

GLOSSARY

KEELE UNIVERSITY
RESEARCH USER GROUP

For patients and the public

A quick, easy to read reference glossary for
research terms you may come across



Introduction

This booklet is a Glossary of terms and words often used in research studies in the Faculty of Medicine and Health Sciences, Keele University. We hope the Glossary will assist anyone who needs a quick collective point of reference and assist our Research User Group (RUG) in their important contribution to our work. Their role in helping researchers to design and deliver research studies and the Impact Accelerator Unit to implement findings into practice inevitably involves specialist terminology. The Glossary is not an exhaustive reference, but we hope it will help Research User Group and Link Group members with their work.

Robert Taylor - Research User Group Member (RUG)

Adele Higginbottom – PPIE Projects Officer

Laura Campbell – Knowledge Broker

Version 2.0, 2024. Based on the original glossary produced in 2015, with thanks to Steven Blackburn, Carol Rhodes and Heather Burrows.

For all publications or materials using these definitions and categorisation lists, the copyright statement acknowledging Keele University should be included below.

Acknowledgement and Copyright Statement

When using the Glossary for Patient/Public Research Partners please include the following acknowledgement/copyright statement:

1. The copyright of the Glossary for Patient/Public Research Partners Keele (©Keele University 2024) used in this 'publication/document#' is owned by Keele University, the development of which was supported by the Primary Care Research Consortium and Arthritis Research UK;
 2. The 'authors/organisation#' would like to acknowledge Keele University's Patient and Public Involvement Team who have given us permission to utilise the Glossary for Patient/Public Research Partners (©2015);
 3. For access/details relating to the Glossary for Patient/Public Research Partners (©2015) please go to www.keele.ac.uk/pchs/involvingthepublic/glossary
- # - insert phrase as appropriate
-



www.keele.ac.uk/iau



health.iau@keele.ac.uk



[@KeeleIAU](https://twitter.com/KeeleIAU)



[Keele-impact-accelerator-unit](https://www.linkedin.com/company/keele-impact-accelerator-unit)



www.youtube.com/@KeeleIAU



www.keele.health



Abstract: A brief summary of the main features and results of a research study. Usually includes background to the research, research methods, research results, discussion and conclusion.

Acute pain: Pain that lasts for a short time and is often sudden and immediate (see also: *chronic conditions*).

Adherence to Treatment: The following of a recommended course of treatment by taking all prescribed medications or exercise for the length of time necessary.

Advanced Clinical Practitioners (ACPs)- Non medical healthcare professionals (for example nurses, pharmacists, physiotherapists and occupational therapists) educated to masters level with skills, knowledge and experience which equips them for expanded roles of caring for patients.

Allied Health Professionals (AHPs): These are people who have health care jobs which are not in nursing, medicine or pharmacy. Allied Health Professionals include occupational therapists (OTs), podiatrists, dietitians, physiotherapists and radiographers.

Analysis: Data analysis involves examining and processing research data to answer the questions the study is trying to address. For some types of research this will mean looking at numbers and statistics to identify patterns (also see: *quantitative research*). For other types of research, it will involve looking at the words of what people have said in interviews and drawing out the main themes (also see: *qualitative research*). Analysis is sometimes done with specialist computer software.

Anonymised Data: Data from which the participant cannot be identified. The name, address, and full post code must be removed together with any other information which, if combined with other data seen by researchers, could identify the participant. Unique numbers may be included only if researchers do not have access to the 'key' to trace the identity of the patient.

Applied Research Collaborations (ARCS): There are 15 ARCs in England. ARCs are partnerships covering different regions, with the aim of joining up some of the country's best universities, leading innovators and local authorities to solve some of the biggest issues facing health and social care.

Audit: A way to find out if current healthcare treatments are in line with desired standards.





Barriers: A barrier is something that stops somebody from doing something. So, for example, a barrier to visiting your GP about joint pain may be the fact that you live a long way from the surgery and you don't drive so you find it hard to get to the practice.

Baseline Measure: A baseline measure is a patient symptom or characteristic (e.g. pain, blood pressure) that is measured at the beginning of the research study, before any treatment starts.

Baseline Questionnaire: A questionnaire used at the beginning of a research study (also see: *Baseline Measure*).

