Research Governance – do you know what to do?

Professor Maxine Lintern, Director of Research, Faculty of Health

It has come to my attention that a number of staff are confused about the research governance rules which are in place to protect the integrity of our research, the subjects who are involved and the reputation of this Institution. It is imperative that we as a community of researchers strictly adhere to these rules, support our colleagues to do so and train our students correctly. There cannot be any variations, quick routes or unnecessary and inappropriate badgering of the staff involved in running these processes or we put our research at risk.

In simple terms the process is this:

- The project must also be entered on the Faculty’s data base by completing the first stage of the Project Registration form on sharepoint. The project will be allocated a number through which it can be tracked and monitored by the Health Research Office.
- Once the bid is fully written and ready to go it will need final approval from either myself or more senior staff depending. Slots are built for Directorate sign off each week should that be required. It is the Principal of Chief Investigator’s (PIs) responsibility to make sure all the checks are complete in advance of the submission deadline.
- Once a bid has been won, a MA1 form must be completed to allow finance to set up an E account to handle the money. The new PNF has this built in now which should help speed up this process. E codes can only be issues once a signed contract is received showing what the University has committed itself to. Contracts must be signed by senior staff (usually me) on behalf of the University, not just the PI running the project. Finance can just add their codes into the new PNF so they just require notification that bid has been won.

- The PI must apply for indemnity (insurance) to cover the project activities using part 2 of the Project Registration Form. This means that any risk that running the project poses to anyone can be considered. No activity on the project can commence until indemnity is granted and only the Chair of the Committee can sign to say cover has been granted.
- The PI must apply for ethical approval of the project if the Health Research Office has advised that this is necessary i.e. the research involves human subjects, their records, tissues or organs. This may be to the Faculty committee for projects involving our staff or students or the NHS committees for projects involving NHS staff or patients. Indemnity must be in place for ethical applications to be made. To help staff, the form to apply for indemnity and Faculty ethics have been combined so as to cut down on repetition of the basic information and project details. However the indemnity committee must grant cover before the ethics committee can consider the application. No activity on the project can commence until ethical approval is gained.

Continued on page 2
Continued from page 1

- It is the PIs responsibility to make sure deadlines for these meetings are met. No leeway will be given if applications are received late because reviewers need time to read and consider applications thoroughly. This includes corrections and re-submissions unless other specific arrangements are put in place. The dates of the committee meetings and deadlines for submission are all published on the web. Part of the decision on whether to apply for funding should include whether it is possible to obtain the indemnity and ethical approval in the time frame.
- PIs can apply for indemnity and ethics or projects which they are yet to win funding for so as to be ready to commence work once the bid is won.
- The process is slightly different for internal projects and students in that there is no MA1 or E code but indemnity and ethics still apply. The research supervisor is responsible for ensuring their students follow the process correctly.
- Once the project is complete PIs are asked to fill in the End of Project Form. This is the last section of the Project Registration Form. Projects undertaken in the NHS will also require completion of an NRES End of Project for that can be located on the NRES website.
- Detailed information including dates and deadlines can be found on the CHSCR website: http://www.bcu.ac.uk/health/research/ethics-and-indemnity

If staff are still unsure they can ask the CHSCR office to assign them an advisor/mentor who will help guide them through the process. Any staff not complying fully with this process will have their research halted and may find themselves subject to disciplinary proceedings. These rules are here to help us ensure our work is the best that it can be and has a positive impact in the wider health care community. An iCity page will be launched shortly giving further details, guidance and support for staff embarking on the process of gaining external funding.

Registering your research and getting approvals

If you are planning to undertake research of any kind please ensure that your project is registered with the Health Research Office. This applies to all types of research to both student and staff research.

How do I register my project?

- Step 1: Complete section 1 of the Project Registration Form which is available on Sharepoint
  https://intranet.bcu.ac.uk/health/teamsites/1E

When you are accessing the form you may be prompted for login details depending on whether you are on-site/offsite and which web browser you are using. If you are off-site, the username should be preceded with “students\" or “staff\", i.e. students\"s123456 (or staff\id123456).

You should then see a link which says “Request access”, click this.

On the following screen, press “Send Request”

Your request will then be approved (the same business day), and you will be emailed an automated response confirming you now have access.

You can then access the form directly (click on respond to survey) via this link (you may need to login again):

https://intranet.bcu.ac.uk/health/teamsites/1E/Lists/Project%20Registration%20Survey/overview.aspx

Instructions for completing the form (also available on the Project Registration Form):

To start:
- click on RESPOND TO THIS SURVEY

To save:
- click on FINISH

To exit the form:
- click on FINISH

To edit your responses after you have saved:
  i) click on SHOW ALL RESPONSES (bottom of screen)
  ii) click on VIEW RESPONSE # YOU NAME
  iii) click on EDIT RESPONSE

To print:
  i) click on FINISH to save your work
  ii) click on SHOW ALL RESPONSES (bottom of screen)
  iii) click on VIEW RESPONSE # YOUR NAME
  iv) click on FILE and PRINT

Guidance is provided to help you answer individual questions. Look for this symbol ♣ as you answer each question.

