



The University  
Of  
Sheffield.

The School Of  
Nursing  
And  
Midwifery.



# Research Endeavours And Dissemination.

Successful recipients of Early Career Researchers' grants at the University of Sheffield with the Vice Chancellor, Professor Keith Burnett

Issue 13 • Autumn 2011

NEWSLETTER



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## Foreword

**Professor Paul Hellewell**  
**Faculty Director of Research & Innovation**

I am delighted to write this foreword to READ. As FDRI my role in the Faculty is first and foremost to increase research income, a challenging task at the best of times and even more so in this age of austerity. However, in the area of health it is not all gloom and doom. The NIHR in particular has been given an increased budget (£1 billion in 2010/11) above the rate of inflation for the next four years. In addition, £200M has been allocated to 'Ageing: Lifelong Health and Wellbeing', one of six RCUK priority areas. It is therefore very pleasing to see that in the financial year just ended the Faculty applied for £94M of research grants (an increase on 2009/10) and was awarded £26M of research income. One challenge for the Faculty is maintaining this trajectory; the School of Nursing and Midwifery is well placed to support this undertaking, particularly in pulling through research findings into benefits for patients.

The research highlighted in READ shows some excellent examples of working collaboratively, not just within the University of Sheffield but across the UK and the world. As funders direct money into answering the really big questions, working together in teams will be essential not just to make a plausible case for funding but also to the successful implementation of the research projects and delivery of outcomes. The School already plays an important role in the South Yorkshire CLAHRC and will be key to the renewal process in 2013. NIHR funding that, as a Faculty, we don't exploit as much as we should are the NIHR

Fellowships programmes and the Clinical Academic Training Pathway; the latter includes a pathway for nurses and midwives. Often getting small amounts of funding to pump-prime a project can be a challenge and it is pleasing to see that two Faculty R&I grants were recently awarded to the School. The aim of these grants is to leverage future research funding applications so I look forward to hearing about progress. While the Faculty 2011/12 budget is tight, I fully expect there to be future calls for R&I awards this year.

Seeing 'Impact' as a section heading in READ brings me on to REF (the Research Excellence Framework) to which we will be making submissions towards the end of 2013. Impact achieved by research beyond academia is the largest difference between REF2014 and previous research assessments, and will continue to be an increasingly important component of future REFs. These impacts need to have taken place during the assessment period (1 January 2008 to 31 July 2013) and the research published up to 15 years earlier (i.e. from 1 January 1993).

Remembering back that far and pulling together plausible impact case studies will need some prompting and investment of time so the Faculty REF Working Group, together with Research & Innovation Services, will be working with colleagues to develop these studies. REF and impact will be a topic of the Faculty Forum on 20 October.

I wish the School continued success with its research endeavours.

# Editorial

Welcome to our Autumn/Winter issue of READ and another opportunity for you to learn about the research and related endeavours of the members of staff here at the School of Nursing and Midwifery.

Since our last issue of READ the School has continued to be involved in a range of activities of a local, national and international nature. As part of its commitment to cross University and NHS research the Faculty of Medicine, Dentistry and Health held a day long forum on stroke. This important event brought together researchers from within the University of Sheffield, including members of the School, and from the Sheffield Teaching Hospitals. Such collaboration is key to developing a research agenda that will push forward the health and well-being needs of people affected by stroke and their families and carers. Tony Ryan explains more on page 7.

This edition provides updates on some of our ongoing projects that readers may already be familiar with. Professor Mike Nolan and Dr Sue Davies inform us of recent developments with the Senses Framework, as well as the impact it is having on work being conducted in the USA and closer to home in Ireland. We have a first-hand account of what it's been like to be a member of the user group for the Transitions to Palliative Care project, led by Professor Christine Ingleton; a project which has had user involvement embedded into its structure right from the outset. Both projects have national and international collaboration.

We are delighted to introduce some exciting new research projects covering a variety of health-related topics. Mac Macintosh is collaborating with colleagues at Sheffield Hallam University to identify ways to reduce delays in seeking professional help for symptoms of heart attack, and

Dr Elaine Whitton's pilot project will explore the readiness of nurses working in primary care to meet the health needs of patients who have learning disabilities. It is anticipated that both projects will have outcomes that can be applied to practice in order to improve patient care. Collaborating with colleagues from the Department of Sociological Studies, Dr Penny Curtis is involved in three pilot studies that have a community focus, and will look, in particular, at intergenerational relationships. Dr Clare Gardiner has won a prestigious early career research award to examine partnership working between specialist and generalist palliative care providers. Other work of equal significance is being carried out by our members of staff, which I will leave to the readers to discover as they browse through the pages of READ.

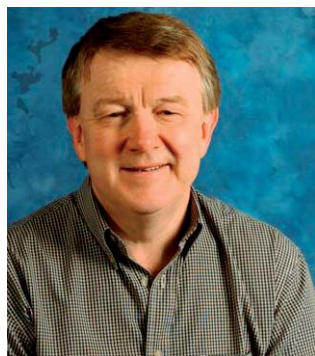
One of the strengths of the School is our dissemination strategy and staff members' links with international colleagues. Professor Lesley Wilkes from the University of Western Sydney recently visited us to collect data for two of her projects (see page 10). Professor Anne Peat visited the Affiliated Hospital of Luzhou Medical College, China, to develop collaborative networks and present on the topic of continuing professional development and research. A number of conference presentations have been given at various locations including Glasgow, Hong Kong, Bologna and Lisbon, to name but a few.

We hope that you enjoy reading this issue and find it informative of the research work that we do.

**Our editorial team...** Jane Flint, Christine Ingleton, Sharron Hinchliff and Tony Ryan,



## The Senses Framework and Relationship-centred care: Catching up with the 'crew' and spreading the word.



**Mike Nolan**

Long-term followers of READ will be familiar with the 'Senses Framework', a model for creating an enriched environment of care not only for older people but also for staff, family carers and students. The Framework has been developed over the last 15 years by a core team at Sheffield, including myself,

Sue Davies, Jayne Brown, Janet Nolan, Gordon Grant and Tony Ryan, together with Prof John Keady at the University of Manchester. The past five years have seen considerable change with several members of the original 'crew' moving on, as inevitably happens in life. So whilst Tony and I remain at Sheffield and John is still in Manchester, Sue has moved to America, Janet and Gordon to Sheffield Hallam University and Jayne to the University of Nottingham. However, we all still work closely together and even though Gordon has now retired he remains as active as ever.

This issue of READ has a letter from Sue in America that updates us on what she is up to out there. As if she weren't busy enough, Sue is also a Visiting Reader in the School of Nursing and Midwifery at Sheffield and returns to the UK on a regular basis. Indeed she recently presented the opening keynote address at the Second International Conference on Compassionate Care, organised by Edinburgh Napier University. It was a great success.

