

*The European Academy of Nursing Science*



# **European Academy of Nursing Science**

## **Summer School for Doctoral Studies**

**Malmö 2017**

### **Handbook for Participants**

## *The European Academy of Nursing Science*



### **Introduction**

We are delighted to be able to welcome you as a participant to the European Academy of Nursing Science (EANS) annual summer school for doctoral nursing studies

This handbook contains information on the summer school. It includes some background information about EANS, the aims of the summer school, some information about the curriculum and details of preparation work you must do before attending the summer school. During the summer school you will be asked to give a number of presentations and it is essential you prepare for these before you arrive.

- Section A**      an overview of the EANS summer school.
- Section B**      the EANS summer school curriculum in detail
- Section C**      preparation work you must do before the EANS summer school
- Section D**      a selection of relevant references

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# **Section A**

## **Overview of the EANS Summer School**

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## **The European Academy of Nursing Science**

### **History of EANS**

EANS is 19 years old. It grew out of a network of academics, most of whom taught PhD programmes in nursing in European universities. In 1998, these academics started running international summer schools for students in their universities who wished to network together. As the value of these schools became apparent, and the work involved in running them expanded, EANS was formed as an association with formal bylaws: 'an independently organised body composed of individual members who have made significant contributions to the advancement of nursing science in Europe through scholarship and research'.

The Academy's purpose was to 'sustain a forum of European nurse scientists to develop and promote knowledge in nursing science and to recognise research and scholarly achievement in the pursuit of excellence', or as specifically stated by founding President, Professor Rosemary Crow:

- to provide a forum for debate and constructive discussion that was free from national and/or local political agendas
- for Scientists who had established programmes of research to share their ideas with other experienced scientists, something most likely to happen across national boundaries
- to develop themes both of a theoretical and methodological nature, such that these would contribute to the wider scientific community
- to be a source of leaders in Nursing Science across Europe from which, for example, Scientific Committees needing expertise in a relevant field of Nursing Science could draw

### **Internal Structure**

An elected Board consisting of 13 members governs EANS. The Full Members of EANS directly elect the President and Vice President and ten Board members. The Board appoints the Secretary and Treasurer from ordinary elected members. Board members serve for a maximum of two terms of three years each, having to seek re-election if they wish to serve for a second term. Decisions taken by the Board, together with a description of the activities and finances of the organisation are presented to an annual meeting of EANS where Members can question the Board.

### **Membership**

EANS was initially set up as an organisation of experienced nurse researchers only, not a mass membership movement. Membership of the Academy was restricted to experienced nurse scientists – essentially the initial small group of founders, their colleagues and those that were experienced enough to teach the summer schools. Members were called 'Fellows' and expected to have made a considerable contribution to nursing science before they would be accepted as members. A membership committee assessed this contribution in the traditional manner through

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scrutiny of the breadth, depth and relevance of applicants' publication records. Fellows had voting rights and could attend annual meetings. In the intervening years the criteria for Fellowship of EANS has been formalised to include bibliometric analysis (using the 'h-index') and specific appraisal of the applicant's contribution to the field of research in nursing. A sub-committee of EANS undertakes this.

Almost as soon as EANS was formed, a group of students from the summer school who had been profoundly influenced by their experiences there lobbied to be included in EANS. Previously, the expectation of the founders had been that summer school students would benefit from their experience, become 'early stage researchers' and develop their academic careers without further contact with EANS. They would then join EANS at some undefined later point, when they had amassed enough experience and expertise to qualify for membership – thought to be about ten years later. These ex-students questioned the wisdom of this view and sought to retain the opportunity to meet, network with each other and continue to receive input from their teachers in order to support their nascent careers.

The EANS board acquiesced to this request and set up a new class of membership, the Scholars. Initially, Scholars were eligible for membership of EANS if they had completed the summer school. They paid a 50% reduced membership fee, were permitted to self-organise a programme to run alongside the summer school but had no voting rights and could not stand for Board positions. Many Fellows contributed to this summer 'scholars' programme' in order to continue these early stage researchers' education. Shortly after, the criteria for an EANS scholar were widened to include early stage researchers with PhDs but no experience of the summer school.

In 2013, Fellows of EANS voted to change this situation, to eliminate the 'democratic deficit' and remove the two tier-membership situation whereby Scholars were members who paid a fee but did not have voting or decision making rights. From 2013 onwards EANS consists of Full members and Student members.

**Full members are nurses who are European nationals and have been awarded their PhD. Full members have full voting and nomination rights.**

**Student members are nurses who are European nationals, are studying for their PhD and are attending, or have attended, the EANS summer School. Student membership is limited to six years.**

**Fellowship of EANS is now an honorary title bestowed on members who meet the previously agreed criteria for Fellowship.**

Details of how to apply to become a member of EANS are available on the academy's website: [www.european-academy-of-nursing-science.com](http://www.european-academy-of-nursing-science.com)

## **The European Academy of Nursing Science**



In 2013 EANS also agreed a new mission statement.

The purpose of the Academy is to be *the* scientific community in Europe providing inspiration, collaboration and academic leadership in nursing by sustaining a forum of European nurse scientists who are developing and promoting knowledge in nursing through research and scholarly achievement in the pursuit of excellence.

### **EANS Activities**

EANS runs a number of scientific activities every year. These are:

- Summer schools: EANS' flagship activity, recognised as of very high quality, evaluated excellently by participants and led by an experienced team using the complex interventions mixed methods focus.
- Summer conferences: first run in 2012 using a traditional seminar and invited keynote speaker structure, integrated with the summer school to reflect the themes taught there. The 2012 conference was evaluated as successful and has been retained as an annual event.
- Scientific Meetings: these adopt a 'summit' structure of discussion and working groups, focusing on building collaboration and addressing broader issues for nursing such as academic leadership and how to increase nursing influence on political and health policy areas. It is held each winter rotating across Europe.



## **The EANS Summer School for Doctoral Studies**

The summer schools were established in 1998 under the leadership of Professor Rosemary Crow to encourage nursing students undertaking PhD study to add a European dimension to their research and to receive advanced research training. The summer schools are self-financed by participants, although EANS and the host Universities are always looking for funding to support the summer schools, which in the past has been provided by the EC Framework 6 Marie Curie Programme. EANS also occasionally provides support to participants in financial hardship. From 2011-2015 financial support for participants was provided through a European Science Foundation Research Network Programme (ESF-RNP) award.

### **Aims of the Summer School Programme**

Each summer school is hosted by one of the EANS partner Universities and has the following aims:

- to provide a common European perspective for doctoral nursing research;
- to create a multinational learning environment for nurses who are doctoral students;
- to improve the quality of nursing practice by increasing the research evidence used in nursing within Europe;
- to enhance the opportunities for doctoral students to study, work and undertake research in other European States.