Some web browsers (such as Google Chrome) allow you to spellcheck as you type.

- Step 2: Send the signed copy of your Project Registration Form to the Health Research Office.

Then what?
Your project will be entered into the research data base and given an identity number so that everything relating to your project can be logged and stored electronically.

Your project will then undergo an initial review. We will then send you individualised advice about what, if anything, you need to do next to do next. This may include advice to apply for indemnity insurance, ethical review, a research passport or good clinical practice certificate, gain permissions from managers or support from particular services.

Anything else?
At the end of your project please go back to your Project registration, fill in the last section to let us know that you have finished your research.
The Graduate School

Sue Clarke, Centre for Health and Social Care Research, Faculty of Health

The Graduate School has been very active in both publishing and presenting research results in various academic journals and national/international meetings.

Since 2010 there have been papers published in a whole range of journals dealing with such topics as woman's health issues in a Zimbabwean context (African Journal of Midwifery and Women's Health); the psychology and physiology of chronic pain (British Journal of Neurosurgery, British Medical Journal, Neuromodulation, Pain, Pain Management Nursing, Pain Medicine and Sociology); Mental Health in Armed forces (British Journal of Nursing); the aerodynamics of lower limb sportswear (Footwear Science, International Journal of Sports Science and Engineering). Oral and poster presentations have been delivered, again to a wide and eclectic range of academic meetings including the International Society of Biomechanics in Brussels; pain meetings such as International Congress on neuropathic pain held in Athens; the International Institute for Qualitative Methodology Annual meeting, Vancouver; RCN conference; and many more UK based meetings including the British cardiovascular Society conference and the 13th National Conference on pain Management programmes. Much of the work presented at these meetings is published and accessible via the individual conference webpage or published in an abstracted form in special editions of associated journals.

Recent publications (since August 2011) from the Graduate School include:

**Full papers**

**Abstracts**
- Sparkes E, Duarte RV, Denny E, Ashford R, Raphael J. Qualitative exploration of the experience of spinal cord stimulation. Regional Anesthesia and Pain Medicine 2011; 36(Suppl 2 S1).

The Graduate School is delighted to report that two of its doctoral students recently had their PhD Vivas, one of which was awarded the PhD with no corrections and the other his PhD with minor corrections. We are expecting both candidates to receive their respective awards at the next graduation ceremony on the 20th February. Congratulations to both of them.
A note introducing myself

Stavroula Bibila, Research Assistant, Centre for Health and Social Care Research, Faculty of Health

It was my student time favourite Wilson Mizner quotation: “Copy from one, it’s plagiarism; copy from two, it’s research”.

Having recently joined the CHSCR team as a Research Assistant I agreed to submit a short piece of writing about myself and my work. Shortly after, it came to my attention that Wilson Mizner has also said: “Don’t talk about yourself; it will be done when you leave”, but then, I have no immediate plans of leaving the CHSCR.

As one would expect, my research interests are located in the thresholds delineating practice in these four areas. For example, last year I completed a study measuring knowledge of and attitudes to H&S among vocational tutors in Greece as part of an initiative to promote H&S education as policy towards effective human resource development rather than a minimum law requirement. Although it came as no surprise that ‘hours of H&S training’ was the sole significant predictor of H&S knowledge, it was interesting to see 80% of the sampled tutors correctly identifying the correct posture for lifting heavy items and yet rating the importance of lifting heavy loads safely lower than any of the other items of the attitude scale!

For the past sixteen months I have also been working with a marketing company in the UK in order to develop and evaluate a framework for e-training and e-CPD for social media professionals. Similarly, a few years ago, I designed and piloted an online course for health care assistants at a UK college. In addition to my passion of finding ways to exploit the opportunities the use of new technologies in education and training presents us with, I am passionate about the work of the Greek Red Cross and I have been a registered nursing volunteer with the Organisation since 1996.

My international work experience led me to develop and run a number of professional development workshops and corporate training on intercultural communication skills in a number of countries. I spend a large proportion of my professional development workshop time on introducing “Cooperative Development” (CD), a non-judgemental spoken discourse framework for collegial professional development. I have recently completed a phenomenographic study that examined teachers’ experience of Cooperative Development by using a framework based on archetypal images of the Greek Olympian Pantheon to uncover six qualitatively different ways in which CD was understood.

As a new member of the CHSCR team I wish to continue pursuing my interests, to strengthen my research skills and to learn from others as I help them engage in their research.

Interim Research Review 2011

Professor Maxine Lintern, Director of Research, Faculty of Health

The University is currently conducting an interim review of research outputs as part of our preparation for the REF in 2013. Now more details on the REF process are available we can refine our draft impact assessments and case studies and also look again at the quality of our potentially returnable outputs. Full details of how we come out of the review will be published in the New Year but please ensure you send in your publications to the CHSCR office when requested.

