3 Year Funded PhD possibilities in Health Sciences in the School of Medicine

We are delighted to offer one PhD and ask applicants to select from one of the following options; there are two possible projects, A and or B.

**Supervisors:** Professor Liz Anderson ([esa1@le.ac.uk](mailto:esa1@le.ac.uk)) and Dr Noelle Robertson for both projects.

**Available to UK/EU applicants only.**

**Application Deadline:** 30th April 2018 – to commence from September 2018

**Either Project A**

**Description**

**Project Title:** An evaluation of a Health Enhancement Programme which uses mindfulness training for undergraduate medical students

The evaluation study seeks to ask questions about the introduction of the Health Enhancement Programme (HEP) within the early years of the undergraduate medical curriculum at the University of Leicester. The study will explore the integration of teaching on personal wellbeing into a core medical curriculum. It will explore the relationship between mindfulness and the rest of the curriculum. The theoretical approach for the evaluation will follow that of the Logic Model which seeks to consider the sequence of activities and the outcomes anticipated (Frechtling, 2007). As such the evaluation will ask questions concerning:

- **The inputs** - resources used by the programme including tutors and facilities
- **Activities** - directly related to the curriculum teaching and what is done to achieve the intended learning
- **The outputs** - what the course does with the inputs to achieve its aims and objectives, clinical training and student support etc.
- **Outcomes** - the benefits of the course for the students. This can consider the short term and medium term impacts as students are followed into years three, four and five (clinical years) looking for longitudinal impact.

The study will use mixed methods. The strength of the work will come from combining both quantitative and qualitative methods. Qualitative research methods will feature highly in this project to reach the felt experiences of all stake holders, students, tutors and wider faculty. Early focus
Background

Mindfulness, in its simplest form is the ability to focus, non-judgementally on the present, whilst acknowledging but letting go of distracting influences (Williams & Penman, 2011). It has increasingly been taught in a readily approachable secular way in a surge in public interest in its health promoting qualities. Mindfulness is nothing new in the sense that it has been a theme of the world’s major wisdom traditions since antiquity, but a very large scientific evidence base now supports the physical and psychological benefits that arise through its practice. The discovery of telomerase has shown that mindfulness practitioners have longer telomeres than control subjects thereby lowering the likelihood of the onset of age-related morbidities (Blackburn, Greider & Szostak, 2009). Further research has shown that the genetic expression of beneficial families of genes, including a health promoting set of immunological genes are switched on after even short periods of mindful practice by beginners (Benson & Proctor, 2010). Other work has found that clinicians who practice mindfulness, conduct more patient centred consultations and elicit higher satisfaction scores from their patients (Beach et al., 2011). Mindfulness has been shown to be associated with lower medical student and doctor burnout and to reduce medical errors.

Only two UK universities teach mindfulness as core curriculum, Leicester and Warwick. The course adopted at Leicester is named the Health Enhancement Programme, or HEP, and was created by Dr Craig Hassed of Monash University Australia, who has donated lectures and manuals and given masterclasses to prospective Leicester mindfulness tutors. The HEP combines didactic teaching and experiential tutorials to explore the major ‘pillars of health’ necessary for wellbeing (stress release - through mindfulness, exercise, nutrition, connectedness, spirituality and environment). It devotes over 50% of its time and content to mindfulness, this being seen as central to the maintenance of the others. There is an emphasis on experiential learning, and while there is no compulsion or requirement to practice mindfulness, students are encouraged to experiment with it in their own lives. Student evaluation based on pre and post course questionnaires has significant improvements in several measures of self-perceived psychological wellbeing, this being directly related to the degree to which the students adopted mindfulness practice. Self-reported student interest and perception of the programme’s relevance were unexpectedly high. There is scope to follow students as their MBChB course progresses to understand the degree to which mindfulness continues, or ceases to be a part of their daily practice, and to better understand what they gain from any continued practice. There is also scope to assess the views of tutors and wider faculty members.

For further information about this work contact the Lead for Mindfulness training and additional project supervisor Dr Chris Sanders  cjs8@leicester.ac.uk

References

Or Project B

Description

Title: The Impact and Value of a Patient and Carers Group involved in Professional Health Care Training

The aim of this research is to ask questions about the integration of the ‘Patient and Carer Group’ in training programmes at the University of Leicester mainly in the Medical School and also Clinical Psychology and the School of Allied Health. This research will follow the hermeneutic phenomenological approach informed by Martin Heidegger [1889-1976] and Hans-Georg Gadamer [1900-2002], which underpins this study. This is because this work is multifaceted and dialectical in nature with multiple levels of meaning inherent within it. This interpretive study seeks to uncover and reveal those aspects of patient and carers, students and academic staff concerning what it means to engage patient and carers within health care training. The researcher will dwell within the Patient and Carer Group to gain a deeper understanding of, the nature of events as experienced in everyday life, a more thoughtful approach to the development of ‘being’ and ‘becoming’ part of a faculty might mean for those from a range of groups including the ethnic and marginalised groups.