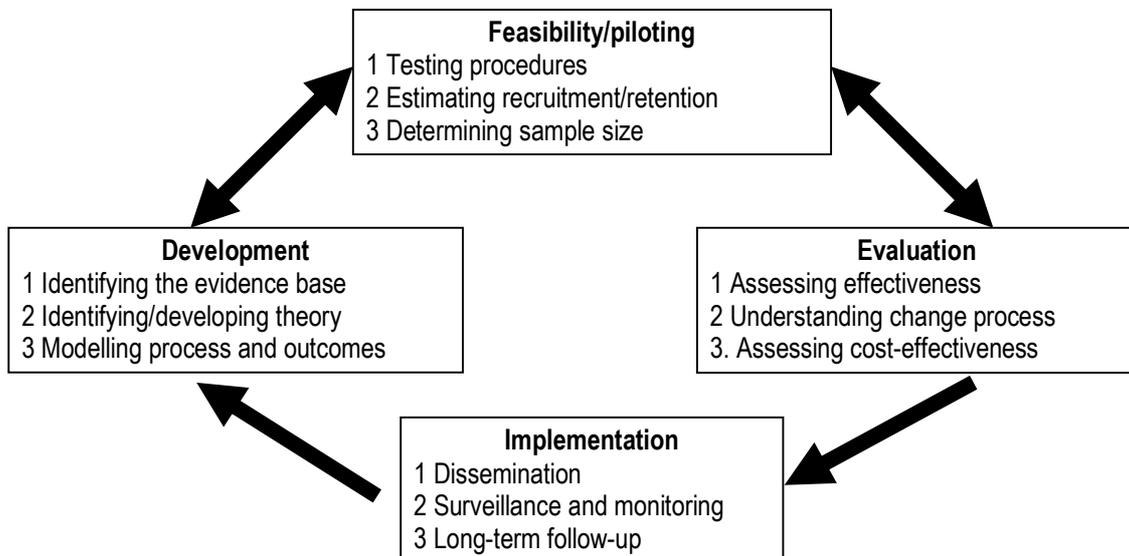
The summer school course is structured around four themes that reflect the complex nature of nursing activities and the challenges this poses for research. Section B describes these in depth and lists the learning objectives of the curriculum. The next page outlines the background to the curriculum.



## Nursing as a Complex Activity: Background to the EANS Summer School Curriculum

In a series of editorials, Hallberg<sup>1,2</sup> has challenged nursing researchers to re-focus their activities to develop knowledge for nursing that is useful for practice and that can be translated into practice in 'a step wise manner, a series of studies from descriptions, theory development, testing, exploring possible explanations, refining models or theories and testing them and implementing valid knowledge in practice. In particular, we need to learn more about the implementation process and about how to make it successful.'<sup>2</sup> (p410). She characterises most current nursing research as: descriptive rather than experimental; cross-sectional rather than longitudinal; context specific rather than generalisable; and introspective rather than implementation focused. For example, between 2000 and 2006 studies from the top ten scientific nursing journals were mainly descriptive<sup>3</sup> and did not report the impact of nursing interventions on patients. Of 210 papers published in two international nursing science journals annually, only 15% were addressing 'research that may carry strong evidence for practice'<sup>1</sup> (p924).

Nursing has a critical role in meeting health and social care challenges such as aging populations, chronic diseases and new endemics at the fore of European health concerns. Increasingly, nurses engage in a wide range of activities, many of which are highly complex and take place in multiple care environments including acute medicine, chronic care facilities, community and residential care homes. Changes in health care organisation internationally (e.g. short hospital periods, growing responsibility for patient self-care) are placing more health care in the hands of nurses, increasing the scope, the overall need for nursing care and for that care to rest on a solid evidence base. Nursing is, moreover, the quintessential 'complex intervention' – an activity that contains a number of component parts with the potential for interactions between them which, when applied to the intended target population, produces a range of possible and variable outcomes. In the last ten years,<sup>4-7</sup> guidance has been issued which recommends that complex interventions should be investigated through a process of development, feasibility/piloting, evaluation and implementation, where there is a dynamic interchange between stages.



MRC, 2008<sup>7</sup>

The EANS curriculum has been designed to reflect this guidance in order to meet Hallberg's recommendations.



## Organisation of the EANS Summer School

The EANS summer school is a three-year programme. Each year, a different European University hosts the summer school. The summer schools are residential. Participants **must attend three summer schools**. On completion of the three-year programme, participants are awarded, over and above their degree from their own university, a certificate that details the European dimension of their work.

Summer school participants take part in educational activities that address the four curriculum themes through learning opportunities such as workshops, seminars, participant presentations and discussion groups. The course consists of 200 hours of study in total.

- **Year one:** two 40 hour weeks plus 20 hours of private reading and homework activity before and during the course
- **Year two:** one 40 hour week plus 10 hours of private reading and homework activity before and during the course
- **Year three:** one 40 hour week plus 10 hours of private reading and homework activity before and during the course

Halle 2016 sees the fifth 'EANS Summer Conference'. As part of the summer school programme, participants will join EANS members in part of a two-day conference incorporating keynote addresses, symposia, poster sessions and workshops during the second week of the summer school.

Before you attend the summer school you **MUST** read the **MRC Complex Interventions Research Framework** document which you can download from the EANS website. You will find it very difficult to take part in the summer school activities unless you prepare for the summer school in this way.

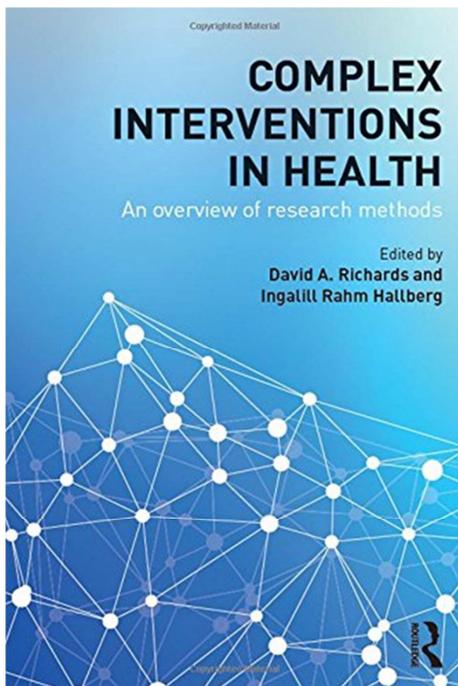
**Note:** Some Universities also recognise attendance at the summer schools as a contribution towards credits required for participants' doctoral degrees. The equivalent of five weeks study hours is usually regarded as worth 7.5 Credit Points under the European credit transfer and accumulation system (ECTS). However, validation of this is the responsibility of participants' own home universities. EANS cannot provide accreditation itself. Summer school participants may wish to discuss this with their home university and use the summer school curriculum in this handbook as evidence for home university credits.

