

Exploring the research pillar of practice at the Association of Coloproctology Nurses' workshop 2024

Gabrielle Thorpe discusses the importance of the research pillar in advancing the knowledge base and skillset of gastrointestinal nurses.

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Each year, the annual meeting of the Association of Coloproctology of Great Britain and Ireland (ACPGBI) provides an opportunity for members of the coloproctology community to meet one another, listen to inspiring clinicians and researchers, and share their learning and experience with others in their national clinical network. Over the 3-day programme, the Association of Coloproctology Nurses (ACPN) provide a plenary session, short-paper session and an interactive workshop, which are open to all delegates.

On 2 July 2024, I facilitated the ACPN interactive workshop that focussed on the research pillar of practice. Research and evidence-based practice are generally accepted by healthcare professionals as an essential component of advanced and specialist healthcare practice, but most nurses and allied health professionals lack the confidence, capability and capacity to make the most of opportunities to become more actively involved in research. The broad aims of the workshop were:

- To develop understanding of the different components of effective research practice using the NHS England (NHSE, 2024) *Multi-professional practice-based research capabilities* framework
- To use some of the domains as a tool to evaluate current practice and confidence and identify personal objectives for research-related professional development
- To share experiences and insights with others to inform self-evaluation.

What is the research pillar of practice?

The research pillar of practice is commonly associated with advanced practice. Advanced



practice is a level of practice delivered by experienced, registered health and care practitioners (NHSE, 2017). As a result of advanced roles in the UK evolving organically since the 1980s in response to local need and profession specific imperatives, the definition and understanding of advanced roles have differed both within and between health-related professions (Evans et al, 2021). To begin to address this variability, Health Education England (HEE; now NHS England Workforce Training and Education) published the *Multi-professional* framework for advanced clinical practice in England (HEE, 2017) with the aim of establishing a consistent level of education and advanced practice capability applicable across a range of professions. The framework describes advanced clinical practice as a role that includes a high level of autonomy and complex decision making, underpinned by a master's level qualification and encompassing the ability to demonstrate core capabilities within four 'pillars' of practice: clinical practice; leadership and management; education; and research. Many nurses specialising in gastrointestinal nursing are working in or towards advanced-level clinical roles.

Evidence suggests that while advanced practitioners (APs) can largely achieve and maintain the capabilities required within the clinical, leadership and management and education pillars, they find the research

pillar more challenging. Fothergill et al (2022) reported that only 10% of their AP survey respondents stated any involvement in research. The research pillar can also be subdued by the other pillars, leaving a significant gap in the ability of APs to evidence their full capability (Fielding et al 2022; Dean, 2023). Fothergill et al (2022) identify the main barriers to APs engaging with research as high workload, limited time and resources, and competing pressures within the clinical setting. However, given that the same challenges within the clinical settings have not prevented APs from engaging with the other three pillars, it is likely that the reason for limited engagement with or embedding of the research pillar may be influenced by wider factors.

The original *Multi-professional* framework includes eight capabilities that are broadly related to evidence-based practice and the development of research-related competencies (HEE, 2017). In recognition of the fact that all practitioners have, or should at least aspire to have, a 'research pillar' and that research practice reaches far beyond eight capabilities, NHS England more recently published the *Multi-professional practice-based research capabilities* framework (NHSE, 2024). This newer framework articulates capabilities aligned with four levels of practice (entry, enhanced, advanced and consultant), clearly highlighting the need for all health and care practitioners to engage with their 'research pillar' at all levels, from newly qualified to consultant-level practice. The new framework is also divided into eight domains, emphasising that research-related capability requires a broad range of knowledge and skills. The eight domains are (NHSE, 2024):

1. Research-related career growth
2. Planning and designing research
3. Delivering research
4. Knowledge mobilisation and research implementation
5. Networking and collaborating in research
6. Supporting research-related development in others
7. Leading and managing research projects and teams
8. Strategic leadership in research and knowledge mobilisation.

Why is the research pillar of practice important?

Within the new NHS multiprofessional practice-based research capability framework, all levels and domains of research practice have a single ultimate objective: to transform services, outcomes and experiences. While this objective places a spotlight on the potential impact of research capability on service users and healthcare organisations, it does not clarify the wider benefits of a strong research pillar to the practitioners themselves. In my experience as an academic, the achievement of the research pillar capabilities is associated with high quality clinical reasoning, decision-making and policy development, directly informed by critical consideration of contemporary evidence. It enables practitioners to recognise gaps in the evidence-base and to consider how these may be addressed, which is especially important in nursing, where we have been borrowing and applying evidence from other disciplines for years.

Strong research pillar capabilities also enhance practitioners' skills and insight when evaluating their own service and practice through well-designed, conducted and evaluated audit, service evaluation and quality improvement, enabling them to recognise where safety and quality standards are not being met, to set realistic service improvement objectives and to introduce appropriate practice innovations. Critical evaluation skills can also be applied to identifying and achieving personal development goals, the acquirement of which can facilitate academic achievement, establish beneficial collaborations and networks, and ultimately lead to professional and career advancement.

