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| Host department: Bristol |
| Project Title: |
| Co-producing an evaluation framework for trauma-informed organisational change interventions in UK primary care |
| Proposed supervisory team: |
| 1. [Professor Katrina Turner](https://www.bristol.ac.uk/people/person/Katrina-Turner-ba4a74bc-691e-46c0-845a-26f171aebba0/), Professor of Primary Care Research, Bristol. Qualitative methodologist with expertise in mental health, intervention development and evaluation. 2. [Dr Natalia Lewis](https://www.bristol.ac.uk/people/person/Natalia-Lewis-87e2b18c-acc2-4d9f-9939-9e62b2eaf45e/), Senior Research Fellow in Primary Care, Bristol. Mixed methods health services research with expertise in health system responses to violence and trauma. 3. [Dr Sabi Redwood](https://www.bristol.ac.uk/people/person/Sabi-Redwood-9eba762b-bb4f-45ef-91ff-ad25ec0f9526/), Associate Professor in Social Science in Applied Health and Care Research, Bristol. Qualitative researcher with expertise in participatory approaches, co-production, patient and public involvement. 4. [Dr Sharea Ijaz](https://www.bristol.ac.uk/people/person/Sharea-Ijaz-55ebc9c0-f309-4514-8a3d-f32f8cec68db/), Research Fellow in Evidence Synthesis, Bristol. Systematic review methodologist with expertise in realist reviews. |
| Potential for cross consortium networking and educational opportunities: |
| The Centre for Academic Primary Care (CAPC) at the University of Bristol is a leading member of the NIHR SPCR in researching trauma-informed approaches in healthcare at the organisation/system level.  Opportunities for collaboration and training across NIHR SPCR members include research methods, patient and public involvement and engagement (PPI&E), project management, career development. |
| Project description: |
| Background. From research, clinical practice, and people with lived experience, we know that many patients and healthcare professionals in primary healthcare services have experienced psychological trauma and all professionals work with people affected by trauma. If universal prevalence and impacts of trauma are not realised and recognised, services can fail to engage patients in treatment and/or re-traumatise both patients and staff.  Trauma-informed approach is a framework for an organisational (synonym system) change intervention that aims to address the universal prevalence and impact of trauma on patients and staff. It starts from the assumption that every patient and member of staff have the potential of having been affected by trauma. Through realising and recognising these experiences and impact, we can respond by providing services in a trauma-informed manner to prevent re-traumatisation and improve experiences and outcomes for all. NHS policies and guidelines recommend implementing trauma-informed approaches in healthcare services. However, our prior research identified limited evidence on their effectiveness, partly due to the lack of a pragmatic theory-based evaluation framework. Existing frameworks for evaluating trauma-informed programmes and initiatives in healthcare services are either too generic or too service specific to apply in the UK primary care context.  Aim. To co-produce with patient and professional stakeholders a programme theory and framework to evaluate trauma-informed approaches in the UK primary healthcare.  Methods. This project is built on the co-production and embedded research approach, and realist review and qualitative methods. The trauma-informed principles of safety, trust, peer support, collaboration, empowerment, and cultural sensitivity will be applied throughout the study and supervision process. Supported by a patient and public involvement and engagement (PPI&E) coordinator, you will recruit a study advisory group of people with lived experience of trauma, practitioners, and academics with expertise in trauma-informed healthcare. The group will support you throughout the study.  You will start with a realist evidence synthesis of programme theories and frameworks for evaluating trauma-informed organisational change interventions in healthcare.  The follow-on primary study will take place in 2-4 general practices and/or other primary health care organisations which have implemented/in the process of implementation of a trauma-informed organisational change. You will be embedded (co-located) within these organisations to conduct ethnographic case studies to explore and document how trauma-informed organisational change is enacted in practice and how it has been evaluated. The case study can include direct observations, interviews with patients and healthcare professionals, analysis of documents.  Informed by the realist review and case studies, together with the professional and lived experience stakeholders, you will co-produce the programme theory and evaluation framework through iterative cycles with feedback from the study advisory group. The co-production process can involve workshops, creative and participatory research methods.  Outputs. Programme theory and evaluation framework, potential indicators, and outcomes for testing in the real-world primary healthcare settings which are implementing trauma-informed organisational change programmes and initiatives. |
| Indicative project costs: |
| The project is expected to cost between £25-30k. These costs would cover equipment (laptop, digital voice recorder), participant reimbursement for taking part in interviews and workshops, interviews transcription, stakeholders workshops (room hire, equipment, facilitation), creative methods (consumables), PPI&E costs (contributor reimbursement, meetings, PPI&E coordinator), conference/training fees and open access fees. |
| Training and development provision by host: |
| The supervisors will work with you to develop a personalised Development and Training plan. The plan will include training on research methods, project management, and self-care. Bristol Medical School provides intensive [**short courses**](https://www.bristol.ac.uk/medical-school/study/short-courses/) in research methodology, design, and analysis in health sciences as well as comprehensive [**post-graduate training programme**](https://uob.sharepoint.com/sites/medical-school/SitePages/graduate-studies-programme-2022-23.aspx).  *Formal training:*  Short courses and training on research methods: development and evaluation of complex interventions, organisational science, patient and public involvement in research, realist evidence synthesis, co-production approach, qualitative research methods.  Short courses and training on management: research project management, ethics and research governance, writing PhD and academic papers.  Training on self-care: wellbeing during PG studies. |
| *Informal training:*  The embedded researcher model provides unique opportunities for learning through reflective practice and from best practice. In addition, you will join local and national Trauma-Informed Communities of Practice to learn from lived experience and professional experts. |
| *PPIE*:  CAPC has a Public and Patient Involvement and Engagement (PPI&E) coordinator who can provide support with recruiting and running an advisory group of people with lived experience for this project. They also provide learning materials and training on PPI&E in primary care research. |