Behavioral: The way a person or group behaves in response to a specific set of symptoms or conditions.

Bespoke treatment: Part of stratified care, the term bespoke treatment refers to when a patient is given a treatment that is matched to their specific condition (see also: *stratified care*).

Bias: Bias is when a particular research design or analysis is likely to favor a particular outcome and would, therefore, make those results unreliable. It is important to avoid bias in health research as it can influence the results and could lead to unsafe or ineffective treatments being licensed for use, or useful treatments being overlooked. There are many different types of biases.

Biomedical Model: A biological approach to healthcare which sees a person as healthy or unhealthy in terms of how the body works and functions. It does not account for individual differences and preferences, or psychological and social factors (see also: *biopsychosocial model*).

Biopsychosocial Model: An approach to healthcare which recognises the connection between biological, psychological, environmental cultural and social factors.

Biometrics: Also called biometry and is the measuring of human body characteristics.

Biostatistics: The analysis of human body characteristics or health data using statistical methods. Biostatistics may be used to help learn the possible causes of a disease in a certain group of people.

Blinding: Blinding means that trial participants do not know which treatment they are receiving. This helps prevent bias. Double blinding is when the trial participant, their healthcare professional and researchers running the trial do not know which treatment is received by which group until all data have been recorded. Participants are randomly allocated treatment by a computer system. Single blinding means that the participant does not know which treatment they are receiving but their healthcare professional and/ or researcher does.



Care Quality Commission (CQC) - The CQC is the independent regulator of health and adult social care in England. It makes sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. They work together with NHS England to improve outcomes for patients.

Care Pathways: A care pathway is a care plan within an agreed time frame, written and agreed by a team including doctors, nurses and physiotherapists.

Case study: A form of descriptive research that is used to look at individuals, a small group of participants, or a group as a whole.

Categorisation: Grouping objects into categories, so they can be compared and understood.

Causality: The relationship of cause and effect.

Characteristic: A certain feature or trait (e.g. blood type).

Chief Investigator: A senior researcher responsible for the design, conduct and reporting of a study.

Chronic Conditions: A chronic condition is a health condition, pain or disease that is persistent or otherwise long-lasting in its effects. Also known as a long-term condition (see also: acute pain).

Chronic Pain Risk Score: A questionnaire which measures the risk of someone developing long term (chronic) pain.

Chronological Order: Means that you list events in date order, starting with the earliest date and finishing with most recent.

Clinical champions: Health care professionals who help push forward new ideas into healthcare settings and promote and exchange new knowledge. They understand the context they are working in well which helps implementation of research into clinical practice.

Clinical Indicators: These are measures of the process, structure and/or outcomes of patient care.



Clinical Trials: These are research studies involving patients, which compare a new or different type of treatment with the best treatment currently available. They test whether the new or different treatment is safe, effective and any better than what already exists. No matter how promising a new treatment may appear during tests in a laboratory, it must go through clinical trials before its benefits and risks to actual patients can be really known.

Clinical outcomes: Changes seen in a patients' symptoms, which result from treatment

Clinical pathways: The 'journey' taken by a patient through the healthcare system, from diagnosis to treatment.

Clinical Research Network (CRN): A network which coordinates and supports the delivery of research across the NHS in England, made up of 15 regional networks across the country.

Cluster Trial: This is a study where groups of practices or departments or geographical regions are randomly allocated to receive a new intervention (i.e. new treatment or care) or to continue with their normal care. GP Practices are randomly allocated, not individual patients. All the patients in that practice receive the approach allocated to their practice. If they're registered in a 'continue as normal' practice all eligible patients receive their usual care. If they're registered in an 'intervention' practice all eligible patients are offered the new intervention. Therefore treatment is not allocated on an individual patient-by-patient basis, but by practice (department). (See also: *Intervention*)

Co applicant: When researchers request money for research funding they fill in grant applications. The people who write the grant application are called co- applicants. When the team has had public involvement within the planning stage of the application, they may ask a member of the public to be a co-applicant.

Codes: 1) In qualitative research, data is coded under similar ideas which helps researchers to come up with their findings. 2) When you visit your General Practice about a health problem the healthcare professional will record your visit on the computer and will give a code to the problem you have consulted for. This is a way to log all visits to a general practice, and this log can be used for research. They record things such as investigations (blood tests, scans etc.) diagnoses (descriptions of the conditions suffered), operations, drugs and therapies. Also known as Read Codes.