Further information of the REF can be found at http://www.hefce.ac.uk/research/ref/
Networking for Education in Healthcare (NET2011)
Cambridge 6–8 September 2011

Early in September, Helen Clarke, Patricia Fell, Laura Ginesi, Pat James and Rhys Jones of the Health Sciences Department, Faculty of Health travelled to Cambridge to attend the NET2011 conference.

The NET conference represented a wide range of interests in health education from an educational context to the needs of students, lecturers and service users, and effective working partnerships with stakeholders. There was plenty of opportunity for delegates to network widely through themed sessions consisting of core papers, workshops and symposia. There were several representatives from Birmingham City University who were presenting and promoting new innovations within their curriculum areas.

Representatives from the Health Sciences Department, together with a post registration Dimensions in Health Care student, presented a symposium entitled “How may we best support bioscience learning in nurse education? Research and approaches from Birmingham City University”. The symposium consisted of four papers.

Laura Ginesi
I gave a presentation, entitled “Introducing an action learning approach that promotes high levels of student satisfaction” about the problem-based learning approach to physiology that Mel Shale and I have adopted for the 3rd year option modules on BSc nursing course. It was a good opportunity to highlight some of the very positive feedback we’ve received from students about the way they have learned and grown in confidence e.g. through preparing poster presentations.

As well as having a great opportunity for networking, one of the sessions I took part in at the conference has convinced me to consider ways of using Twitter for learning. Another session took the theme of ‘educational context’ and the various papers and discussions encouraged us all to reflect on similarities and differences that emerge across all healthcare course – by the end of the session, this was being referred to as the ‘soup’ of healthcare knowledge that undergraduates develop through their courses. Lots of thought provoking and stimulating stuff!

Helen Clarke
The presentation given by myself was entitled “Assessment based on Peer-Marking as part of the learning process.” This work was developed with colleagues Roger Mcfadden and Melanie Shale on the biomedicine module to encourage student led learning. The module content was based upon areas of Biomedicine curriculum outlined by the NMC [2010] which were Biochemistry, cells and genetics, cell communication, Immunology and Pharmacology. Students were expected to engage with a variety of learning material from lectures, online material and articles to allow them to complete a series of seen questions and a short test under exam conditions for each of the 5 units on the module. This was completed in the assessment workbook along with the seen questions and was handed in, and redistributed to be marked by their peers in a separate group. Students liked the fact that this allowed them to get immediate feedback on their performance. The presentation generated a lot of interesting comments and questions. The audience felt it was a novel way of building in iterative assessment at level 4 and managing large workloads of assessment. They also liked the idea of introducing students to assessing others early on, as we often expect them to undertake this in practice.

Patricia Fell
I presented two papers as part of the symposium. The first paper, entitled “Learning and applying physiological knowledge to clinical practice: pre-registration nursing students’ perspectives” was presented by myself and Pat James and discussed findings from a small pedagogic research project exploring the perceptions of pre-registration students’ opinions and experiences on learning bioscience. The findings from the study indicated that students feel that there is insufficient physiology in their preregistration nurse education and highlighted the need to incorporate more applied physiology and bioscience both in university and on placement. The implications of these findings generated some interesting
Networking for Education in Healthcare (NET2011) Poster presentation

Clair Brackstone, Clinical Lecturer, Department of Radiography, Faculty of Health

The focus of this conference was to discuss ideas, innovations and experiences relating to health education. The conference offered a very wide choice of sessions by a variety of speakers, and although the majority of the speakers were from a nursing background, the content was relevant to other professions. There were twelve different speakers at one time, and the sessions were split into themes, to make attending the most relevant sessions easier.

I attended this conference to present a poster written in collaboration with Nick White and Mark Holland. The poster evaluated our skills simulation using VERT for radiotherapy students. The poster fit in well with the other posters discussing simulation. There was a wide variety of posters on display, with content ranging from recruitment, simulation, and the clinical placement.

Reflecting personally on the conference, I found the sessions relating to e-learning to be the most useful and relevant. There were some useful sessions on creating an e-portfolio, which provided me with some ideas for development at Birmingham City University. I also found it interesting that some HEIs are incorporating Twitter into not just their programmes, but individual teaching sessions, with a live feed projected behind the lecturer. I found it particularly useful to note that many speakers were discussing innovations that are already standard practice at Birmingham City University, such as the use of Personal Tutors, incorporating simulation into learning and on-line learning.

The sample consisted of midwives who completed the course at University of Salford and Birmingham City University. Professor Simon Mitchell and Lesley Chouri collected data from the University of Salford and my focus was on midwives who completed the course at Birmingham City University.

I would like to thank my colleagues Nick White and Mark Holland for their collaboration with the poster, as well as our manager Helen White for encouraging our participation.
Health education should ensure that issues affecting people with learning disabilities are included in health education course programmes (Healthcare for All 2008). People with learning disabilities continue to struggle with poor experiences in hospital settings due to health staff not understanding individuals’ needs and because the attitude of health staff towards those individuals with learning disabilities is still very negative (Densmore 2011).