**Attendance:** participants must attend all of the summer school. Each week runs from 9.00 am Monday until 3.00pm Friday week one and 12.30pm week two. It is expected that all participants will arrive at the summer school by Sunday before the start and will not leave until Friday pm. Certificates will not be given to participants who leave early or who arrive late. If you leave early or arrive late one year, your place will be given to a reserve applicant the next year and you will be unable to continue with the summer school programme.



## Course Textbook

In April 2015 members of the international REFLECTION network, including many of the EANS Summer School teachers, published the first comprehensive textbook to address all stages of the complex interventions research process. This textbook, edited by David Richards and Ingalill Rahm Hallberg, includes 33 chapters from a range of international experts in the fields of development, testing, evaluating and implementing complex interventions in health and social care.



Richards, D.A. and Rahm Hallberg, I. (2015). *Complex Interventions in Health: An overview of research methods*. London: Routledge.

As an EANS Summer School participant you are strongly advised to access a copy of this book. Many course teachers will refer to it and each 'bite size' chapter addresses a core issue in conducting research into complex interventions. There is also a comprehensive bibliography and citation section to help in your studies. The book can be accessed as an e-book, in hardback or paperback from the publisher's website:

<http://www.routledge.com/books/details/9780415703161/>

You can also obtain a copy via Amazon:

<http://www.amazon.co.uk/Complex-Interventions-Health-overview-research/dp/0415703166>



## **Section B**

# **The EANS Summer School Curriculum in Detail**



## Learning Objectives

### **1 Development stage:**

This stage of the curriculum is designed to help you clarify a number of important preliminary questions. What are you trying to develop and/or understand? What outcome(s) are you aiming for, and how will you bring this about? Do your nursing activities or health care intervention have a coherent theoretical basis? Have you used this theory systematically to develop or understand the activity/ies? Can you describe the activity/ies fully, so that it/they can be implemented properly and replicated by others? Does the existing evidence – ideally collated in a systematic review – suggest that the activity/ies are likely to be effective or cost effective? Can it/they be implemented in a research setting, and is it/are they likely to be widely implementable if the results are favourable? This set of learning objectives sets the scene for the pilot, evaluation and implementation stages and each sub-section will, therefore, be related to the overall complex interventions framework. You will:

#### **1. Demonstrate a critical understanding of key concepts in the complex interventions research process in nursing, including the role of the existing evidence base, theory and modelling.**

##### 1.1. Identifying the evidence base<sup>8-10</sup>

- Demonstrate a critical understanding of the contributions of different methods of identifying the evidence base relevant to the development of nursing activities and/or different types of nursing interventions
- Demonstrate sufficient knowledge to undertake all stages of a systematic review
- Be familiar with the theoretical and practical aspects of conducting systematic reviews, meta-synthesis and meta-ethnographic reviews, mixed studies reviews and review of reviews.

##### 1.2. Identifying/developing theory<sup>11-13</sup>

- Be critically aware of the importance of a theoretical understanding of the process of change in health care interventions and/or nursing activities in terms of what changes are expected, and how change is to be measured and achieved
- Understand how to identify and appraise existing measures of key concepts or to develop suitable scales and methods of measurement where required
- Appreciate how to use new primary research, for example interviews with 'stakeholders' (those targeted by the intervention and/or activity, or involved in its development or delivery) to develop and test theories of change

##### 1.3. Modelling process and outcome<sup>14-19</sup>

- Demonstrate knowledge and understanding of the concept of modelling as applied to complex interventions/activities to provide important information about the design of both the intervention and the evaluation prior to a full scale evaluation
- Become critically aware of the process of determining whether a nursing activity would be possible to implement in routine nursing practice in terms of who needs to know about the outcome of the evaluation, what kind of information they will require in order to implement the changes that might be indicated by the new evidence, who (or what) are the facilitators and what (or who) are the likely obstacles to implementation?
- Be aware of a range of formal modelling frameworks such as MOST, RE\_AIM, economic modelling or other guidance on the development and evaluation of activities and interventions to foster behavioural change



## **2 Feasibility/Pilot Stage:**

This stage of the curriculum is designed to help you understand how to plan the evaluation of a complex nursing activity. This vital preparatory work is often skimmed but is required to avoid failures in research programmes and rejection by funding agencies. Evaluations are often undermined by problems of acceptability, compliance, delivery of the intervention, recruitment and retention, poor choice of outcome measures and smaller-than-expected effect sizes, all problems that could be anticipated by thorough piloting. The feasibility and piloting stage includes testing procedures for their acceptability, estimating the likely rates of recruitment and retention of research participants, and the calculation of appropriate sample sizes. Depending on the results, a series of studies may be required to progressively refine the design, before embarking on a full-scale evaluation. This set of learning objectives follows on from the development stage and they are vital before the evaluation and implementation stages are undertaken. Each sub-section will, therefore, be related to the overall complex interventions framework. You will:

### **2. Demonstrate a critical awareness of the role of a pilot study in addressing the main uncertainties that have been identified when developing complex interventions.**

#### **2.1. Testing procedures<sup>20-23</sup>**

- Demonstrate an in-depth awareness of the procedural intricacies in undertaking evaluations of complex interventions and/or nursing activities
- Critically appreciate the range of mixed method designs to test the acceptability of proposed activities and interventions to patients and health care staff
- Understand methods to assess the degree and variability of intervention compliance when assessing the delivery of a complex intervention or nursing activity

#### **2.2. Recruitment/retention<sup>24-26</sup>**

- Critically appraise ethical considerations in the conduct of evaluations of complex interventions and nursing activities in health and social care
- Demonstrate knowledge of participant recruitment and retention strategies
- Critically evaluate methods used in pilot trials for estimating the likely recruitment rates in full scale evaluations of complex interventions in nursing

#### **2.3. Determining sample size<sup>27</sup>**

- Demonstrate understanding of the principles of sample sizes in terms of evaluating complex interventions
- Develop knowledge and understanding on different methods of calculating sample sizes appropriate for evaluating complex interventions
- Understand the contribution of cluster, superiority, non-inferiority or equivalence and cost-effectiveness factors in calculating sample sizes



