI Mod 3-4, Severe ≥ 5). Associations with age >75 and frailty ($p=0.001$) and medical service usage and frailty ($p=0.004$) were established. No significant differences were observed across genders for CFS ($p=0.110$) and CCI ($p=0.465$). In the ED, from a sample of 220, 81 were ≥ 65 yrs. The median CFS: 6 (Mod Frail), median CCI: 5 (Severe Co-morbidity Level) and median ISAR Score: 3 (Score of 2 or greater denotes Risk of Frailty and adverse outcomes) All patients in the ED and MAU scored 2 or greater on the ISAR and all (in ED and MAU) had a CSF of 4 or more. Only 7% of patients ($n=5$) did not score greater than 2 on the ISAR.</p>		
<p>Conclusion : There is a high prevalence of frailty and co-morbidity among older adults who present to the ED and inpatient settings. Overcrowding across the hospital system and higher levels of frailty and comorbidity will contribute to increased waiting times, lengths of stay and the need for specialist intervention, particularly for those ≥ 75 yrs who represented 70% of patients screened and 65% of those screened in the ED. With an increased focus on the integration of care for older adults across care transitions, there is a clear need for expansion of frailty-based services and staff training in frailty care across the hospital and community setting.</p>		
<p>Key Terms: Frailty Screening, Clinical Frailty Scale, Charlson Co-morbidity Index, Identification of Seniors At-Risk, Older Person Services, Point of Prevalence.</p>		
<p>What this Study Contributes</p>		
<ul style="list-style-type: none"> • There is a clear relationship between ageing and the prevalence of frailty and co-morbidity in the sample groups. The level of frailty and severity of comorbidity increases with age. • Those admitted, or under the care of medical services vs surgical services were also more likely to be frail and have more complex co-morbidities. However, the number of surgical patients who screened as frail was deemed significant pinpointing the need for screening and geriatric specialist/frailty services across acute inpatient settings. • This cohort of patients are clinically complex emphasising the need for specialist services to pre-empt and address and reduce the risk of adverse outcomes. • Screening performed both in the ED and inpatient settings can inform care delivery, identify the functional needs of patients and pinpoint those at increased risk of adverse outcomes. • Skilled researchers and clinicians are required when administering frailty screening tools as part of a research studies to limit bias and ensure a consistent approach 		

POSTER ABSTRACTS

Poster Abstract 4	Laia Raigal Aran, Cancer Research Programme Manager	
Abstract Title:	Assessing Staff Satisfaction, Workload, and Training in Cancer Clinical Trials: A Comprehensive Survey in All Ireland	
Author/s:	Dr Laia Raigal-Aran, Prof Seamus O'Reilly, Prof Roisin Connolly, Mrs Eibjlin Mulroe, Dr Verena Murphy, Mrs Oonagh Ward, Mrs Patricia Heckmann, Mrs Helena Desmond, Mrs Karen Munnelly, Dr Christopher Crockford, Dr Gavin Lawler, Mrs Melanie Morris	
<p>Background: Job satisfaction significantly impacts success. To understand factors influencing job satisfaction, workload, and professional development, we conducted a focused survey for cancer clinical trials staff</p> <p>Methods: We conducted a focused survey among Irish cancer clinical trials staff, including general questions, professional development, and unit challenges. Ethical approval was obtained, and participation was voluntary, anonymous, and confidential, ensuring survey relevance through Delphi consultations</p> <p>Results: 149 responded the survey. The majority fell into the 35-54 age range (62.42%), working full-time (85.23%) in permanent positions (79.87%), primarily within public hospitals (79.87%). Nurses comprised nearly 25% of participants, followed by doctors, data managers, clerical staff, pharmacists, and specialists in clinical trials setup. Research nurse roles were primarily CNM2 and Band 6 in northern Ireland, with no representation of CNS and only 2.86% as CNM3. Unit managers (totalling 18) were hired through various pathways (27.78% nurses, 55.56% managerial, 16.67% administrative/clerical). Most were aware of the national cancer strategy (94.33%), and job satisfaction was rated at 7.10, driven by patient impact and teamwork. Challenges included staffing shortages, heavy workloads, limited time, career progression obstacles, and lack of management support. Unmotivated staff (score≤5) emphasized the lack of career progression. Training preferences leaned toward mixed online and in-person formats (60.45%), and "Time" was the primary barrier to training opportunities (106 participants). In response to the "great resignation" era, concerns included "lack of career progression" (23.86%), "non-permanent contracts" (22.46%), staffing levels (21.40%), and workload (20.35%).</p> <p>Conclusion and Implications: To improve the experience, addressing workload and career challenges is crucial. High awareness of the national cancer strategy and positive job satisfaction ratings are promising. Future efforts should focus on career progression, workload, and tailored training. These insights can guide policies to enhance the workforce's impact on cancer clinical trials in Ireland</p>		
Poster Abstract 5	Elaine Conway, Clinical Research Nurse Manager	
Abstract Title:	An Eight-Week Workplace Health Promotion Initiative on Occupational Sedentary Time, Physical Activity and Glucose Control with Adults who hold Desk-Based Occupation	
Author/s:	A.J. Buffey, E. Conway, R. Hinchion, S. Egan, S. Nantumbwe, E. Hong.	
<p>Individuals with desk-based occupations have been shown to spend 70% of their working hours sedentary. This poster describes an 8-week multi-component, behaviour change Workplace Health Promotion Initiative (WHPI) at University Hospital Limerick using within-subjects interventions to reduce occupational sedentary time and increase physical activity (PA). The interventions include three-minute walking breaks every 40-minutes during working hours (passive prompts), encouragement to utilise the onsite workplace health and wellbeing centre, peer-to-peer support, feedback on physical behaviours, weekly educational seminars, organisational encouragement via emails and newsletter announcements as well as workplace environmental changes and point of choice prompts. The WHP initiative will also promote sit-to-stand transitions, asking participants to stand when answering the phone. Physical behaviours, such as sitting, standing, stepping, and time in bed (a proxy for sleep) will be measured via an activPAL3. Glucose control (glucose area under the curve; time in range and number of daily excursions outside of health blood glucose range) will be measured using the Dexcom G7 [Dexcom, San Diego, California, USA] continuous glucose monitor.</p>		

