**Funding Source: Self-funded / own sponsor**

**Proposed start date: to be confirmed/negotiable**

**Closing date for applications: open until filled**

**Eligibility: UK/International**

***International Tuition fee: £29,300 per annum (2024/5 entry).***

***Standard UK PhD tuition fees for Home students:*** *full-time £4,786, part-time £2,393 (2024/5 rates). Please note that depending on your area of research there may be additional costs to allow for such as attendance at conferences, travel, training and consumables etc.*

**Department/School: Healthcare**

**Supervisors: Professor Joseph Manning (UoL)** [**jcm58@leicester.ac.uk**](mailto:jcm58@leicester.ac.uk) **and Dr Emma Popejoy (NUH).**

**Project Title: Paediatric to Adult intenSive care tranSition for chronicAlly critically ill younG pEople: The PASSAGE Study**

**Application link:**

[**https://le.ac.uk/study/research-degrees/research-subjects/school-of-healthcare**](https://le.ac.uk/study/research-degrees/research-subjects/school-of-healthcare)

**Project Description:**

Transition of children and young people (CYP) from paediatric to adult health services is of significant concern due to improved survival of CYP with chronic conditions. CYP who have been admitted to the Paediatric Intensive Care Unit (PICU) with chronic conditions may survive with additional morbidities and there is a small but significant cohort of CYP who experience repeated admissions to the PICU1. This cohort have been described as having chronic critical illness (CCI), operationally defined as children with prolonged length of stay, repeated PICU admissions, ongoing critical care needs, technology-dependence and/or persistent multi-organ dysfunction2. As these CYP survive and grow to adulthood, they will require care in the Adult Intensive Care Unit (AICU). To ensure high quality care for these CYP when they are admitted to the AICU, a planned process of transition is required. Transition has been defined as *“a purposeful planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions as they move from child-centred to adult-oriented health care systems”*3.

In recent years guidelines have been produced to guide transition within individual specialities and the National Institute for Health and Care Excellence (NICE) have developed recommendations for transition more broadly4. In 2022 the Paediatric Intensive Care Society (PCCS) and the Intensive Care Society (ICS)5 jointly produced guidelines and standards for the transition of CYP from paediatric to adult critical care services, yet anecdotally these have not yet had any tangible impact on practice.

Evidence suggests that parent/carers of CYP with medical complexity experience poorer mental health than parent/carers of CYP with special healthcare needs and those without any additional needs6. In addition, transition to adult services has been highlighted to be a source of stress and anxiety for parents of CYP with chronic health conditions7, with changes to the legal status of the patient and the involvement of their family in their care. Furthermore, evidence demonstrates the existence of Post Intensive Care Syndrome in paediatrics (PICS-p), in which the whole family may experience significant impacts across the domains of physical, emotional, cognitive and social health8, following a CYP’s admission to PICU. Therefore there is an explicit need to ensure that the transition between PICU and AICU is completed in a structured way, in order to minimise these confounding impacts on the CYP and their family.

The aim of this PhD is to understand current transition practice from PICU to AICU for CYP with CCI; understand the existing interventions in relation to what works, for whom, under what circumstances and why; and subsequently identify and refine an intervention for pilot testing and realist evaluation. This PhD will address this aim through three work packages:

Work package 1 (WP1) will be an audit/evaluation of the implementation of the joint PCCS & ICS transition standards across the UK. This will provide an understanding of current practice and the barriers/facilitators to implementing this guidance.

Work package 2 (WP2) will be a realist synthesis of the interventions used when transitioning CYP from PICU to AICU. WP2 will also include a comparison of the interventions identified through the realist synthesis with the PCCS & ICS transition standards.

Work package 3 (WP3) will involve the refinement of an intervention (as identified through the realist synthesis and consideration of the transition standards) through co-production with a content expert group. The refined intervention will be implemented for testing through a pilot study and embedded realist evaluation.

***References:***

1. *Kanthimathinathan, H. K., Plunkett, A., Scholefield, B. R., Pearson, G. A., & Morris, K. P. (2020). Trends in long-stay admissions to a UK paediatric intensive care unit. Archives of Disease in Childhood, 105(6), 558-562.*
2. *Shapiro MC, Henderson CM, Hutton N, Boss RD. (2017) Defining Pediatric Chronic Critical Illness for Clinical Care, Research, and Policy. Hosp Pediat;7(4):236-244. doi: 10.1542/hpeds.2016-0107.*
3. *Blum RW, Garell D, Hodgman CH, Jorissen TW, Okinow NA, Orr DP, Slap GB. (1993) Transition from child-centered to adult health-care systems for adolescents with chronic conditions. A position paper of the Society for Adolescent Medicine. J Adolesc Health. 14(7):570-6. doi: 10.1016/1054-139x(93)90143-d.*
4. *NICE. Transition from children’s to adults’ services for young people using health or social care services (2016) NICE guideline: NG43*
5. *Paediatric Critical Care Society and Intensive Care Society (2022) Guidance for: Paediatric to Adult Critical Care Transition. [Online] Available at:* [*https://pccsociety.uk/wp-content/uploads/2022/03/Guidance-for-Paediatric\_to\_Adult\_C\_C\_Transition.pdf*](https://pccsociety.uk/wp-content/uploads/2022/03/Guidance-for-Paediatric_to_Adult_C_C_Transition.pdf)*. Accessed on: 13/11/2023.*
6. *Nathaniel D. Bayer, Hongyue Wang, Justin A. Yu, Dennis Z. Kuo, Jill S. Halterman, Yue Li (2021) A National Mental Health Profile of Parents of Children With Medical Complexity. Pediatrics 148 (2): doi: 10.1542/peds.2020-023358*
7. *Heath G, Farre A, Shaw K. (2017) Parenting a child with chronic illness as they transition into adulthood: A systematic review and thematic synthesis of parents' experiences. Patient Educ Couns. 100(1):76-92. doi: 10.1016/j.pec.2016.08.011.*
8. *Manning JC, Pinto NP, Rennick JE, Colville G, Curley MAQ. (2018) Conceptualizing Post Intensive Care Syndrome in Children-The PICS-p Framework. Pediatr Crit Care Med. 19(4):298-300. doi: 10.1097/PCC.0000000000001476.*

**Entry requirements:**

Applicants are required to hold/or expect to obtain a UK Bachelor Degree 2:1 or better in a relevant subject.

The University of Leicester English language requirements apply where applicable: <https://le.ac.uk/study/research-degrees/entry-reqs/eng-lang-reqs/ielts-70>

**Application advice:**

To apply please refer to: <https://le.ac.uk/study/research-degrees/research-subjects/school-of-healthcare>

With your application, please include:

* CV
* Personal statement explaining your interest in the project, your experience, why we should consider you in addition to confirmation of how you will pay your fees.
* Degree Certificates and Transcripts of study already completed and if possible transcript to date of study currently being undertaken
* Evidence of English language proficiency if applicable
* In the reference section please enter the contact details of your two academic referees in the boxes provided or upload letters of reference if already available.

*In the proposal section please provide the name of the supervisors and project title (a proposal is not required)*

Application and project queries to [soh-pgr@le.ac.uk](mailto:soh-pgr@le.ac.uk)