### **3 Evaluation Stage:**

This stage of the curriculum is designed to help you undertake the evaluation of a complex nursing activity. There are many study designs to choose from, and different designs suit different questions and different circumstances. Awareness of the whole range of experimental and non-experimental approaches can lead to more appropriate methodological choices. This stage of the curriculum exposes you to the critical decision making processes involved in designing the least biased and most feasible evaluation. Considerations of randomisation, bias, control, process evaluation and economic evaluation are covered in this section of the curriculum. This set of learning objectives follows on from the development and piloting stages. Each sub-section will, therefore, be related to the overall complex interventions framework. You will:

### **3. Demonstrate a critical awareness of the important outcome, process and economic considerations when designing and conducting full-scale evaluations of complex interventions and nursing activities**

#### **3.1. Assessing effectiveness<sup>28-34</sup>**

- Develop a critical appreciation of the range of randomised, pragmatic and non-randomised designs suitable for assessing the effectiveness of complex interventions and nursing activities in terms of the relative strengths and weaknesses of each design and their susceptibility to bias
- Understand which situations and issues are best suited to non-randomised designs and how to maximise the validity and reliability of the results of such designs
- Critically appraise the value of guidelines for reporting and evaluating research reports (e.g. CASP, CONSORT) as a means to plan high quality research studies

#### **3.2. Understanding change process<sup>35,36</sup>**

- Develop knowledge of the range of methods which can be used to understand processes within a research study
- Critically appraise how best to assess fidelity and quality when implementing a nursing activity or intervention
- Demonstrate understanding of how process evaluations can clarify causal mechanisms and identify contextual factors associated with variation in outcomes
- To be able to critically appraise the role of action research methods in developing, testing, evaluating and implementing complex interventions
- To understand the contribution of data gathered in action research to evidence on the effectiveness of complex interventions

#### **3.3. Assessing cost effectiveness<sup>37-40</sup>**

- Critically evaluate core health economic concepts in the evaluation of complex interventions and activities in health and nursing
- Understand the role of economic evaluation in estimating the scale of economic benefits from complex nursing and health care activities or interventions
- Demonstrate understanding of how such analyses can be incorporated in the design of evaluations of complex interventions and activities



#### **4 Implementation stage:**

This stage of the curriculum is designed to help you understand why and how findings from research studies can be implemented and whether the benefits of complex activities are persistent in the 'real world'. Studies designed to provide robust estimates of effectiveness may not provide accurate estimates once the intervention, treatment or activity has been routinely adopted, for example because studies have used highly selected patient populations or a restricted range of settings. Implementation research, therefore, seeks to identify which techniques are effective for encouraging the translation of evidence into practice, and to provide information about 'real world' variability in effectiveness and cost effectiveness of interventions, and about the practicalities of introducing and sustaining new treatments, activities or services. As a consequence, long-term follow-up may be needed to determine whether short-term changes persist, and whether benefits inferred from outcomes in the original study do in fact occur. This set of learning objectives follows on from the previous three stages. Each sub-section will, therefore, be related to the overall complex interventions framework. You will:

#### **4. Demonstrate a critical awareness of behavioural change strategies for getting evidence into practice and of the importance of surveillance and long-term monitoring to identify unexpected or rare effects, and the persistence of original study outcomes.**

##### **4.1. Dissemination<sup>41-43</sup>**

- Critically appraise the principles for improving the quality of dissemination (e.g. CONSORT guidelines) including how to report complex interventions research, and the evidence for effective dissemination of research findings into practice, policies and guidelines
- Critically appraise specific behavioural change methods by which evidence-based complex interventions and activities can be implemented effectively
- Demonstrate understanding of a range of specific research methods by which evidence on effective implementation and behavioural change processes may be gathered

##### **4.2. Surveillance & monitoring<sup>44</sup>**

- Describe the use of routine data sources and health care records to provide evidence for the effectiveness of implementing evidence-based complex interventions and activities
- Understand the use of audit data to maintain standards and collect data on the implementation of complex interventions and nursing activities
- Critically appraise cross-sectional and longitudinal data analyses to understand patient and service level outcomes in routine practice

##### **4.3. Long-term follow-up<sup>45,46</sup>**

- Understand and critically appraise the importance of follow-up in relation to study design and method of outcome assessment
- Consider how strategies for the measurement of long-term outcomes can be designed to uncover unexpected or rare effects
- Appreciate the ethical considerations involved in the use of routinely collected data in health and social care settings



**5 General learning objectives:**

This aspect of the curriculum is designed to help you develop general and collaborative research skills to enable you to participate fully as early-stage researchers and then to progress in your post-doctoral careers. They represent the aims of EANS to equip you with a broader, pan-European and collaborative ethos to your research practice. To do so, you will be assisted in working on a series of collaborative projects with your peers as well as developing presentational skills about your own projects. This set of learning objectives is in addition to those which relate to the four aspects of the complex interventions framework. However, the overall complex interventions framework will provide the context by which you will meet these learning objectives. You will:

**5. Develop collaborative and presentational research skills to enable future active participation in the European Research Area**

- 5.1. Demonstrate skills in making presentations via poster and lecture-based media to audiences of peers and senior researchers
- 5.2. Recognise and begin to develop the skills required for writing funding proposals and peer reviewing such proposals on grant evaluation boards
- 5.3. Demonstrate skills in working collaboratively with peer representatives from across the European Research Area
- 5.4. Demonstrate knowledge and critical awareness of the importance of multidisciplinary working in research teams and the contribution of a wide variety of clinical and methodological research disciplines
- 5.5. Demonstrate the ability to marshal and present critical arguments for and against methods and philosophies as applied to research in nursing



## **Section C**

# **Participant-Led Activities in each Year Group for the EANS Summer School**



## **Preparatory Work before the Summer School**

### **Years 1, 2 and 3**

During the EANS Summer Schools you will be required to produce examples of your PhD studies for discussion with your year group peers and your teachers. This takes the form of a Microsoft PowerPoint presentation for the first year, a short summary (one A-4 page) during your second year and third year together with a poster during the third year. In the first year, you are also required to bring a short summary (one A-4 page approximately) about your own country and its health care system,

We have set out a number of specific issues and advice notes in the next few pages (for example, timing, number of slides). The reason for this is twofold:

- it is good practice to plan and time presentations in order to practice for future presentations at conferences and scientific meetings
- the summer school timetable is full and it is unfair to other participants if presentations overrun. In fact, course leaders will be very strict with timing. Course leaders will additionally remove any slides above the allocated number

Presentations are an excellent opportunity to practice the transferable skills necessary for a research career. They are also a very good opportunity to initiate conversations with other participants about research and nursing issues. Course leaders and other participants will give feedback and advice.

