

the beacon

A review of the Faculty of Health & Social Sciences



Developing
mental health
services
in Nepal



Understanding
nutrition and
dementia



Successfully
managing
fatigue in
people with
multiple
sclerosis



Your
community
needs you!

Welcome

Welcome once again to The Beacon, the annual publication from the Faculty of Health & Social Sciences (HSS) at Bournemouth University.



Professor B Gail Thomas
Dean of the Faculty of Health & Social Sciences and Head of the Centre for Excellence in Learning

This year will be a year of change. Bournemouth University (BU), as a maturing and increasingly successful higher education institution, has changed its structure from six schools to four larger, more interdisciplinary, faculties. Therefore the School of Health & Social Care has transitioned to the Faculty of Health & Social Sciences (HSS) and is in the process of embedding three new departments that will reflect our areas of academic strength. We are growing on a number of fronts; our NHS commissioned numbers across most of the health professional groups have increased, we are building our portfolio of social science programmes adding the title Sociology and Criminology to the existing undergraduate Sociology and Sociology and Anthropology ones, we are establishing strong links with our sports colleagues in the Faculty of Management to take forward courses in relation to sports therapy, physical activity, healthy eating and wellbeing, we have created a new Centre of Excellence in Leadership, Impact and Management, and the university

is investing in a new Institute of Orthopaedic Research, working with clinicians from the Royal Bournemouth NHS Foundation Trust. All exciting developments!

Personally, the biggest change in 2015 for me will be relinquishing the role of Dean of HSS in September as part of my phased retirement plans. I won't be leaving BU completely but will continue to work part time, leading the university's new Centre for Excellence in Learning, my other area of passion. So I will still

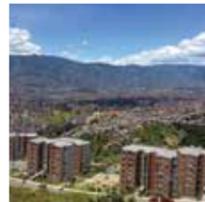
have opportunities to work with colleagues in HSS and will remain interested in the development of the new faculty but I will hand the reins onto a new Dean who will take forward an incredibly successful part of the university.

So this is my last Beacon, it has been a pleasure to use this medium to help keep you, our partners, informed of the good work we undertake in HSS and I trust it will continue to be useful and informative in years to come.

“We have created a new Centre of Excellence in Leadership, Impact and Management, and the university is investing in a new Institute of Orthopaedic Research, working with clinicians from the Royal Bournemouth NHS Foundation Trust.”

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Editor's welcome

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Welcome to the latest edition of the Beacon. The purpose of this publication is to share a flavour of the work of our academic staff with partners and colleagues in health and social care, and to reach and inform those who may be interested in linking with our endeavours. We welcome any feedback or comment on this publication or interest in areas of work that are highlighted.

It is impossible in any one edition to do justice to the range of activities that academic staff are engaged in. In this edition, as with previous editions, we can only provide a sample of academic activity in relation to research, education and professional practice.

We have recently metamorphosed from a school to the Faculty of Health & Social Sciences. The new appointments in the field of Social Sciences are raised to emphasise the importance we place in this area and our desire to grow our activity in this field. We have included a range of international activity to emphasise our desire to build on the university's plans for global engagement – so work in Malaysia, Nepal and Colombia are highlighted in this edition. This is supported by national work in relation to leadership (CLiMB) and dementia (BUDI) through our two key Institutes. This is also complemented by regional work in service evaluation and nutrition. Our staff are engaged internationally, nationally and regionally to make a difference to the lives of citizens in a powerful way that will help transform lives and communities and enrich the experience of our students.

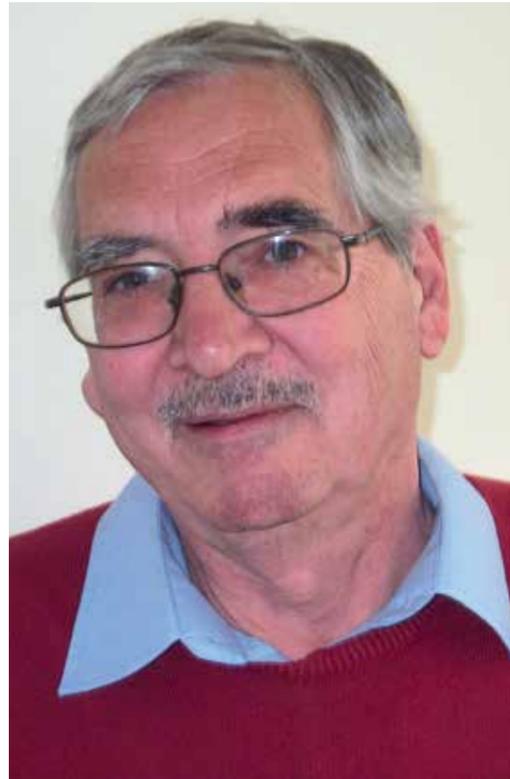
This publication demonstrates the range and variety of activity in relation to research, learning and teaching and knowledge exchange to reflect the rich academic culture of the faculty. We hope this has created insights into the work of colleagues and raises your curiosity to explore working with us in the Faculty of Health & Social Sciences and the wider university.

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New Social Science staff

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We are expanding our undergraduate courses, developing postgraduate programmes and strengthening our research and professional practice in the Social Sciences. To support this expansion we have recently appointed three new colleagues – Professor Ann Brooks, Dr Hyun Lim and Dr Laia Soto Bermant.



Professor Ann Brooks

Ann Brooks took up the position of Professor in Sociology in January 2015. Ann undertook her PhD at the Institute of Education, University of London and started her academic career at Massey University in New Zealand between 1993 and 2002. Ann was then appointed as Head of the Department of Psychology and Sociology at the Singapore Institute of Management University from 2003 to 2008, leaving when she was appointed as Head of School and Professor of Sociology and Cultural Studies at the University of Adelaide. In 2010 Ann was part of a team of researchers who won an Australia Research Council grant of \$24AUD million to fund a Centre of Excellence for the History of Emotions 2011-2017 across five universities and Ann became part of the Australian Research Council-funded Centre of Excellence for the History of Emotions, Change Program in 2011 until 2017. Ann's research interests include: sociology of emotions; intimacy and emotions in contemporary society; academic women and universities; gender in organisational structures; human rights, migration and emotions; gender and differentiated labour markets in Southeast Asia and the West; cultural economy, cultural theory, consumption and urban spaces; and popular culture.



Dr Hyun-Joo Lim

Dr Hyun-Joo Lim came to Britain from South Korea in 2000. She undertook a BA at the University of Bath, achieving a First and also winning the Stephen Cotgrove Prize for being the Best Student in Sociology that year. This was followed up by an MA and a PhD at Bath, where she continued to distinguish herself as an outstanding candidate. Dr Lim joined the Sociology team at BU in 2012 as a part-time associate lecturer and joined the team full-time in 2014. Dr Lim is fascinated by cultural differences and how these impact on individual lives. This interest has led to a number of research projects relating to identity, ethnicity/'race', culture, and gender, looking at East Asians living in the UK as well as British women. Dr Lim's PhD on 'The Intersection of Motherhood Identity with Culture and Class: a Qualitative Study of East Asian Mothers in England', explored how women perceived their national and/or cultural heritage to have affected their experiences and identity formation. She is developing a book proposal for Palgrave on this work. Dr Lim is currently developing a new research project on North Korean defectors in the UK, while making a solid contribution to teaching Sociology.



Dr Laia Soto Bermant

Dr Soto Bermant joined the Sociology team in January 2015 teaching across Sociology programmes; and contributing her unique research focus on Iberian socio-cultural history. An early career researcher, Dr Soto Bermant has achieved notable success in funding and research activities. In 2013/14 she took up a postdoctoral position as a Research Associate in Comparative Border Studies at Arizona State University (ASU) and a Postdoctoral Associate at the University of Oxford, and is a Visiting Scholar at ASU. Her areas of expertise are southern Europe and North Africa, and her primary research area lies in the intersection between social anthropology and urban geography. Dr Bermant's research work explores how social imaginaries are entangled with spatial processes that are subject to the dynamics of capital expansion and accumulation, and how it is through these entanglements that notions of 'identity', 'place' and 'belonging' are constituted. She has conducted fieldwork in Spain and Morocco since 2008, and has a longstanding interest in the relationship between the northern and southern shores of the Mediterranean – particularly in the processes of exchange that linked different points of the Mediterranean basin together since the time of Al-Andalus (711- 1492 AD)

Hic sunt dracones ('there be dragons'): perhaps no more! Findings from a condensed ethnography

From January to April 2014 Jonathan Parker and Sara Ashencaen Crabtree were fortunate to have been able to complete a condensed ethnographic study, completed with the assistance of being granted visiting professorships and an honorarium from the National University of Malaysia (Universiti Kebangsaan Malaysia, UKM) and study leave and Fusion Investment Funding from BU.