Cohort: A group of people identified for study and clearly defined by certain factors such as the area they live in. Can also be used to describe a Cohort Study, which is an observational study in which a defined group of people (a cohort) is followed over time.



Commissioning: Commissioning is the effective planning and delivery of healthcare to meet the needs of the population. Commissioners decide whether or not a treatment should be used.

Commonality: The possession of a certain attribute or set of shared features or attributes.
Comorbidity: Is the presence of one or more additional conditions to the main disease under investigation.

Community of Practice (CoP): A group of people who share a common interest and work together to achieve a common goal. Often made up of different stakeholders, for example researchers, educators, health professionals, industry, patients and public who are all working together to improve healthcare.

Comorbidity: Is the presence of one or more additional conditions to the main disease under investigation.

Confidence Intervals: There is always some uncertainty in research. This is because a small group of participants is studied to predict the effects of a treatment on the wider population. The confidence interval is a way of expressing how certain we are about the findings from a study, using statistics. It gives a range of results that is likely to include the 'true' value for the population.

Confidence Levels: A measure of how reliable a statistical result is, expressed as a percentage indicating how likely the result is correct.

Consensus Study: This is a type of study that asks participants to offer their opinion or expertise on a topic first and then by sharing those opinions with the rest of the group. Afterwards, participants rate how highly they regard each of those opinions. Everyone's opinions are considered, and the most highly rated ones are then circulated again for further voting (further rounds). At the end of the process agreement or consensus on a topic can be achieved. The Delphi consensus is an example of a method used to achieve this. (See also: *Delphi Study*)

Consort Statement: A structure used for reporting randomised clinical trials in academic journals. It enables readers to understand a trial's design, how it was done, how the data was analysed; and the meaning and usefulness of its results. Extensions of the CONSORT Statement have been developed for other types of study designs, interventions and data.

Constant Comparative Method: The constant comparative method is a process in qualitative research in which any newly collected data is compared with previous data collected. This is a continuous on-going procedure, because theories (i.e. ideas) are formed, developed, confirmed, or even discounted because of any new data that emerges from the study.

Contraindications: Having a condition which makes a particular treatment or procedure potentially inadvisable. Contraindications often highlight the balance of risk versus benefit of a particular treatment or procedure.

Controlled Trial: This compares two groups of people. An experimental group who receives the new treatment and a control group who receive the usual or a placebo (i.e. dummy) treatment. (See also: Placebo)

Core Treatment: The basic or most important treatment.

Co-production / co-creation: Involving patients in the production or creation of new innovations, interventions and resources from the start. Working together.

Critically Appraised Topic (CAT): This is a way of answering clinical questions by looking at all the research evidence in that area and coming up with a 'clinical bottom line' – the key message.



Dashboard: Dashboards are a tool used by NHS staff to view, analyse and export data to inform their work - it helps to monitor progress against specific projects and improves the quality and accuracy of data.

Data: Information collected during research. It can be in the form of numbers (for what is called quantitative research) or words (for qualitative research).

Data Saturation: Normally used in qualitative research, the point at which including more participants is unlikely to generate any new themes. At this point, data collection can stop (i.e. no more interviews are done).

Delphi Study: This is a type of consensus study that uses several rounds of voting on topics to reach agreement on the most highly rated and important items. (See also: *Consensus study*)

Demographic Factors: Description of a group within a society, age, gender, location, etc.

Dependent Variable: A term used in statistics. When one variable (i.e. a factor, trait, or condition) is believed to influence another variable, the latter is called the dependent variable. (See also: *Variable*)

Design: The specific way a research study is done (e.g. a randomised controlled trial or a postal survey)

Diaries: A daily personal record of events, experiences and observations.

Dissemination: Communicating the findings of a research study to a wide range of people who might find it interesting. This can be done through producing reports, publishing articles in journals, issuing press releases, giving talks and presenting scientific posters at conferences.

Distribution: The way in which something (e.g. a health condition) is spread among a group of patients or over an area



Efficacy: The ability of a treatment or therapy to work as intended, under ideal and controlled circumstances (for example, in a laboratory) (Note: this is different from effectiveness, which is the ability of a treatment or therapy to work under 'real world' conditions).