All sessions will touch upon the summer schools text book it is therefore a good idea to also make yourself acquainted with the book in good time before the summer school starts.

**You must complete this preparatory work before you attend the summer school.  
Ensure you bring it with you!**



## Summary of Participant-Led Activities

### Year 1

#### 1. My PhD: Making a Start

This is an individual ten-minute verbal presentation on your doctoral studies plus five minutes of questions from teachers and participants. You must prepare this presentation before arrival at the summer school using a template from the [EANS website](#). Please note that to ensure fairness and equity for participants from our widely divergent cultures, five Microsoft PowerPoint slides is the maximum you can use. You will give this presentation in week one of the summer school.

Be fair to others and yourself: keep slides to five in number and do not crowd each slide with too much information; keep to the main **RESEARCH** messages; **focus on your RESEARCH METHODS NOT** your clinical topic or background – other participants want to know about research methods not your clinical topic. Finally: **USE THE TEMPLATE PROVIDED**. Label your presentation <<**your surname name My PhD**>> and bring it to day 1 of the summer school where it can be checked and loaded onto the classroom computer. Note: any more than five slides **WILL BE ERASED** from your presentation before you give it.

#### 2. Our Health Care Systems

You will be required to deliver a group presentation on the similarities and differences between European health systems and the organisation of nursing in different European states. Before the summer school, you must individually prepare one written page of A4 information before arrival at the summer school. The template for the structured summary should be downloaded from the [EANS website](#). Some guidance on the preparation of this is also available at the end of this section of the handbook. You will then work in small multi-state groups during the first week of the summer school to prepare the group presentation, consisting of five Microsoft PowerPoint slides or acetates for ten minutes plus five minutes of questions from teachers and participants. You will be given a PowerPoint template for this presentation. As a group, you will give this presentation in week one of the summer school.

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### **3. The Summer School debate**

Year 2 will lead a debate for the whole summer school during the summer conference. During the debate, after the second year speeches for and against the motion, the other year groups – **including year group 1** – will make contributions both for and against the motion. A member of teaching staff will chair the debate. The motion will be posted on the [EANS website](#) shortly before the summer school starts. This debate running order is detailed in full below. A final vote will then be taken.

**Chairperson introduces the debate**

**Vote**

**Year Group 2 Speaker 1 for the motion**

**Year Group 2 Speaker 1 against the motion**

**Year Group 2 Speaker 2 for the motion**

**Year Group 2 Speaker 2 against the motion**

**The Chair of the Debate calls for contributions from the audience**

**Audience contributions from year groups 1 and 3 and others**

**Year Group 2 Speaker 3 for the motion**

**Year Group 2 Speaker 3 against the motion**

**Vote**

**Chairperson concludes the debate**

**As a group you must work together and consider the debate topic. You should divide into those who wish to speak against the motion and those for it. You should ensure you have a range of short (no more than two minutes each) contributions from up to four speakers (two against and two for the motion). The chair will also ask for SPONTANEOUS contributions from anyone else, including members of your group who have not spoken before. Your speakers should be prepared to comment on the formal speeches from year 2, not just read from prepared presentations.**



## Summary of Participant-Led Activities

### Year 2

#### 1. My PhD: One year later, where am I?

You will have an opportunity to update your fellow participants and group leaders on the progress you have made, any barriers to progress you have experienced and solutions you have adopted to overcome these barriers in advancing your doctoral studies. You must individually prepare and bring a written one A4 page (300 words) information sheet on your own doctoral progress before arrival at the summer school. The template for the structured summary should be downloaded from the [EANS website](#). You will engage with your multi-state group to discuss these and remind each other of your topic and research methods. Each group will have the opportunity to feed this back to the larger group.

#### 2. The Summer School Debate

Year 2 will lead a debate for the whole summer school during the summer conference. A member of teaching staff will chair the debate. You will work in your six multi-state groups: three groups will prepare material in support of a motion, three against it. The motion will be posted on the [EANS website](#) shortly before the summer school starts. During the debate, after an opening vote is taken, two groups for the motion will provide a speaker each, who will speak for five minutes per person; the other groups will reply with speakers against the motion. This is done in turn (see below). After a general discussion involving members of the audience, a speaker from the final two groups will each round up the debate. No audio-visual aids are permitted. A final vote will then be taken. In summary:

**Chairperson introduces the debate**

**Vote**

**Year Group 2 Speaker 1 for the motion**

**Year Group 2 Speaker 1 against the motion**

**Year Group 2 Speaker 2 for the motion**

**Year Group 2 Speaker 2 against the motion**

**The Chair of the Debate calls for contributions from the audience**

**Audience contributions from year groups 1 and 3 and others**

**Year Group 2 Speaker 3 for the motion**

**Year Group 2 Speaker 3 against the motion**

**Vote**

**Chairperson concludes the debate**



## Summary of Participant-Led Activities

### Year 3

#### 1. My PhD: One year later, where am I?

You will have an opportunity to update your fellow participants and group leaders on the progress you have made, any barriers to progress you have experienced and solutions you have adopted to overcome these barriers in advancing your doctoral studies. You must individually prepare and bring a written one A4 page (200 words) information sheet on your own doctoral progress before arrival at the summer school. The template for the structured summary should be downloaded from the [EANS website](#). You will engage with your multi-state group to discuss these and remind each other of your topic and research methods. Each group will have the opportunity to feed this back to the larger group.

#### 2. My PhD: the Poster

You must prepare and bring with you a poster. Some guidance on how to prepare a good quality poster is given at the end of this section of the handbook.

You will take part in a poster session at the EANS summer conference where you must present the latest aspects of your studies including any results. You have to stand beside your poster, describe your study briefly and answer questions from all participants at the summer school including students from years 1 and 2, and members of EANS attending the summer conference. During the poster session all conference participants will be asked to rate the posters. Teachers will collate the scores and the person who has the best-combined score will receive a **prize** at the summer school gala dinner.

Immediately before the poster session you will be asked to stand in front of the auditorium and 'invite' the audience to come and view your poster (which will be displayed outside the auditorium). You will be given one minute to do this. You must summarise the poster and convince the audience of why they should spend time looking at your work. This can be done seriously or humorously. Your objective is to describe your poster in the best possible way and encourage the audience to view your particular poster later. You should prepare **ONE** PowerPoint slide with your name and poster title only. These will be displayed behind each presenter during your one-minute of fame.

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### **3. The Summer School debate**

Year 2 will lead a debate for the whole summer school during the summer conference. During the debate, after the second year speeches for and against the motion, the other year groups – **including year group 3** – will make contributions both for and against the motion. A member of teaching staff will chair the debate. The motion will be posted on the [EANS website](#) shortly before the summer school starts. This debate running order is detailed in full below. A final vote will then be taken.

