

Learning from experience – Developing the CDPCRF

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Background & rationale

Dementia is a significant health problem worldwide, and the predicted global increase in incidence will have major socio-economic implications.

The disease process for Alzheimer's dementia begins decades before clinical symptoms develop.

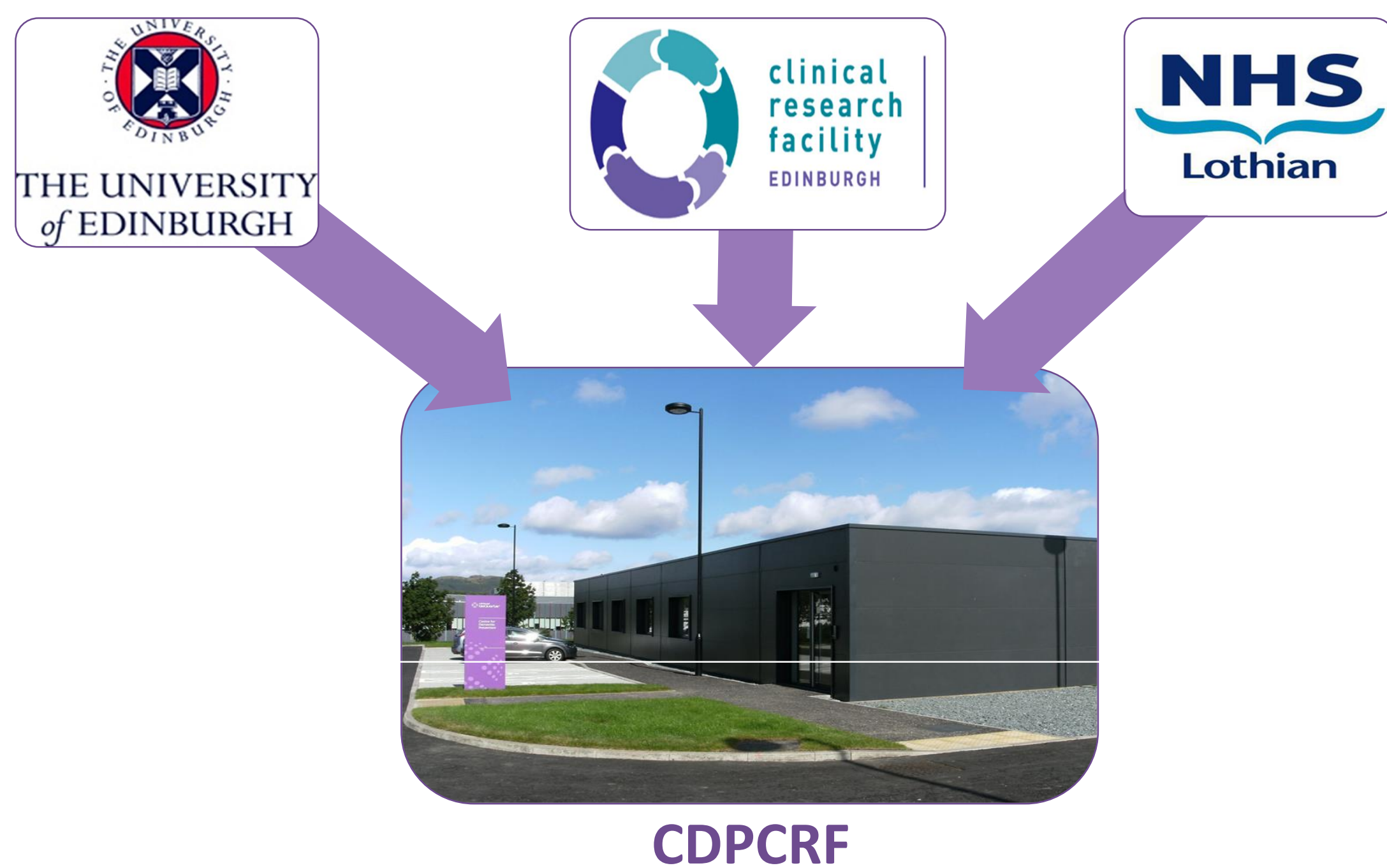
Studies which map disease trajectory over time, along with preventative or early intervention studies are vitally important.

Aim

The aim of the CDPCRF is to bring together an interdisciplinary team with the capacity, capability and expertise to facilitate the delivery of multiple large scale dementia studies.

