



Megaphone Online

April 2019

the voice of Health Sciences' staff and students

Department visits

In March the Department welcomed the Acting Vice-Chancellor, Professor Saul Tendler.

Professor Tendler met with staff at a question and answer session.

The Department was also visited by Rachael Maskell, MP for York Central who met with staff from the Departmental Management team and was shown around the clinical simulation unit.

Right: Professor Saul Tendler (L) with Professor Karl Atkin (R).

Below: Rachael Maskell MP with members of the Departmental Management Team



In this issue:

- Students on leadership programme
- Library update - finding study spaces
- Voice hearing conference
- Trials forge studies within a trial centre

Students secure places on York Leaders programme

Three second year nursing students; Susan Birkitt, Noalala Ndlovu and Esther Meza have successfully secured a place on the York Leaders programme.



Pictured left to right: Susan Birkitt, Noalala Ndlovu and Esther Meza

Susan says: "I am really grateful to have been given this opportunity to be part of this programme. With the Nursing & Midwifery Council standards changing in relation to nursing and leadership, this is going to be invaluable. It will be exciting to meet other students, alumni and staff from the University who will support us to improve our leadership skills. I am sure this will have an impact on my future practice."

Esther comments: "I was filled with excitement and nervousness when I received the email congratulating me. I'm looking forward to sharpening my leadership skills as I love learning from others. This will provide me with invaluable skills for my future nursing career."

Noalala adds: "I am grateful to be part of this transformative journey of self-development. This programme will not only strengthen my leadership and professional skills but will enable me to make a difference to the lives of all those I will work and interact with."

Professor Paul Galdas, Professor of Nursing and Deputy Head of Department (Nursing and Midwifery) said: "I am delighted that Susan, Noalala and Esther have been accepted on to this programme. The scheme is an excellent way to develop high leadership skills which are critical to the success of the next generation of nurses and for the future of healthcare."

"I know that they will enjoy the experience and will learn a great deal from being involved. I wish them every success."

The programme provides students with the chance to develop leadership skills alongside employers and alumni, and starts with a three day intensive training course, working with expert trainers and employers.

The training will explore leadership skills in a team, interview techniques and will provide opportunities for students to provide peer to peer feedback.

With only 100 places available, Susan, Noalala and Esther have done well to all be selected from the Department of Health Sciences.

Farewell to our PG Diploma students

In March we said farewell to our 2017 intake of Postgraduate Diploma in Nursing (Adult Field) students. The group enjoyed a celebration event attended by Robert Dalton, who currently volunteers for two charities: Hope Health Action and Through the Roof. Robert gave a talk about his work.

We wish them all the best with their future nursing careers.



Third year mental health student nominated for national award

Carina Mayne, a third year mental health student, has been nominated for Student Nurse of the Year award by the Student Nursing Times magazine.

Carina is one of 10 finalists in the category of Student Nurse of the Year: Mental Health, which was open to all final year mental health nursing students across the UK.

This award celebrates the skills mental health student nurses need to develop to nurse this often hard-to-reach and excluded group. The judges will be looking for an outstanding final-student who offers excellent care and support to this group in treating or helping them to manage their mental health problems.

Carina was nominated by one of her mentors, Richard Allen from the Assertive Outreach team based in Harrogate. Carina said: "I was very shocked to find out that I had been nominated and to find out I've been shortlisted is very exciting. Sometimes when you are a student nurse out in practice you don't realise how valued you are as a team member. To be nominated by your mentor is an amazing feeling and I feel very privileged."

She continues: "It has improved my drive to succeed as a student and it is a huge honour to be representing the University of York."



Student News

Nurses, Midwives and Allied Health Professionals (N, M & AHP) PhD forum

The N, M & AHP forum is a group of PhD students who have a professional background in nursing, midwifery or an allied health profession.

Initiated by Professor Steven Ersser, the forum was set up in the recognition that PhD students with such a background may have different needs to other students.

It aims to offer peer support, share experience and skills, and also to provide recognition and voice to the students, some of whom are not part of a research group. The forum has already met twice and had keen discussions on the format and topics for future meetings.



New members are very welcome, this is a student-led group, open to those PhD students with an N, M & AHP background either studying within Health Sciences or working here and studying at another university. Meetings will be held monthly, lasting for an hour and a half and on alternating days and times.