This case study investigated the use of simulation using standardised patients/simulated patients (SPs – expert role players portraying individuals with learning disabilities) with health students and their reported reflections regarding the clinical impact when caring for patients with learning/intellectual disabilities.

Focus group analysis shows that students have some understanding of how the simulation impacted on practice, they could assess a situation and try to understand the patient by using their personal belongings as a way of getting to know patients more. Students identified use of distraction as a means to ease anxiety; this specifically shows that students were making reasonable adjustments for their patient with learning disabilities (DH 2008), for example –

“Distraction techniques, that’s one thing that you know and that’s one thing that you did learn from the simulation”

Emerson et al (2011 p19) suggests that organisational barriers still exist for people with learning disabilities in terms of accessing mainstream healthcare, highlighting a continued failure to make ‘reasonable adjustments’ in light of the literacy and communication difficulties experienced by people with learning disabilities. The findings of this study show that students can make a difference in their care of patients with learning disability.

“I find it useful in a sense that I pick up on the things that they’ve brought in with them and the things that I say to help the conversations and stuff to progress”

This case study investigated the use of simulation using standardised patients/simulated patients (SPs – expert role players portraying individuals with learning disabilities) with health students and their reported reflections regarding the clinical impact when caring for patients with learning/intellectual disabilities.

Focus group analysis shows that students have some understanding of how the simulation impacted on practice, they could assess a situation and try to understand the patient by using their personal belongings as a way of getting to know patients more. Students identified use of distraction as a means to ease anxiety; this specifically shows that students were making reasonable adjustments for their patient with learning disabilities (DH 2008), for example –

“I felt I spoke to Janet very calmly and with a soothing tone”

“Also I showed Janet that the blood pressure cuff could not hurt by demonstrating on myself and allowing her to feel the cuff. Talking to Janet about Corrie also seemed to calm her”

“Was able to interact with real people, which helped me gain a better understanding of body language and communication”

One student explains and sums things up very succinctly I feel;
Networking for Education in Healthcare (NET2011)
Jon Harrison, Lead Academic, Department of Child Health, Faculty of Health

After having an abstract accepted, I was lucky enough to secure funding from the ‘Centre for Health and Social Care Research’ in order to attend this year’s NET2011 conference. The conference is held every year in Cambridge, which according to the Conference flyer is a ‘beautiful city’. The flyer goes on to state that: ‘the unique setting on the banks of the River Cam, the ‘backs’ and the magnificent architecture of the University buildings all combine to make Cambridge one of the most beautiful and romantic cities in Britain’. I was off to a good start then…

‘NET’ stands for networking for education in health care and is firmly established as the leading conference for networking in healthcare education. The conference has been going strong for 22 years now – and I can see why. The timing of the conference is great in that you get the opportunity to start the academic year with some challenging and stimulating debate. I also came away from the conference with all sorts of ideas and questions about my current practice within university health care education. What is particularly refreshing is that the NET conference philosophy is unique. Whereas at many other conferences I have attended, you spend your time running between different sessions – often missing the introduction or conclusion to each, as the rooms always seem to be at opposite ends of the building. NET is different. You are encouraged to stay with your same theme of choice throughout the day and these sessions are hosted by experienced convenors who, after each presentation, facilitate in-depth and wide ranging group discussions. The presenters and delegates are then able to share their experiences and network with each other in a supportive and friendly environment.

It was within this supportive environment that I managed to hold my nerve and deliver my own research paper. Over the last few years, I have undertaken a project which has investigated the assumption that student’s pre-entry perceptions of what is involved in nursing education is often different from the reality of what needs to be learned in order to qualify as a registered nurse. The study explored, through the use of questionnaires, the attitudes and expectations of student nurses who are undertaking a pre-registration nursing course. I will be presenting this paper again at our own Health Research Conference 2011, for those of you who are interested.

One of the highlights of the conference for me was Professor Gary Rolfe’s Key note paper: ‘Fast Food for Thought: How to survive and thrive in the corporate university’. Within his paper, Gary took us through a reflective account about the current state of university healthcare education in a witty, and at times, tongue-in-cheek manner. Amongst other things, we learnt about the ‘concise dictionary of Unispeak’ in which new terms were defined – such as ‘learningandteaching’. The concept of ‘learningandteaching’ he argues, is slowly replacing the word ‘education’. Gary explained that, for him, this one word mantra we often use ‘amounts to something significantly less than providing an education’.

Gary also took us through other concepts such as ‘The McVersity’, a product of the ‘McDonaldization’ of universities, as well as the ‘IKEAfication’ of higher education – in which ‘flat-pack curriculums are developed’. It was certainly thought provoking…

In the evening, following Gary’s key note was the Gala conference dinner which was held at Girton College. Girton College, the conference handbook informed me, was built two miles outside of Cambridge city centre in order to discourage ‘marauding male undergraduates’ from visiting this women’s only college. Luckily they let me in… and I enjoyed evening drinks in the fellow’s room followed by a lovely meal in the magnificent College Hall. When the disco started up though, I made a quick exit and it was during the cycle back in the rain that I began to see how those two miles could be seen to be a discouragement after all…!