**Chairperson introduces the debate**

**Chairperson introduces the debate**

**Vote**

**Year Group 2 Speaker 1 for the motion**

**Year Group 2 Speaker 1 against the motion**

**Year Group 2 Speaker 2 for the motion**

**Year Group 2 Speaker 2 against the motion**

**The Chair of the Debate calls for contributions from the audience**

**Audience contributions from year groups 1 and 3 and others**

**Year Group 2 Speaker 3 for the motion**

**Year Group 2 Speaker 3 against the motion**

**Vote**

**Chairperson concludes the debate**

**As a group you must work together and consider the debate topic. You should divide into those who wish to speak against the motion and those for it. You should ensure you have a range of short (no more than two minutes each) contributions from up to four speakers (two against and two for the motion). The chair will also ask for SPONTANEOUS contributions from anyone else, including members of your group who have not spoken before. Your speakers should be prepared to comment on the formal speeches from year 2, not just read from prepared presentations.**

### **4. My Nursing Science Career**

We want to spend the very last session of your three-year program on your professional futures. During this session, some of the senior professors will openly present and discuss their careers. *Their* instruction is to go beyond the sales talk and present an honest look in the mirror. They will discuss what brought them to their current positions and where they want to be in five years from now, and will include their doubts, facilitators and hindrances. You must individually prepare and email a 300-400 word long written reflection on your Nursing Science Career (or alternative career). The template for the structured summary should be downloaded from the [EANS website](#). Please email your reflection to Theo van Achterberg at [theo.vanachterberg@kuleuven.be](mailto:theo.vanachterberg@kuleuven.be) as well as to [Gunilla.borqlin@mah.se](mailto:Gunilla.borqlin@mah.se) no later than 26<sup>th</sup> June 2017.



## A Few 'Top Tips' for Microsoft Power Point Presentations.

### As easy as ABC!

**Attention** to your audience. When giving a power-point presentation you will have an audience, a computer screen and a projected image to look at. The rules are: ***always*** look at your audience (you must engage them), ***sometimes*** look at the computer screen (to remind yourself what to say so you don't get lost in your presentation) and ***occasionally*** look at the projected image (just to point to a word or image to make a special point). Never stand with your back to the audience looking at the projected image and talking to the wall.

**Balance** of your talk. This should reflect your studies and your progress so far and the research process (short background, question, methods, progress/results, issues and implications). Remember that this is a research presentation not a presentation about your special subject. The audience wants to know about your ***research***.

**Clarity** of your slides. Keep the slides simple and clear. Use just a few lines, bullet points and only a few words in each line of text. Never let your text go below 20pt font size. Avoid the Microsoft design templates supplied with power point ('Dad's Tie' is a favourite and always makes people groan!). Use the EANS template instead. Avoid animation. It irritates and distracts people, gets in the way of your message and can often go wrong. Get spellings checked. Even native English speakers struggle with the differences between practice/practise, advice/advise. Is it 'older persons', 'older people' or 'the elderly'? Ask someone who knows (the correct term is actually 'older people'). Be careful with using commas or full stops in numbers (1,3 or 1.3?). And finally, ***practice, practice, practice.***



## Preparing a Good Poster

### What is a good poster?

The ideal poster is designed to provide a brief overview of your work, initiate discussion, attract attention, give you something useful to point to as you discuss your work, stand alone when you're not there to provide an explanation and let people know of your particular interest. A good poster should pay attention to layout, content, handouts and a range of other factors. A poster should be in **PORTRAIT** format no larger than **1200 in height and 750 mm in width**. A few hundred words is generally more than enough text.

### Layout of the poster

Does the layout of the poster make it easy to read and understand?

- how '*appealing*' and '*striking*' the poster is: if the poster '*draws you into it*' and makes you interested in it
- do not use too many colours
- the number of words (too many, too few?),
- the size of the font (can anyone read it or do you need to get really close?)
- diagrams/tables/figures (do they make the poster clear or are they irritating and unnecessary?)

### Content of the poster

Does the content of the poster get the message across to the audience?

- the structure (is it logical, e.g. background, research question, method, sample, measures, results, implications, references?)
- the content (is it methodologically correct, are results presented accurately, does the method answer the question?)
- the authority (are references broad, in depth and up to date?)

### Handouts

Are handouts given and if handouts are given, how clear are they?

- a handout can give more detail than the poster or can be a short abstract, it does not have to be just a copy of the poster

### Other factors

- Does the poster include contact details of the presenter, the names of their collaborators or supervisors and their institution? Does the presenter have business cards (or equivalent) to hand out?



# **Section D**

# **References**



**Background and Nursing (\* new for 2014)**

**Book:** Richards, D.A and Hallberg, I. (2015). *Complex Interventions in Health: an Overview of Research Methods*. London: Routledge

1. Campbell, M., et al. (2000). Framework for design and evaluation of complex interventions to improve health. *BMJ*,321, 694–696.
2. Campbell, N.C., et al. (2007). Designing and evaluating complex interventions to improve health care. *BMJ*,334, 455–459
3. \* Campbell-Yeo, M., Ranger, M., Johnston, C. & Fergusson, D. (2009). Controlling Bias in Complex Nursing Intervention Studies: A Checklist. *Canadian Journal of Nursing Research*, 41, 32-50.
4. \* Craig, P. & Petticrew. M. (2013). Developing and evaluating complex interventions: Reflections on the 2008 MRC guidance. *International Journal of Nursing Studies*, 50, 585-587.
5. \* Corry, M., Clarke, M., While, A.E., & Llorca, J. (2013). Developing complex interventions for nursing: a critical review of key guidelines. *Journal of Clinical Nursing*, doi: 10.1111/jocn.12173
6. \* Dowding, D.W., Cheyne, H.L.& Hundley, V. (2011). Complex interventions in midwifery care: Reflections on the design and evaluation of an algorithm for the diagnosis of labour. *Midwifery*, 654–659.
7. \* Griffiths, P. & Norman, I. (2012) Qualitative or quantitative? Developing and evaluating complex interventions: time to end the paradigm wars. *International Journal of Nursing Studies* (doi:10.1016/j.ijnurstu.2012.09.008)
8. Hallberg, I., (2006). Challenges for future nursing research: Providing evidence for health-care practice. *Int.J.Nurs.Stud*, 43, 923-927.
9. Hallberg, I., (2009). Moving nursing research forward towards a stronger impact on health care practice? *Int.J.Nurs.Stud*,46, 407–412 16.
10. Mantzoukas, S., (2009). The research evidence published in high impact journals between 2000–2006: a quantitative content analysis. *Int.J.Nurs.Stud*,46, 479–489.
11. Medical Research Council. (2000). *A framework for development and evaluation of RCTs for complex interventions to improve health*. London: MRC.
12. Medical Research Council. (2008). *Developing and evaluating complex interventions: new guidance*. London: MRC.
13. \* Möhler, R., Bartoszek, G., Köpke, S., & Meyer, G. (2012). Proposed criteria for reporting the development and evaluation of complex intervention in healthcare (CReDECI): Guideline development. *International Journal of Nursing Studies*, 49, 1, 40-46.
14. \* Polit, D.F. & Beck, C.T. (2010). Generalization in quantitative and qualitative research: Myths and strategies. *International Journal of Nursing Studies*, 47, 1451-1458.
15. \* Richards, D.A. & Borglin, G. (2011). Complex interventions and nursing: Looking through a new lens at nursing research. *International Journal of Nursing Studies*, 48, 531–533.