Forthcoming meetings are planned for:

- Wednesday 22nd May – 3.30pm – 5.00pm
- Thursday 27th June – 9.00am – 10.30am
- Wednesday 24th July – 3.30pm – 5.00pm
- Thursday 29th August – 9.00am – 10.30am

If you are interested in attending or have any questions please contact us via Di Stockdale (diane.stockdale@york.ac.uk).

Student wins place at Dying Matters Awareness Conference

In January a competition was run for undergraduate students, with the prize being to attend the dying matters awareness conference in Manchester. There were numerous excellent entries to this competition which was ultimately won by first year nursing student, Betty Alouch. The following is a report of her experience of attending this conference.

What are some of the things we should all do before we die? Death to me has and will forever remain at the back of my mind. It lingers around my daily activities, as if to reassure me that it's bound to happen.

Over the years I've lost some loved ones, a best friend to a stray bullet, one to a kidney failure and a Grandad through cancer. All my reactions have been different, from extreme outburst to a very chilled me. I've also seen families at loggerheads with wealth and burial preferences when death happens.

Just shortly after submitting my Public Health & Communications essay, an email to write about why student nurses need to talk about death came through, I immediately knew that somehow my name was etched into the competition. I had to be involved somehow.

Fast forward, I was headed to Manchester for the dying matters awareness conference and every single person I rang and told about the conference thought I was weird and strange. "You only live once" they said. Exactly!! Hence the need to get our wishes and wants in order. Prior to this, I had never attended a death awareness conference. To me I was expecting a very dull, somewhat sombre mood and atmosphere. I even carried tissues just in case it got a little emotional. Alas! It was quite the opposite, I learnt that it is okay to know and talk about death. It shall happen, in everyone's lifetime. The food was also amazing!

Having migrated to Britain. I, more than most of my peers, need to know what happens when I'm gone, especially because I have a dependant. I know who my best candidate to leave my child with is, who'd love her as much as I do, but if I don't put this down on a will, it's all pointless.

What happens to my money? Properties of sentimental value? Where do I get buried? Cremated? DIY funeral? Yes, DIY funerals. Intriguingly, I also found out that you can bury in the back garden (Yet to confirm this). Have we got a say in our funerals? I hate flying, so my body isn't being transported to Africa for burial, I'm claustrophobic, so I'm not being buried in a coffin, cremation it is! But if my wishes aren't put down in a pen and paper, lawfully, then all my wishes are pointless.

Death will remain to be the most distressing period to families and loved ones. 'Why not help your family by planning your own funeral, and making your wishes clear in a will.' Sadly, most people my age haven't got any will written, because we think we'll stay young forever. Truth is, death can happen anytime. Are we ready? Are you ready? So, one of things we should all do before we die is have a will written, talk about death, ones final wishes, burial arrangements just to mention a few. Let us make the transition easier for the loved ones left behind.

With recent events of the Ethiopian airline crush, and separately Christchurch shootings, The Sri Lankan bombings, one doesn't know when death will come knocking and what death awareness taught me is to get my act ready, death will happen eventually. Let's talk about death like it's a normal reality.

Making Sense of Voice-hearing conference held in York

On Friday 22 March 2019 the University hosted a Making Sense of Voice-hearing Conference. This conference was a joint initiative between The International Centre for Mental Health Social Research (ICMHSR), the Department of Health Sciences and the Department of Social Policy and Social Work. Voice-hearing is often stigmatized in Westernized society, and the aim of the conference was to explore both voice-hearers and mental health professionals' ways of making sense of voices.

One of the central themes of the conference was to understand the relationships between voice-hearers and their voices. Durham University's 'Hearing the Voice' research project, funded by the Wellcome Trust, presented their latest research findings from a mixed methods longitudinal study with users of an Early Intervention Service. They described how these voice-hearers had relationships with often richly 'characterful' voices, such as 'stereotypical person-like presentations (an angry man)'. Drawing on the research of the psychologists of Wilkinson and Bell (2016), the research team explored the varieties of agent-representation in voice-hearing experiences.

Ruth Lafferty, a former psychotherapist and a voice-hearer, talked movingly about how she uses paintings and charcoal drawings to explore her relationship with a male voice that she calls 'Grande', who she has come to view as a valued companion. Emotional distress features in her work, for as Lafferty describes, 'my current vein or work is exploring the metaphor trauma and damage within the landscape. Scars from environmental impact, our mountains and valleys, our river routes and coast lines'. Lafferty seeks to present fragments in her work that help her to express her 'emotional landscape'.

