

Life at Health Sciences

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Clinical academia: from workbench to bedside



The pace of continuing modernisation in today's health service demands a joined up approach to translating theory into practice to improve patient care. As a result, in recent years we have observed the rise and rise of a new kind of practitioner – the [clinical academic](#).

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If you are an undergraduate looking to go into nursing, midwifery or an allied healthcare practitioner role, you could become a clinical academic in your field sooner than you might think; in fact, as soon as you are qualified. That's because at Health Sciences we offer approximately ten opportunities to enter clinical academic pathways each year.

These clinical pathways have been funded by the [National Institute of Health Research \(NIHR\)](#) since 2008 in order to drive improvements in the quality of care and service user experiences. Not only does this give research students the benefit of working in the clinical environment, it also gives service users access to the latest treatment options too.



Jane Cummings, Chief Nursing Officer for England, officially opened our new clinical academic facility

As you read this our current clinical academic pathways students are bridging the gap between theory and practice at the new [Clinical Academic Facility](#) at Southampton General Hospital, and also the Quest for Academic Development initiative at the Queen Alexandra Hospital,

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Portsmouth.

You might think that all this sounds fantastic, but it really is just beginning for us. That's because here at the University of Southampton we have developed a unique model, which I believe makes us the most ambitious facilitator of clinical academia in the world today, and here's why:

Our clinical academics are funded by the NHS trusts themselves, and each trust identifies its own priorities for the clinical academic work that is to be undertaken. As a result, we are in a strong position to recruit highflyers from across the UK and EU. Indeed, right now we are adding a further ten clinical academics to our team – taking the total to thirty.

A prime example of clinical academia benefitting service users is the work done by Dr. Jacqui Prieto, who is an NIHR senior clinical lecturer and specialist in infection prevention at University Hospital Southampton Foundation NHS Trust. Dr. Prieto and her team won a Patient Safety Award last year for their work on infection control and hygiene in the area of urinary catheters. What is more, latest estimates show that the



Our clinical academic facility

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Seng Kwee Wee Southampton
Susannah The
Dean Third Year Tracey

team's work is set to save University Hospitals Southampton (UHS) an incredible £133,000 annually.



Dr Jacqui Prieto

Jacqui said: "This (clinical academic) pathway has given me a unique and exciting opportunity to fulfil my career aspirations by combining and further developing my clinical and research leadership skills."

For many practitioners who have an excellent all round skills set, clinical academia can represent the best of both worlds. Clinical Academic

Doctoral Fellow, Mat Moyo, is currently studying his **PhD** with us at Health Sciences whilst working two days a week as a 'Band 5' staff nurse in the Acute Medical Unit (AMU) and link nurse for Infection Prevention at **University Hospital Southampton NHS Trust**. His roles within AMU and his research into how doctors and nurses in the unit manage incidents of potentially infectious diarrhoea and vomiting are directly related.

Mat said: "As a student nurse I struggled with the dilemma as to which career pathway I wanted to pursue... This dilemma was rooted in the fact that I had found both career pathways equally appealing



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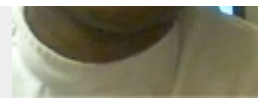
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and could not see one as more important than the other.



Mat Moyo

“As a result, it is no surprise that at the end of my undergraduate training I decided to take advantage of the opportunity to become a Clinical Academic Doctoral Fellow: an opportunity which offered me the chance of combining both doctoral research and clinical work.”

Going forward, and with these successes in mind, I have no doubt that clinical academic staff have come to represent a major shift in the traditional boundaries between theory and practice. It is an efficient and coherent method for bringing the latest scientific knowledge to bear on today’s clinical practice.

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