So all in all, the setting was great, the conference was great… and the weather…? Not so great – Ahh well, you can’t have it all!

SciTech2011 Innovation UK Conference
The Barbican, London, 26 October 2011

Professor Maxine Lintern, Director of Research, Faculty of Health

On the 26th October I attended the SciTech2011 Innovation UK conference at the Barbican in London. The event was set up to explore ‘how a dynamic UK science and technology base can lead the world in meeting the global and societal challenges that we face’. In particular a lot of focus was on the University/Industry interface and how a good idea can make the first faltering steps to becoming a ‘product’ for sale.

Imran Khan Director, Campaign for Science and Engineering in the UK presented a talk on “Science and Engineering; the UK’s Future?” and outlined in detail how although funding for science and engineering research and development has been ‘frozen’ amongst many other cuts, it will still amount a loss of funding in real terms over the next five years. In contrast the ‘BRIC’ nations (Brazil, India, Russia and China – not an acronym I’d come across before!) are growing their investments and economy. In addition most of UK hi tech exports go to the EU but as this is a shrinking market compared to BRIC, perhaps we need to develop our

Continued on page 9
focus? He called for the UK Government to invest heavily in science and engineering at the ground floor to make sure we have enough well qualified graduates and PhDs to take on the research and development leadership that we are going to need for our future growth. He suggested that this could be funded from the forthcoming 4G mobile ‘air’ sale – not sure how much support this received from the audience!

Stian Westlake, Policy and Research, National Endowment for Science, Technology and the Arts (NESTA) continued this theme about strategic investment for the future in a talk entitled “Plan A, Plan B or Plan I? How innovation can get us out of the state we’re in”. He presented a model from Finland from the early nineties which showed that austerity measures alone aren’t enough - you also need investment in innovation. As Nokia is the success story that grew out of that approach it seems that the evidence is there that this can work. He then examined the UK position to see if current policy adds up to the ‘Plan I’ and identified some good signs. These included investment in the NHS and defence but he also called for more research funding linked to translational research, access to finance, better immigration policies and free markets. He concluded by stating that we have to make a case for political will to ensure the investment. My concern here would be that promising great new things as a return from every penny would actually stifle innovation and exploration as researchers end up only being able to investigate what they can feasibly claim will lead somewhere. This is already the case for most Research Council funding bids and we are in danger of ignoring the value of investigation for curiosity’s sake, with who knows what unexpected ‘useful’ outcomes. A difficult balance to get right I suspect!

Amongst the selection of Masterclasses was a discussion led by a company called Scienta, based in Cambridge. They focussed on the ways ideas can be brought to market successfully and stated that it isn’t innovation unless it makes money! They claimed that for creativity you have to make sure you have a problem solving culture at the heart of your company - which made me reflect on whether that was true for our Faculty. Passion, purpose and pragmatism (the 3ps!) were also required and data was presented that showed that ‘breakout’ launches, where a new product is very different from what has gone before amount to 14% of the launch activity but 61% of the profits. In other words higher risks can lead to higher gains when compared to ‘safe’ new products but that corporate ‘fear’ and overly cautious risk perception can stifle creativity. They stated that innovation was on the edge of chaos and needed to be integrated to the operational activity but not constrained by it. Similarly new ideas needed to be linked to business and financial needs but again without constraint. This seems like a challenging bit of juggling to me but their suggestion was that you needed different people on your team who have these different strengths and that the people who come up with the great ideas aren’t necessarily the right people to take them through development and into the market. Interesting food for thought as we look for ways to take our innovations into the big wide world!

Overall I found the meeting really useful and thought provoking and it was exciting to see how industry is looking to academia to come up with innovative solutions to problems and that research and exploration of the unknown is still of the utmost importance and value, especially in the current economic environment. This puts us in a good position to make the most of these kinds of opportunities and to take the design of the future into our own hands.

Further information on the meeting including videos of the presentations can be found at http://www.publicserviceevents.co.uk/172/scitech-2011
European Brief Therapy Association Conference 2011

Pam Morley, Senior Lecturer, Mental Health Department, Faculty of Health

This year’s EBTA Conference was entitled “Frames & Beyond”. It was focused on the concepts and ideas that frame our work as Solution Focused Practitioners and Brief Therapists, and how our practice influences the frame.

On Friday 23rd September the conference discussed the socio-political frame in which practitioners operate, and how culture impacts on therapy. These ideas were developed further in a series of workshops, demonstrations and small group forums during the afternoon.

Saturday 24th evaluated the usefulness of the frame of the therapeutic relationship in two key addresses – one from Scott Miller, and the second from Harry Korman and Yvonne Dolan. All three speakers have been key proponents of brief therapy for the past 20 years or more, and their views were very interesting and thought-provoking. Again the afternoon was given over to parallel workshops and discussion groups centred on various issues around the therapeutic relationship and the need to work in partnerships with clients.