Dr Roz Austin, a Research Associate in the Department of Social Policy and Social Work, also explored how voice-hearers use creative mediums, such as poetry or memoir-writing, to mediate relationships with their voices.



Pictured left to right: Ruth Lafferty and Rob Allison

Other presenters were also interested in how voices inhabit different spaces. Rob Allison, a Senior Lecturer in the Department of Health Sciences, described how some interactions between voice-hearers and mental health professionals may lead to coercive treatment, which can make their voices louder and more intimidating. The voice-hearers may struggle to cope with this experience, which may lead to a forced medical intervention.

Dr Joachim Schnackenberg, a social worker and psychiatric nurse, described how this pattern of relating to intimidating voices may lead to a pattern of chronicity where the patient is disabled by the experience. Dr Schnackenberg advises that voice-hearers are encouraged to accept their voices, and adopt a neutral position towards them, when they engage in what is known as 'voice-dialoguing'. In this method, a facilitator talks directly to voices in order to explore their motives, and discovers different ways of relating to them. Dr Schnackenberg understands the voices to be selves that relate to overwhelming emotional difficulties in the voice-hearer's life. He argues that learning to relate to the voices better is key to the voice-hearer having a good recovery.

The conference was pioneering in that it created effective collaboration between voice-hearers, mental health professionals and researchers.

Teaching News

Service user and carer consultation events Spring 2019

Beth Hardy, Lecturer in Adult Nursing writes: “We have recently had two events in the department where health service users and carers were invited to come and discuss their views and experiences of nursing education.”

“These events were very productive and we are grateful to the people who attended and contributed to the rich discussions and staff who helped facilitate these. We are currently looking to build on our existing carer and service user involvement in our health professions programmes, if you know of any service users or carers who you think might be interested in getting involved please ask them to get in touch with Beth Hardy (beth.hardy@york.ac.uk) or Liz Wands-Murray (liz.wands-murray@york.ac.uk). “



“We will also be holding events for departmental staff to discuss our developing strategy for service user and carer involvement in education and to share findings from the consultation events, please look out for dates in May/June. “

Dying Matters Awareness week 13-19 May 2019

- Are we ready to talk about death?
- Are we ready to help people we know who are caring for someone who is dying?
- Are we ready to support someone who is grieving?

The theme for this years Dying Matters Awareness week is ‘are we ready?’ and students and lecturers in the department have been working together to plan events for the week. Throughout the week there will be a stall in the Seebom Rowntree reception containing information and resources related to death, dying and bereavement.

On Tuesday 14th May 16.30-18.00 we will be holding a ‘death café’ in Alcuin Kitchen, an opportunity to drink tea, eat cake and discuss death! All staff and students welcome.

On Thursday the 16th there will be a ‘ask a hospice nurse’ session, an opportunity for undergraduate nurses and midwives to ask experienced St Leonards Hospice Nurse Rebecca Quinn questions about hospice nursing, caring for people at the end of their lives and supporting people who are bereaved.

For more information and to reserve a place please go to:

www.eventbrite.com/e/dying-matters-awareness-week-ask-a-hospice-nurse-session-tickets-60804071615

www.eventbrite.com/e/dying-matters-awareness-week-death-cafe-tickets-60827627070

or contact Beth Hardy (beth.hardy@york.ac.uk)

Find study spaces in the Library and beyond!

David Brown, Health Sciences Academic Liaison Librarian writes: “This time of year can get very busy in the Library with lots of students working hard for exams and assignments. Save time finding a seat with these top tips.”

1. Use our seating availability chart to see which areas are least busy

The chart tells gives you a sense of which areas are most or least busy in the Library using a traffic light system: green means that there’s lots of seats available, amber that there’s some and red that an area is almost or completely full. The chart is updated every hour during term time, and you can find it in the building or on the Health Sciences Subject Guide (<https://subjectguides.york.ac.uk/health-sciences>). Don’t forget that the Library has three buildings with different kinds of study spaces: Morrell, Fairhurst and Burton. Why not try somewhere new if your favourite spot is busy?

2. Check live PC availability around campus

You can also check to see where computers are available by using IT Services’ online tool (https://www.york.ac.uk/it-services/roominfo/classroom_use.shtml). It will tell you when a room is booked for teaching and how many computers are available. You can also borrow laptops at any time in the Library; look for the cabinets on the ground floor of the Morrell building.

