



# ALLIANCE UPDATE

THE NEWSLETTER OF THE  
ALLIANCE FOR SELF CARE  
RESEARCH

MARCH 2007

<http://www.ascr.ac.uk>

Volume 2 (1)

## WELCOME

Welcome. This is our second edition of Alliance Update. We received overwhelmingly positive comments about our first edition and hope to live up to expectations in the future.

This edition of AU has a few more pages than our first. This is clearly a testimony to the ever increasing activity across the Alliance. As our online presence is changing as well, we see AU as one of multiple media formats that we are using to bring to you current and hopefully interesting updates about the various activities of the Alliance for Self Care Research. We appreciate your continued feedback. Let us know how we are doing and what you would like to see covered in our newsletter. Thank you.

The Alliance for Self Care Research is a consortium of the Universities of Aberdeen, Abertay, Dundee, Robert Gordon, St. Andrews and Stirling and their local NHS organisations that serve a significant proportion of Scotland's population. It includes people living in major Scottish cities and some of the most remote areas in Europe. It includes leading researchers from nursing, midwifery and allied health, health services research, medicine, psychology and other social sciences.

## IN FOCUS

### Mental Imagery- an important role in self care?

*by Heidi Lang, Alison Harrow, Gerry Humphris, Cara Taylor, Mary Wells & Brian Williams*

There has been a lot of research that shows that what people believe about illness influences what they do and how they behave when they are ill. We know that people try to understand their symptoms by

asking five sets of questions: what are the symptoms? (identity); what caused them? (cause); how long have they lasted? (time-line); what are the consequences of having them? (consequences); and can they be cured or controlled? So far, researchers have tried to understand these ideas through talking to people or through asking them to answer questionnaires. Now there is some really interesting research that suggests that the ideas are experienced and

### Box 1: Images of Breast cancer and Beliefs about Prognosis



*Case 1:* This woman imagined her cancer as black but surrounded by red fleshy material. It also had tentacles that came from the centre of the tumour and helped it to spread. Although the surgery could remove the main tumour this woman believed that even the best surgeon could not remove all traces of the tentacles.



*Case 2:* This woman imaged her cancer as white, small and discrete with definite edges. This made it less likely to spread and easier to remove.

*Images obtained by Alison Harrow and Cara Taylor – see study 2 in box 3*

understood visually as well as verbally or in written form. Understanding people's beliefs through their mental pictures may be a useful alternative to the traditional verbal and written approaches.

Images or illustrations can change both how people think about an illness *and* how they feel about it. For example, an x-ray or a mental image of a bone fracture may affect beliefs about illness (e.g. prognosis - how long it will take to heal; cure - it's a huge break it will need pins; consequences - that must be extremely painful) (see also box 1) and have an emotional reaction (e.g. shock, disgust, or anxiety). These cognitive (beliefs and thoughts) and emotional responses can influence *both* how the illness is experienced and subsequent self-care behaviours. For example Arthur Kleinman has reported the case of a 60 year old woman who was admitted to hospital and told she had 'water in her lungs'. She proceeded to repeatedly vomit and urinate in bed, much to the puzzlement of hospital staff. It later transpired that she was the wife and daughter of plumbers, and pictured the inner workings of the body to be akin to a system of inter-connected pipes. Because of her explanations for her illness - the way

she understood it - it was quite logical to her that frequent expulsion of fluids from the body would cure the problem of water in her lungs. In this example the influence of her mental image of the body as a system of pipes on her illness behaviour is clear.

There is a growing body of research to support a link between mental pictures of illness and illness experience, behaviour, and health outcomes. However, we still don't really know how to explain the link between imagery, experience, self-care behaviours and health outcomes. Because images are being increasingly used to illustrate and reinforce health messages about health we need this explanation - or theory - to help make sense of it all. A multidisciplinary group of researchers from the Social Dimensions of Health Institute (Universities of Dundee & St Andrews) who are all linked to the Alliance for Self-Care Research has identified a range of important research questions (box 2) and are now starting a series of studies to explore the link between images, experience and self-care behaviours and to develop better use of images in interventions (box 3).