Questions

- How do students value the in-put into their training of the patients/carers?
- How do members of this group experience being part of a university?
- What are the challenges for representation across the cultures?
- What are the challenges for faculty (teachers and administrators) in working with patients and carers?

Background

The patient’s1 voice in health and social care education, has moved from a passive role, patients as subjects or cases in clinical placements, to a more active person-centred role where patients engage in teaching as partners to share their lived experiences often in a classroom and other setting. Patients are now recognised and valued as teachers helping to shape curriculum (Spencer et al., 2011). Learning with people who can share their personal experiences shapes professional attitudes for compassion and empathy, while seeking greater understandings of how to involve patients in all aspects of their care, including shared decision making (Towle et al., 2016). More recently in the UK the patient voice has been recognised as pivotal for understanding the imperative of safe care (Berwick Report, 2013).

There are still concerns about whether patient involvement is embedded in professional programmes (Towle et al., 2016). Many health and social care programmes are still working to understand what it means to involve patients and carers in a curriculum. Early successes from mental health nursing and social work have recently been followed by professional body requirements for others to follow including medicine, nursing and pharmacy and in these later adopters patient involvement is under-researched (Tew, Gell & Foster, 2004; Beresford et al., 2006; General Medical Council 2016; Health and Care Professions Council, 2010). As the patient voice is relevant for all professions there have been calls for patient involvement to be an interprofessional

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1 Patient refers to all those people who experience health and social care and who may use other terms such as client, service user etc.
concern (McKeown, Malihi-Shoja & Downe, 2010; Anderson et al., 2011). Overall programme leaders have little guidance on how to offer high quality education in partnership with patients. Progress in patient involvement in medical education remains relatively light touch with calls for theoretically informed perspectives (Spencer, 2016). In many cases passive patient involvement characterised by “paternalism” and “medical gaze” is the norm and there are few examples of true partnerships with patients in leading teaching roles (Regan de Bere, & Nunn, 2016).

Perhaps one of the most concerning aspects in this work is the ability of schools to support patient and carers who represent the local populations who use services. In a recent set of statements on the state of patient involvement there were concerns that: “Involvement is often limited to a specific population of patients rather than reflecting the diversity of lived experiences…” (Towel et al., 2016 pg.19).

At the University of Leicester healthcare programmes have supported patients in their programmes for some time. Leicester Medical School formally launched a partnership agreement with patients in 2016, with patients writing the Framework with academics for the ‘Patient and Carer Group’. The group of over 70 people has grown from well-established patient involvement which started in 1998. The new Patient and Carer Unit has a formal accountable system, a core group and continues to work to involve a wide representation of local people. It is recognised that patient involvement requires energy, an infrastructure and sufficient resources (Towle, et al 2016). Since the early initiative there has been a number of challenges in managing expectations, faculty development as well as questions concerning the cost and benefits to the curriculum. There are also concerns about the limited number of people representing the breadth of the cities diverse populations. This group is shared with the Schools of Allied Health while others work with clinical Psychology students.

References

General Medical Council (2016). Guidelines for education and training. GMC; London.
For both Project A or B – Application Process

Informal Enquires

Please contact Professor Liz Anderson (esa1@le.ac.uk) 0116-2523767

We are looking to attract the best applicants for FULL TIME STUDY, with a 2:1 or 1st class Bachelor Degree, or equivalent, in a relevant subject. Standard English Language requirements apply where applicable. The applicant must be to start September 2018.

Funding

The funding provides a tuition fee waiver at UK/EU rates and stipend at UK Research Council rates for 3 years.

How to Apply

Draft a brief (1,000 words maximum) personal statement that:
• explains why you want to work on the PhD study you select – A or B
• describes any relevant research experience - for example, as part of a previous degree
• lists any academic work you have published or which is awaiting publication

Submit your online application Apply for Health Sciences Research.
• In the Funding Section of the online application form select STUDENTSHIP and in the drop down menu select CLS STUDENTSHIP

Application Guidelines

Prepare your supporting documents - with your application you need to include proof that you meet the academic and, where applicable the English language entry requirements:
• Include all relevant certificates/diplomas and transcripts
• Include a full curriculum vitae
• Two academic reference letters or the contact details of two academic referees.

Please Note: Applicants must provide official copies of their entire course transcripts including explanations of the mark schemes used. Supporting documents not in English must be provided with a certified English translation