3. Book a study room in advance to avoid frustration

The Library has lots of study rooms that you can book in advance. Some are suitable for just one or two students, whilst others are suitable for larger groups. Book a room online (<http://informationbookings.york.ac.uk/booking/studies>) to guarantee a space being available when you need it.

4. Explore other study spaces on campus and beyond

As well as the main Library, there are other libraries that offer additional study spaces: King’s Manor in the city centre (<https://www.york.ac.uk/library/locations/#tab-4>) and the Piazza building on Campus East (<https://www.york.ac.uk/library/locations/#tab-7>). There are also lots of other study spaces around campus, including some you perhaps never knew existed (<https://www.york.ac.uk/students/studying/manage/university-study-spaces/>)!

“Don’t forget that when you’re on placement you’re also very welcome to work in hospital libraries - pop in and see what’s on offer next time you’re passing.”

Research News

Home rehabilitation to help people with heart failure achieve better quality of life

A new rehabilitation programme which significantly improves the quality of life of patients with heart failure from the comfort of their own homes will be rolled out at four NHS centres across the UK.

Four NHS trusts have been identified as “beacon” sites, to roll out the new personalised programme, known as “Rehabilitation Enablement in Chronic Heart Failure” or “REACH-HF”.

Approximately 900,000 people are affected by heart failure in the UK, costing the NHS £1bn per year. Although the National Institute for Health and Care Excellence (NICE) recommend that all people with heart failure should receive rehabilitation, less than one in 10 do.

Exercise programme

The programme, which was co-designed by clinicians, academics, patients and caregivers to help increase participation in rehabilitation therapies for heart failure patients by bringing care into their own homes, will be monitored and evaluated before it is extended further.

The beacon sites are: University College Hospitals London NHS Foundation Trust, Belfast Health and Social Care Trust, Gloucestershire Care Services, and Wirral Community NHS Foundation Trust. They were chosen for their geographical spread and commitment to offering home based care.

The programme, led by University of Exeter and the Royal Cornwall Hospitals NHS trust, includes a chair-based exercise programme developed by Professor Patrick Doherty from the Department of Health Sciences, as well as a manual with advice on lifestyle and medication. It also provides relaxation techniques designed to help patients and their caregivers come to terms with both the physical and psychological impact of heart failure.

Take control

Professor Doherty said: “The success of this home-based programme now means that clinicians will be able to offer an out of hospital programme that is proven to benefit patients.

“Quality of life, which is huge issue in heart failure, was the primary outcome and was found to improve significantly through the REACH-HF home based programme.

“Tens of thousands of patients are diagnosed with heart failure every year, yet few ever get cardiac rehabilitation. That has all changed with REACH-HF as so many of them will now have a means by which they can take control of this condition and improve their quality of life.”

The programme was developed during a five year study, which received £2 million in grant funding from the National Institute for Health Research (NIHR) with significant contributions from five NHS hospitals (Cornwall, Gwent, Birmingham, York and Dundee) and three leading UK universities (the universities of York, Exeter and Birmingham) along with input from the Heart Manual Department, NHS Lothian. The research has been supported by the Collaboration for Leadership in Applied Health Research and Care South West Peninsular (PenCLAHRC).

Tobacco cessation within Tuberculosis (TB) service: Engagement and Impact case-study with a private healthcare provider in Pakistan

Tobacco cessation within Tuberculosis (TB) service: Engagement and Impact case-study with a private healthcare provider in Pakistan.

Pakistan has a high burden of TB and one in every five adults smoke tobacco. Smoking not only doubles the risk of dying from TB but worsens outcomes for many other infectious and non-communicable diseases. In Pakistan, regulatory measures on tobacco control are poorly implemented and there is no national smoking cessation service. However, the prevalence of smokers making contact with health services remains high - representing an ideal opportunity for helping smokers to quit. In the last 10 years, we have evaluated cessation strategies to help patients quit smoking in Pakistan's public health sector.

Private health sector engagement, however, remains an important challenge because of the heterogeneous setups throughout the country. Even with a major public health threat like TB, with well-established care services, 85% of TB patients first seek help with a private healthcare provider. A recent GCRF-IAA fund helped us establish engagement with a private non-profit organisation, Indus Health Network (IHN). We conducted a stakeholder consultation event, implemented an integrated smoking cessation intervention within TB clinics at an IHN site and a way forward workshop to build future collaboration.

