

KING'S
College
LONDON





Developing Clinical Academic Careers through National Institute of Healthcare Research (NIHR) Fellowships and Funding.



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- Emergency Nurse – Senior Charge Nurse and Emergency Nurse Practitioner (ENP) at King’s College Hospital NHS Foundation Trust
- Lecturer Practitioner – Advanced Physical Assessment at King’s College London
- NIHR Integrated Clinical Academic Research Fellow – King’s College London
- PhD student at King’s College London





Why is there a clinical need and Government commitment to developing healthcare research in the NHS?

- Improved health outcomes through advances in research and development of the evidence base
- Improved quality of care by NHS participation in the research process
- Strengthen the UK's competitive position in the international scientific market
- Drive economic growth through the investment in life science industries.



What are the challenges?

On average it takes 17 years for research to get into every day practice (Morris et al. 2011)

Only about half of Evidence Based Practice ever reach wide spread clinical usage (Balas & Boren 2000)



- The NIHR was established in 2006 as part of the UK government research strategy ‘ Best Research for Best Health’.
- Funding comes directly from the Department of Health
- The NIHR has five objectives:
 - ✓ To fund high quality research to improve health
 - ✓ To train and support health researchers
 - ✓ To provide world-class research facilities
 - ✓ Work with life sciences industry and charities to benefit all
 - ✓ To involve patients and the public at every step