Electronic Patient Record (EPR): An electronic patient record is a secure digital version of a patient's healthcare records. They make information available instantly and securely to authorised users such as doctors, nurses and physios.

EMIS: This is a clinical computer system which is used by GPs, nurses and other health care professionals in Primary Care to record, share and use vital information, so they can provide better, more efficient care. (see also: *SystemOne*)

Epidemiology: The study of how often health care problems occur in different groups of people and why.

E-template: An electronic form used by a healthcare professional during a consultation with a patient

Ethics: Ethical principles are designed to protect the safety, dignity, human rights, and wellbeing of people taking part in research and are overseen by ethics committees who approve or refuse health and care research. Ethics committee members include researchers, health care professionals, and lay people/members of the public.

Evaluation: This involves finding out whether an intervention (for example a health care treatment, service, project or programme) is achieving its aims. A project can be evaluated as it goes along or right at the end. It can explore how well the project is being carried out as well as its impact. The results of evaluations can help with decision making and planning. (See also: *Intervention*)

Evidence based practice / Evidence based medicine: Healthcare professionals use current best evidence, along with their clinical expertise and patient values to help them make decisions on how best to treat a patient.



First Contact Practitioners (FCPs): Any registered health professional who is the first point of contact for patients. For example, First Contact Physiotherapists - these are physiotherapists with enhanced skills who are based in primary care. They assess and diagnose musculoskeletal conditions, give advice on condition management, and refer people on to see specialist services if needed without the need to see the GP first.

Focus Group: A focus group is a small group of people brought together to talk about a particular subject. The purpose is to find out how people feel or think about an issue, or to come up with possible solutions to problems. This method is used particularly within qualitative research.

Foundation Trust: NHS Foundation Trusts have been created to allow decisions to be made by local organisations and communities which are free from central government control and able to decide how best to spend the Trust's income, taking into account the needs of the local community.



GCP Standards: GCP means Good Clinical Practice. They are a set of internationally recognised ethical and scientific quality standards which must be observed for designing, conducting, recording and reporting clinical trials that involve the human participants. Carrying out this good practice provides assurance that the rights, safety and well-being of human participants in the study are protected, and that the results of the clinical trials are accurate and can be trusted.

Generalisability of Results: How much of the results or findings can be transferred to situations or people other than those originally studied. A study carried out in one region or community of the UK might not be generalisable to the whole UK population.

Grant: A grant is money given to researchers by funding organisations (i.e. governments, health organisations, charities) to enable them to carry out a piece of research. In order to get research studies funded, researchers must write a research proposal and receive positive peer review (i.e. feedback from other researchers and members of the public selected by the funding organisation).



Health Economics: Health economics is a type of research method that allows researchers to study the cost of treatments and benefits of treatments to the NHS and patients.

Health Education England (HEE): Health Education England (HEE) leads education, training and workforce development nationally for healthcare professionals. It promotes high-quality education and training that is responsive to the changing needs of patients and local communities.

Health Policy: Health policy can be defined as the decisions, plans, and actions undertaken to achieve specific health care goals within a society.

Health Informatics: The use of IT (Information Technology) to deliver and manage health care.

Heterogeneous: Having widely different or diverse characteristics. For example, the research study included two groups, a heterogeneous group of healthy patients under 50 years old and a homogeneous group of male patients all with arthritis, aged between 50 and 60 years old. (See also: *Homogeneous*)



Hierarchy: A group that is organised and divided into different levels according to their importance or status.

Holistic: Considering the patient as a whole and addressing the social, emotional and spiritual needs of the patient as well as their physical treatment.

Homogeneous: Things of the same type/similar or of same nature.

Hypothesis: A statement created by researchers when they speculate upon the outcome of a research project or experiment. A hypothesis should govern the design of the research and the analysis of data. So, if we do this, then we expect the following to happen.



Impact: Any effect on, change or benefit to the economy, society and people, culture, public policy or services, health, the environment or quality of life Universities measure the impact that their research has had in practice. (see also: *Research Excellence Framework (REF)*).