### **1. The Development Stage**

1. Centre for Reviews and Dissemination. (2009). *Systematic reviews: CRD's guidance for undertaking reviews in health care*. York: University of York.
2. Pluye, P., Gagnon, M.-P., Johnson-Lafleur, F.G.J. (2009). A scoring system for appraising mixed studies reviews and mixed methods research: critical literature review of systematic mixed studies reviews in the health sciences. *Int. J. Nurs. Stud.*, 46, 529–546.
3. Thorne, S. (2009). The role of qualitative research within an evidence-based context: can metasynthesis be the answer? *Int. J. Nurs. Stud.* 46, 569–575.
4. Noar SM, Zimmerman RS. (2005). Health behaviour theory and cumulative knowledge regarding health behaviours: are we moving in the right direction? *Health Education Research*, 20, 275-90.
5. Michie S, Johnston M, Abraham C, Lawton R, Parker D, Walker A. (2005). Making psychological theory useful for implementing evidence-based practice: a consensus approach. *Quality and Safety in Healthcare*, 14, 26-33.
6. Rodgers B.L. & Knafk K.A. (2000) Introduction to concept development in nursing. In *Concept Development in Nursing: Foundations, Techniques, and Applications, 2nd edn* (Rodgers B.L. & Knafk K.A., eds). W Philadelphia: B. Saunders
7. Hardeman W, Sutton S, Griffin S, Johnston M, White A, Wareham NJ, et al. (2005). A causal modelling approach to the development of theory-based behaviour change programmes for trial evaluation. *Health Education Research*, 20, 676-87.
8. Eccles M, Johnston M, Hrisos S, Francis J, Grimshaw J, Steen N, et al. (2007). Translating clinicians' beliefs into implementation interventions (TRACII): a protocol for an intervention modelling experiment to change clinicians' intentions to implement evidence-based practice. *Implementation Science*, 2, 27-32.
9. Bonetti D, Eccles M, Johnston M, Steen N, Grimshaw J, Baker R, et al. (2005). Guiding the design and selection of interventions to influence the implementation of evidence-based practice: an experimental simulation of a complex intervention trial. *Social Science and Medicine*, 60, 2135-2147.
10. Collins LM, Murphy SA, Nair VN, Stretcher VJ. (2005). A strategy for optimizing and evaluating behavioral interventions. *Annals of Behavioral Medicine*, 30, 65-73.
11. Glasgow RE, Vogt TM, Boles SM. (1999). Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *American Journal of Public Health*, 89, 1322-7.
12. National Institute for Health and Clinical Excellence. (2007). *Behaviour Change at Population, Community and Individual Levels. NICE Public Health Guidance*. London: NICE.

### **2. The Feasibility/Pilot Stage**

13. Eldridge S, Ashby D, Feder G, Rudnicka AR, Ukoumunne OC. (2004). Lessons for cluster randomized trials in the twenty-first century: a systematic review of trials in primary care. *Clinical Trials*, 1, 80-90.
14. Scheel I, Hagen K, Oxman A. The unbearable lightness of healthcare policy-making: a description of a process aimed at giving it some weight. (2003). *Journal of Epidemiology and Community Health*, 57, 483-87.



15. Armstrong D, Winder R, Wallis R. (2006). Impediments to policy implementation: the offer of free installation of central heating to an elderly community has limited uptake. *Public Health*, 120, 121-6.
16. Rowland D, DiGiuseppe C, Roberts I, Curtis K, Roberts H, Ginnelly L, et al. (2002). Prevalence of working smoke alarms in local authority inner city housing: randomised controlled trial. *British Medical Journal*, 325, 998-1001.
17. Bower P, Wilson S, Mathers N. (2007). Short report: How often do UK primary care trials face recruitment delays? *Family Practice*, 24, 601-603
18. McDonald A, Knight R, Campbell M, Entwistle V, Grant A, Cook J, et al. What influences recruitment to randomised controlled trials? A review of trials funded by two UK funding agencies. *Trials* 2006;7(9).
19. Prescott R, Counsell C, Gillespie W, Grant A, Russell I, Kiauka S, et al. Factors that limit the quality, number and progress of randomised controlled trials. *Health Technology Assessment* 1999;3(20).
20. Bland JM. (2000). *An Introduction to Medical Statistics, 3<sup>rd</sup> Edition*. Oxford: Oxford University Press
21. \* Thabane, L., Ma, J., Chu, R., Cheng, J., Ismaila, A., Rios, L.P., Robson, R., Thabane, M., Giangregorio, L. & Goldsmith, C.H. (2010). A tutorial on pilot studies: the what, why and how. *BMC Medical Research Methodology*, 10:1

### **3. The Evaluation Stage**

22. Richards, D.A. and Hamers, J.P.H. (2009). Experimental research in nursing: RCTs in complex nursing interventions and laboratory experimental studies. *International Journal of Nursing Studies*, 46, 588–592.
23. McKee M, Britton A, Black N, McPherson K, Sanderson C, Bain C. (1999). Interpreting the evidence: choosing between randomised and non-randomised studies. *British Medical Journal*, 319, 312-5.
24. Collins R, MacMahon S. (2001). Reliable assessment of the effects of treatment on mortality and major morbidity. *Lancet*, 357, 373-80.
25. Eccles M, Grimshaw J, Campbell M, Ramsay C. (2003). Research designs for studies evaluating the effectiveness of change and improvement strategies. *Quality and Safety in Healthcare*, 12, 47-52.
26. Black N. (1996). Why we need observational studies to evaluate the effectiveness of health care. *British Medical Journal*, 312, 1215-1218.
27. Glasziou P, Chalmers I, Rawlins M, McCulloch P. (2007). When are randomised trials unnecessary? Picking signal from noise. *British Medical Journal*, 334, 349-51.
28. Borglin, G. and Richards, D.A. (2010). Bias in experimental nursing research: a discussion on strategies to improve the quality and explanatory power of nursing science. *International Journal of Nursing Studies*, 47, 123-128.
29. Kraemer HC, Wilson TG, Fairburn, CG, Agras, WS. (2002). Mediators and moderators of treatment effects in randomized controlled trials. *Arch Gen Psychiatry*, 59, 877-883.
30. Oakley A, Strange V, Bonell C, Allen E, Stephenson J, RIPPLE Study Team. Process evaluation in randomised controlled trials of complex interventions. (2006). *British Medical Journal*, 332, 413-6.
31. Drummond MF, Sculpher MJ, Torrance GW, O'Brien BJ. (2005). *Methods for the Economic Evaluation of Health Care Programmes*. Oxford Medical Publications.