**For further details contact Brian Williams.**

**Email:** b.y.williams@chs.dundee.ac.uk

#### **Further Reading**

1. Petrie KJ, Weinman JA. *Perceptions of Health & Illness: Current Research and Applications*. The Netherlands: Harwood Academic Publishers., 1997.
2. Broadbent E, Petrie K, Ellis C, Ying J, Gamble G. A picture of health - myocardial infarction patients' drawings of their hearts and subsequent disability: A longitudinal study. *J. Psychosom. Res.* 2004;57:583-587.
3. Petrie K, Cameron L, Ellis C, Buick D, Weinman J. Changing illness perceptions after myocardial infarction: an early intervention randomized controlled trial. *Psychosom. Med.* 2002;64:580-586.
4. Kleinman A, Eisenberg L, Good B. Clinical lessons from anthropologic and cross-cultural research. *Ann. Intern. Med.* 1978;88:251-258.
5. Shahab L, Hall S, Marteau T. Showing smokers with vascular disease images of their arteries to motivate cessation: a pilot study. *British Journal of Health Psychology* In Press.
6. Williams B, Mukhopadhyay S, Dowell J, Coyle J. Problems and solutions: parents' and children's accounts of adhering to chest physiotherapy for cystic fibrosis. *Disabil. Rehabil.* In Press.

### **Box 2: Key Research Questions**

- In what ways and to what extent do people visualise their illness and any related pathological processes?
- What are the most effective and acceptable methods of 'externalising' these images in order to make them accessible to others?
- What are the common properties, characteristics and parameters of these mental images?
- What are the most appropriate and feasible methods of coding and quantifying key aspects of these mental images?
- How do these mental images relate to important illness perceptions such as curability, consequences, and prognosis?

### **Box 3: Key Current Studies Exploring Imagery**

1. **Using visualisation to change illness perceptions and improve recovery following a diagnosis of cancer: A pilot study.** Tayside University Hospitals Grant Scheme - Alison Harrow, Cara Taylor, Mary Wells, Gerry Humphris, & Brian Williams.
2. **Illness perceptions and imagery: Exploring the importance and usefulness of patients' images of cancer.** CSO PhD Studentship - Heidi Lang, Brian Williams, Gerry Humphris, & Mary Wells.
3. **Using visualisation to change illness perceptions: A RCT designed to improve recovery following a diagnosis of breast cancer.** NMAHP Training Scheme, Postdoctoral Fellowship - Alison Harrow.
4. **Development and feasibility of a peer-led bodyweight and lifestyle management programme.** National Prevention Research Initiative. Annie S. Anderson, Jill Belch, Allan Struthers, Graeme Houston, Alison Kirk, Brian Williams, & Edwin van Teijlingen.

### Interview with Deborah Baldie, Clinical Research Fellow in the Alliance for Self Care Research



*Question: What is your current research project about?*

DB: The project I am working on feeds into the work of a national initiative, the Scottish National Audit Project-Community Acquired Pneumonia (SNAP-CAP), which is led by Professor Peter Davey and Dr Christine Bucknall to improve the care for people with community acquired pneumonia. There is evidence from the United States that people with mild community acquired pneumonia can effectively self manage at home. So far, there has been no research that focused on the patient experiences with going home with pneumonia. Nor has anyone looked into the information patients receive and what support needs they may have in order to self manage appropriately to achieve a speedy recovery. My study does just that. I am using qualitative in-depth face-to-face interviews with patients who have been admitted to hospital with acute pneumonia. I am interviewing them once they are back at home.

*Question: What are your preliminary findings?*

Patients seem to receive a varied amount of information. Some patients feel they are well informed about their diagnosis, about what it means in the long term, and how they can self manage once they get home. Other patients told me that they still did not know what pneumonia was when they left the hospital. Some patients were confused about the diagnosis and feared they had something more long term such as COPD.

Interestingly, while an information leaflet with patient information was available to clinicians over the Internet, it had not been passed on to patients. Patients indicated a leaflet would have been helpful.