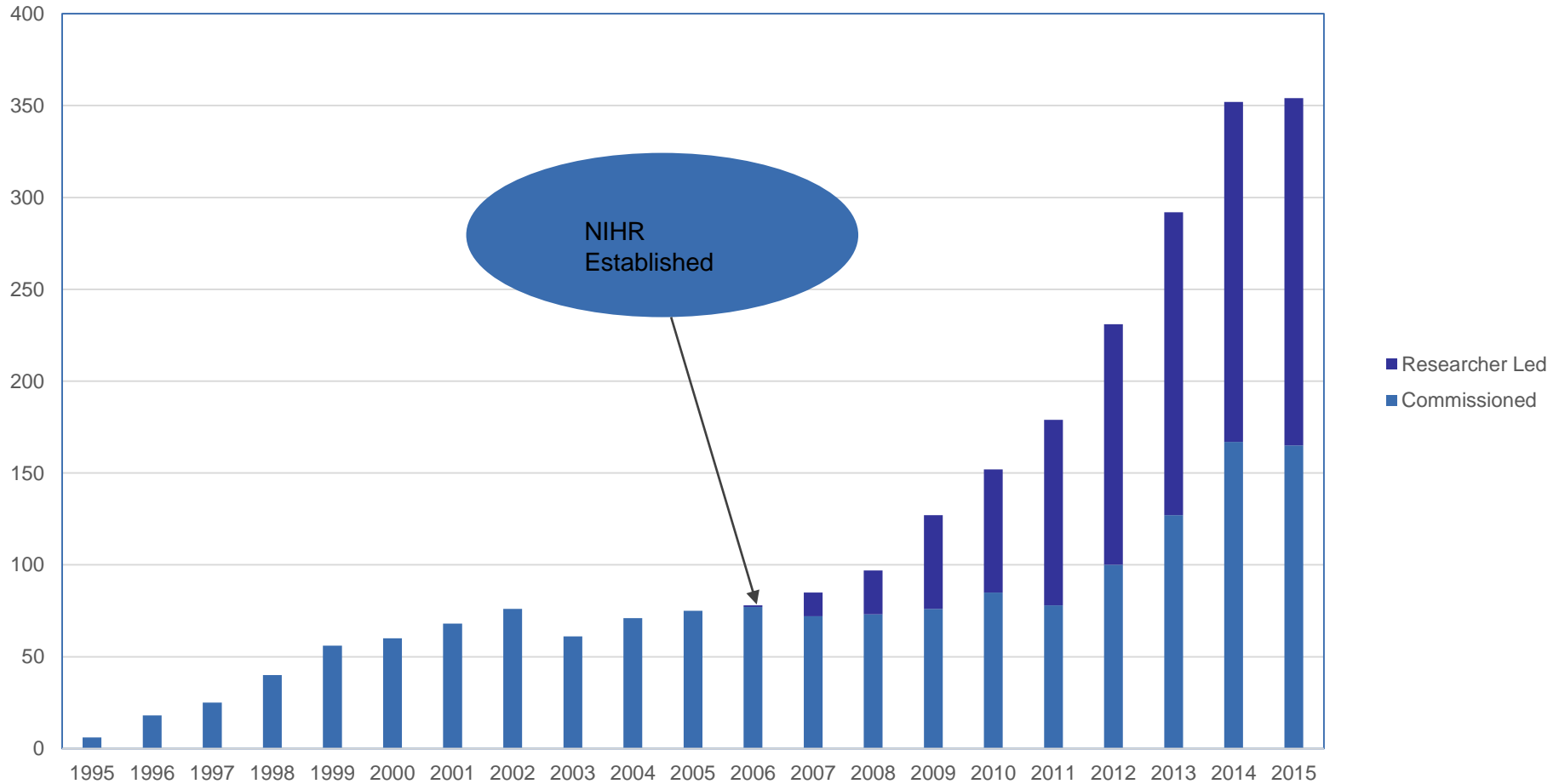


- The NIHR is the largest funder of clinical research in the country
 - Wellcome = £746m
 - MRC = £767m
 - NIHR = c. £1bn
- It supports clinical and applied health & social care research to improve health, well-being and prosperity
- It is internationally recognised as the model for organising a health research system

Researcher vs. Commissioner Led Research:



Impact of Clinical trials funded by the NIHR HTA Programmes



The NIHR Career Pathway:



