

# Bristol Study Centre

# NEWSLETTER

www.dutystudy.org.uk

Issue 13

July 2011

## IMPORTANT DATA PROTECTION UPDATE



If you need to report an SAE please use the new version of the form and reporting SOP (available on the website), and remember to use only secure fax, secure post or phone when communicating patient identifiable data.

## “Summertime, and recruiting is easy\*....”

(\* only kidding, we know it's hard work!) After a bit of a slump in April and May, recruitment was up again in June – hooray! We hope that DUTY will continue to ride the wave of your enthusiasm and expertise through the summer and into the last season. Again we'll be offering a prize (sorry we can't stretch to the week in the Maldives suggested by one nurse, it would be rather nice) for July recruitment, this time in the pampering line. If you haven't had your holiday yet, here's hoping you get one soon!

## Introducing Lyn Liddiard, DUTY Research Nurse

**What role do you play in the study?** After taking a Masters degree last year, I wanted to get first hand experience of research and DUTY is an excellent study with the potential to change children's lives for the better. My main role is to support Option 1 recruitment, and I have also been involved in the 14 day follow-ups and the 3 month medical notes reviews.

### What do you find most challenging about DUTY recruitment?

Something which I initially found a challenge was the various computer programmes in place at different GP practices e.g. SYNERGY, EMIS and VISION. Having never worked on any of them this was at first an obstacle, but at one GP practice an IT assistant gave me training and set up various tools which I have found invaluable. So if, like me, you are not an IT expert, make the most of those who are to reduce your time on the computer.

**What is your top tip for recruiting children in general practice?** I will be the first to admit that this is not an original idea or rocket science, but it really does make a difference to have all of the GP practice staff communicating and working together. Each GP practice works differently so there is no magic formula, but my top tip is to work with the whole practice team.

**What do you like to do in your spare time, and why?** Quite a bit of my spare time is spent helping to teach and to actually go SCUBA diving. I love looking for nudibranchs (sea slugs) and other small critters. Unlike land slugs which I abhor, nudibranchs are very colourful and pretty. The photograph of me is from when I did a Tough Guy. No, I have never been sectioned, but you have to be a bit crazy to do this!!



### MYSTERY PRIZE FOR JUNE

Last month's mystery prize was won by Julie Cunningham, Community Research Nurse in Cornwall. Julie's name was selected at random from all of those who recruited at least one patient in June. Congratulations Julie, a special box of chocolates is on its way!



### Don't forget ...



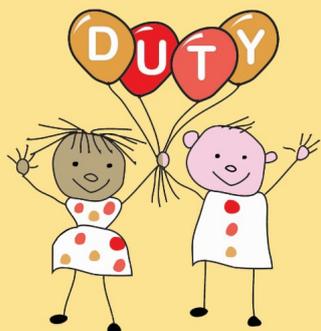
... your DUTY stickers!

### How are we doing?

1,437 patients have now been recruited in the Bristol study centre, with urine samples obtained for 91% of these children.

That's a fantastic achievement—and all down to YOU!

The study as a whole is also doing well with 3,155 recruits and an 88% sample return rate.



**A VERY BRIEF HISTORY OF TIME (according to DUTY)**

14,000,000,000 years ago: there is a Big Bang...



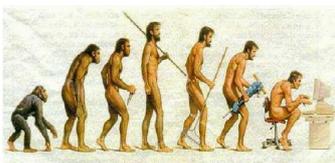
4.6bn years ago: Planet Earth is formed...



3.5bn years ago: bacterial life begins on Earth...



500m years ago: vertebrates develop glomerular kidneys...



200,000 years ago: modern human beings evolve...

337 years ago: bacteria are first seen under a microscope...



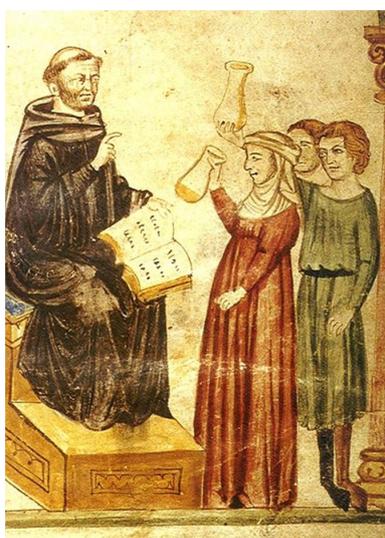
NOW: Successful DUTY study recruitment promises improved clinical care for small children with UTIs...