Impact Accelerator Unit: The Keele Impact Accelerator Unit moves evidence based practice into real world healthcare

Implementation: Implementation refers to the many different approaches, processes and strategies that can be used for an organisation to adopt and integrate evidence based interventions into active use.

Implementation Science: The scientific study of the process of implementation.

Informed Consent: The process of agreeing to take part in a study or healthcare treatment based on access to all relevant and easily understood information about what participation means, in terms of the potential harms and benefits.

Innovations: New or cutting edge improvements and developments in healthcare treatment. The Impact Accelerator Unit will often use the term innovation to describe evidence based treatments, training, or information which we are implementing into clinical practice.

Integrated Care Systems (ICS): ICSs are regional systems which promote joined up working between the NHS and local government, to coordinate NHS services and improve local population health, reducing inequalities between different groups. There are 42 ICSs in England. An Integrated Care Board (ICB) is responsible for the commissioning of healthcare services in each ICS area.

Interventions: In healthcare, an intervention is a treatment which is usually undertaken to help treat or cure a condition. Research produces interventions which are based on evidence. The Impact Accelerator Unit will often use the term intervention to describe evidence based treatments, training, or information which we are implementing into clinical practice.

Interview: In research this is a conversation between two or more people, where a researcher asks questions to obtain information from the person (or people) being interviewed. Interviews can be carried out in person (face to face) or over the phone (see also: *qualitative research*).



Journal: A journal is a regular publication in which researchers formally report the results of their research to people who share a similar interest or experience. Each journal usually specialises in one particular topic area. Examples are The British Medical Journal [BMJ], British Journal of Social Work and The Lancet.



Knowledge Broker / Mobiliser: A Knowledge Broker/ Mobiliser is a person who brings people together, builds two-way relationships and shares ideas and evidence that help healthcare stakeholders to do their jobs better. A 'bridge' or 'intermediary,' they make sure that information and ideas flow easily and there is a two-way exchange of information. They stop information being kept in one place.

Knowledge Mobilisation: Knowledge Mobilisation is a two-way conversation, getting the right information to the right people in the right format at the right time, so as to influence decision-making. It concentrates on nurturing relationships with stakeholders and the co-production of solutions. There are many terms similar to Knowledge Mobilisation demonstrating various levels of movement and often used interchangeably - for example, Knowledge Exchange, Knowledge Management, Knowledge Transfer, Knowledge Translation.



Likert Scale: A series of multiple-choice answers arranged in an ordered line used to respond to a question. They are often used in questionnaires to ask someone how strongly they agree or feel about something. For example, strongly agree; agree; undecided; disagree, strongly disagree.

Longitudinal: A scientific study conducted over a long period of time with data collected from participants at more than one point in time during the study.

Long Term Conditions (LTC): Healthcare problems which last for a long period of time, or for which there is currently no cure. Sometimes called 'chronic' conditions. They can be managed with drugs, exercise and other treatments. Diabetes and arthritis are examples of LTCs.



Mapping: A researcher may map the results of their study with another study. This means working out what the similarities or differences are in terms of the methods, findings and conclusions. Researchers may also map research against health policy. This means that they find out where the research is relevant and to which policy documents.

Matched Treatments: Treatments which correspond more appropriately with the symptoms of the patient than broader interventions. Matched treatments are used because 'one size does not fit all.'

Methodology: This describes how research is done – so it will cover how information is collected and analysed as well as why a particular method has been chosen.

Methods: These are the ways researchers collect and analyse information. These include interviews, questionnaires, diaries, clinical trials, experiments and watching people's behaviors. It also includes the way that data is analysed

Modelling: Modelling is a type of statistical analysis that can identify all the important factors, for example, that can help to contribute to deciding the best care. It is one method of deciding the best approach to treatment and uses data collected from participants within studies.

Multi-Disciplinary Team (MDT): A group of healthcare professionals from different backgrounds who work together to care for a patient (e.g. nurses, doctors, physios, pharmacists).

Musculoskeletal (MSK): Involving the body's joints, ligaments, muscles, nerves, tendons and structures that support limbs, the neck and the back.



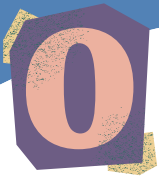


Nested Study: A study which recruits people from a population whose characteristics are known because they are already the participants of an existing larger study (a cohort study or a large randomised control trial (RCT)).