I was also chair of an invited symposium at the same conference which summarised the findings to date on the Leadership Programmes that have evolved out of the Senses Framework. The first of these programmes was commissioned by Lothian Health Board in Scotland and it was here that Sue, Jayne, Jan and I first met Sue Sloan, who co-facilitated the programme. Sue is a very gifted facilitator and we have worked with her ever since. Currently Sue (Sloan), Jayne and I are co-facilitating a leadership programme in Limerick, Ireland initiated by Irene O'Connor Director of Nursing at St Ita's Hospital, who is a long-term supporter of the 'Senses' (more of this in the next issue of READ).

One of the participants on the programme, Mary Rose Counihan, was also a presenter at the symposium where she joined Sue (Sloan) and myself in sharing her experiences of the leadership programme to date. Mary Rose also shares her experiences with us in this issue of READ.

Not to be left out, Wales has also started to work with the 'Senses', in particular Nick Andrews, who is Planning Officer for Older People at Swansea Social Services and who, like Irene, is a supporter of the 'Senses' (again, more of this in the next issue of READ).

So as you will see whilst people move on this does not mean that good ideas wither. Indeed the 'Senses' is going from strength to strength as the benefits of working with such an inclusive approach become more widely appreciated, not just in the UK but internationally.

## A Letter from America

**Sue Davies**

**Pictured right: Dr Sue Davies (far right) with conference delegates Associate Professor, Department of Nursing, Winona State University, USA and Visiting Reader, School of Nursing and Midwifery, University of Sheffield**



Following fourteen happy and fulfilling years at the University of Sheffield my life changed completely in 2003 when my husband was offered a job at the Mayo Clinic in Rochester, Minnesota. Having surmounted a mountain of 'red tape' we eventually moved stateside in 2005. A career break followed while I waited for my resident green card to arrive, during which I sat the dreaded NCLEX licensing exam. I finally took up a position as an Associate Professor at Winona State University teaching undergraduate nursing students.

As a researcher in Sheffield I was closely involved in a body of work on relationship-centred care and played a key role in the development of the Senses Framework and so I was alert to opportunities to assess the relevance of these ideas in a different health care context. My experiences of supervising students on a busy colo-rectal surgical floor at the Mayo Clinic have provided some fascinating insights into the factors that can support and enable relationship-centred care that I would like to briefly share with you, beginning with a bit of background about where I now work.

### **Rochester MN**

Rochester is a city of around 100,000 people in South East Minnesota. The total population of Minnesota is 6 million, occupying a landmass approximately the same size as England, Scotland and Wales. It is therefore relatively empty! The Mayo Clinic employs more than 30,000 people so it is a significant influence on life in Rochester. The clinic was founded in 1883 by Dr William Mayo following a devastating tornado. Dr Mayo was originally from Manchester UK and in 1889, in combination with the religious sisters of St Francis, a local convent, he opened St Mary's Hospital. His sons, William and Charlie, later took the lead and pioneered many new initiatives in both medical and surgical practice, including the team approach to care and shared documentation. In some respects the Mayo Clinic shares similarities with the National Health Service, in that physicians are contracted and salaried, rather than working independently as most doctors in the US do. It is a not-for-profit organisation and serves a world-wide client group in addition to local and national residents. The clinic is now spread across three sites in Rochester and also has branches in Florida and Arizona. For lots of information about the Mayo Clinic, explore their website at: [www.mayoclinic.com/](http://www.mayoclinic.com/)

### **Community of interest**

In thinking about what helps to create 'The Senses' for patients, their families and staff at the Mayo Clinic, a number of themes emerge. In particular, the clinic has succeeded in creating a 'community of interest' that extends the resource available beyond that achieved from fees for service. For example, most people in Rochester MN volunteer at least some of their time, and opportunities for

volunteering at the clinic are many and varied, and often quite structured. Volunteers receive training, support and recognition for their efforts. As a consequence there is a waiting list to volunteer! These factors help to create very strong senses of belonging, purpose, achievement and significance.

Many initiatives involve patients who have experienced a particular illness in supporting others who have the same condition. There are numerous patient accounts of experiences of healthcare at the Mayo clinic available on the Internet. In fact, Mayo clinic has its own website called 'Sharing Mayo Clinic' where it invites patients, family members and staff to upload their stories. Readers can then post their own comments creating a virtual network of support. The Sharing Mayo Clinic site is at:

<http://sharing.mayoclinic.org/share-your-mayo-clinic-story/>

In addition to the contribution of volunteers, the Mayo Clinic receives many financial donations, some of which are very large indeed. A strong public relations department maintains contact with prior patients and staff members to highlight areas of need. One example of such benevolence is the Dan Abraham Healthy Living Centre (DALC) opened in 2007 at an estimated cost of 22 million dollars. Built on three floors, the centre is dedicated to helping the Mayo Clinic Community to maintain optimum wellness and currently has 16,000 members, 50% of whom have never belonged to a gym. However DALC is so much more than a gym. It includes a fitness centre, walking/jogging track, group exercise studio, massage therapy studio, mind/body studio, personal fitness studios, kitchen for cooking demonstrations and healthy food café. Personal health assessments are offered free of charge and members can work with a personal trainer to set individual fitness goals. Ongoing research is monitoring the impact of the centre using outcome measure such as staff well-being, sickness and absenteeism. None of this would have been possible without the harnessing of a previous patient's desire to 'give something back and make a difference'.

Other concepts that struck me in thinking about ways in which the organisational culture of the Mayo Clinic supports relationship-centred care are: a culture of safety, sharing of information and integration of technologies.

#### A culture of safety

There are numerous systems in place to enhance safety, many of which have been suggested by staff members. For example, numerous checklists have been developed to ensure that safe procedures are followed and these have become an integral part of practice. Another example is the Pixys system for administering medications which, together with barcoding, makes it virtually impossible to administer the wrong medication to a patient. The system is featured in a series of short videos made by the Discovery Channel called 'Chasing Zero' – *Winning the War on Healthcare Harm*, which can be viewed at:

<http://dsc.discovery.com/videos/chasing-zero-part-1.html>

#### Sharing information

Clinic staff use lots of different strategies for sharing information, which helps to ensure continuity of care. Some examples are:

- **Getting to know your boards** These are white boards in each patient room with spaces for patients and/or family members to share personal information with staff. The information is particularly helpful when the patient is admitted for an extended period, when staff are unfamiliar with the patient, or when a patient is unable to

express themselves.

- **Patient education centres** There are three dedicated patient education centres at the Mayo Clinic Rochester, one specialising in cancer care and the other two offering more general information. Full-time staff offer support to access web-based resources and also provide information about current clinical trials in which the patient might want to be involved.
- **Shared rounds** Commonly known in the UK as bedside handover, shared rounds have been introduced throughout the clinic over the past two years and are proving very successful in involving patients and family members in goal setting.

#### Integration of technologies

An embedded system of shared governance ensures that new, evidence-based technologies are rapidly integrated into practice. One is a pilot in which staff can download patient information onto their *iPad*. Currently, staff are providing their own hardware, and the clinic provides a download that enables staff to access the electronic medical record (EMR) for each patient on their personal *iPad*. This facilitates involvement of patients and family members in discussions about their care.