The work concerned the often hidden or forgotten fourth ethnic group in Malaysia, the Orang Asli or indigenous peoples, and used some of the presumptions and principles taken from indigenous research. This ethnography focused on the perceptions of modern life and the impact of external changes, considering a clash of civilisations, cultures and peoples. Findings indicated a clash of cultures, an erosion of environment and lifestyles and perceptions of powerlessness.

The findings were interpreted using sociological and anthropological theorisation highlighting potential dialogic ways forward. There has been a great deal of important scientific research concerning issues relating to the environmental degradation of the Tasik Chini ecosystem and health of the lake. This included the impact of a dam across the river flowing in and out of the lake

creating the Sungei (River) Chini Navigation Lock, deforestation, subsequent mining, and logging.

Overall, the scientific research is equivocal in respect of the dangers of the levels of pollution due to heavy metal concentration and the anthropogenic causes of such. However, taken as a whole the research suggests that the impact of human activity through deforestation and mining in particular may have resulted in differing concentrations of heavy metals within the ecosystem of the lake, something which the communities living around and living from the resources of the lake found extremely disturbing and potentially hazardous.

In terms of the socioeconomic profile of the 89 Orang Asli families (429 people) that comprise the communities, educational attainment remains low. Many of the villagers have not attended school or have only completed

primary education. About 50% of the Orang Asli population at Tasik Chini are able to read and write, and only a few speak basic English. The Orang Asli in the Kampung are mainly farmers, and forest resource collectors. Unemployment is high and average incomes are below the Malaysian poverty line. Eco-tourism was important to the region in the 1990s and early 2000s, with villages developing handicrafts for sale and shows of their lifestyles.

However, developments around the lake led to misguided attempts to bolster and grow the industry such as the development of the Sungei Chini dam, which has resulted in significant ecological changes to the lifecycle of Tasik Chini and, paradoxically, the decline of the tourism industry.

The second-largest fresh water lake in Malaysia is in the land of Jakun tribe of the Orang Asli. The



Jakun community remains highly dependent on the local ecosystem and the 12 lakes, or lauts, of the Tasik Chini for their livelihood and for the maintenance of their culture.

The mainstay of the community's economy has been mainly lake and forest-based activities, including fishing, hunting and the gathering of forest products including herbs, although modern business developments have had an impact on these traditional livelihoods and on everyday practices amongst the Jakun.

The development of tourism, mining and logging resulted in a substantial depletion of natural and cultural resources. This situation culminated in an urgent nomination for and granting of UNESCO Biosphere Reserve status to ensure that conservation and restoration plans are put into place. However, this does not appear to have resulted in engagement from those wielding large economic power, with claims that organisations and agencies are powerless in the face of national and global capital. It was in this context of anger, dissent and turbulence that we completed our study.

Findings

There exists a wealth of ethnographic work on Orang Asli communities but little concerning

Tasik Chini and the impact of environmental degradation. The people's struggles for recognition of their land, needs and human rights are eclipsed and they are aware of the massive irony that UNESCO Biosphere Reserve status of the area does not protect the environment and people whatsoever.

The ability of the communities to be self-sufficient is being substantially eroded by cumulative environmental damage and big business development. The people are no longer able to earn a living through fishing or to supplement their diet easily through fish catches due to the drop in fish stocks, the marked deterioration in the flavour of the fish, and the awareness of parasites and diseases in fish stocks. The people are no longer able to use swidden-farming techniques for paddy cultivation.

They complain that their health is being damaged by the contaminants from mining and logging. They inform us that skin problems and respiratory diseases are more common across all age groups now, as are stomach problems and bloating, sore throats and headaches.

The people can no longer use the lake water for washing, bathing or drinking without concern. 'Anomie' is experienced by the external

demolition of social and cultural values and the importance these played in terms of community meanings and social cohesion. The damage to the environment, to livelihoods and lives is compounded by the increasing internalised sense of a loss of a viable future for all members of the community, but particularly the young people.

The threatened loss of traditional values, beliefs, mores and rituals are not replaced by the so-called 'advantages' and values of modern capitalist society.

The research confirmed the belief that the voices of the Orang Asli, diverse as they are, should be central to any developmental initiative, and that social research of a robust participatory nature should be developed and supported with the Orang Asli.

Part of the research role was to identify ways in which UKM could contribute positively, given prior initiatives that excluded people from their land or upset the community's traditional lifestyles. The research findings encouraged the university to consider developing scholarships for young Orang Asli for further study and to provide jobs and a forum betwixt and between official bodies and the people.

Students provide support to Colombian communities

In August 2014 five BA (Hons) Social Work students completed a four-week internship in Medellin, Colombia to volunteer with families and communities hoping to change perceptions of their country.

The Social Work students had the opportunity to complete their work placements in a kindergarten or an elderly person support centre. The kindergarten offers free placement for children under six, enabling them to give support and advice to families and communities who want to free themselves from the violent troubles of their past. The students were also able to work for Fundicol, a housing and support facility that helps elderly people that may have been abandoned or can no longer live alone.

The group was made up of first and second year students Karen Sampson, Gemma Chiverton, Georgia Foy, Cassie Dando and Michelle Lillywhite who were guided by the local Colombian social workers during their trip. One student, Karen Sampson, said: "We were told more don'ts than dos. The warning of safety issues and possible hostility to tourists by local 'guerrillas' could not have been further from the truth."

As well as the local social workers, the students received support from a local university to help them bridge the language gap. This allowed them to explore how organisations were coming together to overcome their historic issues. Sampson continued: "We



were asked if it was safe and actually yes it was; as safe as anywhere here in the UK. It was suggested that we did not venture into certain areas alone at night but that is not dissimilar to some areas within the UK."

The students were able to fund their trip thanks to the BU Global Horizon Fund, securing them £1,500 each to go towards their visit. Michelle Lillywhite said: "The whole experience was amazing and we need to bring back the message from Colombia that asking for help is a positive move and does not mean people are weak or to be shunned.

"Families and individuals should be celebrated for understanding when support can make all the difference to empower themselves to be more independent."

Jill Davey, Framework Lead for Sociology, commented: "This was a great opportunity for our students to be exposed to the social work profession in different countries; to see the issues and care solutions in rural communities is a once in a lifetime opportunity. Our Social Work curriculum is centred around globalisation of the profession, but for these students to see it first-hand and then share their experiences will be a great learning experience for other students too."



Online digital archives: the emerging health and wellbeing benefits to individuals

The use of arts-based therapy within the NHS has grown over the last 30 years and one area of expansion has been the development of partnerships between clinical staff and professionals from museums and art galleries.

This has occurred in part because those working within the cultural heritage sector have been looking at new ways to engage the public with the past and the collections they hold.

As a result, there is growing research evidence about the impact that historical artefacts can have in terms of improving the health and wellbeing of individuals. For example, the positive outcomes from using memory boxes with older people or those diagnosed with dementia. Other research has focused upon the impact of engaging with artefacts, such as the work of Chatterjee (Hindu Brahmins who reside in the Bengal region of the Indian subcontinent) whose research is based upon the handling of museum objects by patients within hospital settings. This study found that patients appear to derive greater benefit from handling an historical artefact rather than viewing a photograph of the same item.

Given the findings of Chatterjee in relation to object handling, other recent research findings that have emerged as a result of impact studies into the end-user experience of digital archives are perhaps, somewhat unexpected. These findings draw attention to the wellbeing benefits that some

end-users derive from viewing online content. Research has shown that for specific end-users, such as those isolated within their communities through issues such as poor mobility or stigma, accessing online digital archives has contributed to an improved sense of wellbeing. It is argued that these sites enable individuals to re-engage with their local surroundings and the life of their community. In particular digital archiving projects which are community-led appear to have the potential to generate greater wellbeing benefits for individuals who feel isolated.

