



NMAHP BASELINE AUDIT

Research Activity

Optional information (complete only if you are interested in follow-up with or from the NMAHP research team):

Name:

Barts email:

Hospital: MEH NUH RLH WX

Ward or unit:

Staff banding:

Start date (mm/yyyy) in the Trust:

NMAHP Research Hub

For further information, please contact:

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We are conducting a Trust-wide audit of Nursing, Midwifery and Allied Health Professionals to understand current research awareness and activity, and identify potentials for research growth and opportunity. We would appreciate a few moments of your time to complete this short survey

1. About you

1a What age are you?

21-25 <input type="checkbox"/>	41-45 <input type="checkbox"/>	61-65 <input type="checkbox"/>
26-30 <input type="checkbox"/>	46-50 <input type="checkbox"/>	66-70 <input type="checkbox"/>
31-35 <input type="checkbox"/>	51-55 <input type="checkbox"/>	71-75 <input type="checkbox"/>
36-40 <input type="checkbox"/>	55-60 <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>

1b What is your gender?

Female Male Prefer not to answer

1c What is your ethnic group? *Please enter your answer in the space below*

1d What is your profession?

Art therapist <input type="checkbox"/>	Diagnostic radiographer <input type="checkbox"/>	Dietician <input type="checkbox"/>
Drama therapist <input type="checkbox"/>	Midwife <input type="checkbox"/>	Music therapist <input type="checkbox"/>
Nurse <input type="checkbox"/>	Occupational therapist <input type="checkbox"/>	Orthoptist <input type="checkbox"/>
Osteopath <input type="checkbox"/>	Operating Dept. Practitioner <input type="checkbox"/>	Paramedic <input type="checkbox"/>
Physiotherapist <input type="checkbox"/>	Podiatrist <input type="checkbox"/>	Prosthetist / orthotist <input type="checkbox"/>
Speech & language therapist <input type="checkbox"/>	Therapeutic radiographer <input type="checkbox"/>	Other (explain below) <input type="checkbox"/>

1e What is your **highest** completed academic qualification?

GCSE <input type="checkbox"/>	'A' levels <input type="checkbox"/>	HNC <input type="checkbox"/>	Diploma <input type="checkbox"/>	BSc <input type="checkbox"/>
MSc <input type="checkbox"/>	MRes <input type="checkbox"/>	MPhil <input type="checkbox"/>	PhD / Other Doctorate <input type="checkbox"/>	
Other (please specify)	<input style="width: 90%; height: 30px;" type="text"/>			

1f If you do not already have an MSc, MRes or MPhil, are you interested in studying for a Masters level qualification?

Yes No Already at Masters level

1g If you do not already have a PhD or other Doctorate, are you interested in studying for a Doctoral qualification?

Yes No Already have a Doctorate

1h Are you interested in pursuing a clinical academic career?

Yes, definitely Yes, possibly No Not sure what this is

2. Research relevance	
2a	How relevant do you think research is to your current role?
Not at all relevant	<input type="checkbox"/> Slightly relevant <input type="checkbox"/> Moderately relevant <input type="checkbox"/> Very relevant <input type="checkbox"/> Essential <input type="checkbox"/>
3. Research literacy	
3a	On a scale of 1 – 10, how confident are you about reading and understanding research evidence published in peer-reviewed academic journals? <i>Tick or circle one number</i>
Not at all confident	Very confident
1	2 3 4 5 6 7 8 9 10
3b	On a scale of 1 – 10, how confident are you about being able to apply research evidence in your clinical practice? <i>Tick or circle one number</i>
Not at all confident	Very confident
1	2 3 4 5 6 7 8 9 10
4. Research activity	
4a	During your current employment have you ever been involved in research as part of a research team (not as a research participant)? <i>Tick one option</i>
Yes	<input type="checkbox"/> No <input type="checkbox"/>
4b	Would you welcome the opportunity to be involved in research as part of a research team (not as a research participant)? <i>Tick one option</i>
Yes	<input type="checkbox"/> No <input type="checkbox"/>
4c	During your current employment, have you led your own research? <i>Tick one option</i>
Yes	<input type="checkbox"/> No <input type="checkbox"/>
4d	Would you welcome the opportunity to lead your own research? <i>Tick one option</i>
Yes	<input type="checkbox"/> No <input type="checkbox"/>
4e	What is your experience of securing research funding? <i>Tick one option</i>
I have never tried to get research funding	<input type="checkbox"/> I have tried to get research funding but never been successful <input type="checkbox"/> I have tried to get research funding and have sometimes been successful <input type="checkbox"/>
4f	Are you currently involved in research? <i>Tick one option</i>
Yes	<input type="checkbox"/> No <input type="checkbox"/>
4g	If yes, what is the research topic? (<i>Title; methodology [quantitative; qualitative; mixed methods]; your role</i>)

4h Have you had any papers published in peer-reviewed academic journals? *Tick one option*

Yes

No

4i If yes, please list any publications in which you are a named author:

4j Please describe below any barriers which make it difficult for you to get involved in research ...

4k What do you feel are the current priority research issues for your clinical area?

5. Additional notes – use this space to record anything else about you and research which you would like us to know