Complementary therapies are also integrated into patient care and are available on every floor. The impact of these therapies is being examined through a series of randomised controlled trials, one of which is on the cardiac surgery unit.

In conclusion, living and working in the mid-west of America is proving to be a fascinating experience, and is extending my understanding of the strategies that can promote relationship-centred care. Why not come and visit?

### The 'Senses Framework': Reflections from Limerick

#### Pictured I-r: Mary Rose Counihan and Sue Sloan

My name is Mary Rose Counihan and I work as a staff nurse at Regina House, Community Care Unit, Kiltrush, Co. Clare, Ireland. I had the great privilege of attending the recent conference on Compassionate Care, at Edinburgh Napier University.

This opportunity came about due to being a participant in the *Leading into the Future in Limerick* programme, currently being run by Mike Nolan, Jayne Brown and Sue Sloan.

First, to give you a little background, Regina House is a small 33 bedded unit in rural West of Ireland, caring for older people. Although the unit is as far west from the hub of health care activity in Ireland as you can get, we are lucky to have a Director of Nursing who has cultivated a strong culture of change. To this end she has always encouraged staff to actively pursue their professional development, to enhance their leadership skills and to take ownership of their practice. It is for this reason, despite major budget constraints, that my colleague Deirdre and I got on to the *Leadership into the future Programme*.

When Mike and Sue offered a place at the conference to one participant on the programme, I put my name in the hat straight away, but as they often say, 'there's no such thing as



a free lunch'. Mike asked if the person selected would give a presentation on what the *Six Senses Framework* and the programme meant to them. I was that LUCKY person! Little did I know at the time that well over 70 people would attend our symposium, with there being standing room only. However, whilst a little nerve-racking, things seemed to go well and I learned a great deal from the conference.

Hopefully the programme itself will have long lasting benefits. At Regina House, we have based our recent practice on Patient Centred Care and continually strive to improve our standards. The *Six Senses Framework* represents another way to achieve our goals and provides a practical tool to both initiate changes in practice, and to evaluate whether any changes introduced have been a success. During the programme it became clear that many of our prior initiatives had concentrated on the residents' needs alone, and that the needs of staff have received relatively little attention. The *Senses Framework* can be applied to all groups, including staff and provides a way on enriching the environment of care for everyone, based on the belief that staff who experience the 'Senses' for themselves will be better able to provide high quality care.

The leadership skills taught on the programme have provided us with tools to gather the information needed to apply the Six Senses and to introduce subsequent changes. They have helped us to explore and build on the strengths of team members in order that these skills can be used more effectively.

For me personally the *Six Senses Framework* has provided a means of realising *why* change is needed, by capturing the reality of the environment in which we work. The framework allows staff to express their feeling using a language that they can relate to, as it is not just medical or political 'jargon'. The 'Senses' can be applied to all areas of our lives. I don't believe that our lives would be enriched if we didn't experience a sense of Security, Belonging, Continuity, Purpose, Achievement or Significance. Why should it be different for those we care for?

## Reducing time-lag between onset of chest pain that could be due to a heart attack and seeking professional medical help

**Mac Macintosh** is working with colleagues from Sheffield Hallam University (SHU) on a systematic review of the literature on delay in reporting symptoms in heart attack. The aim of this project is to review recent evidence concerning firstly, the reasons people delay in seeking professional help when they have symptoms of a heart attack and, secondly, interventions that aim to reduce such delays.



Since the mid 1980s treatment for heart attack has evolved and today the intervention of choice is primary angioplasty. This procedure greatly improves the chance of a disability-free life following a heart attack but needs to be delivered as soon as possible following onset of symptoms. For this reason, delay in seeking professional medical help is an important risk factor for poor outcome. Research has consistently shown, however, that patient delay is considerable and has reduced little over time despite a number of interventions using both mass media and targeted education. It is hoped that this review will lead to the development of a new intervention that can be tested in an empirical study. The review is led by Dr Peter Allmark of SHU commissioned by CLAHRC (South Yorkshire) and funded by Rotherham PCT.

## Two Years on: Palliative Care Project

**The SDO 'User Consultation' group was established at the outset of a Department of Health project *Transitions to Palliative Care for Older People in Acute Hospitals* in 2009. This group has met every six months and Simon Cork, one of the founder members, reflects on the experiences of the members below.**



It was June 2009 when a group of around 30 people attended a 'User Consultation Day' in the centre of Sheffield. Professor Merryn Gott introduced the research team that was to carry out the study entitled *Transitions to Palliative Care for Older People in Acute Hospitals*.

Reflecting back, from the lofty viewpoint of the lectern, we must have looked an unlikely bunch of individuals; however, our task that day was to provide a layperson's point of view on some aspects of the subject of palliative care, in order that a balanced viewpoint be achieved. Proof copies of leaflets were read and closely studied, changes to font styles and colour discussed. Academia can sometimes concentrate on clinical excellence to the detriment of simple word usage or sentence structure and many of these finer points were considered. We left the meeting a lot the wiser about palliative care.

In September we received a follow up letter asking for further participation in the 'User Consultation Group' which resulted in around 12 people opting to continue their involvement. The next three meetings saw further discussions on how the study was continuing with information and feedback going in both directions. One phase of the study received quite a lot of discussion; this was regarding some of the ethical dilemmas with case notes. As laypeople, the group was both interested and involved in this aspect of the study. Ethical issues in the later stages of life are important; charitable organisations and funding partners are keen to ensure that all opinions and points of view are carefully considered. So it was appropriate to receive positive feedback from Dr Clare Gardiner that our comments had been passed further along the chain and had resulted in ethical approval being given to a difficult phase of the study.

At some meetings, other research activities or applications would be covered by the group. A typical example was in June 2011 when a study from the University of Nottingham on anticipatory prescriptions in the last days of life was discussed. All good experience for the group and feedback, as always, going in both directions.

The data from the palliative care project has now been collected and analysed. The results made very interesting reading so the group await with great interest any positive reaction from health professionals further up the chain of command. Reflecting back over two years I hope I speak for the rest of the group when I say that we have all learnt a lot, not just about palliative care, but also about the inner workings of medical research studies.

For more information about the project contact: Christine Ingleton (c.ingleton@sheffield.ac.uk).