POSTER ABSTRACTS

Poster Abstract 6	Rita Hinchion, Clinical Research Nurse	
Abstract Title:	Support provided by the University of Limericks Clinical Research Support Unit to the Physical Education and Sport Sciences (PESS) Department research group to carry out the BioDulse Study.	
Author/s:	R. Hinchion, G. Pavis, S. Egan, E. Conway, S. Nantumbwe, E. Hong, B. Carson.	
<p>The BioDulse study is an acute randomised, double blind crossover study to establish the impact and dose response to co-ingestion of BioDulse (a protein hydrolysate from Irish seaweed) with maltodextrin on postprandial blood glucose and insulin concentrations in healthy individuals and type 2 diabetic adults. The research group at PESS explored how varying doses of seaweed protein (BioDulse) influence postprandial glycaemia and insulinaemia in a healthy population. The Clinical Research Support Unit supported the BioDulse research group by providing it with the following services; peripheral intravenous cannulation (PIVC) & phlebotomy service, biospecimen collection, clinical trial planning in accordance with ICHGCP guidelines, quality and regulatory support as well as clinical rooms for study participant visits at their dedicated research facility located on the grounds of University Hospital Limerick (UHL). This poster describes the collaborative approach of the Clinical Research Support Unit in carrying out the delivery of this research project.</p>		
Poster abstract 7	Helen Goodman, Oncology Research Nurse	
Abstract Title:	Cancer Clinical Trial Nurse Preceptorship Award	
Author/s:	Helen Goodman	
<p>Background: Last year, the Irish Cancer Society launched the Cancer Clinical Trial Nurse Preceptorship Award with the aim to encourage more nurses to pursue a career in cancer trials and in doing so, increase awareness of the value of cancer clinical trials. I was selected as an awardee and afforded the opportunity to complete an observership in the Princess Margaret Hospital (PMH) in Toronto, Canada. The Princess Margaret Hospital is the largest cancer centre in Canada and one of the top 5 cancer centres worldwide.</p> <p>Objectives: The focus of my experience was to develop a long-lasting synergistic relationship with a world leading centre, review the role of Public and Patient Involvement within PMH, enhance my own career development and explore the role of an advanced nurse practitioner in oncology research.</p> <p>Evaluation and Implementation: My poster presentation will evaluate the contrasts between the PMH research centre and the research unit within the Cancer Clinical Research Trust. My experience highlighted the differences in accessibility of clinical trials for oncology patients within Ontario in comparison to Ireland by using tools such as online platforms for patients to self-refer for clinical trials and availing of a specialised advanced nurse practitioner responsible for onboarding phase 1 patients.</p> <p>I observed the methodical organisational structure of their vast research programme by shadowing their nursing, medical and administrative research staff.</p> <p>As a result, I will outline how we have made changes to improve our unit's efficiency by progress mapping and expanding the usage of IT in our roles.</p>		

