Sharing Best Practice

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What is best practice?

- Clinical care that seeks to ensure the best patient outcomes
- Underpinned by the knowledge base / best available evidence
- Clinical guidelines are applied alongside clinical reasoning
- There is a focus on quality / service improvement
  - Evaluation; planning/testing; implementing change; impact measurement
- There is a focus on dissemination, networking, sharing
- Care is patient-centred / patient driven / informed
  - Higher satisfaction, less regret, fewer complaints
  - Tailored care to the individual helps to reduce health inequality

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Why is it important to ‘share’?

- **The act of sharing helps to foster and develop best practice**

- Evidence / knowledge has a wider reach
- Adds to the ‘collection’ of evidence available / enriches the data
- Improves / fosters equity in the provision of care
- Starts a conversation / challenges current practice / highlights gaps
- Facilitates change or change talk
- Enables improvement

- **For the person sharing…..**
- Addresses core domains e.g. education of others, research & development, leadership
- Builds confidence / motivational
- Profile raising / career development / develops influence

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What might you share?

- Work from formal study e.g. a literature review or discussion paper / opinion piece
- Local work within the service e.g. an audit, service evaluation or development project
- Research (primary or systematic literature review)
- Learning from a study day, conference or training course
- A case study from your own individual practice and the learning that resulted from this
- **Knowledge, skills, informed judgement, value/benefits, challenges/risks, recommendations**

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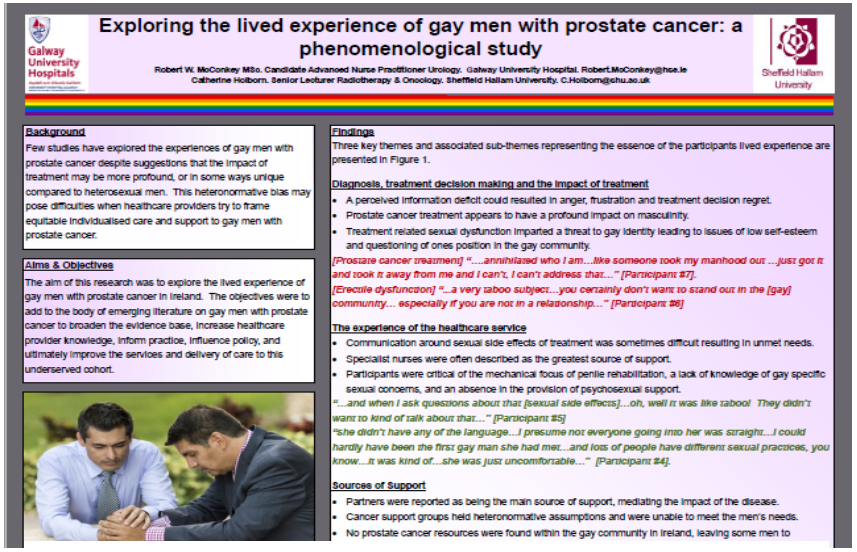
How we might share?



Exploring the lived experience of gay men with prostate cancer: a phenomenological study

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Background

Few studies have explored the experiences of gay men with prostate cancer despite suggestions that the impact of treatment may be more profound, or in some ways unique compared to heterosexual men. This heteronormative bias may pose difficulties when healthcare providers try to frame equitable individualised care and support to gay men with prostate cancer.

Aims & Objectives

The aim of this research was to explore the lived experience of gay men with prostate cancer in Ireland. The objectives were to add to the body of emerging literature on gay men with prostate cancer to broaden the evidence base, increase healthcare provider knowledge, inform practice, influence policy, and ultimately improve the services and delivery of care to this underserved cohort.

Findings

Three key themes and associated sub-themes representing the essence of the participants lived experience are presented in Figure 1.

Diagnosis, treatment decision making and the impact of treatment

- A perceived information deficit could resulted in anger, frustration and treatment decision regret.
- Prostate cancer treatment appears to have a profound impact on masculinity.
- Treatment related sexual dysfunction imparted a threat to gay identity leading to issues of low self-esteem and questioning of ones position in the gay community.

[Prostate cancer treatment] "…annihilated who I am…like someone took my manhood out …just got it and took it away from me and I can't, I can't address that…" [Participant #7].

[Erectile dysfunction] "…a very taboo subject…you certainly don't want to stand out in the [gay] community… especially if you are not in a relationship…" [Participant #8]

The experience of the healthcare service

- Communication around sexual side effects of treatment was sometimes difficult resulting in unmet needs.
- Specialist nurses were often described as the greatest source of support.
- Participants were critical of the mechanical focus of penile rehabilitation, a lack of knowledge of gay specific sexual concerns, and an absence in the provision of psychosexual support.

"…and when I ask questions about that [sexual side effects]…oh, well it was like taboo! They didn't want to kind of talk about that…" [Participant #5]

"she didn't have any of the language…I presume not everyone going into her was straight…I could hardly have been the first gay man she had met…and lots of people have different sexual practices, you know…it was kind of…she was just uncomfortable…" [Participant #4].

