

of staff, and have been identified as a potential method of building research culture in hospices (Payne, Preston, Turner & Rolls, 2013). Expanding participation beyond the traditional single discipline model offers the opportunity to expose more of the entire team to research methodologies and appraisal of evidence. Multidisciplinary reflection and learning may also have additional benefits to team culture and the potential to better underpin multidisciplinary decision making.

As part of developing a research culture within Marie Curie Hospice Liverpool, a new journal club was established and publicised to all staff with support from senior team leaders. In addition to discussing and reflecting on the paper and its effect on practice, emphasis is placed on exploring potential future research questions.

There has been excellent attendance and engagement across multiple disciplines at every session, including senior and ward staff nurses, various grades of doctors, healthcare assistants, physiotherapy, social work and fundraising departments as well as nursing and medical students.

As exposure to the process has increased various multidisciplinary team members have developed the confidence to present papers, facilitated by support from the research nurse in the hospice. Feedback has been very positive and work to assess the effect of this on awareness of research and how it underpins practice is in progress.

P-112 AN INTERVIEW IS NOT A CONSULTATION: THE DUAL ROLE OF CLINICIAN-RESEARCHER

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Qualitative research into the experience of dying patients and their families frequently includes in-depth interviews or participant observation. Traditionally, clinicians are discouraged from conducting such research among their own patients or in their own practices. Yet barring the clinician from researching their patients, especially where access to non-associated research participants is limited, may represent a lost opportunity to benefit from the experience of clinicians.

In this presentation we reflect on our own experience as clinicians and qualitative researchers, drawing on an ethnographic study in which a palliative medicine specialist (first author) studied dying patients and their families in the rural community in which she also lived and practiced. We examine the advantages and disadvantages of 'insider' research and suggest strategies to address the ethical risks and conduct authentic, credible research.

Local, prior knowledge and insight, and established rapport and trust, provided depth to the interviews with terminally ill patients and their family caregivers. The risks of power imbalance, recruitment coercion, and filtering of participants' responses required specific management. Clinician-researchers must, at all times, be conscious of their dual role, and conscientiously separate medical management and prior knowledge from the research interviews. Recommendations include the use of an independent third party to obtain informed consent; using iterative consent methods prior to, and after, each interview; using peer support for

clarity of role; and maintaining strict boundaries between the researchers' clinical and researcher roles. Clinician researchers must fully declare conflicts of interests with colleagues to reassure them that the researcher is not taking over care of the patient.

We found that by using this conscious and conscientious stance, we were able to conduct nuanced, multifaceted research which respected and illuminated the experience of the patient, and their family, often revealing aspects of themselves that they had not shown to us as clinicians.

P-113 THE ROLE OF THE RESEARCH NURSE IN THE HOSPICE

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Background The NIHR and Charities Consortium for Hospice and Community Research have stated that the goal for all hospices is to be research active and recruit by 2022. The role of the Research Nurse in the hospice setting is still relatively new.

Aims This poster aims to share the experiences and lessons learnt by a Research Nurse who is in a unique position of being based within two hospices in the West Midlands.

Building capability and research capacity At one hospice, the Research Nurse works alongside the Senior Research Fellow. The learning and development gained from this relationship has fostered confidence and skills which enable the Research Nurse to carry out her role at a second hospice alongside the Nurse Consultant. The role is funded and supported by West Midlands CRN. This innovative way of working has provided many opportunities for the hospices to become further engaged in research, including portfolio studies. It has enabled the sharing of ideas across hospices, the development of recruitment opportunities and the opportunity to ensure research is embedded into everyday practice in both hospices. Key outcomes of the collaborations have been:

1. Facilitating **engagement** with research at the hospices;
2. Being a **bridge** between the often-competing pressures of clinical care and research, by finding novel solutions to obstacles;
3. **Empowering** staff by encouraging them to be a part of research in everyday practice. Being a resource for staff by supporting them with academic assignments, producing posters for conferences and disseminating research findings;
4. **Developing a research culture** by sharing good practice across organisations.

Building future research capacity

Ongoing and future challenges for the Research Nurse over the next year include:

- To further develop a research culture in both hospices;
- Increase staff confidence and awareness of research activity in both hospices;
- Ensure patients, families and staff are given further opportunities to participate in research.