**Simon Cork**

## University of Sheffield Faculty Forum: Stroke

Stroke is the third largest cause of death and the biggest single source of disability amongst adults in the UK. The importance of this was underlined recently when the Faculty of Medicine, Dentistry and Health held a day long forum on stroke. The event demonstrated that a considerable amount of research is being conducted within the University of Sheffield and Sheffield Teaching Hospitals on the prevention, treatment and care of stroke and brought together a number of academic and clinical researchers from a range of disciplines. The School of Nursing and Midwifery was represented by Dr Tony Ryan who presented on his work within the South Yorkshire CLAHRC (Collaboration for Leadership in Applied Health Research and Care): Stroke Theme. The forum was attended by over 90 people from both within the University, Sheffield Teaching Hospitals and the wider health and voluntary sector community. The event also provided those attending with an opportunity to view poster presentations and time was given over to a discussion about the priorities for stroke research in the coming years. For more information about stroke research in the School of Nursing and Midwifery or Faculty of Medicine, Dentistry and Health please contact Dr Tony Ryan ([t.ryan@sheffield.ac.uk](mailto:t.ryan@sheffield.ac.uk)). You can also learn more about the stroke research being undertaken as part of the South Yorkshire CLAHRC by visiting the following web page: <http://clahrc-sy.nihr.ac.uk/theme-stroke-introduction.html>

## NEW PROJECTS



**Dr Elaine Whitton** has recently received funding for a pilot study that will explore practice nurses' readiness for meeting the health needs of people with learning disabilities.

It is well documented that people with learning disabilities experience poorer physical and mental health than the general population. Numerous explanations have been put forward to account for these differences including socio-economic disadvantage, biological factors, communication difficulties, and personal health risks and behaviours. However, what is becoming clear is the impact that barriers to accessing timely, appropriate and effective health care have on the health experiences and life expectancy of people with learning disabilities.

In 2009, annual health checks for people with learning disabilities were introduced as a means of tackling health inequalities as part of a Direct Enhanced Service (DES) Scheme. Within this scheme, GP practices are remunerated for providing health checks for people with learning disabilities who are known to local authorities. Practice nurses have key roles in carrying out these health checks but to date there has been no research which has considered their preparedness to undertake this role.



**Dr Clare Gardiner** has been awarded a University of Sheffield Early Career Researcher Grant to look at partnership working between specialist and generalist palliative care providers. The University awarded research grants to eight of its Early Career Researchers (ECRs). The eight awards were made following a highly competitive ECR scheme across the Faculties of Science, Engineering, Medicine, Dentistry and

Health. The grants allow researchers to act as principal investigators on their own research projects.

More than 50 applicants submitted initial expressions of interest and, following a cross-faculty panel review, 20 applicants were invited to submit full applications. A two-day training workshop was provided to help equip the researchers with some of the skills required to become independent researchers, including grant writing, networking, knowledge exchange and commercialisation.

Successful projects were required to demonstrate an element of knowledge exchange, from cross-disciplinary collaborations that move research closer towards end users through to commercialisation and collaboration with external industry partners.

Clare's project uses mixed methodology and aims to develop and pilot a tool to map the nature and extent of models of partnership working between specialist and generalist providers of palliative care. The project will involve collaboration with staff from the Academic Unit of Supportive Care at the University of Sheffield, and will run from January to September 2012.



**Dr Penny Curtis** and colleagues in the Centre for the Study of Childhood and Youth, have recently received funding for three independent, though related, pilot studies exploring aspects of intergenerational relations within local communities. These are:

**A pilot study of intergenerational community relationships** – Dr Penny Curtis, Dr Jo Britton (Sociological Studies), Prof Allison James (Sociological Studies), Katie Ellis (Sociological Studies)

This project takes as its focus a concern for intergenerational relationships and their relevance to wellbeing and social cohesion. A recent survey involving older people in local communities revealed tensions in generational relationships: older people described themselves as feeling intimidated by young people and, as a consequence, excluded from full participation in their communities. This preliminary, qualitative study will therefore engage young people and older adults within local communities to explore how people of different ages perceive generations across the lifecourse. It will explore young people's perceptions of age and older people *and* older people's perceptions of age and young people. It will also be concerned to understand how such perceptions are experienced across the life course (including how young people experience the concerns *about* young people that have been expressed by older people).

**Cultural- and arts-based approaches to enhancing inter-generational relations: a systematic review of the literature** - Dr Penny Curtis, Dr Jo Britton (Sociological Studies), Katie Ellis (Sociological Studies)

There are an increasing number of cultural- and arts-based initiatives which aim to 'engage' and 'educate' communities to reduce risk taking behaviours and encourage community safety and cohesion. To date, concern has focused upon a number of areas, principally, arts and social exclusion, health or education. The aim of this review will be to determine the extent to which cultural- and arts-based activities have been concerned with enhancing intergenerational relations and to consider the role and effectiveness of non-arts specialists (such as health personnel, police, fire and rescue personnel) in delivering such activities.

**Investigating the role of cultural- and arts-based Approaches in enhancing communities: a mapping study** – Dr Jo Britton (Sociological Studies), Dr Penny Curtis, Katie Ellis (Sociological Studies)

This pilot study aims to map the variety of cultural- and arts-based approaches currently being used in South Yorkshire. The mapping exercise will begin by liaising with statutory and third sector organisations and will proceed by snowball sampling of key stakeholders involved in cultural- and arts-based approaches. These stakeholders will also be contacted and information obtained about the nature and aims of their approaches.

All three projects are expected to complete by Spring 2012.

**IMPACT**

**Feeding and dementia project**

Work on the development of the Edinburgh Feeding Evaluation in Dementia (EdFED) scale continues in the School of Nursing and Midwifery. The EdFED was first developed by Professor Roger Watson while working at The University of Edinburgh. The scale is validated for use in long-term care of older people settings and has been used in the UK, Taiwan, Japan and the USA. However, the EdFED has not been used in acute care and the present work is to validate the scale for use with older people with dementia in hospital.

Two projects funded by the University of Sheffield Faculty of Medicine, Dentistry and Health Research and Innovation Fund and the University of Sheffield Knowledge Transfer Fund have recently been completed. The investigators were Roger Watson, David Reid and Christine Ingleton, with Parveen Ali as the Research Assistant. The projects were designed, respectively, to pilot a method of engaging older people with dementia in hospital in a project using the EdFED scale and to introduce the EdFED scale into a clinical setting where older people with dementia were cared for. Engaging older people with dementia in the project proved to be relatively easy, following the guidance for projects involving people who may be unable to provide consent as described in the guidance issued by the UK Department of Health on the Mental Capacity Act (2005). The project was approved by the relevant NHS Research Ethics Committee. Similarly, implementing the EdFED into the clinical area proved un-problematic; the version of the scale used only has six items which nurses found easy and quick to complete.

