or the last 25 years, I have been working in the field of wound healing and more recently in lymphoedema. Throughout this time I have had both clinical and research components to my work, and have passionately clung to the belief that this joint role was essential to a deeply grounded understanding of the problems of clinical care and patient challenges.

I believe this has helped me to stay focused on where developments were needed and to develop partnerships with a range of stakeholders at a national and international level.

Take, for example, advancements in leg ulcer care. Over the past 30 years, nurses have played a major role in identifying why compression works. The four-layer bandage system was developed by a committed group of clinicians, including nurses, at Charing Cross Hospital in London in the early 1980s. This was a direct response to the huge number of patients with venous leg ulcers requiring treatment each week at clinic who were not healing with crepe bandages.

This led to a theoretical search for a solution; the provision of sustained compression was the aim of the four-layer bandage system. In the 1990s, a number of commercial companies invested in this concept stimulating wider developments in the field of compression.

In the field of lymphoedema, there have also been new compression materials and devices developed that have involved effective partnerships between nurses, scientists and industry.

Over the years, integration has highlighted the possibilities of being able to make a global difference by working with others who share the same passion, bringing together different skills and viewpoints and the commercial ability to produce products with a sound evidence base that transform patients’ lives.

Having a joint clinical/academic career has not been without opposition. Some nursing researchers believe that it is not possible to carry out this role successfully.

In fields such as wound healing and lymphoedema, it is only through the day-to-day management of patients that research can be focused on solving real issues and framing the correct research questions and programmes. The medical profession has long believed in the concept of joint appointments, despite the recognised challenges; it is interesting to consider why nursing – which has such a practice-based focus – has struggled so much with this concept.

As I look to future opportunities, I see so many possibilities for nursing and the potential for developing the clinical and research career pathway.

As nurses, we have a chance to ensure the frame of reference for research encompasses the whole patient within their social context as well as within the often chaotic and challenging environment of the NHS. We need new clinical/academic nurses for the future.

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Patients’ beliefs are key to drug concordance

Research into the content of discussions between patients and nurse prescribers about diabetes medicines revealed an interesting finding that is likely to be relevant to the taking of all medication.

Analysis found discussions mainly focused on giving instructions (page 20). Issues around non-concordance were addressed by focusing on instructions about how and when to take the medication. There was little talk of patients’ views on taking medicine or exploration of their concerns about what they were prescribed.

This missing element means discussions are not as effective as they could be. The finding is a useful indicator to all nurses that they must be aware that patients’ concerns and beliefs are an important part of the medicine concordance picture.

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