**DUTY database support improvements**

We now have new support arrangements for solving DUTY database access problems, provided by the IT engineers at South London & Maudesley (SLAM), the hospital trust which hosts the citrix server for DUTY. If you experience problems getting into the database which are not due to the occasional unplanned downtimes or which cannot be solved by your local IT support, the SLAM engineers will come to the rescue and resolve the problem directly with your local IT. This will be arranged through the study team at Bristol (contact Harriet Downing). SLAM will just need to know the name, e-mail address and telephone number of your local IT support provider, so please provide this to your study manager if you do experience a problem.

The DUTY database developer Stevo, who is based at King's College London, is also looking into ways of reducing the potential for unplanned downtimes so hopefully these infrequent problems will be even less frequent in the future.



*Patients showing urine samples to the physician Constantine the African (1020-1087)*

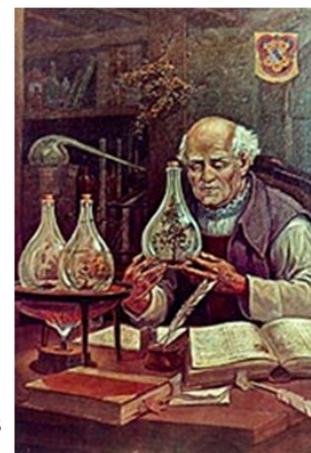
**Fascinating facts**

Urinalysis is intricately entwined with the history of medicine. As long as 6,000 years ago, several of the earliest civilizations recognised the importance of the examination of urine in diagnosis and recorded their observations on clay tablets. Urine – and prognostication therefrom – was (and is) excellent fertiliser for charlatanism and quackery in all sorts of forms. But it was understood fairly early on that uroscopy – visual inspection with the naked eye – was inadequate as a diagnostic tool.

Paracelsus (1493 – 1541), the Alchemical Genius of the Middle Ages, was one of the first to search for new approaches using chemical distillation techniques. The invention of the microscope by Anton Van Leeuwenhoek (1632 – 1723) enabled scientists to examine all body fluids (especially urine), to see bacteria, and to use their observations as an aid to diagnosis.

Subsequent developments in anatomy, physiology and the understanding of organ function enabled scientists to begin to associate the composition of urine with specific disease states, and by the middle of the nineteenth century chemical urine diagnostics was well established as a means of detecting pathological elements in the urine.

The twentieth century saw the development of sophisticated techniques to enhance and improve urinalysis, including monoclonal antibody and recombinant gene technology. And, of course, the modern urine dipstick test, whose journey from chemist's bench to mass manufacture took 200 years. But that's another story...



*Paracelsus in his laboratory*

**CONTACTS:** Harriet Downing, Study Manager Tel: 0117 331 3811 OR 0117 928 7294, Fax: 0117 331 3838, E-mail: [harriet.downing@bristol.ac.uk](mailto:harriet.downing@bristol.ac.uk); Catherine Derrick, Study Administrator Tel: 0117 331 3814, Fax: 0117 331 3838, E-mail: [catherine.derrick@bristol.ac.uk](mailto:catherine.derrick@bristol.ac.uk); Steven Beech, Study Assistant Tel: 0117 928 7205, Fax: 0117 331 3838, E-mail: [steven.beech@bristol.ac.uk](mailto:steven.beech@bristol.ac.uk); Liz Thomas, DUTY Senior Research Nurse Tel: 0117 928 7290, Mobile: 07531 892232, E-mail: [liz.thomas@bristol.ac.uk](mailto:liz.thomas@bristol.ac.uk); Lyn Liddiard, DUTY Research Nurse, Tel: 0117 928 7297, Mobile: 07772 291600, E-mail: [lyn.liddiard@bristol.ac.uk](mailto:lyn.liddiard@bristol.ac.uk) or [duty-nurses@bristol.ac.uk](mailto:duty-nurses@bristol.ac.uk).