*Question: How does your research relate to self care?*



The study provides important information in terms how health care professionals can best support self care, for example, in terms of giving robust advice. This includes advice about when it is appropriate to ask for additional health care support. Patients are often told 'drink plenty' or get 'plenty of rest' but what does 'plenty' actually mean? They don't get that kind of information at all. Self care support means providing appropriate information. Patients would like a clear diagnosis and like to know what they can do about it. They also would like to know there is somebody at the other end of the phone they could call. Someone they can ask 'I am still shivering. Should I take Paracetamol? Am I allowed to take any more?' The other advice in supporting self care would be directed towards patients who have other illnesses as well. For them it is important to avoid pneumonia altogether and to catch infections early. It is important that they ask for professional support early rather than self manage for too long. Otherwise, it might tip them over into severe pneumonia that could be life threatening.

*Question: What are the implications of your research for practice?*

Our interviews have been quite helpful in helping the Scottish National Audit project to revise information leaflets. Professor Vikki Entwistle who worked with me on the project has contributed to improving patient information in terms of format, legibility, the style etc. My interviews are highlighting unmet queries that patients still have. One example: Clinicians typically write information leaflets from a clinical point of view. One of the main pneumonia symptoms is high temperature.

But actually what the patient is experiencing is 'shivering'. Every patient has said to me "I was shivering and that's when I first noticed that I was seriously unwell. I kept shivering and I never had that before". This is something patients can tune into, something they can recognise. Language in the information leaflet needs to reflect that. The new leaflet is going to be piloted across Scotland and we even got interest from clinicians in the NHS in England. Thank you!

### Building Research Capacity and Capability in Nursing, Midwifery, and the Allied Health Professions

The Alliance for Self Care Research brings together researchers at universities, clinical practitioners in the NHS and service users to strengthen and broaden research in the nursing, midwifery and allied health sciences so that they can support self-care.

The Alliance combines the expertise of multiple disciplines across six Universities, NHS regions and local NHS organisations. The Alliance partners offer training workshops, clinical secondments, and research fellowships. We also give trainee nurses, midwives, and allied health professionals opportunities to learn about new self care related research projects within each University. We supervise postgraduate students and have worked with our NHS partners to appoint 8 clinical research fellows who work half in their NHS posts and half in research.

Researchers and NHS staff work side by side to map career pathways for NMAHP researchers. We currently offer taster initiatives ("toe in the water") such as one-day research method workshops or conferences. In addition, we guide clinicians interested in advancing their research skills in selecting appropriate MSc modules at Alliance universities and beyond.

Alliance staff also support clinicians who choose to undertake a PhD who wish to make research a focus of their career pathway and those who completed a PhD are encouraged to seek postdoctoral fellowships to develop research leadership skills further.

If you have any specific questions about our capability-building programme for NMAHP professionals please contact us at [ascr@stir.ac.uk](mailto:ascr@stir.ac.uk)

## Improving research by involving service users

What was researched and how it was done used to be decided by researchers themselves. They would sit in their offices having 'good ideas' about what would benefit people who used services ('service users') and how getting money to research their 'good idea' would help. Although a lot of ground breaking research was done, much of it seemed irrelevant to patients sometimes and sometimes people felt used by long questionnaires or procedures that they never heard any more about. .

Most researchers have now recognised that involving service users in research prioritisation, planning and conduct is really useful to them and can be enjoyable for service users. It can make research more relevant and can help with the way research is done (for example, getting better, more user-friendly questionnaires because service users have commented on them). Service users may be members of the public, patients, people who care for others or family members and even if they have never been involved in anything like it before their experience and common sense can help in the formulation and development of research proposals, and the ongoing analysis and monitoring of research projects.

Three experienced service users already help to monitor and guide our research through being members of our Steering Group. We also involve service users as much as we can in developing research ideas into proposals and in advising on our communications. We promise them that they will always be acknowledged, treated with courtesy and any expenses they have will be paid. But we need more people – with different experiences and with different conditions.