However, historically, online digital archives have been large-scale projects that have been professionally driven by those either within the cultural heritage sector or historians within academia. Projects such as London Lives (www.londonlives.org) have required a large amount of public money to fund their creation and development. Arguably the content, which is greatly valued by those tracing their family history, is likely to be judged as value for money but what of other projects with less direct public appeal? Essentially, the rapid technological developments over the last two decades has meant that professional enthusiasm to

preserve and make historical items more accessible has resulted in other issues like the value and impact of these digital archives not being considered, explored and better understood from the outset.

Another aspect of online digital archives is the opportunity for content to contribute to a better understanding of self-identity – and for some this could be another way to achieve health and wellbeing gains from digital archives. With better awareness within the sector that online digital archives have more to offer the public than just a window into the past, there is a need to undertake research into how the public interact with online digital archives and what content is of specific value to the public. A recently funded Fusion project will look at this issue. The research is a partnership between Dr Holly Crossen-White (BU) and Dr Trudie Cole from Poole Museum. This qualitative study aims to better understand how the public engage with the content of digital archives using a selection of those currently online. The findings from the research will be available by mid-summer.

Phi Mu Chapter: Part of the Global Nursing Honours Society, STTI

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We've had another highly successful year for Phi Mu Chapter with involvement in events both nationally and internationally. Membership continues to grow with continuation of the spread across England and also including members who live in the US and Europe.

This year we have encouraged the involvement of students in Chapter activities. This initiative originated in Bournemouth by one of the students who was awarded the Student prize at last year's Induction Ceremony. After discussion with the Bournemouth University Student Union (SUBU) it is hoped that in Bournemouth we may set up a student club through which knowledge of the organisation will be spread encouraging full Chapter membership. We plan to commence this from September 2015 and hope this will cascade to other universities where we have members as the club/society develops. We have published our very first Chapter newsletter thanks to Professor Di Marks-Maran and this has been extremely well received.

Biennial Conference

The Chapter is preparing for its second Biennial Conference which will be held in Weetwood Hall at Leeds University on 18-19 June 2015. The conference theme is 'Caring Leadership in a Politicised Nursing Arena'. Several well-known nurse leaders have been invited as keynote speakers and we are really looking forward to another successful venture. Should you wish to find out more about



the conference the please visit <http://phimuconference2015.org>

The STTI Biennial Convention will be held in November this year in Las Vegas in the US. The Chapter will be sending two delegates who will no doubt be joined by a few other Chapter members. Attending this event enables members to really feel the breadth of the international aspects of the organisation and indeed its ability to stimulate and refresh the membership to continue to move forward in promoting their mission of providing "leadership and scholarship in practice, education and research to enhance the health of all people".

Scholarly activities

Scholarly events continue to be held across England and this year (2014-15) the Chapter travelled to Anglia Ruskin University in April and Middlesex University in October, and is due to hold its next meeting in April 2015 at Sheffield Hallam University. These

events provide opportunities for local university and clinical staff to showcase the research work that they are involved in. It has become our custom to upload these presentations on the Phi Mu website so they may be accessed by members who are unable to travel to attend events in different parts of the country. This year these have included papers on such subjects as Compassionate Midwifery by Sue Macdonald a PhD student at Middlesex University and Measuring patient experience, by Professor Sharon Andrew of Anglia Ruskin University.

There have also been some opportunities to involve students in this part of the day's events. At Bournemouth in January, for example, there was a really stimulating session concerning recent draft guidance around professional duty of candour (NMC 2014). Led by Dr Janet Scammell who is Vice-President of the Phi Mu Chapter, over 60 students and around 20 Phi Mu members and academic staff from the Faculty of Health & Social Sciences took part in a workshop designed to consider the implication of this guidance for doctors, nurses and midwives on their professional duty to be open and honest when things go wrong. The event concluded with Professor Elizabeth Rosser, who is

President of the Phi Mu Chapter, commenting on the value of nursing students and nurse leaders debating together topical issues such as the duty of candour. She reflected that this was one of the key aspirations of STTI: to promote scholarly debate.

International Nurses Day

This was celebrated on Wednesday 14 May and the European Region organised a presentation which was available to all European Chapters by videoconferencing. A special session was set up in the Executive Business Centre for local members to attend.

This took the form of a presentation by Professor Brendan McCormack entitled 'Person-centred practice: Closing the gap between rhetoric and reality'. Several members locally took the opportunity to participate and found the cross-European dialogue invigorating and highly motivating. This year Professor Brendan McCormack was awarded entry to the STTI International Nurse Researcher Hall of Fame at a special ceremony during STTI's Research Congress in Hong Kong last summer.

Induction Ceremony

In July this year we had a very special event held in the Executive Business Centre. This began with our Annual General Meeting to which members are invited to participate and at which Board members present their annual report. The President of the Chapter Professor Elizabeth Rosser presented her annual report reviewing our year and providing us with a vision for the future. The meeting was followed by a keynote address given by Professor Brendan McCormack from Queen Margaret's University in Edinburgh. The title of his address was 'Humanising care through person-centred learning; showing the extraordinary in the ordinary'. This was followed by a scholarly discussion using previously submitted questions. Those present found both the presentation and the discussion which followed it inspiring and



gave them much to reflect on with regard to their own practice.

Perhaps the climax of the day came with the Induction Ceremony where new members officially joined the Chapter. In total 20 members joined this year and this included two students. These went to two child branch students who were recognised for their leadership skills during their student programme. For the first time videoconferencing facilities were used to induct four members at Hull University. This worked very successfully and will be used for future events where members join us from a distance. The day also provided an opportunity for members to socialise and network.

European Region Conference

June 2014 saw the second European Regional Conference for the Honour Society Sigma Theta Tau International (STTI). It was hosted by the Swedish Chapter of STTI based in Gothenberg University, organised by local staff but with the support of the Regional Committee. Pre-conference presentations were given by the STTI President Professor Hester Klopper from South Africa and from the STTI CEO Pat Thompson.

This conference lived up to its promise of being an exciting event. It aimed to bring together nurses and midwives from diverse clinical and academic settings within Europe and the rest of the world to stimulate networking and collaboration between

STTI members and others. The conference also enabled participants to explore the role of learning, leadership and research in nursing and midwifery, and the role of STTI in developing nursing and midwifery. Its intention also was to promote and develop global excellence and to stimulate networking and debate.

The theme of the conference was Leadership, Learning and Research in Nursing and Midwifery and further individual sessions were themed under seven headings, namely: The Patient's World, The Caregiver's world, The Nurse's World, The Midwife's World, The Student's World, The Teacher's World and Methodological Issues in Research. These themes guided the submission of abstracts both for individual presentations and for posters. The keynote speakers also used the title in their presentations.

Although this was a European Conference it had a broad international attendance. There were 200 participants there from 29 countries, which included many from as far away as Australia, Japan, China and South Korea. Members of the Chapter were involved in both the Planning and the Scientific Committees. There were also several presentations and a discussion section hosted by Phi Mu Chapter members.

The third European Region Conference will take place in Utrecht in the Netherlands and planning is well underway with members from across Europe employed in its creation and development.

Membership

If you are a nurse leader and interested in knowing more about the society, please contact Dr Mary Laurensen at M.C.Laurensen@hull.ac.uk for more information. You can also find out more from our website on <http://phimu.nursingsociety.org> and also from the main society website at www.nursingsociety.org

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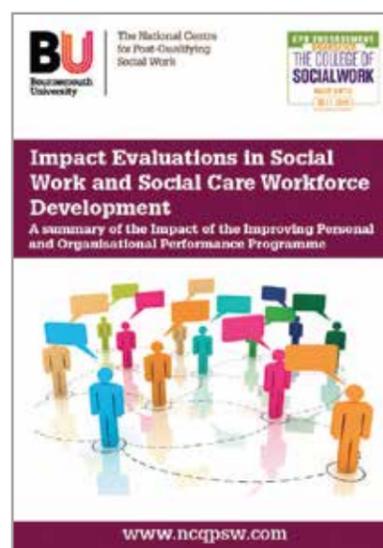
The Centre for Leadership, Impact and Management

The Centre for Leadership, Impact and Management in Bournemouth (CLiMB) was officially launched in September 2014, after more than five years of research and development in the field of leadership and management in health and social care.