NHS England - NHS England is independent and at arm's length to the government. Its main role is to lead the NHS, to improve health and care outcomes for people in England. NHS England is the commissioner for primary care services such as GPs, pharmacists and dentists. It supports local integrated care systems (ICS) to work together to improve the health outcomes for people in England, in line with the NHS mandate set by the government.

NICE (National Institute for health and Care Excellence): NICE is an organisation which provides evidence based guidance and advice to improve health and social care across the UK.

Non-pharmacological: Treatment that does not involve the use of drugs and medicines.



Observational Study: Studies which attempt to understand the cause and effect of relationships. The researcher does not influence the population in any way or attempt to intervene in the study but observes the situation e.g. patient appointment within a consultant's clinic.

Office for Health Improvement and Disparities: focusses on improving and levelling up health across the UK. Part of the government's Department of Health and Social Care. Replaced Public Health England in 2021

Outcome measures: A planned measurement described in the research protocol used to determine the effect of interventions on participants in a clinical trial.



Participant: Someone who takes part in a research study.

Patient Reported Outcomes: A patient reported outcome measure is a questionnaire that asks the person to report how they feel on a particular topic. It may ask for example how much pain a person has felt in the last 24 hours and ask them to rate it from none, mild, moderate, severe or extreme.

Patient pathway: This is the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of their treatment. It also covers the period from entry into a hospital or a Treatment Centre, until the patient leaves. Also see clinical pathway

PPGs (Patient Participation Groups): From April 2016, it has been a contractual requirement for all English primary care General Practices to form a patient participation group (PPG) during the year ahead and to make reasonable efforts for this to be representative of the practice population. Patient Participation Groups have a key role to play as they help ensure that patients and carers can influence their local care services. The practice must engage with the PPG including obtaining patient feedback and, where the practice and PPG agree, will act on suggestions for improvement.



PPIE (Patient and Public Involvement and Engagement): Patient Involvement means actively involving patients, families, carers and members of the public to advise and shape research and healthcare. Patient Engagement means connecting with people about health research and sharing information.

Peer Reviewing: This is where a research proposal or a report of research like a journal article is read and commented on by people with similar interests and expertise to those who wrote the proposal or report. Peer reviewers might be members of the public, researchers, statisticians or other health professionals. Peer review helps to check the quality of a report or research proposal. It acts as a useful quality control activity.

Pilot Study: A pilot study is a small study set out as a rehearsal or practice for a larger study. The aim is to check whether or not the methods will work before committing to the main study, and to spot any mistakes in the design or management of the study.

Placebo: A fake or dummy treatment that is designed to be harmless and have no effect. It allows researchers to test for the placebo effect (where people feel better because they have received some treatment and not because the treatment has a specific effect on their condition). By comparing people's responses to the placebo and to the treatment being tested, researchers can tell whether the treatment is having any real benefit.

Prevalence: The number of cases of a specific disease present in a given population at a certain time.

Primary Care: Health services providing first point of contact care for patients (e.g. general practices, district nursing, and community-based health services).

Principal Investigator: The first or original analysis of data collected in a research study.

Prognosis: Factors that are identified in an individual with a particular disease that helps to understand what might happen to that person in the future.

Prognostic Factors: A situation or condition, or a characteristic of a patient, that can be used to estimate the chance of recovery from a disease or the chance of the disease recurring (coming back).

Protocol: A protocol describes in detail what the researchers will do during the research. A protocol will be submitted to the ethics committee for approval.

Purposive Sampling: This is often used in qualitative research where a group of people are invited to be interviewed based on their characteristics. For example, people who have consulted a general practitioner, or live in a deprived area.

P-value: A measure of the probability or likelihood that a given effect or event will take place by chance. The smaller the P-value, the more likely that the intervention is responsible for an observed effect.





Qualitative: Information used to understand underlying reasons, opinions, and motivations. It provides insights into problems or helps to develop new ideas about things. Can include things people say or their behaviours.

Quality Adjusted Life Years (QALY): A way to measure the burden of a disease. It includes both quality and quantity of life. The QALY is based on the number of years of life that would be added by the intervention (e.g. drug or treatment). It is often used in assessing the value for money of a medical intervention.