If you, as a service user or a health professional, feel you would like to help us prioritise our research, guide our proposals and make any research we do better please get in touch. We are keen to have you involved.

Get in contact with Lorna McManus or Lynne Cannavina at [ascr@stir.ac.uk](mailto:ascr@stir.ac.uk), telephone 01786 466392. You will be given a warm welcome.

## Enhancing research capability

The Alliance in Dundee has been working to support AHP's to undertake research. One recent success involved supporting a physiotherapist working in Fife to obtain an EastRen grant for a study to investigate validity of tools to measure falls risk in elderly people in the community. Janet Thomas worked with Jacqui Morris, Markus Themessel-Huber and Thilo Kroll from the University of Dundee, and Claire Dobson from Fife Primary Care, as well as staff from Queen Margaret University, to obtain £15,000 to conduct the study. Janet, who works as a physiotherapist in Elderly Care in Fife Acute Operating Division and who completed her MSc in Physiotherapy at Queen Margaret University College in Edinburgh in 2003 said *"I'm really pleased to be awarded this funding. Although only a relatively small project, it has direct clinical relevance and will inform future service developments."* The study is due to start in April 2007. The Alliance team see this as an excellent example of how NHS staff and university staff can work together to ensure that clinically relevant AHP projects attract funding. This collaboration will continue to work closely to support Janet in the conduct of the study.

## Rehabilitation Framework document launched by the Scottish Executive

The Scottish Executive has launched a new strategic policy document in February 2007, entitled 'Co-ordinated, integrated and fit for purpose: A Delivery Framework for Adult Rehabilitation in Scotland'. Alliance staff, Lesley Fleming, Jacqui Morris and Thilo Kroll have contributed on behalf of the Alliance in various efforts leading

up to the document. They participated in working group meetings and reviewed draft documents.

The framework focuses on three key groups – older people, adults with long-term conditions and people returning from work absence and/or wishing to stay in employment. The emphasis of the policy document lies on maximizing social participation of patients and their carers. It stresses the need for timely, accessible and locally available rehabilitation services that include health and social care professionals with a diverse skill mix. Community health partnerships (CHPs) are viewed as local champions in the planning and deliv-

ery of co-ordinated services. The document is available online on the Scottish Executive website and in Blackwell bookshops.



## MSc Modules in Physiotherapy

Jacqui Morris, Clinical Research Fellow with the Alliance has been involved in the successful validation of MSc modules for physiotherapists at the University of Dundee. The modules cover clinical decision making in Musculoskeletal Physiotherapy and Neurorehabilitation, and form part of the School of Nursing and Midwifery's MSc in Advanced Practice. The modules were validated with commendations in at a highly successful validation event in October 2006.

Physiotherapists can study the modules as stand-alone or as part of the MSc award. The validation of these modules represents the success of a unique partnership between the NHS in Tayside and the University of Dundee. Module delivery starts in September 08. Anyone interested in studying the modules can obtain more information from Jenny Ross by telephone on 0771 389 1491

## New Disability Research Institute Launched



On December 6, the Interdisciplinary Disability Research Institute (IDRIS) was launched as a collaborative research programme involving the Schools of Social Work, Nursing & Midwifery, Computing and Education at the University of Dundee and the Department of Geography and Geosciences at St Andrews University. The new institute is set up with the support of the Alliance for Self Care Research and will contribute to its mission. IDRIS 4 offers a programmatic focus on disability and access to expertise from multiple health and social science disciplines. For novice researchers in the nursing and allied health professions, IDRIS will provide opportunities for learning, collaboration, and participation. The core research activities are currently grouped into four thematic strands: *Active living; Advanced Technology and Independent Living; Social Inclusion; and*



*Access to Health and Social Services.* The benefits of self care behaviours such as active engagement in exercise to prevent medical complications after spinal injuries are currently examined in one of the IDRIS projects with a clear link to the ASCR mission. In another project funded by the Economic and Social Research Council (ESRC) a multidisciplinary team are examining to what extent technology in the homes of disabled people meet their assistance and independent living needs and is in tune with individuals' preferences and priorities. If you are interested in learning more about IDRIS, please visit our website [www.idris.ac.uk](http://www.idris.ac.uk) or contact Thilo Kroll at [t.kroll@dundee.ac.uk](mailto:t.kroll@dundee.ac.uk)