NIHR RESEARCH CAREER PATHWAYS

Methodologists

Fellowships for all

**Healthcare Professionals
(non-doctors/dentists)**

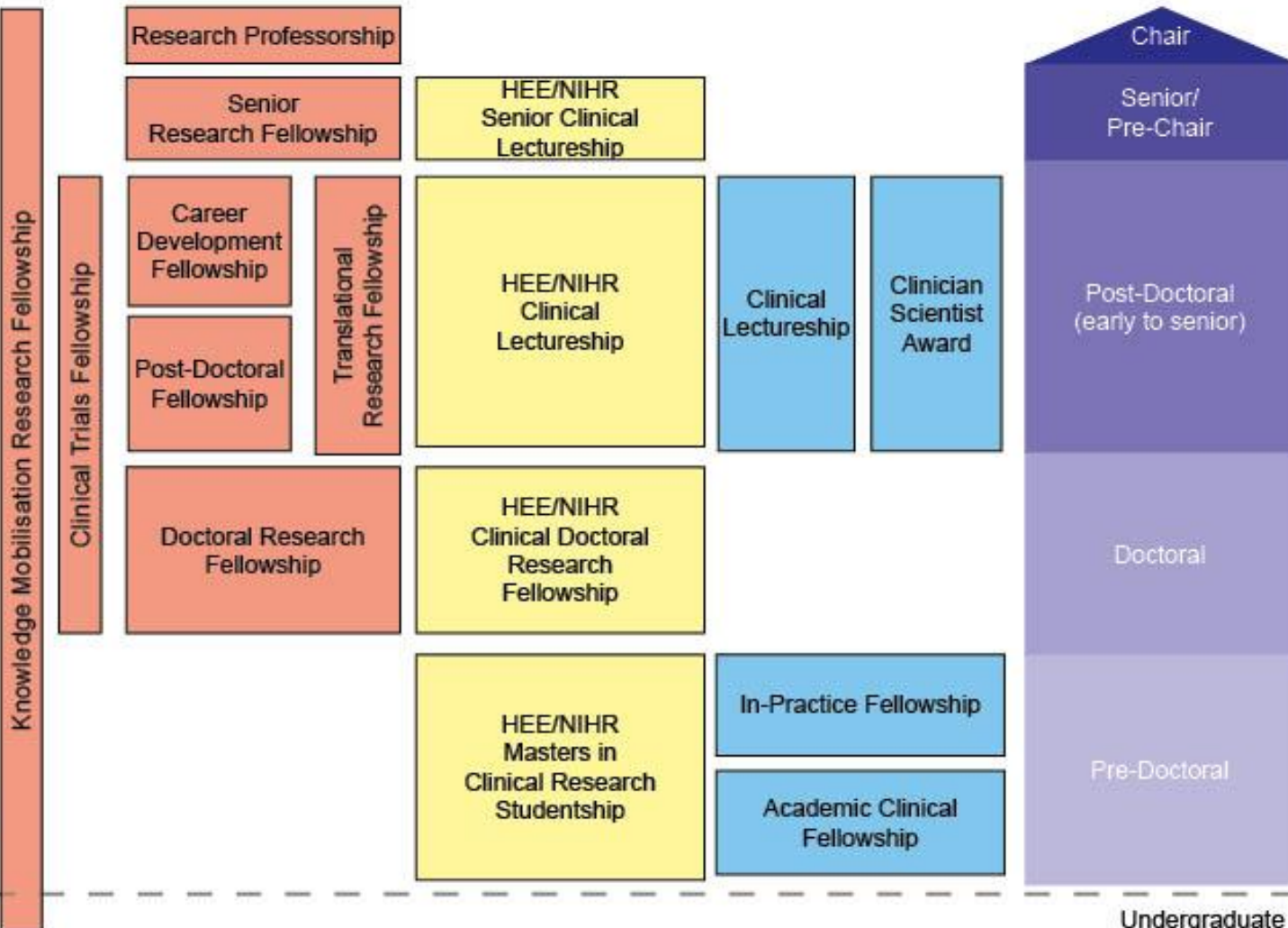
Doctors and Dentists

Research Methods Programme

NIHR Fellowships, Professorships
and other awards

HEE/NIHR Integrated
Clinical Academic
Programme

NIHR Integrated
Academic Training
Programme



The NIHR Career Pathway:



NIHR RESEARCH CAREER PATHWAYS

Methodologists

Fellowships for all

Healthcare Professionals
(non-doctors/dentists)

Doctors and Dentists

HEE/NIHR Integrated
Clinical Academic
Programme

HEE/NIHR
Senior Clinical
Lectureship

HEE/NIHR
Clinical
Lectureship

HEE/NIHR
Clinical Doctoral
Research
Fellowship

HEE/NIHR
Masters in
Clinical Research
Studentship



Undergraduate

Internships

Masters in
Clinical
Research
Studentships

ICA

HEE/NIHR Integrated Clinical Academic Programme
for non-medical healthcare professionals

Internships

Master
Clinic
Resea
Students

ICA

HEE/NIHR Integrated Clinical Academic Programme
for non-medical healthcare professionals

Internships

Masters in
Clinical
Research
Studentships

Clinical
Doctoral
Research
Fellowships

Clinical
Lectureships

Senior
Clinical
Lectureships

BB A pre-maste
clinical

Masters in Clin

BB An
resea

Clinical Doctoral Research Fellowships

BB Obtain a PhD by research whilst still developing clinical skills BB

These awards have been designed to off
of clinical research from trial design and
primary research in a clinical environmen

Internships:

- provide backfill support for the intern's t
 - are available annually and run for six m
 - provide a range of taught and academic
 - allow the possibility for interns to under
- clinical academic supervisor.

The Internship Scheme is managed loca
Education and Training Boards, to which

This studentship scheme is d
combines continued clinical p
comprehensive grounding in,

Fully funded studentships are

Studentships cover:

- the salary cost of the award
- course fees;
- attendance at NIHR Trainee

Studentships can be underta

This fellowship scheme is designed for graduates with some research experience who
aspire to a career that combines research with continued clinical practice.

A Clinical Doctoral Research Fellowship funds:

- the salary costs of the award holder;
- PhD tuition fees;
- an appropriate research project;
- an overseas research visit;
- conference attendance;
- a tailored training and development programme.

Fellowships can be undertaken full time over three years, or part time over either four or
five years. Applicants must have at least one year's experience of practice since
graduating and hold current registration with the relevant professional council at the
point of award.



**Is a 'Blunt Thoracic Trauma
Integrated Care Pathway' for the
management of blunt thoracic
injury feasible and acceptable
compared to standard UK
Practice?**



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Major Trauma – UK Perspective:



- Major Trauma is the 4th leading cause of death in developed world.
- Leading cause of death in people under the age of 40 years.
- Associated with physical, psychological and social complications.