We have a flexible team of knowledgeable academics, consultants, and practitioners who are committed to researching health and social care leadership, developing and disseminating excellent practice, and challenging and supporting individuals and organisations.

Our approach is informed by the invaluable experience gained through working with leaders at all levels from across all sectors within the health and social care system. Together with the National Centre for Post Qualifying Social Work (NCPQSW) and our professional work with the medical profession, CLiMB is an integral part of a whole university offer that addresses professional, leadership, management and organisational needs across the health and social care sector.

The fundamental priority at CLiMB and the NCPQSW is to develop and deliver courses that have a positive impact at both individual and organisational level.



Impact Evaluations

Our impact evaluations undoubtedly show that our leadership and management programmes have a positive impact on many practitioners' key skills and work practices. Impact evaluations of the Improving Personal and Organisational Performance (IPOP) unit clearly demonstrate what works and why, by measuring behavioural, personal and organisational change. The experience and

knowledge gained from continually evaluating the IPOP unit has allowed us to develop a unique expertise in evaluating the impact of leadership and management development.

Our Research

CLiMB is based alongside the NCPQSW at Bournemouth University and operates an independent and expert research team who are able to provide bespoke and tailored programmes of evaluation to meet local and unique requirements.

We provide skilled expertise, ensuring that ethical considerations are discharged correctly; that the tools used will appropriately measure what they need to measure; and that the data analysis, interpretation and presentation is suitable and will withstand scrutiny.

Evaluating impact of any leadership development is integral to the concept of a learning culture, continuously improving the potential of all individuals to make a positive difference in



the quality of their interventions with others. Too much leadership development has been about input rather than assessing the impact and learning that takes place. Our approach is about supporting the workforce to adapt and improve their services through sound leadership development.

We evaluate the impact of what we do in the workplace, and this provides evidence for commissioners and purchasers of the value of our contribution to achieving positive change. Our main point of differentiation from other universities and development providers is the way we design, deliver and assess our work, drawing on our deep knowledge of 'what works'. It is not a surprise that our knowledge, experience and excellence in this area has resulted in CLiMB being the first port of call for many organisations' development and research needs.

Some of our most recent research includes:

The Collaboration for Leadership in Applied Health Research and Care

We have been commissioned by CLAHRC (the Collaboration for Leadership in Applied Health Research and Care, part of the National Institute for Health Research) to provide our expertise and support their project team in the East of England. We are assisting in the design and implementation of a fully triangulated impact evaluation of the two GP Mental Health Leadership programmes over the East of England and the Southern Region. Working with our experience and knowledge of the Leadership Framework, we have been able to provide step-by-step consultancy and support to both guide and facilitate the process.

Centre of Workforce Intelligence

We have been commissioned by the Centre of Workforce Intelligence funded by the Department of Health, to model the future demand of the health and social care workforce over

the next 30 years. Professor Keith Brown and Emily Rosenorn-Langg were invited to participate in the 'Elicitation' workshop facilitated by DoH with a host of social care workforce leaders and specialists to look at the current and future impacts on the workforce and what this may look like with more care planning in the future. Emily in particular sourced and analysed the national data for the level of demand and availability of the current workforce.

London Borough of Enfield

We were commissioned by the London Borough of Enfield to evaluate their Making Safeguarding Personal Strategy in order for them to apply for Gold Standard status from the Local Government Association. Dr Gary Barrett and Sarah Wincewicz were invited to spend time with the teams at Enfield to explore safeguarding practice. As part of this work we are collaborating with Enfield and other local authorities to create a Safeguarding App, which will allow practitioners to access the most current safeguarding information on a mobile device.

Your community needs you!!!

Bournemouth University Dementia Institute (BUDI) strives for dementia-friendly communities

In the UK it is estimated that approximately 850,000 people are living with dementia, two thirds of whom live in the community (Alzheimer's Society 2014a). As more and more of us will experience dementia in some shape or form it is not surprising that there is an increased national focus on supporting and helping people with dementia to live well at home for longer. Whilst there are many benefits to living at home for as long as possible (maintained sense of independence and reduced financial costs on the NHS), living in the community with dementia has its downsides. A recent Alzheimer's Society report (2014b) has identified that 61% of people with dementia in the UK feel anxious or depressed, 40% feel lonely and 34% do not feel part of their community. Whilst there are many reasons why someone with dementia may feel isolated and excluded from their community, BUDI has been thinking about all the things we can do to make sure



our community is inclusive and prevent people with dementia from feeling anxious, depressed lonely and excluded.

In 2014, BUDI conducted an evaluation of eight dementia-friendly communities in Dorset. What this showed is that people who live and work in the community, from emergency services to the local shop, all want to enhance the experience of living in the community for people living

with dementia. Armed with this information BUDI has embarked on a mission to see what they can do and how they can support community dwelling people with dementia through research.

Here are a few examples of the creative ways BUDI have been exploring how people with dementia might be included within the community, and how this can lead to the creation of dementia-friendly communities:

Through music

The BUDI Orchestra is a unique music-based initiative that encompassed the spirit of the local community by bringing together people with dementia, their carers, students and professional musicians from the Bournemouth Symphony Orchestra with the ultimate goal of giving a public performance after ten weeks of rehearsals. Not only did the project positively impact the lives of the BUDI Orchestra, they also



touched the hearts of everyone privileged enough to witness their performance. The project promotes the ability of people with dementia to reclaim or learn new skills and provides a fresh outlook to the public: people with dementia "should be valued and supported" as they "still have an important contribution to make" to their communities.

Through technology

The Intergenerational Technology Club (IT Club) brings pupils from a local school together with people with dementia to play, learn and exchange skills and knowledge of using digital gaming (Nintendo Wii, iPads and the Kinect Xbox). This project will provide the pupils with a knowledge base and experience of dementia so that as they grow up they will not be afraid of dementia or people who live with dementia, thereby challenging stigma and creating more inclusive and accepting communities. This project also encourages people with dementia to get out in their community and share their skills and knowledge with the younger generation, as valuable and contributing members of the community.

Through farming

The care farming project works with men who live with dementia and reside in rural communities. This project explores the benefits of farming to improving social interaction and quality of life for those with dementia. This project supports dementia-friendly communities by encouraging older men with dementia to be active members of their community by providing them with an opportunity to participate in meaningful activities and to interact with their peers and other people.

Through nature

The community garden project aims to improve well-being and social integration for people with dementia and their carers. Participants will undertake horticultural work as a group whilst enjoying a shared sense of achievement and belonging. By developing the project in the local community the project will help to build a sense of community not only among the participants, but also between the participants and the wider public. This offers

