

Research Priorities in Critical Care Medicine in the UK

Goldfrad et al. (2000)

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For which topic were research priorities identified?

critical care medicine

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

Intensive care presents particular challenges for research. Heterogeneity of case mix and clinical practice, and comparatively small patient numbers, makes clinical and health services research difficult. A practical problem with multi-centre research is that it requires a degree of commitment that may be difficult to sustain unless research priorities have been agreed by the participants. There might also be value in employing 'collective wisdom' to identify those research topics of greatest importance, as these are likely to motivate potential participants. Consensus development techniques offer methods for achieving these aims and for managing group decision making in the presence of uncertainty.

What was the objective?

to establish priorities for research in critical care medicine in the UK

What was the outcome?

a ranking list of 37 research questions

How long did the research prioritization take?

No information provided.

Which methods were used to identify research priorities?

meeting; survey

How were the priorities for research identified exactly?

Step 1: survey 1: to generate research questions: survey asking participants to send up to ten research questions that participants considered important in the context of intensive care organization, practice or outcomes, and to do this in discussion with their colleagues, 811 questions submitted. Step 2: data processing: 722 submissions re-formulated into research hypothesis, 100 selected for meeting. Step 3: meeting with nominal group technique: before meeting participants were asked to rate each of the 100 hypotheses, during meeting: hypotheses discussed, hypotheses rated, 37 questions/hypotheses received strong support. Step 4: survey 2: 30 questions selected (10 with strong support, 10 with modest support, 10 with weak support), new panel of participants selected, these participants were unaware of the ratings by the meeting participants, participants were asked to rate the importance in order to test the extent to which the NGT judgements were representative of the intensive care community, 9 questions achieved strong support from both the survey and the NGT meeting

Which stakeholders took part?

Senior doctors and nurses from 325 intensive care units ICUs. Survey 1: 182 participants. Meeting: panel of 10 doctors and 2 nurses. Survey 2: 244 ICU head consultants.

How were stakeholders recruited?

Letters were sent during July 1998 to 325 ICUs in the UK, one copy to the clinical director/lead consultant and one to the senior nurses.

Were stakeholders actively involved or did they just participate?

Stakeholders were mere participants of the research prioritization process; they were not actively involved in the process.