



Bristol Study Centre

NEWSLETTER

www.dutystudy.org.uk

Issue 15

September 2011

How are we doing?

Nurses working with the Bristol study centre have now recruited **1614** patients, with a **91%** urine sample return rate. Overall, the study has now recruited **3565** patients (with **88%** urine samples), which is **almost 60%** of the way there!

Baby Bs

For baby boric acid containers, you need at least 5 mls of urine: for smaller samples the lab will accept a standard white top container instead.



AUGUST PRIZE DRAW



Last month's mystery prize was won by Marilyn Green of Rolle Medical Partnership. A gift is on its way to the practice team! Everyone who recruits a child in the previous month is automatically entered for this draw.

A Practice Manager perspective

Introducing Jean Henderson, Practice Manager of Romney House Surgery, whose team has recruited an impressive 24 patients in 5 months...

Q. What is your experience of DUTY so far?

Very positive (for the most part). We have picked up some UTIs that would not have been found, as previously we wouldn't have tested for them. It took us quite a long time to do the first few patients but we have now speeded up a lot. We now ask the parents to make sure the children have plenty to drink before their appointment and try very hard to get the sample before they leave the surgery.

Q. How could DUTY recruitment be made easier for your practice team?

We find that the doctors tend to repeat the obs a lot of the time as part of their routine examination (not because they don't trust the HCA or Nurse) so that might have been better left to the doctors in the first place.

Q. What, in your view, are the main challenges for this study?

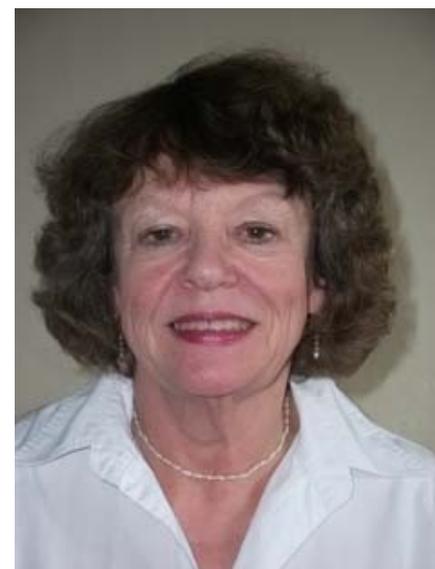
Identifying the patients in the first place. At Romney House, reception staff have to identify them at the time the appointment is made. This took some embedding. We decided to reset our Appointment Display on every pc to display the ages of all patients with an appointment, which made it much, much easier to spot potential candidates who hadn't been approached. The system is running like clockwork now. Also, we occasionally got caught out when the child was unexpectedly brought in by a grandparent or step-parent and not by mum or dad so we couldn't get the proper consent. We are more careful about that now and always ask who is bringing the child in.

Q. Can you suggest ways in which study teams can increase the ease with which GP practices participate in primary care studies?

We have been so successful with DUTY because we have been able to manage the bulk of the work using HCAs, Nurses, our Research Administrator and me (I did a Research Methods course as part of my first degree). The doctors, whose time is really limited, don't have a huge amount to do for this study. If more studies could be designed so that ancillary staff can do big chunks of the work it will help.

Q. What do you like to do in your spare time?

What spare time? I have been Chair of Governors at our local Secondary School for 4 years now, became Vice Chair of Tetbury Chamber of Commerce and Industry this April, I am on the Committees for Tetbury Food Festival and Christmas in Tetbury and in May I became a Tetbury Town Councillor. I also help out a bit in the summer for Tetbury in Bloom (mostly sweeping streets whenever I have a spare evening). For fun I dance, all types of dancing, but particularly rock n roll and go to dances twice a week plus having lessons at the weekend. I love the 'swing dresses' with the big petticoats.



True or false?

(1) The largest bacterium in the world is bigger than the smallest insect

(2) The bacterial version of sex (conjugation) occurs only between the same bacterial species

(3) Turkeys and Komodo dragons can reproduce naturally without having sex (or conjugating)

(4) There is no universal microbiologically agreed definition of a UTI

(5) The name *Escherichia* comes from the Greek word meaning "with tails"

Send us your answers for an almost unique opportunity to win a DUTY mousemat!

Spot the DUTY sample...

In busy NHS labs, it is all too easy to miss DUTY urine samples, if they are not labeled—on both the sample pot and on the form—with the garish orange DUTY sticker. For sites using electronic requesting systems, please remember to stick the sticker to the form and enter the unique DUTY study ID number onto the requesting system as this will enable the lab to identify the sample and enter the urine culture result – which is the ultimate goal for each recruit. (Entering "DUTY study" or "DUTY" will not give the lab all of the information that they need.) Oh yes, and don't let that sample pot out of your hands until the DUTY sticker's well and truly stuck...



Who can give consent?

Consent for DUTY is only valid if given by the child's parent or legal guardian. The child's mother or father is the safest bet. However, it is all too possible to mistakenly recruit a child who has been brought into the surgery by a grandparent who, through providing childcare is acting in loco parentis for the child on that day. Unfortunately, despite the unarguable status of grandparents as heroes of the modern world, the legal restrictions around informed consent mean that this is not valid.



DO NOT DESPAIR!

If parental consent can be obtained after the event, the recruit will still be valid. If this happens to you, please let us know and we will try to obtain the mother's or father's consent retrospectively, on your behalf.

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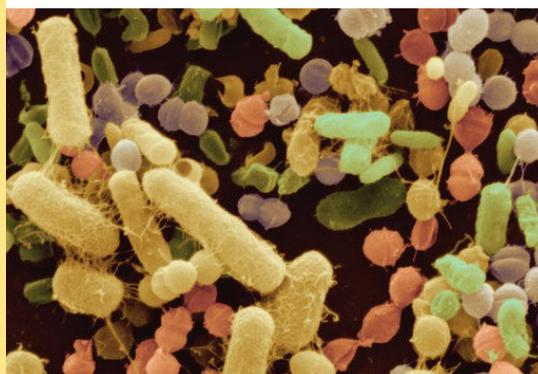
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Out, out, vile contaminant!*

DUTY study data collected so far are showing us that urine sample contamination rates are higher in NHS samples obtained by parents using nappy pads at home (12%) than those obtained by recruiters using nappy pads but able to get the sample at the recruitment visit (8%).

The ideal for DUTY is to get the sample at recruitment. That is easier said than done, especially if one does not have the magic ingredient of a full bladder in an obliging, obedient, fully toilet-trained child who can wee on demand. Here are some suggestions for reducing the chances of contamination:

- 1) If the child is in nappies, put a nappy pad in first thing, as soon as consent has been obtained and before embarking on the CRF. This will increase the chances of obtaining a sample before the end of the recruitment visit.
- 2) When it's not possible to get the sample at recruitment, the key to a good quality sample lies in the parents' clear understanding of the urine collection methods. Ensure you explain that they should keep nappy pads in for only half an hour (not overnight), use the gloves you provide if they are going to wring it out, and refrigerate the sample before returning it to the practice.

*apologies for the shameful misquotation