The final morning of conference saw more well-known authors, researchers and therapists Kenneth Gergen and Gale Miller interviewed by Jenny Clark. Here the theme was the frame of ‘the future’ and there was a very useful exchange of views as to the future of Brief Therapy, particularly with the financial difficulties that are present in much of Europe at present. The conference ended at lunchtime.

My particular highlight was the key address by Scott Miller, who not only gave out a lot of information about the usefulness of brief therapy and the results of research studies, but also used humour to engage the audience so well that he received a rousing cheer at the end of his talk. In this way Scott managed to model how he engages clients and builds a good rapport with them without appearing to be an “expert”. This was an extremely useful conference and one that I would certainly recommend if someone is interested in brief therapy or solution focused practice.

Nutrition Society Summer Meeting (70th anniversary)
University of Reading, 4–6 July 2011

Melanie Shale, Senior Lecturer, Department of Health Sciences, Faculty of Health

This meeting was in part a celebration of the Nutrition Society’s achievements over the last 70 years; to recognise the magnitude of nutrition research that has embraced and responded to a wide variety of challenges as the landscape has evolved and changed. These challenges have included the recognition of early life nutrition and the impact of the genomic revolution. Today diet and health is high on the political agenda and a priority for many of the research funders. There has however been continuous refocus of nutrition research over the last 70 years and now we return to food security being one of the main issues, as it was 70 years ago.

The main themes of this meeting included ‘The food chain’: examining agricultural food production and food security, ‘Nutrition and health claims’: which generated significant debate concerning the strength of evidence for such claims and consumer perceptions. Further themes were ‘Obesity related cancers’ and ‘Nutrition for sports performance’ in addition to a vast selection of oral and poster presentations on topics such as nutrition and biomarkers, diet and metabolism, polyphenols and bioactives, physiological responses to feeding and body composition, fats and lipids and public health nutrition. The obesity related cancers theme was the most fascinating. Lectures on nutritional biochemistry analysis, genomics and carcinogenesis provided real insight into the recent advances in understanding the complexity of the human diet and how compounds from the food matrix are absorbed, transformed in the body and impact on human health. This evidence will undoubtedly help inform public nutrition policy as we try to tackle obesity and the associated diseases which are becoming a public health crisis in the UK.

One of the main reasons I attended this meeting was also to attend the launch of the Nutrition Society Training and Education Programme. Directed towards students, this programme is designed to focus on specific topics of interest within nutrition science and practice addressing four key areas; academia and research, freelance nutrition, government policy and public health nutrition and nutrition in industry. This is an important step in helping students specialise in selected fields of nutrition, develop transferable skills and improve their employability. The launch of this programme coincides perfectly with the recent foundation of the Association for Nutrition (AfN) which aims to raise the professional profile of nutritionists. I am currently working with Birmingham City University students studying nutrition science on the BSc (Hons) Health and Well-being programme, helping them to join the AfN upon graduation and register as a professional ‘associate’ nutritionist. The support the nutrition society is now able to provide to both students and myself (as a Nutrition Society student liaison representative) regarding careers in nutrition is extremely useful. I hope it continues to develop as it can only help to facilitate graduates of nutrition gain successful employment in a professionally recognised career.
The 17th International Congress of Phonetic Sciences  
Hong Kong, August 2011

Christel de Bruijn, Senior Lecturer, Department of Speech and Language Therapy

The 17th instalment of ICPhS took place this year at the Hong Kong Convention and Exhibition Centre. The conference takes place once every four years, and attracts many hundreds of delegates from all corners of the world.

As reflected in the conference program, the field of phonetics (the study of speech) can be divided into many different sub-specialisms such as speech production, perception, acoustics, physiology, clinical phonetics, forensics, neurophonetics, sociophonetics, phonetics and phonology, sound change, sound acquisition, speech synthesis and automatic speech recognition, to name just a few. Each day started with a plenary lecture by a leading authority in the field. The rest of each day consisted of talks organised into seven parallel sessions as well as two poster sessions.

This year, special sessions were dedicated to the topics of the role of aerodynamics in phonology, phonetic fieldwork, cross-linguistic aspects of prosodic focus, holistic perspectives in intonation research, ultrasound studies and phonetic teaching and learning. My talk fitted into the latter topic, and focussed on the development of a flexible and adaptive environment for learning and practice of phonetic transcription. The system has been developed, and is still being further developed, in collaboration with the Information School at the University of Sheffield. It supports students in learning the International Phonetic Alphabet (IPA) and phonetic transcription, a fundamental skill which speech and language therapists use on a daily basis in their professional practice. This skill involves recognising and transcribing sounds of the English language, and those of other languages, as well as speech sounds produced by persons with speech impairments. The transcription process consists of mapping the symbols of the IPA onto these speech sounds.

Acquiring transcription skills requires exposure to a rich variety of speech sounds. Students learn this skill at different paces and they experience individual difficulties which depend on a number of factors such as linguistic background and learning abilities. Up until now, the design of many of the exercises has been prescriptive (i.e. predefined by the tutor) and the same for all students, and therefore did not cater for the diversity of learning needs that is always present in a large student cohort. This system presents an environment that allows students to take ownership of their learning process by reflecting on their learning needs and selecting those areas that need further development. For example, students who have difficulty distinguishing between particular sounds can practise these by creating their own exercises from an integrated database of sounds. This allows them to work at their own pace and create and carry out exercises that are adapted to their specific individual difficulties and needs.