Outputs of this work include:

Policy recommendations

- Efforts to promote tobacco-free facilitates at IHN
- Dedicated staff tobacco cessation support programme at IHN

Practice outcomes

- Integration of smoking cessation provision in TB clinics
- Roadmap for the plan to implement tobacco cessation within the wider IHN

Research outcomes

- Observation of the intervention delivery practice of the counsellors. Potential to compare practice across sites in the public sector of Pakistan and also with sites in Bangladesh and Nepal, where similar methods of observation are used, as part of the TB & Tobacco project. <https://www.york.ac.uk/healthsciences/research/public-health/projects/tb-tobacco/>
- Research ideas for future collaborative grant applications were discussed at the way forward workshop and the team will be working on these in near future.



Researchers call for rethink of external NHS inspections amid questions of effectiveness

Researchers at the University of York have shown that costly external NHS hospital inspections are not associated with improvements in quality of care. The results have prompted researchers to call for less resource-intensive inspections, allowing trusts to continue with their own internal assessments and focus on making impactful improvements in a realistic timeframe. The team, which includes researchers from the University of Leeds, found that rates of falls resulting in harm to patients, and rates of pressure ulcers following treatment, were improving prior to external inspection by the Care Quality Commission (CQC), which exists to monitor and regulate services, and encourage improvement in quality of care. After inspection, however, rates of improvement were slower.

Dr Ana Cristina Castro, from the Department of Health Sciences, and lead author of the study, said: "Since 2013, CQC inspection teams regularly visit NHS Trusts over several days, with more than 150 inspection measures, and rate them against legally enforceable standards of care.

"This creates a significant pressure on staff before and during the inspection period, and also significant costs, not just of the CQC inspectors but also the NHS staff who are diverted from other activities. We calculated that one CQC inspection costs a hospital between £169,000 and £420,000 depending on its size and the preparatory activities performed. We suggest that a less resource-intensive approach should be considered so that all staff can focus appropriately on longer-term improvements."

The CQC regulate NHS and independent hospitals, conducting regular comprehensive inspections to observe care and examine records. Researchers at York investigated the impact of these inspections in 150 NHS Trusts in England. The team looked at monthly data over four years on falls with harm and pressure ulcers and how they changed in relation to two regimes of inspection – one that relied on a significant input from NHS staff and lengthy visits and a second which was less resource intensive.

Researchers compared both inspection regimes with trusts that were not inspected at all during this period. Neither inspection system was associated with improvements in rates of falls, nor cases of pressure ulcers. In fact, the rate of improvement was worse compared to those trusts that did not get inspected.

Karen Bloor, Professor of Health Economics and Policy in the Department, said: "CQC provides a broad system of regulation, monitoring quality of care and hopefully incentivising improvements. But inspection and regulation is costly, and cannot substitute for professionalism and health care teams working together to monitor their own performance."

Researchers argue that given that several methods of inspection have been implemented and then replaced over a 20-year period - each with an increasingly complex and burdensome process - that reducing the administrative burden should be tried and tested instead.

Trevor Sheldon, Professor of Health Services Research and Policy, is author of an editorial published alongside the research paper. He said: "Research shows us that questionable effectiveness and high burden of health service inspection is not only true of the NHS, but also of health care systems internationally. The research shows that inspection regimes, like CQC, need to rethink their approach; health service and government leaders need to focus less on the methods of monitoring and more on promoting and supporting the many efforts that already exist nationally and within trusts to improve quality. The question that remains is, what is the right dose of oversight that will help improve quality of care, without adding to an already overburdened staff workload?"

New intervention doubles quit rate among smokers with severe mental illness

A dedicated intervention to help people with severe mental illness stop smoking can double quit rates at six months compared to standard care, research by the University of York has revealed. Led by the Department of Health Sciences's Mental Health and Addiction Research Group, SCIMITAR+ is the largest ever trial to support smoking cessation among people who use mental health services.

Smoking rates among people with mental health conditions are among the highest of any group having changed little over the last 20 years, while other smokers have quit. This new study demonstrates that with the right support this inequality could be a thing of the past.

Mental health nurses were trained to deliver evidence-based behavioural support to smokers with severe mental illness in smokers' homes, alongside providing access to Nicotine Replacement Therapy (NRT) and medications.