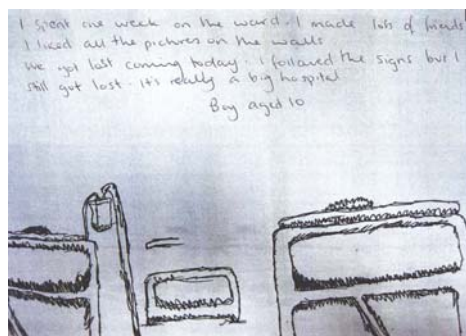
The foundations laid by this project will feed into a local programme of work aimed at helping older people with dementia to eat in hospital and will also be used to support a bid for funding for further research. For further information on the EdFED see: [www.tiny.cc/285mn](http://www.tiny.cc/285mn) (use your email as a password) and [www.tiny.cc/vsmuv](http://www.tiny.cc/vsmuv) or email Roger Watson: [roger.watson@sheffield.ac.uk](mailto:roger.watson@sheffield.ac.uk)

**Facilitating child-friendly hospitals: a research and practice knowledge exchange**

The Standard for Hospital Services established as part of the National Service Framework for Children, Young People and Maternity Services (2003) asserted the need for children and young people to be cared for within suitable, child-friendly environments. Previous research, funded by

the Economic and Social Research Council (*Space to Care: RES-000-23-0765*), provided a large empirical evidence base for understanding children's and young people's perspectives on what constitutes a 'child-friendly' hospital environment. This Knowledge Exchange project, recently completed by Dr Penny Curtis, Professor Allison James (Sociological Studies), and Dr Ian Simkins (Experiential Landscape), who are all members of the Centre for the Study of Childhood and Youth (CSCY: [www.cscy.group.sheffield.ac.uk/](http://www.cscy.group.sheffield.ac.uk/)), builds upon this research base following a request to advise on the planning and design of child-friendly hospital services in the Leeds Teaching Hospitals NHS Trust.

The Trust is undergoing a major restructuring of their children's hospital services, bringing the majority of their children's services together on one provider site. The project team, working closely with colleagues from Leeds Teaching Hospitals NHS Trust, consulted with children, their families and hospital staff to identify key ways of identifying challenges and their potential solutions. 'Wayfinding' is concerned with how people find their way around: 'the processes that take place when people orient themselves and navigate through space' (Raubal and Winter 2002 p.244). This Knowledge Exchange project was therefore able to identify key principles for wayfinding in a complex and changing environment that are grounded in the views of different user groups, including children and their families.



**I spent one week on the ward. I made lots of new friends. I liked all the pictures on the walls. We got lost coming today. I followed all the signs but I still got lost. (Boy aged 10)**

The project utilised a variety of methods. Through meetings, site visits and workshops with Trust staff, children, young people and their families, the project team:

- undertook a walk-through of key routes from the main entrance to children's care destinations to generate visual and sensory data;
- explored problem areas and key decision points with staff in a participatory workshop;
- explored children's and parents'/carers' experiences of accessing the hospital site, route-finding to the out patients' department (OPD), route-finding between the OPD and service departments (with child/parent groupings, including parents with babies through to young people);
- undertook accompanied walks with children and their parent(s) as they found their way from the OPD to the X-ray department to observe and document their experience.

**It's my first time in hospital. I had to put my arm in a big machine. I couldn't find my way here. We asked a doctor on the way. (Girl aged 9)**



The project highlighted general principles for improving wayfinding for children, their parents and staff that may have wider resonance for other hospital sites. These include:

- Using consistent terminology when describing buildings/destinations. Labels should be readily understandable by the lay-public; consider use of lay-language.
- Reviewing existing signage, particularly at key decision points, to avoid conveying confusing messages.
- Avoiding the use of temporary signs wherever possible.
- Ensuring that signage is visible from every important decision point (such as junctions, the top of stairs/exiting from lifts etc).
- Ensuring that members of the public (not experienced patients/users of the hospital) are involved in testing the adequacy of signage.
- Using 'You are here' signs associated with site maps at key points including junctions between different buildings, to enable children and parents to orientate themselves.
- Paying careful attention to how hospitals communicate with their users, particularly with respect to appointments, to ensure that children and their parents are directed to the most appropriate entrance/s.
- Providing site maps with appointment letters with *clear* identification and labelling of entrances.
- Providing internal maps with marked routes and associated points of reference and waymarking.
- Ensuring consistent use of identifiers; different colours are often used to identify different hospital spaces and these need to be consistent with any maps that are made available to hospital users.
- Locating significant waymarkers/fixed landmarks at key decision points to encourage interaction with the local environment by children, parents and staff.
- Waymarkers are significant sensory (particularly visual) experiences that capture children's attention and give significance to routes. In the absence of waymarkers, such as art work or sculptures, very few children or parents can recall significant routes until they have made specific journeys on multiple occasions.
- Providing well staffed reception areas at entrances: when parents are in a rush and stressed they greatly value being able to ask for directions from a helpful receptionist.

If you would like any further information about this project, please contact Dr Penny Curtis ([p.a.curtis@sheffield.ac.uk](mailto:p.a.curtis@sheffield.ac.uk)).

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## Life Story Work and People with Dementia

The significance of providing continuity in the lives of people with dementia as they move into care is now well established. This continuity is often disrupted as a result of a dearth of knowledge about the person's past: the relationships they have had with others; the ways in which they have spent their time; their achievements in life and their passions. One method devised to overcome this problem has involved the use of Life Story Work (LSW) in care settings and recent research conducted with the

School of Nursing and Midwifery, led by Jane McKeown, has identified a number of advantages in using this approach. These include: improved communication; enhanced understanding of needs and wishes; and the opportunity to 'hear the voice' of the person with dementia.

A new project has recently been funded by the University of Sheffield Knowledge Transfer Rapid Response Fund (Life Story Work for People with Dementia) to help develop knowledge and practice in the LSW field. The project, led by Tony Ryan and Jane McKeown and also involving Christine Ingleton, has three broad aims: (1) to disseminate LSW research findings; (2) to help develop LSW practice; and (3) to extend relationships with the practice community and care industry to help promote LSW. A small advisory group comprised of carers, professionals and the voluntary sector is assisting the project which will be providing a number of workshops over coming months. The workshops will be held with people with dementia, family carers and care staff from the sector. A specific part of the project will be working with older men from the Yemeni community in Sheffield. In addition the project will be developing a web resource aimed at the practice community with the intention of developing LSW methods. If you would like more information about this exciting new project please contact Tony Ryan ([t.ryan@sheffield.ac.uk](mailto:t.ryan@sheffield.ac.uk)) or Jane McKeown ([j.mckeown@sheffield.ac.uk](mailto:j.mckeown@sheffield.ac.uk)).



## CONFERENCES

### Dr Sharron Hinchliff

recently presented the findings of her study, co-authored with Professor Merryn Gott (University of Auckland) and Professor Christine Ingleton (University of Sheffield), at the 20th World Congress for Sexual Health, Glasgow. This

qualitative study explored the changes women can experience in their sex lives at midlife and menopause, and involved analysis of data from in-depth interviews with twelve British women. We found that most women experienced sexual changes, and these connected to sexual desire, orgasm, and frequency of sex with their male partners. But the changes varied amongst the sample. For example, some women reported an increase in their sexual desire while others reported lower levels or no change. Sexual isolation was highlighted as an issue for women who did not have partners but also for those with partners who had, due to erection difficulties, ceased or limited sexual contact. The findings demonstrated the heterogeneity of women's sexuality at midlife, and thus challenged universal claims that are based on changes in hormonal status at menopause. Social context, as well as the physical body, were central to these women's experiences of sexuality at midlife.

