

# Terms of Reference - Papers 2 Patients - 'P2P'

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Research Policies & Procedures. V3. Dated 21/01/2025		The documents describe the function and remit of the 'Papers to Patients' journal club		
Approved by	Dr Paul Taylor		Review Date	3yrs from date effective
(name & Role)	Head of Rese SLH	Head of Research - SLH		

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#### 1. Introduction

- 1.1 The Papers 2 Patients (P2P) has multiple functions:
  - To provide an opportunity for staff to learn the principles of evidence-based practice through posing a clinical question, literature searching and critical appraisal. Additionally, it offers the opportunity to develop presentation skills and receive feedback within an informal forum.
  - To highlight new findings.
  - To teach staff how to search for interesting articles representing the best evidence to inform clinical practice and service delivery.
  - To encourage staff to read and appraise publications critically and give them the ability to do so.
  - To encourage practitioners to do applied clinical research and to show them how.
  - To improve debating skills, demonstrate leadership skills, and aid peer mentorship.
- 1.2 It is important that topics are relevant and add value to the organisation in terms of maintaining high standards, improving existing services and service development opportunities.
- 1.3 The format of the P2P group is problem-based learning, in which a presenter identifies a topic and delivers a presentation to an audience of fellow colleagues. The main content of the session is typically but not limited to one of the following:
- 1.3.1 Critical appraisal of a research paper that addresses a chosen topic relevant to the organisation
- 1.3.2 Share and obtain support for a research question as part of an academic qualification (i.e. MSc/PhD)
- 1.3.3 Disseminate the results of a piece of work derived from one of the following four methodologies Research, Audit, Service Evaluation/Quality Improvement.



1.4 The aim is to challenge current practice and determine whether the evidence supports a change in practice. Appraisal of the topic is then continued by the group discussion which follows and may conclude by determining whether current practice should be altered in light of the presenter's findings.

## 2. Accountability

2.1 The P2P is the responsibility of the SLH R&I office, accountable to the SLH Clinical Research & Development Committee (CRDC), and ultimately to the Board of Trustees.

#### 3. Role and Function

- 3.1 The members of the group should on the whole have shared or complementary interests and everyone in the organisation is encouraged to attend including students.
- 3.2 The group will run regularly at the same time on the same day of the week, so that it becomes a regular fixture (See Appendix 1 Managing the P2P meeting).
- 3.3 The group will ensure attendance by at least one member of the research and L&D team.
- 3.4 While attendance isn't mandatory a record of attendance will be maintained.
- 3.5 Two slots are available per meeting for internal or external presenters invited by the group to discuss up to two topics.
- 3.6 Each presenter will be given a minimum of 25mintes to share their presentation/topic/poster/paper, etc. including time for questions.
- 3.7 The Research & Innovation Office with the support from L&D will co-ordinate the meetings, invite the speakers, disseminate the agenda and record each meeting so those unable to attend will be able to watch the recording at a later date. The recordings are stored: Research at St Luke's
- 3.8 All staff members are encouraged to volunteer to speak and/or propose an external/internal speaker and should contact the Research & Innovation Office to do this. All external/internal speakers and topics will be considered as long as the topic is in accordance with St Luke's Hospice values and is likely to inform clinical practice or service delivery.



## 4. Membership and Administration

- 4.1 The following roles form the core membership and attendees of the P2P; other people may be invited for specific topics or as part of developmental opportunities.
  - Chair Research & Innovation Manager/Head of Research/L&D
  - P2P administration Executive Support/Research Administrator supported by the Research & Innovation Manager & L&D.
- 4.2 The Group will meet monthly.
- 4.4 Agenda, recordings, actions and papers will be circulated at least five working days before the meeting by the Executive Support/Research Administrator and an agenda will be advertised the week before on notice boards and, in 'Team talk'. Specific people will also be targeted to attend as per the relevance of the specific topic at each meeting.

### 5. Annual Review of the Group

- 5.1 The Group will undertake an annual self-assessment and compile a report on their effectiveness and performance to:
  - Review its own performance to ensure it is operating effectively;
  - Determine whether its planned activities and responsibilities for the previous year have been sufficiently discharged; and
  - Recommend any changes and/or actions it considers necessary, in respect of the above.
- 5.2 The Terms of Reference will be reviewed annually.

# Appendix 1- Managing the performance and impact of the P2P meeting

### Step 1 - Introduction to P2P

Welcome: Welcome all attendees and, thank them for their support and attendance.

Ask presenters to introduce themselves – name, role and external organisation or internal department



- Remind attendees of the learning outcomes and agenda for the meeting and the benefits of using research and other evidence in practice.
- Evidence-informed practice is a way to focus on service users by continually posing questions that directly and practically relate to service users by searching objectively for the best evidence relating to a topic or question.
- Taking appropriate action guided by the evidence informs practice and draws on what is likely to be effective, how something might work in practice and considers service user views.
- Using research, audit, service evaluation and quality improvement methodologies supports us to increase our competence and confidence around a particular topic and to learn and improve the experiences and outcomes for service users and carers.
- Remind attendees attending the meeting, from research evidence and from experience, that it is hard to find time to look at research and this session gives us the time and space to consider some important questions. Additionally, we also know that research needs to be applied to practice to be useful, so this session gives us the opportunity to discuss what the research means for us in practice. We also know that it can be hard to transfer learning from these sessions back into our daily work, so at the end we will identify the learning we want to take from each session and how we will do this.

### **Step 2 – Discussion and appraisal of the research**

Discussion it should be clear where the study came from, who was involved and why. Do we know what else was going on and what might have influenced the evidence? Evidence can be ambiguous or unclear and is never neutral — can we see what it is about, how it was gathered, why it led to a particular conclusion? It needs to be relevant — it's unlikely our situation will be exactly the same as where the research was performed. What are the parallels and how can we transfer the learning?

Consider how reliable the research is – where did it come from? How robust the research is – is the way the research was done clear? How relevant the research is – do the main messages fit with what is happening in our situation?

### Step 3 - Reflection

REFLECT on the situation - It is important to do all four steps, and not jump from experience to action without understanding your response to the experience and what it meant.



- 1. Experience something happens to us
- 2. Reflect and consider how the experience felt and how we reacted to it
- 3. Analyse what the experience means
- 4. Action and plan what we will do as a result of the experience.

We can use research and other evidence to help us understand what the experience meant (analysis) and to help us to plan what to do (action).

## Step 4 – Learning & actions

Remind attendees of the importance of transferring learning into practice so that this discussion and reflection helps us in or daily roles. Your line manager can support you to decide what is reasonable to do within the context of your role and organisation.

Close the meeting and thank the presenters and members for attending and taking part

For review - April 2026