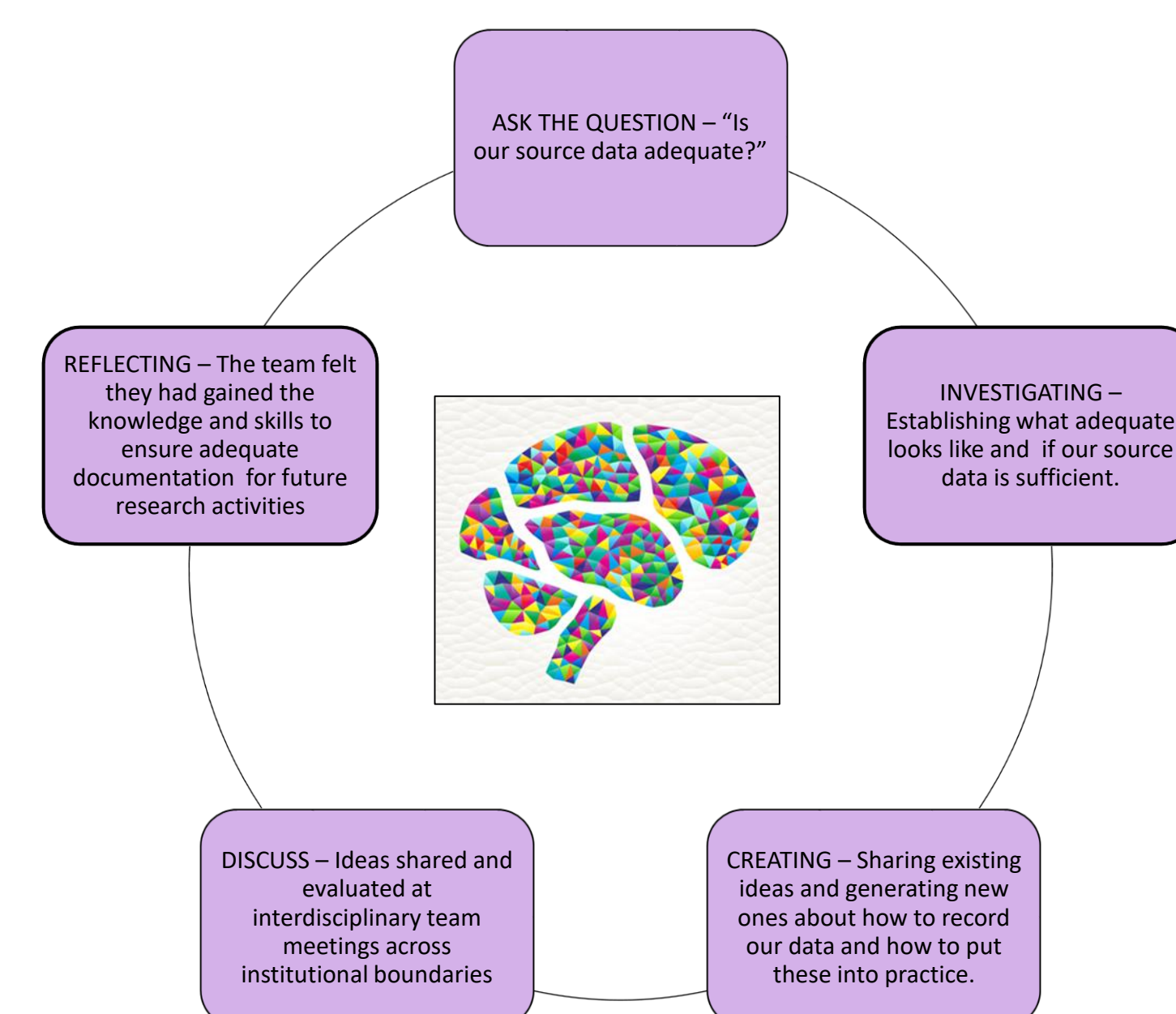
Method

To create a single local hub for conducting large-scale dementia research. This requires input from and close collaboration between different established institutions.