## The European Academy of Nursing Science



32. Torgerson D, Campbell M. (2000). Cost effectiveness calculations and sample size. *British Medical Journal*, 321, 697.
33. Briggs A. (1999). Handling uncertainty in economic evaluation. *British Medical Journal*, 319, 120.
34. Briggs A. (2000). Economic evaluation and clinical trials: size matters. *British Medical Journal*, 321, 1362-3.

### 4. The Implementation Stage

35. NHS Centre for Reviews and Dissemination. (1999). Getting evidence into practice. *Effective Healthcare*, 5.
36. Michie S, Johnston M. (2004). Changing clinical behaviour by making guidelines specific. *British Medical Journal*, 328, 343-5.
37. Bero LA, Grilli R, Grimshaw J, Harvey E, Oxman AD, Thomson MA. (1998). Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. *British Medical Journal*, 317, 465-8.
38. Wortman PM. (1995). An exemplary evaluation of a program that worked: The High/Scope Perry Preschool Project. *American Journal of Evaluation*, 16, 257-65.
39. Richards, D.A. and Suckling, R. (2009) Improving Access to Psychological Therapies (IAPT): Phase IV Prospective Cohort Study. *British Journal of Clinical Psychology*, 48, 377-396
40. Clark, D.M., Layard, R., Smithies, R., Richards, D.A., Suckling, R., and Wright, B. (2009). Improving access to psychological therapy: initial evaluation of two UK demonstration sites. *Behaviour Research and Therapy*, 47, 910-920.
41. Grol, R., Wensing, Eccles, M. (Eds.) (2005). *Improving Patient Care. The Implementation of Change in Clinical Practice*. Elsevier, London

### 5. Additional References

42. Chalmers I, Bracken MB, Djulbegovic B, Garattini S, Grant J, Gulmezoglu AM, et al. How to increase value and reduce waste when research priorities are set. *Lancet*. 2014 Jan 11;383(9912):156-65.
43. Chalmers I, Glasziou P. Avoidable waste in the production and reporting of research evidence. *Lancet*. 2009 Jul 4;374(9683):86-9.
44. Chalmers I, Glasziou P. Systematic reviews and research waste. *Lancet*. 2016 Jan 9;387(10014):122-3.
45. Clark AM. What are the components of complex interventions in healthcare? Theorizing approaches to parts, powers and the whole intervention. *Social science & medicine*. 2013 Sep;93:185-93.
46. Craig et al (2011). Using natural experiments to evaluate population health interventions: guidance for producers and users of evidence. London, Medical Research Council:  
<http://www.mrc.ac.uk/documents/pdf/natural-experiments-guidance/>
47. Craig P, Dieppe P, Macintyre S, Michie S, Nazareth I, Petticrew M. Developing and evaluating complex interventions: the new Medical Research Council guidance. *International journal of nursing studies*. 2013 May;50(5):587-92.



48. Craig P, Petticrew M. Developing and evaluating complex interventions: reflections on the 2008 MRC guidance. *International journal of nursing studies*. 2013 May;50(5):585-7.
49. Datta J, Petticrew M. Challenges to evaluating complex interventions: a content analysis of published papers. *BMC public health*. 2013;13:568.
50. Dent, L and Raftery, J. Treatment success in pragmatic randomised controlled trials: a review of trials funded by the UK Health Technology Assessment programme. *Trials* 2011, 12:109
51. Emdin CA, Odutayo A, Hsiao AJ, Shakir M, Hopewell S, Rahimi K, et al. Association between randomised trial evidence and global burden of disease: cross sectional study (Epidemiological Study of Randomized Trials-ESORT). *Bmj-Brit Med J*. 2015 Jan 28;350
52. Ennis, L. and Wykes, T. Impact of patient involvement in mental health research: longitudinal study. *The British Journal of Psychiatry* (2013) 203, 381–386
53. Gustafsson, M., et al., Challenges of conducting experimental studies within a clinical nursing context, *Applied Nursing Research* (2013), <http://dx.doi.org/10.1016/j.apnr.2013.11.013>
54. Hallberg, IR. Development of nursing research *Nursing Practice Today*. 2015; 2(1):1-3.
55. Lamont T, Barber N, Pury J, Fulop N, Garfield-Birkbeck S, Lilford R, et al. New approaches to evaluating complex health and care systems. *Bmj*. 2016;352:i154
56. Moore G, Audrey S, Barker M, Bond L, Bonell C, Hardeman W, Moore L, O’Cathain A, Tinati T, Wight D, Baird J. Process evaluation of complex interventions: Medical Research Council guidance. *BMJ* 350:h1258
57. Noyes J, Gough D, Lewin S, Mayhew A, Michie S, Pantoja T, et al. A research and development agenda for systematic reviews that ask complex questions about complex interventions. *Journal of clinical epidemiology*. 2013 Nov;66(11):1262-70
58. Petticrew M, Anderson L, Elder R, Grimshaw J, Hopkins D, Hahn R, et al. Complex interventions and their implications for systematic reviews: a pragmatic approach. *Journal of clinical epidemiology*. 2013 Nov;66(11):1209-14.
59. Petticrew M, Rehfuess E, Noyes J, Higgins JP, Mayhew A, Pantoja T, et al. Synthesizing evidence on complex interventions: how meta-analytical, qualitative, and mixed-method approaches can contribute. *Journal of clinical epidemiology*. 2013 Nov;66(11):1230-43
60. Sedgwick, P. Case-control studies: advantages and disadvantages. *BMJ* 2014;348:f7707
61. Wells M, Williams B, Treweek S, Coyle J, Taylor J. Intervention description is not enough: evidence from an in-depth multiple case study on the untold role and impact of context in randomised controlled trials of seven complex interventions. *Trials*. 2012;13:95