### **Forthcoming one day conference: Support for Self Care: An Update, 30th April**

This chance to update on most recent developments in support for self care is being organised by the Social Dimensions of Health Institute in collaboration with

the Alliance for Self Care Research. It will be held in Dundee in Monday 30th April. The conference features five leading speakers:

Supporting self care: what works? (Angela Coulter, Chief Executive, The Picker Institute)

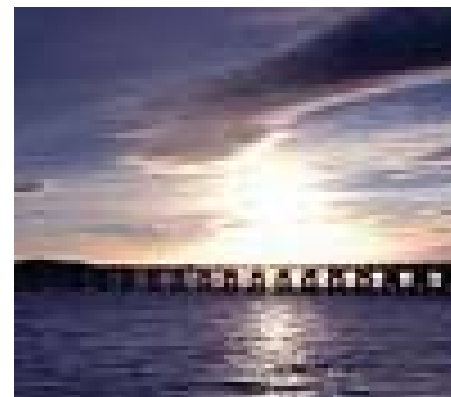
- Supporting self care: what can organisations do? (Debbie Singh, author *'Transforming Chronic Care'*)
- Supporting self care in 'hard to reach' groups (Dawn Wilkinson, University College, London)
- Nursing, midwifery and health visiting contributions to chronic disease management (Sally Kendal, University of Hertfordshire)
- Responding to the epidemic of chronic disease: an international comparison (Ellen Nolte, European Observatory on Health Systems and Policies)

The meeting will also offer an opportunity to 'update' on recent research evidence, to learn about current developments relating to support for self care, and to discuss key issues with policy makers, practitioners and researchers. **For further information or to book, please see [www.sdhi.ac.uk](http://www.sdhi.ac.uk)**

### **Keynote and Symposium on Enhancing Self Care at the 2007 International Nursing Conference**

The Alliance for Self Care Research will be well represented at the upcoming Royal College of Nursing of the United Kingdom Research Society 2007 International Nursing Research Conference in Dundee, 1-4 May. The conference is one of the largest scientific nursing meetings in the world. Dr Martyn Jones, Alliance Researcher and Senior Lecturer in the School of Nursing and Midwifery at the University of Dundee and Associate Director of the Social Dimensions of Health Institute (SDHI) will deliver the keynote address on "Work stress, staff well-being and patient safety: Models and mechanisms in the healthcare setting". Moreover, a multidisciplinary symposium will focus on enhancing self care. Presenters will include both senior and novice researchers and cover a range of topics including the role of illness beliefs in stroke survivors; goal setting in rehabilitation, a review of asthma action planning approaches, and the evidence base for diabetes education.

In addition, individual presentations by Alliance researchers will ensure that research and capacity building activities are disseminated broadly.



### **Stroke Research Group Formed**

Alliance researchers are in the process of forming a research group across Alliance universities and local NHS partners to study the consequences and rehabilitation needs of stroke survivors and their families. The group will work towards a multidisciplinary programme of research that will place nursing, midwifery and allied health professionals into a leading role in grant applications. We will report about developments in future issues of Alliance Update. **For more information, please contact:** [ascr@stir.ac.uk](mailto:ascr@stir.ac.uk)

### **Making Advanced Technology Useful for Independent Living for Disabled People at Home (MATILDAH).**

A multidisciplinary team at the University of Dundee would like to learn about what technology people with disabilities use in their homes, what works what does not work for them. Disabled service users are welcome to join on-line discussion forums or service user club. Contact [info@matildah.org.uk](mailto:info@matildah.org.uk) for more information or check the website at [www.matildah.org.uk](http://www.matildah.org.uk)





**Tuesday 23rd October 2007**

The Royal College of Physicians, Edinburgh

## Call for Abstracts

The aim of this conference is to showcase the research in the fields of nursing, midwifery and the allied health professions (NMAHP) in Scotland.