Quality Indicators: Specific and measurable elements of healthcare practice that can be used to assess the quality of care. They are used to assess care quality according to defined Quality Standards.

Quality Standards: These are statements which help to improve quality within a particular area of care, taken from the best available evidence.

Quantitative: Information that is measured or counted using numbers.



Randomisation: Assigning participants in a research study to different groups without taking any similarities or differences between them into account. For example, participants in a study could have their names randomly picked out of a hat to see which group they will be in. Randomisation minimises the differences among groups by equally sharing people with particular characteristics among all of the groups.



Randomised, multi-centre, single-blind, active comparator, pragmatic clinical trial: An example of a description of a clinical trial. This can be broken down to:

- *Randomised clinical trial* - A study where patients are randomly allocated to a treatment
- *Multi-centre study*- Study takes place at more than one site e.g. different GP practices recruit patients
- *Single-blind* – When patients do not know what treatment they are receiving in the study. Double blind would be when neither the patients nor the healthcare professional / researcher knows.
- *Active comparator* - The drugs that are being compared in the study both treat the condition that is being studied.
- *Pragmatic study* - a study looking at how well a treatment works in the real world.

Red Flags: Red flags are signs of possible serious underlying conditions requiring further medical intervention.

Research Excellence Framework (REF): The REF is the UK's system for assessing the excellence of research in UK higher education providers (HEPs). The REF outcomes are used to inform the allocation of around £2 billion per year of public funding for universities' research.

Research Governance: This process ensures that the research is of high quality, safe and ethical. The Department of Health has a Research Governance Framework for Health and Social Care, which everyone involved in research within the NHS or Social Services must follow.



Scale up and scale out: Scale up means increasing in size or number, scale out means the spread or reach of the innovation

Secondary Analysis: This involves the use of existing data, collected for the purposes of a previous study, for reasons which are different from the original research; this may be a new research question or an alternative perspective on the original question.

Secondary care: Secondary care, which is sometimes referred to as 'hospital and community care', can either be planned (elective) care such as a cataract operation, or urgent and emergency care such as treatment for a broken bone

Silo: A self-enclosed group of like-minded individuals. When implementing innovations or sharing knowledge, we aim to break down silos, share information and mobilise knowledge.

Social Prescribing: Social prescribing is a way of linking patients with sources of support within the community. It provides non-medical options that can operate alongside existing treatments to improve health and wellbeing.

Stakeholder: A person or organisation with an interest or concern in something.

Stratified Care: This is when subgroups of patients are matched to the most appropriate treatments for their specific problem, in an effort to improve patient outcomes. (Also see: *matched treatment*)

SystemOne: SystemOne is a clinical computer system which is used by GPs, nurses and other AHPs in Primary Care. (Also see: *EMIS Web*)

Survey: A survey is a way of gathering information from a sample of people considered representative of the whole general population. A survey can be undertaken by postal questionnaire or undertaken face to face (e.g. in research clinics) or can be undertaken using medical records.

Systematic Reviews: Systematic Reviews aim to bring together the results of all studies addressing a particular research question that has been carried out worldwide. They are used to bring the results of similar trials together, to piece together and assess the quality of all the evidence. Combining the results may give a clearer picture.



Tertiary Care: Tertiary care refers to highly specialised treatment such as neurosurgery, transplants and secure forensic mental health services.

Thematic Analysis: Analysing information by looking for the main ideas or recurrent topics repeated throughout the study. Often themes are generated in qualitative research. (See also: Qualitative)

Theory: An idea or set of ideas intended to explain something. (See also: *Hypothesis*)

Train the Trainers model: A way of teaching people about a certain topic. Once they have been trained they will then go on to teach other people.

Triaged: The process of determining the priority of patients' treatments based on the severity of their condition. This rations patient treatment efficiently when resources are insufficient for all to be treated immediately.