Sources of Support

- Partners were reported as being the main source of support, mediating the impact of the disease.
- Cancer support groups held heteronormative assumptions and were unable to meet the men's needs.
- No prostate cancer resources were found within the gay community in Ireland, leaving some men to

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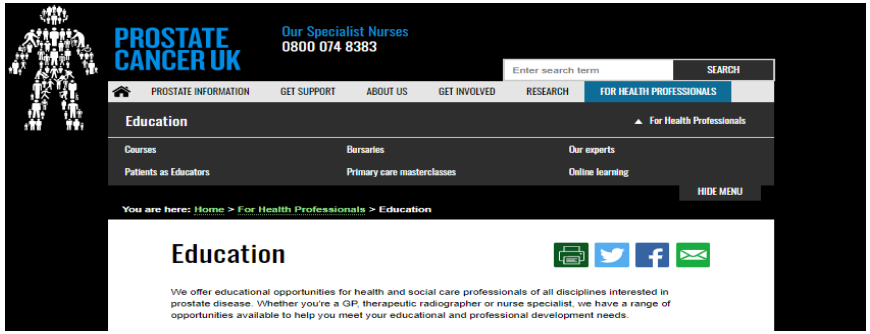
Original Article

Assessing the information and support needs of radical prostate cancer patients and acceptability of a group-based treatment review: a questionnaire and qualitative interview study

Munisha Chauhan[1], Patricia Holch[2,3], Catherine Holborn[4]

evidence & practice / prostate cancer | PEER-REVIEWED |

Should men on long-term androgen-deprivation therapy for prostate cancer be screened and monitored for osteoporosis?



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Education

We offer educational opportunities for health and social care professionals of all disciplines interested in prostate disease. Whether you're a GP, therapeutic radiographer or nurse specialist, we have a range of opportunities available to help you meet your educational and professional development needs.

Webinar on Full vs Empty bladder for Prostate Radiotherapy – Wednesday 23rd October		
Tutor feedback on e-tivity 1 will be provided by Monday 21st October		
28th October and 4th November	Study materials on "Living with and after prostate cancer and its treatment – supporting those affected." Read the work of your peers for e-tivity 2 and aim to post at least two replies.	**Monday 4th November**; Post your work for E-tivity 2.
Webinar on Managing Late Effects of Prostate cancer Radiotherapy and Prostate Cancer Survivorship – Tuesday 5th November		

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Establishment of a Sexual Dysfunction service for men and their partners affected by prostate cancer

How might we share?

- Local presentation to key stakeholders
- Local staff education / CPD session
- Development of an educational resource
- Business case / service improvement plan
- Journal article
- Conference presentation (proffered paper or poster)
- Input into educational programmes/events
- Presentation to local patient /service user forums
- Presentation to specialist interest groups / charities
- Online networking / social media
- Face to face networking e.g. journal club / lunchtime lectures / seminar series

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Dissemination planning

- What was the outcome of your work?
- What impact do you want it to have?
- What are your key messages?
- Who are the key people / stakeholders to target?
- How might you reach them / spread the word?
- How might you get others to spread the word?
- Who do you need to speak to / network with?

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Having an impact via education you deliver

- Focus on the patient experience
- Make it work related
- Identify and focus on priority areas
- Embed key messages
- Build in peer discussion / activity (engage)
- Encourage questions and comments
- Encourage the development of goals (individual or service level)
- Explore challenges / barriers
- Facilitate realistic action planning

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Publishing in a journal

- After thinking about key messages and your target audience, decide what journals might be most appropriate. Explore these.
- Look at the titles and abstracts of papers that these journals have published. In particular those that cover a similar topic.
- Does your work fit with the journal's content and readership?
- Decide on the journal and find their 'author guidance'
- What types of paper do they accept? What are their word limits?
- Confirm your co-authors – a valuable source of support
- Plan a structure – adhere to author guidance and think about 'topic sentencing' – attention to spelling and grammar are important
- Think carefully about your title, abstract and key words – repeat key words across these related to your topic and method
- Respond courteously and professionally to peer review comments
- Plan your writing and 'write, write, write' – set short term goals, plan deadlines with your co-authors etc…. E.g. 'shut up and write' sessions
- Persistence and resilience are often required. Think about the support you need and seek this out

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A great resource

https://cahpr.csp.org.uk/content/cahpr-top-ten-tips

- **Council for Allied Health Professions Research (CAHPR)**
- Top ten tips on:
  - Getting your abstract accepted
  - Getting your paper published
  - Patient and public involvement
  - Preparing a scientific poster
  - Running a journal club
  - Social media and networking

TOP TIPS

cahpr
Council for Allied Health Professions Research

Preparing a Scientific Poster

Why a poster? Posters have become valuable tools for professional meetings, teaching and assessment.

Posters are **effective visual communication tools**, able to engage people in a conversation, convey main points to large crowds and advertise one's work (research/clinical project). Posters can be less stressful than oral presentations and can be displayed in your department. This leaflet provides a handy top ten tips to developing an effective scientific poster.

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