The researchers found that smokers who received this support were more than twice as likely to have quit six months following the intervention than smokers who had received standard care, usually a referral to the local stop smoking service.

Professor Simon Gilbody, lead researcher from the Department of Health Sciences and Hull York Medical School, said: "People with mental health conditions die on average 10 – 20 years earlier than the general population, and smoking is the single largest factor in this shocking difference.

"Our results show that smokers with severe mental illness can successfully quit when given the right support. We hope our findings will mean that this specialist support is available to everyone who might benefit."

The NHS Long Term Plan published in January commits to developing a dedicated pathway of support to help long-term users of mental health services quit smoking. The Mental Health and Smoking Partnership recommends that the learning from this study is incorporated into routine practice nationally.

Professor Tim Kendall, National Clinical Director for Mental Health at NHS England, said: "This exciting new research will help inform our work to implement the NHS Long Term Plan and deliver the best possible support for smokers with mental health conditions to quit.

"Narrowing the gap in life expectancy experienced by people with mental health conditions must be a priority for everyone working in the NHS and helping smokers to quit is a key route to achieving this."

Ann McNeill, Professor of Tobacco Addiction at King's College London and co-chair of the Mental Health and Smoking Partnership, said: "The Mental Health and Smoking Partnership welcome the findings from this study. Smokers with severe mental illness have been ignored for far too long – and it is fantastic to see that changing."

"We hope that NHS England will take these findings into account when implementing the ambition of the NHS Long Term Plan. Most smokers with a mental health condition live in the community, meaning community and primary care services also need to step-up the support they're providing if we're to narrow the gap in life expectancy. SCIMITAR shows how this can be done effectively."

New 'Trial Forge Studies Within A Trial Centre' aims to improve clinical trials

York Trials Unit, based in the Department of Health Sciences, has opened a new 'Trial Forge Studies Within A trial Centre'. The new Centre aims to gather the Department's expertise in clinical trials to improve the efficient conduct of trials and reduce research waste.



Picture shows: left, Prof David Torgerson (Director of York Trials Unit) and right, Dr Adwoa Parker (Trial Forge SWATs Centre Lead)

There is currently very little research evidence on how to conduct trials efficiently, meaning, for example, that worldwide only about half of all trials recruit enough participants to answer their research question.

The Trial Forge initiative aims to take a systematic approach to make trials more efficient. A Trial Forge Centre is a Centre that has demonstrated expertise and capacity in trial methodology work that aims to improve trial efficiency. The new Centre will use a method called 'Studies within a Trial' or SWATs to test ways to improve how trials are conducted, such as how best to recruit and retain trial participants. Dr Adwoa Parker (Research Fellow) leads the new Centre.

The York Centre will collaborate with other Trial Forge Centres in the UK and internationally. There are currently other Trial Forge Centres at The University of Aberdeen, University of Bristol and University of Basel (Switzerland).

Prof Shaun Treweek, who leads the Trial Forge initiative from the University of Aberdeen said: "This is a fantastic development for Trial Forge. Improving trial efficiency needs both coordination and collaboration and having groups around the UK, indeed the world, working under the Trial Forge banner but focusing on things that interest them is the way to get scale I think. York has a long history of doing SWATs so their becoming a Trial Forge Centre has substantially increased our ability to coordinate, design, run and report SWATs. I couldn't be more pleased."

You can find out more about the Trial Forge Studies Within A Trial Centre by visiting <https://www.york.ac.uk/healthsciences/research/trials/research/swats/prometheus/>

Improving Research Reporting: an output from York Trials Unit Writing Week

Improving the quality of research reporting is an imperative that has driven the production of a proliferation of reporting guidelines for different study designs. But how valid are these guidelines?

This was a question four researchers decided to answer during their YTU writing weeks' time...and their findings have now been published. After exploring what validation of reporting guidelines might involve, the team looked at the validation criteria in key reporting guidelines.

Catherine Arundel, lead author, said: "we found that although reporting guidelines included development details, any efforts at validation were implied rather than clearly stated." The team felt that emphasising the validity of reporting guidelines could help encourage their use by authors. Any improvement in reporting would be good and help reduce waste in research.