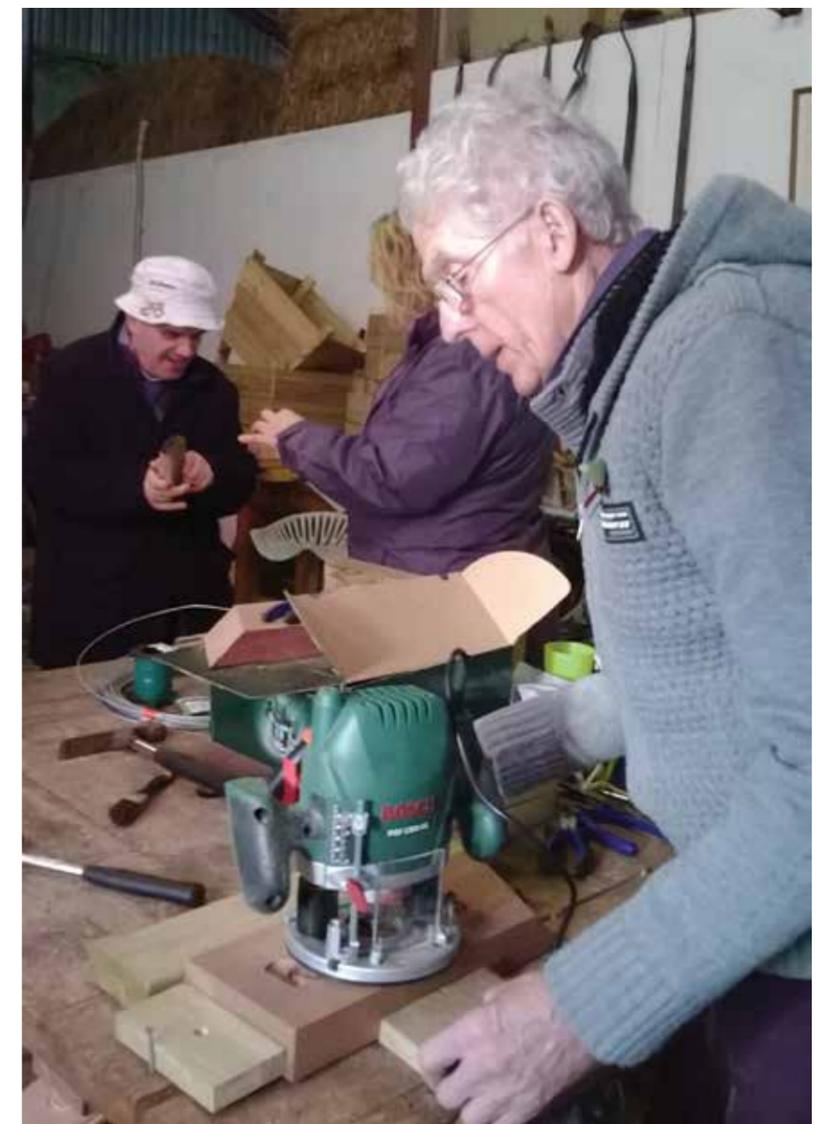
the public a fresh perspective regarding the ways in which people with dementia can enrich their local community.

This is what BUDI has been up to but what can you do?

Dementia Friends training is a national Alzheimer's Society initiative which provides everyone with an understanding of dementia and the small things

that could make a difference to people living with dementia in your community. You can find out more at http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=2070

For more information about BUDI and how you could become involved please see the BUDI website www.bournemouth.ac.uk/dementia-institute



Understanding nutrition and dementia

Evidence-based learning to enhance dignity in dementia care

Another research group focusing on dementia are the BU Nutrition and Dementia Research Team who are now halfway through this innovative project, funded by the Burdett Trust for Nursing.

We have completed the first stage of this exciting research to identify best practice for delivering excellence in nutrition and dignity in dementia care. This has been achieved with the valued help and support of our partners including Poole Borough Council, Partners in Care, the Dorset Local Enterprise Partnership, Waypoints and other private care home organisations.

Stage 1: Successful completion of research

During 2014 the project team worked closely with care homes and healthcare professionals to gather data on how to deliver good practice on nutritional care for people living with dementia.

1. Quantitative research

We collaborated with two local dementia specialist residential care homes to undertake measures of nutritional status in a group of residents. We assessed food intake by recording all food and fluid consumed both at mealtimes and as snacks for five days in 20 residents.

The same residents also wore lightweight physical activity monitors (accelerometers). They record how much energy is expended at any moment in time as well as activity including number of steps, sleep patterns, intermittent pacing and sitting down. The accelerometers are unobtrusive as they are simply worn around the upper arm.

Energy and Fluid Intakes

The challenges of ensuring residents consume enough fluid were evident in this study. Three quarters of the residents did not



Steering group members

meet daily fluid requirements for their age group. Although energy intake varied day by day, on average the majority of residents had adequate intakes to meet their energy needs, reflecting some good dietary practices. However, residents who were displaying more wandering and pacing behaviours were less likely to be consuming enough energy.

Energy Expenditure and Physical Activity

There was a large variation in the time spent both lying down and sleeping. The remaining time was mainly spent undertaking sedentary activity. Total energy expended was positively correlated with the amount of time spent pacing/walking around. The variable patterns of physical activity and sleep duration demonstrate the importance of



Photo shows the accelerometer placed on the left arm

recognising the influence these factors may have on meeting energy needs.

Findings

The data evaluated has started to reveal the challenges in providing good nutritional care for care home residents with dementia, but also to focus much more on the individual to provide more personalised nutritional care to ensure energy needs are met. The use of wearable technology also shows the potential to offer real-time monitoring to prevent weight loss.

2. Qualitative research

Qualitative research was used to identify realistic solutions to help shape and improve practice. In early summer 2014, we gathered experiences and explored good practice from a variety of people who are involved in caring for those with dementia. This was achieved by conducting nine focus groups and five interviews with care home staff from different care settings across Bournemouth, Poole and Dorset including registered nurses, care assistants, managers and chefs. The expertise and knowledge of other healthcare professionals (speech and language therapists and dietitians), as well as family members and carers, was also gained to provide a rich insight and understanding of the relationship between nutrition and dementia care.



Understanding Nutrition and Dementia: Circle of Interrelated Themes

The core emerging themes were:

- Availability of food and drinks
- Tools and resources
- Environmental factors
- Participation in activities
- Consistency of care
- Provision of information.

Findings

Nutritional needs and food preferences require close observation and documentation in terms of the stage of dementia, psychosocial, physical, historical and cultural factors. Communication between front-line staff and key healthcare professionals is critical to provide the best nutritional care.

Research Outputs

Preliminary research findings have been presented at national conferences and events including the Wessex Academic Health Sciences Network, an event hosted by the Burdett Trust for Nursing, Wessex Dementia: Improving Quality through Collaboration Event and the Care Home Conference. The research team will be presenting findings at forthcoming international and national conferences and public engagement events.

Stage 2: Establishing high-quality education and learning

Care staff are in a prime position but require appropriate skills, knowledge and a different approach to support the complex health and hydration needs for people with dementia. They need to be well trained and proficient in core skills to encourage sufficient food and fluid intake in elderly residents.

Informed by the research findings, the team have developed a one-day workshop for managers, nurses and other management staff who are responsible for leading change in the care home environment. This workshop is entitled:

“Empowering nurses and care home staff to lead excellence in nutrition and dignity in dementia care”.

So that all care staff can access training, the project team aim to produce further education material including a reflective workbook and DVD to enable management staff to train all workers across their care setting.

The future

It is envisaged that the above changes will induce a long-lasting culture change towards delivering nutrition and person-centred care through empowered leadership and transfer of knowledge and skills. Ultimately, these changes will be reflected in improvements in the care environment and the overall organisation's performance and reputation based on key performance indicators.

BU team

- Dr Jane Murphy, Principal Investigator/Associate Professor
- Joanne Holmes, Co-Investigator/Lecturer in Nutrition
- Dr Janet Scammell, Associate Professor
- Cindy Brooks, Research Assistant.

For further details visit:
www.bournemouth.ac.uk/nutrition-dementia

Follow us on Twitter:
[@nutri_dementia](https://twitter.com/nutri_dementia)



Developing mental health services in Nepal

We are leading a new reproductive health project in southern Nepal.

The Health Partnership Scheme (HPS) funds health partnerships to carry out training and capacity-building projects in low-income countries, in this instance Nepal. HPS itself is funded by the UK Department for International Development and managed by Tropical Health & Education Trust (THET).

The new project will bring highly-experienced UK volunteers to train about 100 maternity care practitioners about the key mental health issues in pregnancy and after birth. Our local partner, Green Tara Nepal, will support the work locally, for example through some of the curriculum design, sensitising UK volunteers to live in rural Nepal, assisting in translating as well as helping to recruit the local health workers. BU has a long history of working with Green Tara Nepal as well as its sister organisation Green Tara Trust (a Buddhist charity based in London). The new project is based in Nawalparasi in the southern part of Nepal at the Indian border. The target population consists of healthcare practitioners at the level of nurse and below (there are no doctors in rural villages), e.g. auxiliary health workers, community health workers and registered nurses. Prof. Edwin van Teijlingen, Centre for Midwifery, Maternal & Perinatal Health (CMMPH) noted: "A large proportion of the rural population in Nepal has poor access to skilled birth attendants. Moreover, the level of training of health workers attending deliveries in remote areas falls way short of



the international standard for midwifery".

