**Jonny Green, Lead Nurse for Nursing Research and Education at Sussex Partnership Foundation Trust:**

 **Green, Jonny (Sch of Health Sci)** 0:08
And so my name is Jonny Green.
I'm a mental health nurse and lead nurse for nursing research and education at Sussex Partnership and lecturer in nurse research and education at the University of Surrey.
I'm doing a PhD by publication.
with the University of Surrey part time.
this is a five to six year program that I do alongside my role and you publish various chapters as you go along with your like throughout your PhD.
So, for example, your systematic review, your different phases of your PhD, you can publish them as you go along.
The topic my PhD is developing a measure of quality for PIE.
So patient public involvement and engagement in nurse preregistration education.
I've seen the the topic of PIE or service user involvement in education isn't necessarily new and has been slowly increasing in priority since the 90s when it became a requirement of service users to be involved in healthcare design.
However, 25 to 30 years on service, user involvement still varies considerably from organization to organization.

with some some universities and some programs giving providing some really good examples of of services are involvement in practice in, in education and but there are still instances where it can be seen as quite tokenistic and.
Not necessarily hitting the market and so being meaningful and relevant for for the education purposes and there is guidance and support for PPI.
But for the process, however, there's sort of there's little around the what the desired outcomes are.
And what about what we're trying to achieve through the involvement of service users and patients and public and I don't believe we can really afford to be have sort of tokenistic gestures if we're going to recognize the value of service user involvement.
And give some priority to the lived experience expertise alongside the clinical experience and expertise.
So when choosing with this topic I sort of recognize this and I I've got overall I've already been working in education for four years.
UM, but based within the NHS and we had we had some good examples of some services involvement in some of our programs in some for education programs, but I sort of got a sense that we, I knew we could do a lot more.
I knew we could have some more meaningful in person meaningful involvement, but there's only really when I started working within pre registration, you know?
So I'm nurse, nurse education in my current role, when I figured actually this is probably the best place to have to impact have impact with service user involvement right at the start of the nurses career.
So this is sort of why I've started.
I wanted to look specifically at pre registration education so my PhD.
It looks to develop a measure of quantity specifically for ppie or service user involvement in education teaching.
Umm, there are a lot of studies exploring the experiences of student staff service users in involved in PPI and So what they're what they're perceptions of the PCI have limited studies try and measure the quality and the impact of PPI.
So I I've recently completed my systematic review my the first stage of my PHD's resume and how PPI is currently measured and the tools that are used.
Uh, whilst there are a number of measures that we used identified across the review, the vast majority were content specific.
So for example, if they were evaluating a coproduced workshop teaching on recovery, for example, then there would be using recovery focused measures and very little actually looked at measuring PPI or people's attitude towards PPI or the impact of the ppie.
Uh.
Only three measures measured the attitude of towards PPI in what only one of these was a pre established measure, with the other two being studied specific.
So there's very limited out there and the one that was pre established looks at people's students specifically their attitude around PPI in involved in their involvement in the whole programs and not just teaching and assessments, but around the recruitment and sort strategic decision making and asks whether they've had this evaluating sort of their experience of of house service users have been involved with in Epping, their program and in the design of their program where they've been aware of students being involved.
We're actually, it doesn't measure the impact of a teaching experience or an education intervention, so.
And I I've submitted my systematic review for publication and I've had feedback and I'm currently working on that feedback to resubmit and my next phase is to interview stakeholders in nurse education to establish their priorities.
And what their desired outcomes are.
So these would be service users, students and academics and lecturers and find out what their desired outcomes for PPI are in education is and I'll be based in that for the next from my third phase to sort of prioritize and establish a measure based on those principles of them to help.
So benchmark for HR to benchmark so their PID teaching activity and.
So I mean, obviously I, I I've been doing my PhD alongside work.
and I it has not always been easy.
I've tried to make it easier through being quite disciplined with my time and actually the even just choose even write the start, choosing the right topic that aligns with my role.
There was at the very beginning.
Umm, there was a temptation to my backgrounds in camps, so there was a temptation to maybe do a very clinical PhD looking within CAMS, but I'd have to do that in complete isolation to my role and it wouldn't.
It wouldn't allow me to, uh.
They opened it by choosing a topic that was some aligns with my role.
I would say I've been able to define my university role, especially around my PhD and around service, user and solvent and PIE, and this results to me being the chair of the service user and carer group at the university and sort of advising and guiding and PPI activity in the school.
And so there's been opportunities where I've been able to address work priorities as well as my PhD priorities, and that's been a real help in helping me manage my own time and ensure that I'm able to manage there the heavy workload of a PhD and and a full time job at the same time.
And that's been really helpful.
So if I did have any recommendations for anyone who is thinking about doing a PhD, I would try and make it make the choose a topic that is relevant for your with your clinical role.
I'm so I hope I hope that's been useful.