The talk was well received and many members of the audience expressed an interest in using the system for their own courses. Attending the conference has also provided me with an opportunity to catch up with and exchange ideas about some of the latest developments in my field.

9th Oxford Dysfluency Conference  
St Catheirnes College, Oxford, 1–4 September 2011

Helen Jenkins, Department of Speech and Language Therapy, Faculty of Health

In September I was fortunate to attend and present a poster at this international conference with financial support from the Centre for Health and Social Care Research. The Oxford Dysfluency Conference is one of the world’s leading conferences in the field of stammering and it brought together researchers and clinicians across a range of disciplines including psychology, linguistics, and neurology as well as speech and language therapy. Over two hundred delegates attended from thirty countries with 35 per cent from the UK. The conference was sponsored by the Michael Palin Centre for Stammering Children, De Montfort University and the Speech Foundation of America.

The aim of the conference was to lead a debate about the latest research in disorders of fluency and its clinical applications. It focused on the following themes:

1. Commonalities – commonalities across therapies, disorders or perspectives
2. Evidence Based Practice – empirical research evidence; integrating research into clinical practice; measuring outcome; practice based evidence
3. Dysfluency: The wider context – concomitant disorders; covert aspects of stuttering; environmental factors; cluttering
4. Integrating theories and therapies – application of counselling approaches such as Cognitive Behavioural Therapy, Solution Focused Brief Therapy to stuttering; application of theories; how theory informs therapy
5. Neuropsychology – aetiological complexity; brain imaging; brain function; motor function; implications for interventions
6. Health Service Issues – coping with health service changes; value for money; telehealth; service delivery models.

Continued on page 12
The morning sessions included presentations from well-respected key note speakers and covered many aspects of stammering. In particular there was an interesting presentation and a lively debate that followed, concerning evidence based practice versus practice based evidence. The afternoon programme provided three streams of presentations and workshops on a variety of topics for a series of concurrent sessions. In addition there was devoted time for poster presentations. I presented a poster relating to my current PhD study regarding the educational progression of young people who stammer. This provided me with the opportunity to meet and discuss my project with a diverse range of participants which was a productive academic experience. I also chaired two sessions which proved to be a valuable but challenging afternoon!

The Rt Hon Ed Balls MP, Shadow Chancellor of the Exchequer, gave the after dinner speech at the gala dinner. He is a patron of the British Stammering Association and he talked openly about his experience of being a public figure with a stammer. He has actively supported the development and expansion of services for children who stammer in the UK.

This conference provided a wealth of information regarding the latest international research and practice in the field of stammering and gave numerous networking opportunities to support and advance my knowledge and professional skills.

---

**Conference on Educational and Social Inclusion**

**Patna, India, November 2011**

**Dr Neval Vassel, Senior Lecturer, Department of Public Health and Joy Hall, Head of Department of Public Health, Faculty of Health**

**Introduction to Patna India**

Patna is the capital of Bihar and the second largest city in the eastern region with an area of 3202 sq. km. It is the fifth fastest growing city in the country and the 21st fastest growing city of the world. Located at the south bank of river Ganga, Patna has a unique topography with the four rivers flowing in its vicinity. Patna has a subtropical humid climate where summers are very hot and winters are mild to cold. The district receives an average rainfall of about 120 cms. Historically speaking; Patna is one of the oldest inhabited places in the world.

According to some historians, Patna has an impressive three millennium long history. This city has its name mentioned in ancient texts like Vedas, Puranas and the Mahabharata. Earlier known as Pataliputra, it was the capital of Magadha Empire. It remained the capital of many kingdoms and dynasties like Nanda, Mauryan, Sunga, Gupta, Pala and the Suri. (Loveindia 2012) The population of the district of Patna is 5.77 million, with a density of 1803 per km², as of the 2011 census of India. The sex ratio (females per 1000 male) is 892. The overall literacy rate is 72.47%, with the male literacy rate being 80.28% and the female literacy rate being 63.72%.

Patna's community is a very byzantine and unique due to the influence of the caste system, religious belief and other traditional practices. The influence of religious practices such as Hinduism, Buddhism and Jainism has major authority and manipulation on art, philosophy and the structure of society. Religions such as Christianity, Islam, Sikhism and tribal religion, Zoroastrianism and personal gods cross cut in Patna communities. Diversities of ethnic and linguistic clan and caste matrix, has separated the community into a hierarchical structure with the caste group positioning at the bottom of the table. Although India's Patna is a politically democratic society the notion of complete equality is rarely evident even in day to day life.