The project will involve one long-term and over 15 short-term volunteers. It is important to bring volunteers as Nepal is a poor country; the national income per head of the population is three times less than in India. Experienced health workers (such as midwives, GPs, mental health nurses, health visitors, psychiatrists) from the UK are invited to volunteer for two to three weeks at a time to design and deliver some of the training. The proposed training will focus on building skills to recognise mental health issues in pregnant women and new mothers. Training will be conducted over five days (not consecutive) jointly by UK volunteers and Nepali/local language speaking trainers. The training will be in classroom settings, covering theory, and in the field, i.e. close to where

maternity workers are located. We plan five different training sessions which will be repeated in three different parts of Nawalparasi to avoid (the predominantly female) health workers having to travel long distances or stay away from home overnight. Professor Bhimsen Devkota from Tribhuvan University highlighted the importance of designing an appropriate curriculum for the project. He added: "At the end of the grant we also hope to be able to handover a ready-made curriculum on mental issues in pregnancy and childbirth to the relevant education authority in Nepal."

The long-term volunteer will (a) visit health workers in villages between sessions to monitor the uptake of taught ideas and whether attitudes have changed; and (b) provide on-going coaching and mentoring after the formal training. Professor Padam Simkhada (Liverpool John Moores University and BU Visiting Faculty) commented: "It is very important that novel interventions like ours are properly evaluated. Therefore our evaluation will comprise a before-and-after-study of skills and attitudes of attendees as well as interviews with maternity patients about their perceived changes (if any)".

The grant starts on 1 May 2015 and will run until the autumn of 2016.



Quilting and arts-based methods in midwifery research

Jenny Hall, Senior Lecturer, says: I can remember the moment when someone said they were surprised I wasn't 'making a quilt' as part of my EdD study. It was at a multidisciplinary student group where I was presenting the different aspects, the 'bricolage', of the material I had collected from the midwives participating in the study.

This included a demographic questionnaire; written personal reflections of their history as midwives; creative pieces they had made in a facilitated session; photo-elicitation pieces made in interviews as well as transcripts from two interviews. The choice of using creative methods stemmed from the experience of using art within teaching sessions to facilitate discussion around practice situations and recognition that these methods can unlock and inspire different ways of looking at things. It seemed a natural process to consider using them within my EdD study.

However these methods remain unusual in midwifery research. Despite the term 'art and science' through which midwifery is described, research has focused on the 'science' to produce evidence that will answer clinical questions. Stories and narratives have been used, but these are 'words', which could be regarded as a 'usual' method. The use of a selection of art-based methods provides opportunity to explore more philosophical questions and meanings and consider different aspects and responses.



But the quilt? The rather tongue in cheek statement from my colleague switched on a light within me. As a researcher and academic I was asking the participants to be creative and make things yet I was acting as a bystander, with my creativity limited to crafting words. I therefore chose to take on creating as an aspect of the study. From that moment each time I recorded an entry in my research diary I accompanied it with a small sketch which was then translated into a patchwork square of the quilt. It became a process of deep reflection as I journeyed with the participants. This process was then mirrored in the stages of interpretation as, for individual participants, I created 'text quilts'

that included all their words and material to create a whole.

There is more work to be done around the use of art within midwifery research. However I view the process of art and craft in many forms as a thoughtful one which takes time. In midwifery practice we have come into a place of 'busyness', and I suggest the introduction of more creative methods will provide opportunities to be more thoughtful and slow things down, in order to see evidence in a different way.

View the complete study at: <http://eprints.uwe.ac.uk/16560/>

"The use of a selection of art-based methods provides opportunity to explore more philosophical questions and meanings and consider different aspects and responses."

Dorset Adult Integrated Respiratory Service: Service Evaluation

The Faculty of Health & Social Sciences, using a mixed-methods approach, conducted an early process evaluation of the newly-established Dorset Adult Integrated Respiratory Service (DAIRS). Funded by the Centre for Implementation Science (Wessex AHSN) on behalf of the Dorset Clinical Commissioning Group, the aim of the evaluation was to determine the experience, expectations and views of patients and staff of DAIRS from across Dorset.

Chronic Obstructive Pulmonary Disease (COPD), Bronchiectasis, Pulmonary Fibrosis and the management of patients with acute exacerbations are complex and resource intensive. COPD is under diagnosed nationally and the patient experience can be poor with frequent hospital admissions and associated costs. A review of service provision commissioned by Dorset Clinical Commissioning Group Dorset's Future Desired State Document for COPD, Bronchiectasis and Pulmonary Fibrosis (Wessex HIEC 2013) made recommendations for service reconfiguration, resulting in the formation of the Dorset Adult Integrated Respiratory Service (DAIRS). The new service has been commissioned for two years from April 2014, with the service going live from 1 September 2014.

The DAIRS evaluation formally commenced 1 December 2014; data collection concluded 31 January 2015; however Patient Reported Experience Measure (PREM)

data from inception of the DAIRS service were also included. Further service user involvement included a focus group and interview, as well as individual interviews with DAIRS' staff.

Findings

A total of 318 questionnaires were issued and 75 valid questionnaires were received in the four-month data collection period: 25 from Bournemouth, 35 from Poole and 15 from Dorchester. This equates to an overall response rate of 23.6%. The area-based numbers are too low to do sub-group analysis. A nurse saw nearly all respondents (92%). As is common in patient satisfaction research in the health field (Avis, 1997), the overwhelming majority of respondents rated their service excellent (83%) or good (16%).

The qualitative findings are based on the analysis of data from 19 staff interviews; one service user interview and one service user focus group (four participants). The staff interviews provided a representative sample from the three DAIRS localities. All service

user participants had a diagnosis of COPD. The analysis revealed 10 themes and 27 sub-themes.

Discussion

The findings attest to a largely satisfied DAIRS service user group supported by committed and motivated staff. However, unsurprisingly so early into the implementation of the new service, they also highlight the practical and psychological issues that participants have experienced as part of the transition from the old to the new service. Four themes emerged from the findings, but dominated by one central issue: the impact of change on both service users and providers (see figure 1).

Responding to change

DAIRS is clearly a service in the early stage of change. Change for service improvement is very challenging, no more so in large organisations such as the NHS. The findings identify practical and psychological issues that participants have experienced as part of the transition from the old to the new service.

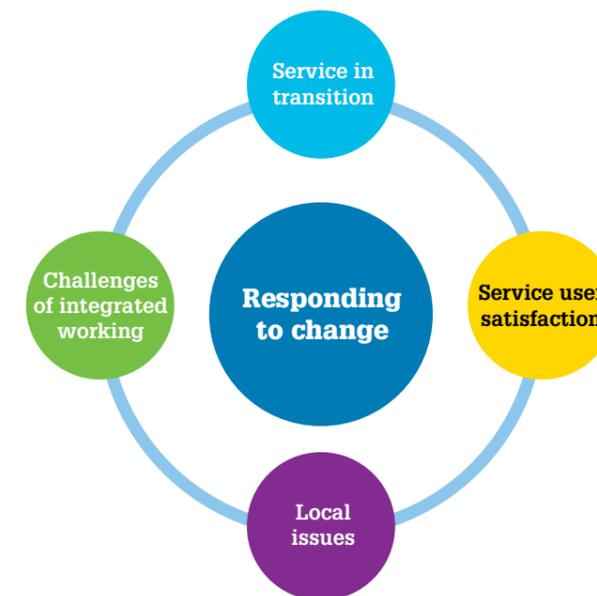


Figure 1: Diagram representing key issues from the findings

The qualitative findings represent the participants' personal and emotional responses to service improvement four months into the change process. This concept has been described by Barker (2010) as an emotional cycle of change. He proposes that the process usually begins with a high, as the perceived benefits of the change are anticipated. However, as the participants begin to recognise the full implications of moving from a position of safe and established practice towards new territory, feelings of uncertainty, doubt and anxiety begin to emerge. The latter is clearly illustrated in the themes identified in our evaluation: service in transition; rapid implementation; and perceived resistance. This process can be considered to be a healthy response to change and, according to the NHS Institute for Innovation and Improvement (2010), participants need to feel discomfort in order to recognise, learn and respond positively to change. Providing support and respect for individual concerns is important at this stage as this encourages participants to avoid high levels of anxiety.