POSTER ABSTRACTS

Poster Abstract 8	Rosemary Jackman, ANP Paediatric Emergency Medicine	
Abstract Title:	The use of Paediatric Early Warning Score (PEWS) within the Emergency Department. A Scoping Review	
Author/s:	Rose Jackman	
<p>Aim: A scoping review approach was undertaken for the purpose of this research area to explore the literature on the use of PEWS within the Emergency Department.</p> <p>Method: In accordance with the 2020 recommendations of the Joanna Briggs Institute, a scoping review was carried out using databases, grey literature, and hand searches. Data was extracted from the included reports using a data graphing table that was created based on a template from the Joanna Briggs Institute.</p> <p>Results : The review included 207 documents, 29 were included for full text and 21 put forward for data extraction.</p> <p>Conclusion: The findings from this scoping review highlight the inadequacies of the PEWS tools within the Paediatric EDs that are currently at our disposal and are being highlighted more and more in the literature. To address these persistent problems, a multi-center research study with agreed-upon result targets, a common data set, and consistent criteria is required.</p>		
Poster Abstract 9	Ms. Sofia Sunny, Research Assistant	
Abstract Title:	Unlocking the Path to Inclusive Cancer Care: Challenges Faced by Irish Healthcare Professionals providing care to Individuals with Intellectual Disabilities	
Author/s:	Ms Sofia Sunny, Prof Aoife Lowery, Prof Verna McKenna, Prof Janusz Krawczyk, Dr Helen Greally, Dr Nora Eilert, Mr Patrick Flaherty, Ms Jackie Moran, Prof Josephine Hegarty, Dr Elaine Lehane, Dr Caroline Dalton, Dr Veronica McInerney	
<p>Introduction: People with intellectual disability are less likely to undergo cancer screening and have a statistically significant increased risk of cancer and mortality due to cancer compared to non-ID population. A greater understanding of the unique emotional and psychological needs of people with intellectual disability (ID) that may affect their clinical outcome and challenges unique to clinicians in delivering cancer care can assist in developing strategies to create a cancer care environment that is inclusive, accessible and equitable to patients with ID.</p> <p>Objective: This prospective study aimed to identify the challenges and barriers faced by the Irish healthcare clinicians in the delivery of cancer services to people with ID. The overarching objective was to identify solutions/ interventions to overcome these barriers and provide an equitable and accessible service to this vulnerable population.</p> <p>Methods: Two validated questionnaires were adapted to explore challenges in delivering cancer care to patients with ID. Healthcare professionals in Ireland's acute cancer settings were invited to participate via email, social media and direct contact. Data was analysed using SPSS, descriptive and parametric statistics (ANOVA).</p> <p>Results and Conclusion: Findings from the data reported by 39 respondents revealed training gaps, communication, consent and resource issues and dependency on family members were challenges that hindered optimum delivery of cancer care to this population. Recommendations for service improvement include training and education, organizational support, communication protocols, advocacy for inclusiveness. This research highlights the need to prioritize inclusivity and equal access to quality care for all patients, regardless of their intellectual abilities.</p>		