Sharron also presented her work on seeking and receiving help for sexual health concerns at mid and later life, as part of the symposium delivered by the British Association of Sexual Educators ([www.baseuk.org/](http://www.baseuk.org/)). The symposium aimed to raise the profile of sex and relationship education, and an objective was to share experiences of good practice when dealing with marginalised groups. Sharron's presentation addressed the ways in which barriers that patients and health professionals experience when dealing with later life sexual issues could be overcome.

The 20th World Congress for Sexual Health was very well attended, attracting over 1,000 delegates from around the world. Delegates included international clinicians, researchers, educators, activists and policy makers who specialised in the many, diverse fields related to sexual health.

In July 2011 **Dr Mark Hayter** was invited to give a keynote address at the 16th Biennial School Nurses International conference in Hong Kong. Mark's paper, entitled; 'Sexual and reproductive health: key issues for school nurses', was given to over 250 delegates from more than 25 countries. Mark also presented a concurrent paper drawn from a recent UK Health Department project on school based sexual health services conducted with colleagues from the School of Health and Related Research at the University of Sheffield and also the Faculty of Health and Wellbeing at Sheffield Hallam University. In a very hot and humid Hong Kong the four day conference heard about research and endeavours in the internationally growing field of school nursing on such diverse topics as bullying, substance misuse, internet addiction, obesity and life-skills for young people. There was also a fascinating, and moving, presentation from Japanese school nurses about the challenges schools and young people faced as a result of the tsunami earlier this year. The conference gave school nurses from around the world the chance to network and compare practice. In many regions of the world school nursing is in its infancy – yet in many parts of Europe (including the UK) and the US, school nursing is well established. However, it was interesting to note that the health issues affecting young people are remarkably similar with all school nurses faced with challenges around addressing smoking, alcohol and substance misuse, as well as sexual and mental health issues. It was also interesting to see how the Internet is now adding to the school health agenda – particularly through the growth of internet addiction and cyber-bullying.



**Pictured: Dr Mark Hayter with Dr Regina Lee, conference organiser and Associate Professor at Hong Kong Polytechnic University**

The VII European International Congress (Healthy & Active Ageing for all Europeans) hosted by the International Association of Geriatrics and Gerontology (IAGG) took place in Bologna in April 2011.

The congress provided an opportunity for scientific interdisciplinary dialogue amongst researchers, practitioners and professionals working with older people in a vast array of sciences: biological, biomedical, clinical, engineering, nursing, psychology, social sciences and public health. Professor Christine Ingleton and Dr Clare Gardiner attended the congress and presented their research on international perspectives on palliative and end of life care for older people (with Professor Merryn Gott); barriers to

providing palliative care for older people in acute hospitals (with Professor Merryn Gott and Reverend Mark Cobb) and improving hospital environment for end of life care for older adults and their families (with Dr Louise Brereton and Dr Sarah Barnes).



**Pictured l-r: Dr Clare Gardiner, Professor Christine Ingleton, Dr Louise Brereton**

The 12th Congress of the European Association for Palliative Care was held in Lisbon in May.

Dr Tony Ryan, Dr Clare Gardiner, Professor Christine Ingleton and Professor Merryn Gott attended the conference which was entitled '*Palliative Care Reaching Out*'. Palliative care has traditionally focused on cancer, and the conference used the opportunity to 'reach out' to other patient groups as well as to the specialists caring for these patients. The research group presented work from a number of different projects, including: transitions from curative care to palliative care; attitudes to opiate prescribing in palliative care; challenges to making transitions to palliative care for people with dementia and negotiating 'specialist' and 'generalist' palliative care.

## INTERNATIONAL LINKS

### Report of visit by Professor Lesley Wilkes

During a period of professional development leave from her Australian university (the University of Western Sydney) Professor Lesley Wilkes was an international visitor to the School of Nursing and Midwifery during late June 2011. She has extensive nursing research and academic administrative experience in tertiary institutions in Australia.

During the past decade she has been responsible for a nursing research unit in Western Sydney (Western Sydney Area Health Service), NSW Australia. During this time she has also held an acting dean position for two years in the College of Health and Science and was Dean of Research Studies (caring for all students enrolled in higher degrees at the University of Western Sydney) until mid 2010. She is now concentrating on her clinical research activities. Her major areas of research have focussed on work issues for nurses, chronic and complex illnesses and the support needs of family during illness in order to promote health. Her visit to the University of Sheffield was to work with Professor Roger Watson who is collaborating with Professor Wilkes and other colleagues in Australia on examining the role of clinical trial nurses and their professional issues. This project is progressing well with one publication under review and data from a UK cohort is to be analysed and published in the next few months. Other possible collaborations were also discussed with a focus on people with chronic and complex illness.

During her time in the School, Professor Wilkes had contact with a number of staff as she collected data for two current projects. The first of these is on clinical scholarship and Professor Watson had organised a number of postgraduate students to be interviewed. This project is exploring the concept of clinical scholarship from a clinical nurse perspective to determine how experienced nurse clinicians define clinical scholarship, how it is attained and developed. The research will build on earlier work in the 1990s by Professor Wilkes which examined the development of scholarship in undergraduate students.

In the second project Professor Wilkes is exploring leadership experiences and reflections of Deans of Nursing or equivalent across the world in England, Australia, Canada, United States of America and New Zealand. The purpose of the project is to investigate the meaning of leadership from present and past Deans of Nursing and to use their stories to generate information that could be used to guide and inform education and professional succession planning for future Deans. Professor Anne Peat kindly consented to be interviewed and although her data is confidential and will be published anonymously, Professor Wilkes enjoyed the experience of meeting the Dean in such a relaxed way.

During her visit she was entertained by both Professor Watson and Professor Peat at an informal dinner and they enjoyed the opportunity to connect and explore the different opportunities for education and research in their mutual countries. Professor Wilkes intends to keep in touch with the University and consolidate associations made during her visit.



**Pictured l-r: Professor Lesley Wilkes and Professor Anne Peat**

## The Affiliated Hospital of Luzhou Medical College, Luzhou City, China

Professor Anne Peat, Dean of the School of Nursing and Midwifery, was invited in July 2011 to the Affiliated Hospital of Luzhou Medical College to deliver two papers and discuss areas for future collaboration in teaching and research. The invitation was made by Yanhua Chen, a visiting scholar who spent ten months at the University of Sheffield in 2010.

Luzhou Medical College was founded in 1951. It is a government university recognised by both the Chinese Government and the World Health Organisation. It was authorised to confer Masters degrees in 1993 and Doctoral degrees in 2002. It is one of the 'Top 5 Model Universities in Electronic Education'. The College has trained over 20,000 students and has evolved into a large scale college of teaching, medical/nursing care and scientific

research. It is characterised for combining Traditional Chinese Medicine with Western Medicine. The Affiliated Hospital is a 'National Class A Grade III' Hospital, and is one of the biggest and most advanced hospitals in Southwest China; it is one of three Affiliated Hospitals with the Medical College. The College has accepted international students from Germany, Austria and the USA to study Traditional Chinese Medicine but so far there have been no students from the UK.