Lessons learned

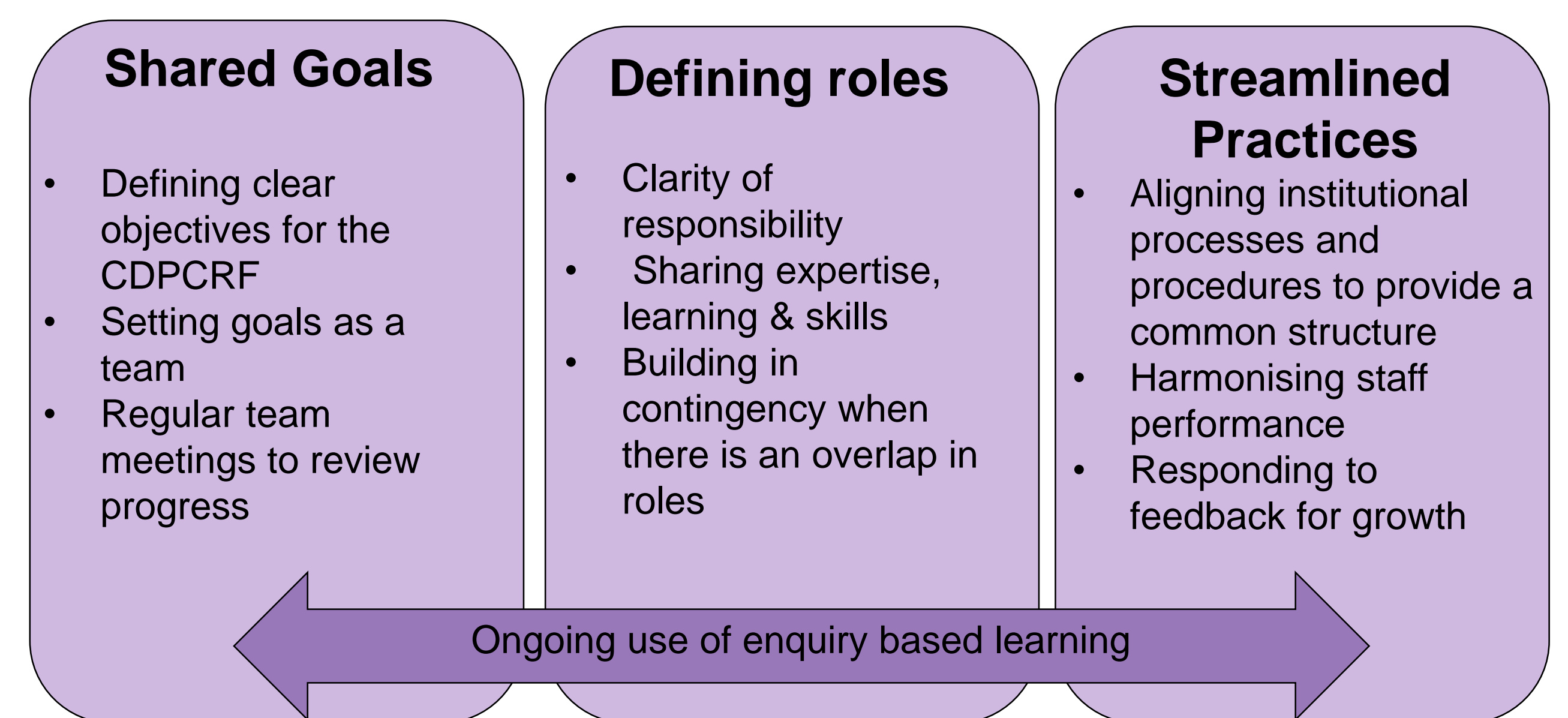
To overcome challenges an enquiry based learning (EBL) approach was used. This aimed to empower staff members to engage in the process of development, maximise existing resources and improve performance in the CDPCRF. Below is an example of the steps we took to address our first challenge of inconsistent documentation of source data.



The outcome of this process was that we came together as a far more coherent team with unified working practices. Leading on from this success we identified the value of applying EBL and had a period of intensive staff generated training, leading on to the development of bespoke procedures in the elements outlined below.



The collaborative effort in successfully improving our performance led us to realise and appreciate the importance of having shared goals, defined roles and streamlined practice.



Using the initial lessons learned we have identified a framework for improving interdisciplinary work in the CDPCRF, and we will continue to use this to harness the maximum potential of our current and future research workforce.

Establishing a dementia research hub

Establishing the CDPCRF involved merging the necessary components from the different partner institutions to provide the physical infrastructure, expertise and robust processes.

Physical Infrastructure	Expertise	Processes
<ul style="list-style-type: none"> A built environment affording generous clinical space Specialist equipment Administrative centre 	<ul style="list-style-type: none"> Clinical staff (psychiatrists, psychologist, nurses, research assistants) Professional services staff (Study co-ordinators, project support assistant, administrators) Academics Collaborating with related services and external contacts 	<ul style="list-style-type: none"> Participant pathway Centre standards for practice Local feasibility assessment Oversight Quality Assurance Daily housekeeping

Marrying these components initially had mixed results, and areas of strength and weakness became evident in practice. Inherent challenges included differences in staff training background, compliance with SOPs and consistency of documentation.

Conclusions & future plans

As Scotland's only research facility dedicated to preventing dementia the CDPCRF has developed an environment and infrastructure to conduct world class dementia research. The lessons learned from our journey to date highlights how important embedding collaborative review and reflection is to building a successful interdisciplinary workforce. The CDPCRF will continue this practice to ensure we have the necessary capacity, capability and expertise to continue to deliver multiple large scale dementia studies and expand our research portfolio.