Workshop format

The ACPN workshop used the NHS England *Multi-professional practice-based research*

capabilities framework (NHSE, 2024) to examine the capabilities that underpin effective evidence-based practice, explore attendees' strengths and limitations in relation to these capabilities, and identify potential ways to enhance knowledge, confidence and skills in this area of practice. A brief introduction to the context and value of the research pillar of practice was followed by an in-depth examination of domains 2–5 of the framework in turn through a brief explanation of the domain, a self-assessment activity in which practitioners scored their confidence and activity in relation to each capability, and small-group discussion of personal strengths and limitations within each domain. The final part of the workshop focussed on domain 1 of the framework (research-related career growth), using the self-evaluation activities throughout the workshop to highlight personal strengths and limitations in relation to each domain and capability, and then to identify personal development objectives for key areas of limitation. This was facilitated by the Conference app, which allowed delegates to share aspects of their self-assessment anonymously with the whole group in real time.

The opportunity to discuss the findings of the self-evaluation activity with others was an integral part of the workshop, allowing delegates to share experiences of activities, relationships and circumstances that developed research-related confidence, understanding and practice. This discussion highlighted differences in research culture between organisations, drawing attention to the importance of organisational resource and recognition in enabling practitioners to develop, achieve and maintain their research pillar capabilities.

Takeaway messages

Around 20 delegates participated in the workshop, which facilitated identification and exploration of their own research capabilities across domains 1–5 of the framework, deliberately focussing on their personal development, rather than on the development of others or leading research. The activities and discussion highlighted several important takeaway messages from the workshop.

The highest scoring domain among delegates was 'delivering research', with most delegates present identifying that they were involved in delivering research in some way within their professional role. For most,

this did not involve undertaking their own research but rather contributing to others' research, either conducted by the surgical teams that they worked with, or recruiting participants and collecting data for multicentre research projects that were supported by their organisation but led by another. A significant proportion of delegates had completed the Good Clinical Practice training.

Several delegates were conducting audit and service evaluation, but when the rationale for this was explored, it appeared that this activity was focussed more on providing information about the service or contributing to larger organisational and team audits, rather than being actively used to evaluate and improve their own nursing service. Collecting data for both information and improvement is important, but an improvement lens automatically demands that practitioners evaluate the findings against the wider evidence base, critically interpreting their own data to identify where standards are not being met, and improvements can be made. Audit and service evaluation represent essential research-related activities that form part of a continuum in developing research confidence and capability, and wider 'research readiness.'

The lowest scoring domain was 'planning and designing research'. Very few delegates had undertaken formal research education, although those who had planned and designed their own research-related activity had done so predominantly as part of completing a master's level dissertation or extended project, rather than as part of their professional role. This highlights the importance of academic endeavour and engagement in developing the knowledge and understanding to inform robust design and appraisal of research-related activity. While one delegate had planned and designed their own research, they acknowledged that this had been with considerable support and guidance from their surgical colleagues and an academic involved with the colorectal team. Such examples emphasise the importance of the networking and collaborating in the research domain.

Academic experience was not just related to capabilities in planning and designing research, but also to knowledge mobilisation and research implementation. Together, these domains include capabilities relating to finding, understanding, appraising and applying research evidence to evaluate and improve practice, to deliver and share best

practice and ultimately to transform services, outcomes and experiences (NHSE, 2024). Delegates shared diverse experiences and confidence relating to evidence-based practice and knowledge mobilisation. Although most felt confident in evaluating their own ability to find and use published evidence, they were not as confident in using these skills to implement changes within their services.

The ACPGBI Annual Meeting and ACPN sessions at this event represent a valuable opportunity for networking and collaborating in research. Many delegates articulated the value of sharing their experiences and discussing their research practice in their workshop evaluation. In the workshop self-evaluation activity relating to this domain, delegates were able to identify some activities and events that would provide research collaboration opportunities within their employing organisation and professional networks, although their self-evaluation suggested that they were not actively accessing these opportunities. We explored reasons for this, which were reported to range from having lack of time, awareness and confidence, as well as not understanding

how and why accessing these opportunities would benefit themselves, their services and their patients.

Conclusions

The ACPN workshop on the research pillar of practice provided a valuable opportunity for delegates to critically reflect on, evaluate and discuss their own research capabilities in a non-judgemental and supportive environment. The self-evaluation activities enabled them to identify their own strengths and limitations, and use the insights gained to create personal development objectives to enhance their research practice, the service they provide, the care they deliver and the experiences and outcomes of their patients.

The ACPN workshop at the next ACPGBI Annual Meeting—set to be held between 30 June – 2 July 2025) in Harrogate—will be presented by Dr Terri Porrett, a strategic project manager from Coloplast, and feature an interactive workshop on stoma guidelines. As in previous years, 50 places at this fantastic 3-day conference are free to ACPN members, on a first come, first served basis, with membership costing just £25 per

year. For information about the ACPN or to enquire about joining, contact Nicole Taub (ntaub@acpgbi.org.uk) or ACPN Chair, Linnet McGeever (linnet.mcgeeever@nhs.scot). **GN**

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