The conference is being run by the Centre for Integrated Healthcare Research, the Alliance for Self Care Research and the CSO Nursing, Midwifery and Allied Health Professions Research Unit.

## Themes

There will be three themes under which abstracts should be submitted:

- Designing and evaluating interventions;
- Systematic reviews for practice and policy;
- Using qualitative methods in nursing, midwifery and AHPs research.

All research will focus on health outcomes and relevant to NMAHPs

Structure of abstract

Presentation title, theme (from above), type of presentation (oral or poster), authors, background, aims, method, findings, contact details.

Abstract should be limited to 250 words (font Arial, size10) and provide a maximum of 3 references.

## Instruction for Submission

Abstracts should be submitted by email to [conference2007@qmuc.ac.uk](mailto:conference2007@qmuc.ac.uk) or by post for the attention of Rosie Beck at the address noted below.

Abstracts should be received by 27th April 2007 and submitters will be notified of their success by 30th June 2007.

Further information about the conference can be obtained from

[www.researchintopracticeconference2007.co.uk](http://www.researchintopracticeconference2007.co.uk)

Queen Margaret University College

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Tel: 0131 317 3475, [conference2007@qmuc.ac.uk](mailto:conference2007@qmuc.ac.uk) Fax: 0131 317 3162

## EXPERIENCES

### Fiona Mitchelhill, Nurse and Clinical Research Fellow, Robert Gordon University Aberdeen

#### Interests in research

Having been a registered nurse for the last 12 years, working in acute clinical areas, I have always been aware of the importance of evidence-based practice. It was not until I completed my MA (Hons) in Psychology, in 2005, that I really became interested in doing research.



I am interested in many different areas of research and am a novice at the moment – but learning quickly, in the field. I have worked with the Aberdeen Centre for Trauma Research on the “ripple effect” of trauma, how trauma affects partners of the victims. Currently, I am working on a proposal about people who deliberately self-harm and their attendance and experience at A&E. I am working towards developing an intervention to help these service users. I would like my research to continue to be relevant to A&E, my clinical area.

#### Expectations

My expectations at the moment, as I am at the beginning of my research career, will probably change over the period of my secondment. However, I was delighted when I got the job and have been very well supported by all of my colleagues at the Alliance, not just those I work with at RGU.

My expectations as a clinical research fellow are to gain knowledge and experience in research. I also want to help my nursing colleagues and allied health professionals to become more aware of the importance and value of research. Although research involves a lot of hard work, I am convinced that this is how we can improve things for service users.

Having submitted a research proposal, I now realise the amount of dedication, time and hard work involved and the disap-

pointment of unsuccessful applications. However, I really enjoy working in a multidisciplinary team and meeting other professionals who are enthusiastic about the research we are hoping to have funded.

#### First achievements

My first achievement was getting the position as a clinical research fellow, something I never thought I would do so quickly. When I completed my nurse training I did not expect to enter the world of research, but I have and I am loving it. Within 3 months, I had submitted a funding application, with a lot of assistance from my supervisor. We were unsuccessful in attracting funding but we will use the positive feedback received in our submission to another funding body, so fingers crossed.

### Lesley Fleming - Occupational Therapist, NHS Forth Valley; Clinical Research Fellow, Alliance for Self Care Research, University of Stirling.

#### Interest in research

My clinical and research interest is in the field of stroke rehabilitation, through all the stages of the patient journey. I'm interested in how we, as clinicians, can help people recovering from stroke to achieve the best outcomes and get on with the business of life after stroke. Goal setting has been proposed as an intervention that can help people improve their performance and develop self-management skills; however, to date, there is little evidence to support this in a stroke specific context. This is the area of research I'm particularly interested in focusing on.



#### Expectations

When I became a clinical research fellow, I expected that I'd get the opportunity to address some of the questions that I felt were pressing in clinical practice; and importantly, develop the research skills to do it. I also expected that I'd be supported by experienced researchers who could help me do this. Finally, I expected to meet people who got as excited as I did about the notion of research, and how important it is to develop the evidence base in a way that

will have a positive impact on patient care.

