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**Title:** How does experience and diagnostic communication impact on patients' illness perception in ST Elevation Myocardial Infarction?

**Background:** Cardiovascular disease is the world's biggest killer, and despite innovations in technology and improved treatment options one fifth of patients who present with a myocardial infarction have a further event within a year<sup>1</sup>. Primary percutaneous coronary intervention (PPCI) has revolutionised treatment in the last decade and now all patients experiencing an ST elevation myocardial infarction (STEMI) should receive immediate stenting to the culprit artery within minutes of hospital admission. However despite overall improvement in outcome, a large proportion of these people face significant risk of death or another infarct<sup>2</sup>. Many factors have been implicated, but there is a growing body of evidence to suggest that there is a tendency for people to feel "fixed" after a heart attack, and fail to understand the urgent need for lifestyle modification to reduce the progression of atherosclerosis and further cardiac events.

Patients who experience STEMI interact with numerous health professionals during admissions that can be as short as 48 hours. Effective communication is necessary to optimise the patient's understanding of their diagnosis, treatment plan and impact on future lifestyle choices. However little is known about the patient journey in terms of exactly what information is received and how this information is interpreted by the patient and used to inform behavioural change.

**Aim:** To explore patients' experience and diagnostic communication during PPCI for STEMI and examine the potential impact of this information on patients' illness perceptions and motivation for behavioural change.

**Objectives:**

- To evaluate patients' illness perceptions after PPCI
- To describe the who, what and how by which diagnostic information is provided to patients' experiencing PPCI for STEMI
- To explore patients' illness perception and motivation for lifestyle change
- To examine healthcare professionals' perception of the information provided

**Methodology:** A mixed methods design including, collation of observational, interview and survey data. The study will be conducted across Western HSCT & South Eastern HSCT. Good clinical links will be established with each Cardiology Teams before study commences. A consecutive sample of patients admitted for PPCI will receive a survey that includes the Illness Perceptions Questionnaire. A separate purposive sample will be selected for case studies that will be conducted, using interview and observations with patients & clinical team. Ethical issues must be addressed and managed effectively. Data analysis will include both quantitative and qualitative procedures and synthesis of information from a range of different sources.

**Expected outcomes:** The study will provide important information regarding patient-professional communication, illness perceptions and associations with motivation for behavioural change. In so doing it has the potential to contribute to further research and improvements in cardiovascular care.

1. Jernberg, T, Hasvold, P, Henriksson, M. Cardiovascular risk in post-myocardial infarction patients: nationwide real world data demonstrate the importance of a long-term perspective. *Eur Heart J* 2015; 36: 1163–1170.
2. Piepoli MF, Corra U, Dendale P et al (2016) Challenges in secondary prevention after an acute event: A call for action. *European Journal of Preventive Cardiology* 23;18;1994-2006
3. Dullaghan L, Lusk L, McGeough M, Donnelly P, Herity N, Fitzsimons D (2014) "I'm still unsure how much of a heart attack it really was!" Patients presenting with non ST elevation myocardial infarction lack understanding about their illness. *European Journal of Cardiovascular Nursing* 13;3: 270-276.

Del PhD Application