POSTER ABSTRACTS

Poster Abstract 10	Ryan Goulding, College Lecturer Mental Health Nursing	
Abstract Title:	Transgender and Gender Diverse Youths' Experiences of Healthcare: A Systematic Review of Qualitative Studies	
Author/s:	Mx Ryan Goulding, Dr John Goodwin, Dr Aine O Donovan, Dr Mohamad M Saab	
<p>Transgender and gender-diverse (TGD) populations are identified as high-risk for negative healthcare outcomes. Limited data exists on experiences of TGD youths in healthcare. The review aim is to systematically review literature on healthcare experiences of TGD youths. Seven electronic databases were systematically searched for relevant studies. Pre-determined eligibility criteria were used for inclusion with a double-screening approach adopted. Studies included were quality appraised, data were extracted, and findings were synthesized narratively. Sixteen studies were included. Four narratives were identified including experiences of: accessing care, healthcare settings and services, healthcare providers, and healthcare interventions. Long waiting times, perceived lack of competent providers, and fear were reported as challenges to accessing gender-affirming care. Negative experiences occurred in mental health services and primary care, while school counselling and gender clinics were affirming. Access to and use of puberty blockers and hormone-replacement therapy were identified as protective factors. TGD youths are at risk of negative health outcomes due to an under resourced healthcare system. Further research is needed to assess interventions implemented to improve TGD youth's experiences.</p>		
Poster Abstract 11	Shannon Sinnott, Clinical Research Assistant	
Abstract Title:	The Impact of Music on Health and Wellbeing of Children and Young People with Rare Diseases in Healthcare Settings: a Scoping Review	
Author/s:	Shannon Sinnott, Niamh Buckle, Alison Sweeney, Simona Karpavicuite, Aimee O'Neill, Thilo Kroll & Suja Somnadhyan	
<p>Previous research has demonstrated both Music Therapy (MT) and Music Medicine (MM) benefit children and young people's health and wellbeing. This scoping review aimed to investigate how music is used for children and young people with rare diseases to inform the development of using music as a research method and/ or tool.</p> <p>A search was conducted in five bibliographic databases. Review selection and characterization were performed by two independent researchers. The search identified 448 primary studies published between January 2010 and June 2022. 19 studies met the inclusion criteria and were analyzed. The studies varied in terms of purpose, methodology, and detail of reporting.</p> <p>Following the analysis of the data, MT and MM were determined to have effects over two overarching domains. These domains are:</p> <ul style="list-style-type: none"> • Physiological & Clinical Support <p>Psychological Wellbeing</p> <p>However, some of the papers and articles reviewed as part of this process did not provide clarity as to whether the intervention provided was MT, MM, or simply put, music listening.</p> <p>This review demonstrates the clear benefits of both MT and MM. However, to ensure the safety of both vulnerable patients availing of MT and working music therapists, it is crucial that MT is recognised as an allied health profession and research on MT reports the involvement of a music therapist. As each child with a rare disease presents in a unique way, further research is needed to determine the effect of using music and other different therapy modalities in the treatment of children with rare diseases.</p>		

POSTER ABSTRACTS

Poster Abstract 12	Anne Power, Advanced Nurse Practitioner	
Abstract Title:	A longitudinal examination of bone health, screening patterns and factors that negate screening among adults with an intellectual disability over the age of 40 years in Ireland	
Author/s:	Anne Power- ANP in chronic health conditions for adults with intellectual disabilities Dr Eilish Burke, Associate Professor in Ageing and Intellectual Disability, Trinity College Dublin	
<p>Aim of research—The aim of this research study is to longitudinally examine the bone health status and the bone health screening patterns of adults with an intellectual disability over the age of forty in Ireland</p> <p>Methodology—This research study was conducted with data generated from a large Irish study: “The Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS-TILDA)”. For this study data was extracted from the four waves of the IDS-TILDA study (2010-2020).</p> <p>Findings—The prevalence of doctor-diagnosed osteoporosis in people with intellectual disabilities increased considerably over the four waves of the study. In wave 1, only 8.1% had a doctor’s diagnosis of osteoporosis, which increased significantly to 21% in Waves 3 and 4. This increase is likely to be attributed to the improvement of DXA attendance observed throughout the waves. There was almost a threefold improvement observed between Wave 1 and Wave 4, with results identifying that 16.8% and 44.8% had attended respectively. Among the strongest predictors for attending were residing in supported accommodation and aged>65 and older. Factors that negate DXA attendance was having difficulty walking and being troubled with pain.</p> <p>Conclusion—Bone health screening is suboptimal within the intellectual disability population.</p> <p>Recommendations</p> <ul style="list-style-type: none"> • Education on bone health and on the presentation of osteoporosis in people with intellectual disabilities is required. • Bone health should be prioritised at yearly health checks. • A national policy focusing on osteoporosis in people with an intellectual disabilities is urgently required. 		

The 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.

Thank you also to the Health Research Board, for their ongoing supporting and University Hospital Limerick for use of the Clinical Education Research Centre for this conference