The authors were grateful for the Trials Unit initiative of holding three Writing Weeks each year, which gave them the opportunity for working in a new collaboration and on something outside their allocated trials. Professor David Torgerson, Director of the Trials Unit said, "This is exactly what we had in mind when we set up the Writing Weeks. We aim to provide a supportive environment where everyone has the opportunity to take a lead on asking and answering questions related to our daily work."

To view the paper visit:

<https://www.sciencedirect.com/science/article/pii/S2451865418302035?via%3Dihub>

Professor opens 2019 Centre of Evidence Based Early Intervention Conference

On April 2nd Professor Tracey Bywater, Health Sciences, University of York, opened the 2019 Centre for Evidence Based Early Intervention (CEBEI) conference at Bangor University, sponsored by the Children's Early Intervention Trust.

Tracey can be seen here with the Director of CEBEI, Professor Judy Hutchings (in the middle), and the Key note speaker, Professor Frances Gardner from Oxford University (on the left). The conference focused on evidence-based service provision for children, families, and schools and had over 100 participants comprising practitioners, research collaborators, charities, and academics.

Presentations explored school-based anti-bullying programmes, parent programmes delivered in low-middle income countries, whole-school approaches, and foster carer training, to name a few.



Staff News

World Delirium Day

Staff once again raised awareness of Delirium by having a stand in the Seebohm Rowntree reception area to mark World Delirium Awareness Day.

Delirium is common among older people, people having surgery, in intensive care and those nearing the end of their life. People with delirium become confused: they can become agitated or sleepy and can have problems with language, memory and perception. It can be very distressing for patients and their families as well as being associated with higher mortality. However, it is often missed by healthcare professionals. Delirium can be prevented by interventions that equate to basic good quality care but are often neglected.



Picture shows: left, Imogen Featherstone and Rebecca Woodhouse right.

Action for Happiness course on campus

Cliff Riordan, Mental Health Lecturer and Tina Alyssandraki (PCMIS) are running an Action for Happiness course on campus for 8 weeks starting on 9th May.

The course was created by the Action for Happiness charity and is a science-based course for people who want to learn how to live happily and spread happiness to those around them. It is designed to help people tune in to what really matters in life, connect with people around them and find small ways to start taking action.

The course is run by local volunteers and based on donations - so please feel free to give whatever you can afford.

For more information visit <https://www.eventbrite.co.uk/e/the-action-for-happiness-course-york-9-may-2019-tickets-59318080977#tickets>.

Participatory Approach for Nutrition in Children, Strengthening Health Education Engineering and Environment Linkages

The Department is co-hosting a seminar by Professor Rajib Dasgupta from the Centre for Social Medicine and Community Health, Jawaharlal Nehru University India. The seminar will take place at 1.30pm in the Alan Maynard Lecture Theatre on Thursday 20th June.

Professor Dasguta will talk about his work on a highly interdisciplinary project that spans health, disease prevention, nutrition, sanitation, energy and education, and blends community participatory approaches with working with policy makers.

The event is free and open to people from inside and outside the University but please register via Eventbrite <https://www.eventbrite.co.uk/e/participatory-approach-for-nutrition-in-children-tickets-59946445432> to help us cater appropriately for numbers.

Staff News

Hello

We wish a very warm welcome to new members of staff who have joined the department recently, these include: Shirley-Ann Paul, Carol Taylor, Mark O'Neill, Malini Pires and Helen Elsey.

Goodbye

We also wish a very fond farewell to those who have left the department over the last few months, including: Erin Wheeler, Fiona McCallion, Kelly Davies and Fatima Bigham.

Retirement

We also wish Professor Ian Watt a happy retirement. Ian, who retired at the end of March writes: "Thank you for the good wishes, cards and presents that I received on my retirement. The generosity and kindness is very much appreciated. Working at York has been a major part of my life for over 25 years and with so many good colleagues in the department it is a wrench to step down. I wish you all the best for the future and that the department continues to thrive."



Baby news



Congratulations to Alex (Exams and Assessments) and Mark Wall (PCMIS) who's daughter Marnie was born on 19 March after an epic 44 hour labour (well done Alex!), weighing 7lb 12oz. Mother and baby are both doing very well.

Mark and Alex would like to thank everyone in the department for their generosity and positive vibes throughout!

We will be sure to let you know when Marnie is planning her first visit.



If you would like to make a submission to future editions of Megaphone, please contact Jane Milsom (jane.milsom@york.ac.uk or tel 01904 321392).