Anne's visit to Luzhou City was short, arriving in the early hours of Monday morning and travelling back to the airport early Thursday morning. The visit started with Anne being met by the Director of Nursing of The Affiliated Hospital and the Nursing School, Professor Liao Bin. This was followed by an official welcome from the Vice President HE Yan Zheng and colleagues. There was a very interesting tour of the hospital museum highlighting its many achievements over the last 60 years; one of note is the operation to separate Siamese twins in 2004 which was the first of its kind in Sichuan province. Anne's first presentation '*The importance of research and continuing professional development*' was made to over 200 nurses and doctors. There were many questions from the delegates who demonstrated an interest in the current practice in the UK. The second official welcome was by the President of Luzhou Medical College, Professor Ma Yuerong. Discussions took place with regards to possible areas of collaboration and how the two institutions could share experiences and work together in the future. The second presentation was to over 200 nurse managers from the region; the emphasis was on clinical leadership and the title of the paper was '*Liberating health care*'. The focus was on current changes to the NHS and how the UK government intended to modernise the NHS. Although time was limited the relevant personnel were met and much of the discussion continued into the evening over a traditional Chinese Banquet.

Time was also made available for some sightseeing, to learn a little about the Chinese culture and the environment. A visit to the Bamboo Sea was not – as its name would suggest – on the coast. It is a Bamboo forest of breathtaking beauty. The Southern Sichuan Bamboo Sea covers an area of 120 sq. km. The highlight was meals made entirely from bamboo – the flavours were delicious and surprisingly Anne has now almost mastered the skill of eating with chopsticks. What was very clear was the effort that went into producing healthy meals, exquisitely presented and based on the teachings of Chinese medicine.

The end of the visit was both sad but exciting, for new relationships had been formed and discussions are ongoing with regards to future collaboration which would be the first between the Affiliated Hospital of Luzhou Medical College and a leading UK University.



## Experiences of a PhD student

I would like to express my gratitude and appreciation to the University of Sheffield, for its effective support of international students. Two weeks ago, I was not aware of how far the university would go for us as international students. I am fully aware that Sheffield is one of the UK's leading universities and has produced five Nobel Prize winners, and that many of its alumni have gone on to hold positions of great responsibility and influence around the world, but now I have recognised that Sheffield has an international strategy to create a global culture among all students and staff. I am proud that the university is a high standard global university.

Early this year, I was fortunate in participating in one of the National Union of Students (NUS) learning sessions, about '*Engaging International Students in Internationalising their Students' Union*'. The excellent facilitator divided participants into three groups: the first group discussed their worst fears around attending a university that did not welcome international students, the second group was asked to describe a normal university that did not pay much attention to international students and the last group was instructed to illustrate a global university that had applied internationalisation in its campus. This exercise ranked the University of Sheffield at the top in terms of attracting international students. The other participants were actually jealous when I shared my experience as an international student who had recently arrived at Sheffield! In a period of two weeks, I had been invited to attend three different inductions specifically for international students: the University's well planned week-long induction for international students, the Faculty's international student induction day, and my department induction day.

I feel extremely lucky to be part of this global university.

Mansour Alyami, PhD student



**Pictured l-r: Christina Yan Zhang (International Students' Officer at the National Union of Students) and Mansour Alyami**



## Grounded Theory Workshop, April 2011, Silema, Malta

I had the opportunity to attend a Grounded Theory troubleshooting workshop in Silema, co-ordinated by the University of Malta. These workshops are facilitated across Europe, North America and Asia by Fellows of the Grounded Theory Institute. They focus on Classic Grounded Theory (Glaserian) and enable researchers and those supervising students using Classic Grounded Theory to meet and share their experiences of the methodology, its challenges and its successes.

The seminar was facilitated by two 'Fellows' of the Grounded Theory Institute: Dr Tom Andrews, School of Nursing and Midwifery, University College Cork, Ireland, Peer Reviewer of the Grounded Theory Review, Fellow of Grounded Theory Institute and Dr Helen Scott, Grounded Theory Online, Peer Reviewer of the Grounded Theory Review, Fellow of Grounded Theory Institute.

The aims of the workshop focused on progressing Grounded Theory researchers and PhD students to:

- the next stage of their study
- help participants to conceptualise their data
- inspire and empower participants as grounded theory researchers
- offer the opportunity to learn from other researchers and PhD students
- visualise where participants are heading and encourage their progress
- And most importantly introduce participants to the network of grounded theorists who love talking grounded theory.

A diverse range of participants attended the workshop with interests spanning nursing, social work, psychology, banking/finance, accountancy, international terrorism, law. The workshop was highly interactive with students sharing elements of their own work and undertaking a number of practical exercises related to various elements of grounded theory.

The highlight for me was my one-to-one video conference I had with Dr Barney Glaser on the second day of the workshop. Dr Glaser was very supportive and positive about my work and offered his perspective on some of the tensions I had encountered with grounded theory. I thoroughly enjoyed my individual tutorial and Dr Glaser's encouragement and positive feedback was most appreciated. The workshop helped me learn that I was not alone in some of the challenges in using grounded theory but that there were solutions. I have made some excellent networks across Europe with other grounded theory researchers and some new friends who stay in contact as we share the progress of our own research.

**John Sedgewick, PhD student**

## Students

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## Staff

**Macintosh M** and **Moore T** (2011) *Caring for the Seriously Ill Patient*. Hodder Arnold, London.

A new edition of this text has recently been published. The original book was written in response to the needs of hospital nurses who were caring for a patient population with increasing severity of illness but who were outside of a critical care setting. The second addition continues this approach and has been completely updated to reflect current research and practice.

This new book, *Living with Ageing and Dying: End of Life Care for Older People*, edited by Merryn Gott and **Christine Ingleton** was launched at the European Association for Palliative Care Conference in Lisbon, June 2011.

*Living with Ageing and Dying* identifies ways forward in improving the end of life experiences of older people by taking an interdisciplinary, international approach. Providing a synergy between the currently disparate literature of gerontology and palliative care, a wide range of leading international experts contribute to discussions regarding priority areas in relation to ageing and end of life care.