Moving forward

Bevan and Fairman (2014) in their White Paper produced for the NHS Improving Quality body for England, argue that to achieve transformational change, leadership is essential, but advocate change leadership not based on authority but rather mobilising everyone using and providing services to become change leaders by connecting ideas and knowledge. A collective leadership style is recommended to shift power to front-line staff and service users for change to be sustained and transformative. This requires a move from the traditional dominant model of leadership often accepted as the usual way of working to what Bevan and Fairman (2014) term the emerging direction for successful leadership for service change and improvement in the NHS.

Conclusion

Our evaluation showed staff commitment and enthusiasm for a pan-Dorset approach to respiratory care and a very positive acclaim from service users. Mindful of the fact that DAIRS had only been in operation for four months, the evaluation flags up strengths and issues of concern at the initial stages of service implementation. Given that DAIRS has been commissioned in the first instance for a period of two years, this early evaluation will be valuable for stakeholders to address the issues raised in a timely manner.

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Successfully managing fatigue in people with multiple sclerosis

Fatigue is one of the most commonly reported and debilitating symptoms of multiple sclerosis (MS) and can significantly reduce an individual's quality of life. Unlike the tiredness that we all experience sometimes, fatigue in those with MS can have a hugely negative impact - it can limit or stop people from doing day-to-day activities and things that really matter to them.



Professor Peter Thomas and Dr Sarah Thomas

It is the main reason why people with MS stop working. Research undertaken at Bournemouth University (BU) has been tackling the challenge of managing fatigue in people with MS, with encouraging results.

Dr Sarah Thomas, Professor Peter Thomas and colleagues from the BU Clinical Research Unit, along with collaborators from the Dorset MS Service at Poole Hospital, have developed a group-based fatigue management programme for people with MS called FACETS (Fatigue: Applying Cognitive behavioural and Energy effectiveness Techniques to lifeStyle). This programme combines providing people with tools and strategies to manage their energy levels more effectively and supporting them to explore different, more helpful ways of thinking about fatigue.

The programme is delivered via a series of weekly group sessions, facilitated by two health professionals who have experience of cognitive behavioural approaches and of working with people with MS. The sessions are highly structured and incorporate a combination of learning techniques, including presentations, group discussions, flipchart exercises and tasks to do at home.

FACETS has been evaluated in an MS-Society funded trial led by Professor Thomas with collaborators from Poole, Bristol, and Southampton. Participants were randomised into two groups; one of which attended the FACETS programme in addition to usual care, and one of which continued with their routine care. The results showed that the FACETS group demonstrated improvements in fatigue severity and self-efficacy at a four-month follow-up. A year on from the beginning of the trial, improvements were still sustained and additional improvements in quality of life were even emerging.

Given the progressive nature of MS, the debilitating nature of fatigue, and the lack of effective fatigue drug treatments that work for the majority, such findings are encouraging and important. People who attended the FACETS programme gave feedback after each session and these ratings indicated high overall satisfaction:



"It was very helpful to me. I learned a lot and it has made my life so much easier. I would recommend it to anyone."

"A year on from the beginning of the trial, improvements were still sustained and additional improvements in quality of life were even emerging."

For the research team, one of the most rewarding aspects of carrying out their work has been seeing it rolled out in to practice and improving the quality of life for people with MS. The UK MS Society has developed the research into one-day training courses for health professionals, who are then able to apply their new knowledge to support people with MS in their local areas. Alison Nock and Vicky Slingsby, both occupational therapists, have been delivering the training. To date, over 150 health professionals have been trained across the UK,

and the course has been very positively received. One attendee commented: "The course was fantastic - best training I have had in a very long time."

Not only has the research been of benefit to people with MS, it has also inspired a number of other research projects across Europe. A French research team based at the Université Paris Ouest Nanterre La Défense are looking to develop booster sessions for the FACETS programme, which will be particularly useful given the unpredictable and progressive nature of MS. Other researchers in Norway and Germany are also undertaking work to adapt the FACETS programme for different clinical settings and healthcare systems.

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Using the creative arts to consult the public about their community's health and wellbeing

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For over 30 years arts-based interventions have been used within acute healthcare settings to improve the health and wellbeing of patients who have a range of conditions including those experiencing memory loss, receiving treatment for forms of cancer or with limited speech and/or mobility following a stroke.

Some of the popular forms of arts interventions used include Dance Therapy, Group Singing (such as the BUDI orchestra featured on page 14) and Art Therapy. However, more recently consideration has been given as to whether arts interventions delivered within local communities can improve the health and wellbeing of local people. Although these new community-based arts interventions offer similar activities such as dance or singing there are some distinct differences. A key difference is that recipients need to self-identify a personal need to engage with the intervention rather than be directed through professional referral. Also for arts intervention within acute settings motivation to attend is related to a diagnosed illness and the associated recovery period whereas in the community there is no similar mechanism that defines the individual the length of their engagement or provides a recognised measure for their health and wellbeing improvement.

The introduction to local communities of arts-based health interventions has generated new thinking about what contribution the arts can make to the health and wellbeing of individuals. It has also led some involved in the development of healthcare services to consider whether the arts can contribute to a better understanding of the needs and

views of local communities about their health and wellbeing. For example in Canada interactive arts consultations have been used to explore how communities feel about the provision of some forms of health services including the use of more controversial techniques such as the use of genetics. In the latter case drama was used to draw out the key issues through the lives of different characters within the play. Cox et al. (2009) state that theatre can engage 'citizens of diverse perspectives' in a manner 'that promotes their informed opinions on the policy being considered' (p.1474). Participant response to the arts intervention/consultation was very positive indicating that arts-based interventions within the community may not only benefit the health and wellbeing of individuals, but also be effective in engaging local communities in consultation about their health services and local needs.

Although there have been several projects within Canada that have used arts interventions to capture the views of communities on local health issues, such an approach is still at an early stage of development and requires more research. A great opportunity to contribute to this new area of research has arisen for Bournemouth University. Professor Ann Hemingway, Dr Liz Norton and Dr Holly Crossen-White have been invited to evaluate the impact and effect of a local creative arts consultation that is being planned to capture the views of people living within the Somerford area.

The project has been developed through a partnership approach and membership includes a wide range of organisations who each work with the residents from the

Somerford area. The creative arts consultation will be led by young people from the area. With the support of two employed artists the young people will produce a film that will capture the community's views about their health and wellbeing concerns, needs and aspirations for the future.

The evaluation of the project will review two elements of the project. The first will look at how the Partnership developed the consultation process and their response to the outcomes from the arts consultation project. The second aspect of the research is the experience of the young people who undertook the consultation with members of their local community.

The project is now well underway and the young people will begin their consultation shortly. This will involve the young people taking on various film production roles, such as camera operator, interviewer and film editor. They will meet for day-long sessions to plan and undertake a consultation within their community over a period of several weeks. It is hoped that the young people will be able to engage their immediate and extended families and encourage them and others to contribute to the consultation by sharing their personal views on health and wellbeing within the Somerford area. The research is likely to be completed by late summer and the research team will share their findings with readers of *The Beacon* shortly after that.

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CoPMRE symposium

100 people from BU, local NHS Trusts and the healthcare community attended the Centre of Postgraduate Medical Research and Education (CoPMRE)'s 11th annual symposium on 14 October 2014 which was opened by Professor John Fletcher, Pro-Vice Chancellor for Research and Innovation.

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The symposium's keynotes explored the important and timely concept of impact in research and education.

Professor Trish Greenhalgh, Dean of Research Impact at Barts and the London School of Medicine, opened the conference innovatively with her talk from Oxford via Skype. She emphasised the difficulty with definitions which are often multidimensional (academic versus economic and societal) and depend on perspective. Trish spoke of the need for broad definitions when considering impacts as part of the Research Excellence Framework (REF) processes for university funding in the UK, the Horizon 2020 funding programme in Europe and in university world rankings, but also described the need to consider impact for moral purpose.