Major Trauma – UK Perspective:





OPEN

A Retrospective Observational Study Examining the Effect of Thoracic Epidural and Patient Controlled Analgesia on Short-term Outcomes in Blunt Thoracic Trauma Injuries

Edward James Baker, MSc BSc (Hons) and Geraldine Ann Lee, PhD

Abstract: Effective analgesia in the early stages after any major traumatic event remains pivotal to optimal trauma management. For patients with significant thoracic injuries, this is paramount to ensure ongoing efficient respiratory function. The aim of this study was to investigate the use of analgesic modes in the management of patients with a primary thoracic injury and blunt mechanism of injury. By understanding variables that influence the use of varying analgesic modes and influence the development of pulmonary complications, there should be more uniform evidence-based prescription in the future.

This retrospective study considered analgesic use in patients admitted after blunt thoracic injuries at one major trauma center over a 2-year period. Pulmonary complications measured included both infective and ventilator-associated failure. Univariate and multivariate analyses were used to identify patient and injury severity characteristics and their association with respiratory complications.

A total of 401 cases were reviewed and analyzed: 159 received Patient Controlled Analgesia (PCA), 32 received PCA and epidural

high-risk groups for the development of pneumonia were identified. Further work is warranted to consider the long-term benefits of analgesia in patients post-blunt thoracic injuries.

(Medicine 95(2):e2374)

Abbreviations: EA = epidural analgesia, ICD = intercostal drain, ICU = intensive care unit, ISS = injury severity score, PCA = patient controlled analgesia, TARN = Trauma Audit and Research Network, UK = United Kingdom.

INTRODUCTION

Trauma remains the leading cause of death for both men and women under the age of 44 years in high-income countries and is a unique process in that it continues to have increasing morbidity and mortality rates with significant financial cost.^{1–3} It is also a major contributor to death and disability in low- and

Study Plan & Trajectory:



Stage 1

Stage 2

Stage 3

Stage 4

Systematic
Review of the
Literature.

Prospective
mixed methods
observational
study.

Develop the 'Blunt
Thoracic Trauma
Integrated Care
Pathway'.



Researcher Support Team:



Dr Andreas Xyrichis
'PhD Supervisor'



Dr Gerry Lee
PhD Supervisor



Dr Phil Hopkins
'PhD Supervisor'



Professor Christine Norton
'PhD Supervisor'

Dr Suzanne Bench
'CRIF at FNFNM'



Dr Jeff Keep
'Clinical Supervision'

Professor Valerie Lattimer
NIHR Mentorship Scheme



Patient and Public Involvement:



- **Miss S (Pseudonym) involved in a high speed accident motorcycle vs. car 5 years ago. Her partner died in the accident. She still has no recollection of the accident. Contact from 'AfterTrauma' patient group.**

“I would say some people wouldn't want to help as they don't want to relive their experience and need to move on and forget that part of their life.”



“I had a lot of help from friends and strangers I feel the need to help other now if I can.”

“You can't push anyone unless they are ready and willing.”

“We all understood that this will happen to others, accidents always happen but if we can help other sufferers or their families then it makes you feel better!”



2ND GLOBAL CONFERENCE ON EMERGENCY NURSING & TRAUMA CARE

22 - 24 September 2016 | Sitges (nr Barcelona), Spain



Dr. Elaine Cole
Blizzard Institute
(QMUL) UK



Professor Kate Curtis
University of Sydney
St George Hospital
Australia

Opportunity to network and meet like minded researchers.

Present concepts and receive feedback.

Consider the international Perspective of my research.

Make links that my lead to future collaborative relationships



So... why is this project important:

- Direct clinical Benefits for patients with Blunt Thoracic Trauma.
- Cost benefits.
- Operational, safety and educational benefits for practitioners and clinicians.



- If you would like to read my latest publication:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4718238/pdf/medi-95-e2374.pdf>

- Please remember to follow @edbaker_ed for Trauma/Emergency Care/Advanced Practice Tweets and Updates.
- If you are interested and/or involved in Blunt Trauma Research please get in-touch:
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