I have now been in post for just over a year, and all of my expectations have been met...and more! I'm working on research projects I think are really important, and addressing key clinical questions. I have the support and training I need to develop my research skills, and am surrounded by people who I find motivating and encouraging. I feel very privileged to be part of the Alliance, whilst still maintaining my clinical role.

#### First Achievements

In my first year in the Alliance, I've assisted in a scoping review, funded by NHS Tayside, looking at the evidence to support self-management in stroke. In addition to this, I've presented a poster at the first UK Stroke Forum in Harrogate, and am in the final stages of writing a paper for publication entitled: “Goal setting – bridging the theory practice gap”.

## MEET THE ALLIANCE TEAM

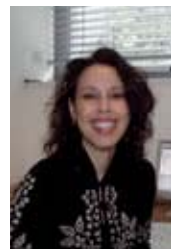
### Dr. Vera Araujo-Soares

**Role in the Alliance:**  
Senior Research Fellow

**Location:** The Robert Gordon University, Faculty of Health and Social Care  
**Research interests:** Self care in healthy people and in people with chronic conditions, with a focus on enhancing self care to promote health and prevent disease. I am also interested in understanding how self care is developed from infancy to adulthood.

**Proudest moments:** Observing our theory based health promotion programme for adolescents working! Working as a volunteer (and influencing practice) in an organization devoted to the work with disadvantaged children.

**Greatest goal:** To better understand the processes involved in behaviour change, and to expand the understanding of self care. To conduct research that is meaningful for everyone (users and



professionals that one day will also, definitely, be users).

**Favourite diversions:** Reading a good book or hearing some good music in a cosy warm place (preferably in the sun); baking and tasting delicious cakes; observing and loving my goddaughter (Alice); communicating with friends and family; observing nature and all nature's creatures (fauna and flora)...

**Vision for the Alliance:** That our research contributes to the way care is delivered and that users become more familiar with the term and concept of self care, and can actually put it into practice.

## Joan Murphy

**Role in the Alliance:**  
Senior Clinical Research Fellow



**Location:**

I have the perfect job as I spend 3 days a week doing research at Stirling University and the other 2 with a community rehabilitation team in NHS Forth Valley. So I've got 2 great teams to work with and both jobs benefit from the other.

**Research interests:**

Communication Disability; Neurological illnesses; Self Management in Rehabilitation

**Proudest moments:**

The first time I got a paper published. Being in the audience when a severely disabled patient with no speech gave a presentation using a communication aid at an International Conference in Vancouver. Getting an email from a clinician saying that Talking Mats had changed her working practice and had improved the quality of life for her patients

**Greatest Goal (this year!):**

To get funding for our Randomised Control Trial on the Talking Mats Eating and Drinking Package.

**Favourite diversions:**

Singing, walking, eating and drinking (not necessarily all at the same time!)

**Vision for the Alliance:**

That research into self management will have an impact on clinical practice and that the Alliance will be recognised and respected as a rigorous (and enjoyable) research organisation that responds to

patients' and clinicians' needs and supports NMAHPs who want to do research.

## DISSEMINATION

### Website overhaul: Introducing Alliance e-Update

You may have noticed. Our website has undergone several changes. Not so much in overall appearance but in functionality. We have added a registration option for visitors. Registration is free of charge and the information you provide will be handled in confidence. There are several benefits if you register with us. We will provide registered users with current information on Alliance seminars and events and you will receive Alliance e-Update. As you know Alliance Update is published twice yearly. Alliance e-Update is providing more regular updates by e-mail up to 4 times a year.



## CONTACT

Research in the Alliance is developed in partnership with health professionals, service users, carers and researchers.

If you want to help us or wish to comment on our work or this publication, please write to us at

[ascr@stir.ac.uk](mailto:ascr@stir.ac.uk)

Please inform us how we can best communicate our activities with your organisation.

For current updates on our research and capability building activities our website: at

[www.ascr.ac.uk](http://www.ascr.ac.uk)