Dr Natalie Carter, Head of Research Liaison and Evaluation at Arthritis Research UK, showcased the fourth biggest health research charity in the UK with £100m active grants. She stated that their priorities were to fund high-quality research, provide information to patients, public and professionals, raise awareness and influence public policy and translate outcomes from research into patient benefit. However, currently most of their funds raised from donors go towards research projects. The Arthritis Research UK Centre for Adolescent Rheumatology was described as an example with 23 original papers, 12 reviews and £1.8m additional funding raised in the last 12 months.

Professor Edwin van Teijlingen, Professor of Maternal and Perinatal Health Research at BU, described the university's approach to impact

in the 2008 Research Assessment Exercise and the 2014 REF. Professor Vanora Hundley, Deputy Dean for Research and Professional Practice at BU, also led a lively discussion on the challenges of research impact, how to prioritise, as well as the role of clever marketing and social media.

Paul Lear, retired transplantation surgeon from Bristol and Medical Director at Dorset County Hospital (DCC), Dorchester, pointed out that DCC is a small district hospital whose consultants are generally interested in clinical work. However it was soon apparent that considerable research was occurring in the hospital and mechanisms were in place for allowing new processes and new technologies. Recruitment to existing clinical trials was significant and had grown year-on-year with over 1,000 patients recruited to 108 projects across the specialties. Involvement in clinical trials allows patients access to cutting-edge therapies (sometimes supplied free) and consultants' involvement with a network of like-minded colleagues.

Professor Jonathan Grant, Director of the Policy Institute at Kings College London and Professor of Public Policy, told us that measuring research is necessary, difficult but not impossible. Research measurement has overlapping aims (analysis, advocacy, accountability and allocation) and uses multiple methods such as benchmarking, surveys, logic models, economics, peer review, case studies and bibliometrics. Professor Grant used his own published work to illustrate the processes.

Edd Carlton, Specialist Registrar in Emergency Medicine at Poole Hospital, gave us his personal take on the impact his PhD (an assessment of a new technique (H-FABP) to identify heart attacks in patients presenting to Emergency departments n=1000) has had on patients (327 discharged after test returned and heart attack excluded), on the NHS (saving of 24,000 patient days across Wessex), on society with potential for widespread dissemination, on Edd (career changing, world expert, walking taller!), on colleagues (social media discussions around the world), on BU (collaborative working, external funding, industry relationships, international presentations and collaborations), and on supervisors (publications under review in high-impact journals). Well done Edd!

Dr Phil Rushton, Foundation Director and Consultant Physician in Medicine for the Elderly at Poole Hospital, took a pragmatic view on the challenges of educational evaluation using his experience of the Professional Skills in Medicine course held at BU and delivered by hospital clinicians, university educators and GPs to all junior doctors in Foundation Year 2 in Dorset.

Thanks to John Fletcher, all the speakers, Vanora Hundley and Tim Battcock for leading the panel discussions, Audrey Dixon and the team for the wonderful organisation.

See you at the 12th Annual CoPMRE Symposium in the autumn of 2015: Human Factors

Paul Thompson MD FRCP
Director, CoPMRE

Are you an experienced professional looking to develop yourself and your services?

Have you considered how a Doctorate in Professional Practice Health and Social Care could provide you with a supportive pathway to archive this?

The Dr Professional Practice, (D.Prof), is a journey of personal and professional development which supports and enables individuals to use their wealth of experience and knowledge from practice to inform their study. The focus of the D.Prof study is likely to come from the professional's experience and their desire to explore or understand an aspect further in order to develop care or services.

Why professionals chose the BU D.Prof

"I selected the D.Prof because I found the lecturers to be extremely helpful, they gave me time to discuss my thoughts and talk through my aspirations. I was made to feel immediately at ease with a willingness to explore the possibilities with me."
D.Prof cohort 2012.

"I wanted to develop my own research skills but the heart of my decision was that I wanted to maintain my practice link and the research I was interested in doing linked strongly to clinical practice and practice development."
D.Prof cohort 2013

"I wanted the on-going support of group tutorials and thought having a practical application of the doctorate findings to practice seemed like a good idea."
D.Prof cohort 2012



The learning journey

The D.Prof involves the four interlinked elements of: literature review, research, practice development and personal narrative. Via the professional's practice-focused study students will develop a vision of what to focus on and why and how it can be explored.

To help the professional on this journey support is provided by being a member of a cohort and engaging in group tutorials with one or two facilitators. Within this group and peer support (GPS) process, and via collaborative engagement involving listening, sharing, discussing, and reflecting on events, experiences and things read, new insights and understandings emerge. This informs and supports the creation of the personal narrative of the study journey which in turn informs the other three elements of the D.Prof.

Exploring the literature is associated with the practice context and study vision and is supported by enhancing existing skills of searching and analysing the literature alongside the expectation that individuals will undertake ongoing independent work in this area as the study unfolds.

The remaining two elements of research and practice development are both associated with the study focus. Support is provided by two academics from the development of a proposal through ethical review, to undertaking, analysing and writing up the study. These research and practice development supervisors (RPDS) will guide, support, challenge, review and provide feedback on the development of the study focus, its context and approach/es selected to explore it in order to develop knowledge and practice.

Alongside the GPS and RPDS there are facilitated sessions on a range of topics shown on the next page. These are structured within the six to nine study days a year and are focused on nourishing the individual in their scholarship activity in order to progress and archive the study milestones of review and examination.

The D.Prof is a part-time programme, the table above illustrates the five year to

	Year 1	Year 2	Year 3	Year 4	Year 5
Sessions	GPS, literature review, writing workshops, meeting other D.Prof students, ethics.	GPS, RPDS, developing a proposal, constructing a coherent argument, public engagement, developing personal narratives.	GPS, RPDS, writing workshops linked to progression report, public engagement, progression viva and examination process and outcome.	GPS, RPDS, networking events, writing workshops linked to thesis development,	GPS, RPDS, writing workshops linked to thesis development, networking and public engagement events.
Submitted work	3,000 - 5,000 word paper on the study focus, context vision and ideas regarding process.	2,000 - 5,000 word research and practice development proposal.	Progression viva and examination 15,000 - 30,000 words that is informed by earlier work.	On-going sharing of work with RPDS and GPS	At the end of year 5 submission of a 60,000 - 80,000 thesis which includes the four interconnected elements of the D.Prof.
Review / examination	Review of the above by one to two academics.	Review by RPDS and via BU ethics process.	Examination of written work and viva voce.	Review via annual review process.	Examination of the thesis and viva voce.

submission route, which would be associated with graduation in six years. We have in our developments also included an accelerated part-time route of four years to submission. This route does have additional criteria to meet regarding ring-fenced time for the D.Prof in employed work. Both routes require sustained commitment of time and energy alongside the support of friends, family and the work context. Funding of the D.Prof can be from the individual, employing organisation, sponsorship or a mixture of these. The annual fees are currently £2,100 and can be paid via instalments.

The underlying principles and philosophy of the D.Prof are informed by the conceptual framework of humanisation, upholding the value of what it means to be human, developed at BU by Galvin & Todres (2009, 2013) and the educational philosophy is informed by the work of Gillie Bolton (2014) and her values and principles of reflective practice. These two sources provide a foundation for the D.Prof that recognises the uniqueness of the professional's journey which is undertaken in partnership and collaboration with others in their professional practice setting and respects the uniqueness of those receiving care or services. Associated with this is the notion of nourished scholarship which lies at



What graduates of the D.Prof have said about their experience:

"To sum it up you could say it's been a life changing opportunity that I have thoroughly enjoyed."

"The challenges of juggling professional practice, part-time study and my personal life are possible. I feel supported by my employer and well encouraged by my husband. Yet what really keeps me going is my personal motivation for my research topic. I know that the D.Prof is the only format that enables me to do what I have been interested in for many years."

"I hold the view that the D.Prof is the way forward for advancing professional practice through appropriate research that allows an output and enhancement of professional development in its widest sense."

Would you like to know more?

Visit our website and watch the course video at www.bournemouth.ac.uk/courses/DPP. We are currently seeking applications for the September 2015 cohort. If you would like to chat about the D.Prof or any developing ideas you have, please contact the programme lead Jen Leamon at jleamon@bournemouth.ac.uk

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6682-06/15-SAM