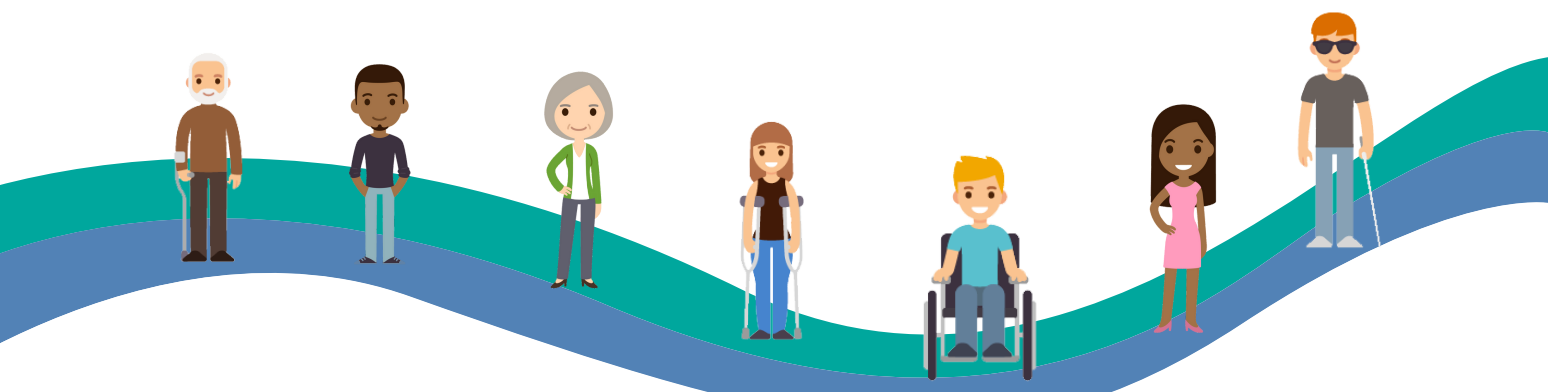
UK Health Security Agency (UKHSA): plans for, prevents and responds to health threats such as global pandemics. Part of the government's Department of Health and Social Care.

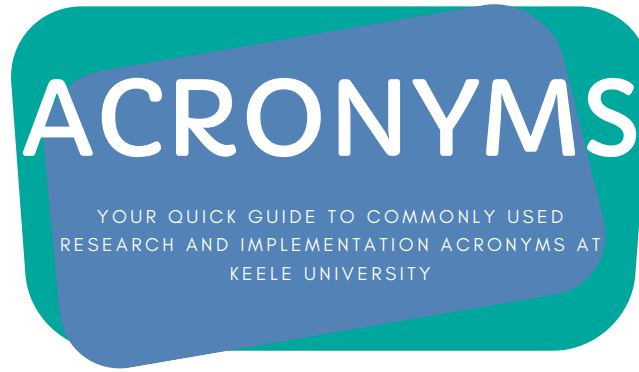


Variable: Any factor that can be controlled, changed, or measured in a research study.

Verbatim: Using the same words as originally used to create a precise record of a conversation or proceedings.

Vignettes: Vignettes are short scenarios or stories in written or pictorial form which patients can comment on in both quantitative and qualitative research.





A&E: Accident and Emergency

AHP: Allied Health Professionals

ARC: Applied Research Collaboration

BSR: British Society of Rheumatology

CAT: Critically Appraised Topic

CI: Chief Investigator

CRN: Clinical Research Network.

CPD: Continuous Professional Development

CSP: Chartered Society of Physiotherapy

CTU: Clinical Trials Unit

EULAR: European Alliance of Associations for Rheumatology

FCP: First Contact Physiotherapist

GP: General Practitioner

HCP: Health Care Practitioner

HIN: Health Innovation Network

HRA: Health Research Authority

IAU: Impact Accelerator Unit

ICB / ICS: Integrated Care Boards / Systems

KM: Knowledge Mobilisation

MPFT: Midlands Partnership University Foundation Trust

MPhil: Master of Philosophy (research masters)

NHS: National Health Service

NICE: NICE (National Institute for Health and Care Excellence)

NIHR: National Institute of Health and Care Research

PI: Principal Investigator

PhD: Doctor of Philosophy (research doctorate)

PPIE: Patient and Public Involvement and Engagement

RCT: Randomised Controlled Trial

REF: Research Excellence Framework

RfPB: Research for Patient Benefit

RSS: Research Support Service

RUG: Research User Group

SOP: Standard Operating Procedure

TMG: Trial Management Group (reports to TSC)

TSC: Trial Steering Committee

UHNM: University Hospitals of North Midlands NHS Trust

VA: Versus Arthritis

WHO: World Health Organisation