**The Conference**

The international conference – Educational and Social Inclusion held in Patna, Bihar India in November 2012 was organised by The Association for Promotion for Creative learning, The KG Foundation, India and UK and the State3 Council for Education Research and Training, Bihar. The major aim behind this event was to stimulate the community and government involvement in addressing education and learning difficulties, health and social care and poverty, Health Education, Gender Equity and Social Development, Quality TEACHER Education, Home school partnership, and Quality and Equality Education for all.

This is the first conference of its kind which aimed to challenge society's cultural, legal social, religious challenges and beliefs and providing health, education and training to the poor and the needy in Patna's community. Over 50 papers were presented from an international delegation from countries such as Israel, the United Kingdom, Greece, Switzerland, Canada, India, China and other countries. British Universities were represented by Birmingham City University, University of Southampton, Sheffield University, University of Manchester, University of Bolton and others.

Two presenters attended from Birmingham City University, Department of Public Health – Dr Neval Vassel who presented a paper on 'Challenges for teachers delivering education to disabled student population and Ms Joy Hall whose presentation focussed on Childhood sexual abuse (CSA) 'The Silent Health and Social Care ‘Emergency’. Both lecturers were actively involved in chairing symposium sessions on themes such as Health Education and Gender Equity, Social Development and Education, and Learning Difficulties, in what proved to be very lively debates, with academics and practitioners sharing knowledge and experiences.

During the conference it was noted, that, whilst Bihar and Patna are contemporary multifaceted societies, children and
teenagers are excluded from accessing and participating in learning at many levels. Widely acknowledged were issues related to mental health such as suicide which are on the increase in the society due to society’s exclusion of the youth from institutions of learning, sexual abuse together with the conceptual framing and cultural perspectives on disability. It was also observed that prenatal sex selection, female foeticide, infanticide, and malnutrition were dominant activities in the every-day lives of people.

It was demonstrated that denial of education increased the risk of physical abuse, early pregnancies, mental and emotional abuse, forced marriages, hysterectomies and witch hunting were frequently experienced examples of discrimination and neglect. Extreme disquiet was noted in some of the major themes and discussions, e.g. child labour, violence against street children, sexual exploitation amongst boy and girls, drug abuse and forced abortions. In addition social factors such as parents denying children the right to food for development and branding a child as being diseased if diagnosed as having a disability were identified.

One of the aims of the conference organisers was to build a school to serve to educate the poor and needy children. This was in collaboration with the State government of Bihar, UK Charities and Universities.

In conclusion, the salient points of the conference speakers were:

1. Within the Context of Human rights philosophy, education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedom [Professor Carl Grant – USA]

2. Educational practices which emphasise student involvement to ensure learning is aligned with practices of deliberate participatory democracy. [Professor Kalekin-Fishman – Israel]

3. Challenge in providing education to include quality in education at all levels and the critical role of teachers, the mismatch between demand and supply of educated persons owing to lack of manpower planning skills orientation in education, regional variations in access and achievement levels, affordable cost of education across social groups, commercialisation of education [Professor Mohd Siddiqui – India]

4. Theories that recognise that individuals with disabilities are empowered to realise their potential, to overcome the problems of social exclusion. Theories and practice which recognise that disability cannot be examined separately from the individuals social environment [Professor’s Panagiotis, Giossi, Papastamis, Greece]

5. Sexual harassment, exploitation and trafficking for the purposes of prostitution is an issues that affect all countries including developed and developing countries – Professor Bagley and Dr Simkhada – United Kingdom)

6. Majority of people in India believe that people, with a mental health problem, present themselves as a patient wandering aimlessly, with violent and aggressive behaviour, irrelevant talk, withdrawn from external environment, depression and non-expression of one self, this clearly poses problems and challenges for the social integration of people particularly with severe mental ill health [Dr’s Kishore, Mishra, India]

7. Learning disability has been one of the most neglected areas in education and this is due to numerous and complex issues that exist within society. For example these matters are embedded in sociology, culture, religion, spirituality, politics, and ethics, moral, medical and economic issues [Dr Nevel Vassel, United Kingdom]

8. There is wealth of evidence about the negative short and long term effects of CSA on the individual in terms of their physical and mental, including depression, interpersonal difficulties, substance misuse and re victimisation, together with their under achievement educationally and higher levels of school dropout. (Ms Joy Hall, United Kingdom)

Overall the conference was interesting and successful, especially in terms of the cross fertilisation of knowledge and experiences from across the globe in the increasing the inclusion in education and health and social care of individuals who are socially excluded.
Contact Details

Professor Maxine Lintern
Associate Dean (Learning, Teaching Research and Scholarship)
Faculty of Health Birmingham City University
Seacole 263, Edgbaston Campus, Birmingham B15 3TN
Email: maxine.lintern@bcu.ac.uk
Telephone: +44 (0) 121 331 6181 & +44 (0) 121 331 6158
Web: www.bcu.ac.uk/health/research

Jaspreet Bhogal
Rosela Bryant
CHSCR Office
Faculty of Health Birmingham City University
Seacole 461, Edgbaston Campus, Birmingham B15 3TN
Email: healthresearchoffice@bcu.ac.uk
Telephone: +44 (0) 121 331 6192 & +44 (0) 121 331 7111