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**Gardiner C**, Gott M, **Ingleton C**, **Ryan T** (2011) Exploring the transition from curative care to palliative care: A systematic review of the literature. *BMJ Supportive & Palliative Care* 1: 56-63

**Gardiner C**, **Ingleton C** (2010) Commentary on Green AJ and De-Vries K (2010) 'Cannabis use in palliative care – an examination of the evidence and the implications for nurses'. *Journal of Clinical Nursing* 19: 3253-3255

**Gardiner C**, **Ingleton C** (2010) Commentary on Cronfalk BS, Ternstedt BM & Strang P 'Soft tissue massage: early intervention for relatives whose family members dies in palliative cancer care'. *Journal of Clinical Nursing* 19: 1189-1192

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### Conference papers

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Brereton LM, **Gardiner C**, **Ingleton C**, Barnes S, Gott M, Carroll C (2011) *The Hospital Environment for End-of-Life Care of Older Adults & their Families: A Systematic Review*. EAPC, Lisbon, Portugal, May 2011

**Gardiner C**, Gott M, **Ingleton C** and Cobb M (2011) *Barriers to providing palliative care for older people in acute hospitals*. International Association of Gerontology and Geriatrics (IAGG), Bologna, Italy, April 2011

**Gardiner C**, Gott M, **Ingleton C**, **Ryan T** (2011) *Exploring the transition from curative care to palliative care: a systematic review of the literature*. EAPC, Lisbon, Portugal, May 2011

**Gardiner C**, Gott M, **Ingleton C**, **Ryan T**, Seymour J, Bennett M, Noble B, Cobb M *Transitions to palliative care in acute hospitals: Findings from a qualitative study with medical and nursing staff in the UK*. 6th Research Congress of the European Association of Palliative Care, Glasgow, UK, June 2010

**Gardiner C**, Gott M, **Ingleton C**, **Ryan T**, Seymour J, Bennett M, Noble B, Cobb M *Management of palliative care in acute hospitals: findings from a qualitative study with medical and nursing staff in the UK*. 6th Research Congress of the European Association of Palliative Care, Glasgow, UK, June 2010

**Gardiner C**, Gott M, **Ingleton C**, **Ryan T**, Seymour J, Bennett M, Noble B, Cobb M *Transitions to palliative care in acute hospitals: methods and ethical challenges*. Palliative Care Congress, Bournemouth, UK, March 2010

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**Hinchliff S**, Gott M, **Ingleton C** (2011) *A qualitative study of the changes in sexual life women can experience at midlife and menopause*. 20th World Congress for Sexual Health, Glasgow, UK

**Ingleton C**, Gott M (2011) *Living with ageing and dying: international perspectives on palliative and end of life care for older people*. International Association of Gerontology and Geriatrics (IAGG), Bologna, Italy, April 2011

Payne S, Seymour J, **Ingleton C** (2011) *Challenges and opportunities in designing evaluations of complex service: The RE-AIM Framework*. EAPC, Lisbon, Portugal, May 2011

Payne S, Seymour J, **Ingleton C** (2011) *Evaluation of the Marie Curie Cancer Care 'Delivering Choice Programme' in the United Kingdom: Controversies, politics and evidence*. EAPC, Lisbon, Portugal, May 2011

**Ryan T**, **Gardiner C**, **Ingleton C**, Bellamy G, Gott M (2011) *Challenges in making the transition to palliative care for people with dementia: An exploration of the views of health care practitioners*. EAPC, Lisbon, Portugal, May 2011

## ACCOLADES, AWARDS AND ANNOUNCEMENTS



### Professor Merryn Gott

Professor Merryn Gott, who has a Visiting Chair with the School, has been awarded a Hood Fellowship for 2011-2012 by the University of Auckland. Established in 2005, these prestigious fellowships are awarded to provide opportunities for research initiatives to be developed with collaborators overseas. Merryn will spend time with research partners in Sheffield, working in particular on the analysis of an international dataset relating to palliative care management of hospital inpatients in England and New Zealand. She will also undertake further collaborations with other research teams in the UK and Australia.

### Welcome to new staff

- Lisa Bell, School Administrator
- Louise Hall, Programme Co-ordinator
- Jane McKeown, Lecturer/Practice Development Nurse
- Naomi Richards, Research Associate

### Good luck to the following staff:

- Paul Galdas, who has been promoted to a new post at the University of York
- Clare Gardiner, who has been promoted to a new post at SchARR, University of Sheffield
- Catherine Waskett, who is leaving to undertake training as a health visitor
- Linda Ball, who is taking up a Senior Lecturer post at Sheffield Hallam University
- Thank you and good luck to Amanda Cowan who is taking early retirement; Amanda is a former member of the READ editorial team.
- John Sedgewick, PhD student, has been invited as Chief Abstract Assessor for the European Renal Care Association 40th Anniversary Conference in Slovenia (Sept 2011)

## Masters in Advancing Practice - new full-time option

This successful course has run on a part-time basis for several years and we are now able to offer the programme to students who wish to study in Sheffield full-time. Designed for healthcare practitioners who are in or aspire to advanced roles in clinical or managerial positions, the MMedSci in Advancing Practice develops and enhances the knowledge and skills required for the real challenges they encounter on a day-to-day basis. The course explores advanced and autonomous practice, leadership, research, and service improvement. We would like to invite applications for the course beginning in September 2012. For further information go to the website: [www.sheffield.ac.uk/snm/postgraduate](http://www.sheffield.ac.uk/snm/postgraduate)

For more information, please contact:

### Programme Leader

Michael Macintosh – [m.j.macintosh@sheffield.ac.uk](mailto:m.j.macintosh@sheffield.ac.uk) or

### Programme Coordinator

[snmonline@sheffield.ac.uk](mailto:snmonline@sheffield.ac.uk)

## Online Masters Recruiting

Now is the time of year when we receive applications for our suite of online Masters programmes, each of which will commence with a fresh cohort of students in September 2012.

- **MMedSci in Advanced Nursing Studies**
- **MMid in Midwifery**
- **MMedSci in Maternity Care**

Nurses and midwives around the world are currently expected to extend their knowledge and skills beyond basic levels to further develop their practice. For those situated far from a centre of academic excellence, however, this can present problems. The University of Sheffield School of Nursing and Midwifery has addressed this by running postgraduate courses over the internet since 2004.

Our programmes, taught part-time over three years, are completely self-contained, with all materials, including journals, databases etc., provided online. Our students appreciate the flexibility of online learning and the opportunity to gain otherwise unattainable qualifications by joining a virtual yet vibrant multicultural learning community.

If you have been thinking of making the step up to Masters level then you may well find that one of our courses is right for you. The first place to go to find further information is our user-friendly website: [www.sheffield.ac.uk/snm/online](http://www.sheffield.ac.uk/snm/online)

If you are uncertain about anything you are free to contact the Programme Co-ordinator or relevant Programme Leader:

**Programme Co-ordinator:**  
[snmonline@sheffield.ac.uk](mailto:snmonline@sheffield.ac.uk)

**Programme leader – MMedSci in Advanced Nursing Studies:**

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**Programme leader – MMid Midwifery and MMedSci in Maternity Care:**

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[www.sheffield.ac.uk/snm/online](http://www.sheffield.ac.uk/snm/online)



MMid Midwifery



MMedSci Advanced Nursing Studies



MMedSci Maternity Care



The  
University  
Of  
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#### Acknowledgements and contact details

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