



# What Knowledge Can Users, Carers and Practitioners Share with Researchers?

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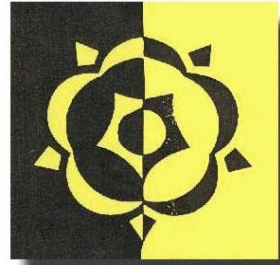
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# Different Ways of Participating in Research

- Reading; lay publications and studies of peoples' views
- Consultation e.g. questionnaire surveys, internet surveys, focus groups, exit interviews, Delphi studies, open meetings
- User groups/panels, citizens' juries, consensus conferences



# New ways of data collection

- Community meetings
- Making videos, community drama
- Use of drawings, murals and photography
- Sharing oral histories
- Community surveys
- Design ethnography and use of prototypes



# Involvement at Different Stages

- Defining the research question
  - Designing the research
  - Implementing the research design
  - Analysing the research data
  - Reporting the research results
  - Acting on the research results
- (Stoeker, 1999: 850)



# SMART Rehabilitation: Technological Applications for use in the hospital and at home

Engineering and Physical Sciences  
Research Council UK – EQUAL4  
Consortium

To examine the scope, effectiveness and appropriateness  
of technology to support home-based  
rehabilitation following stroke

One example of a project where users, carers and  
practitioners are being actively involved



# SMART: Different Types of Involvement

As Research Advisors:

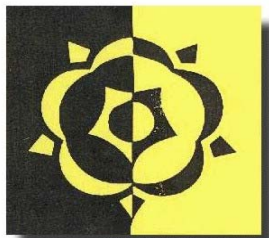
- Providing an external perspective upon the project and its' progress through participation in our Expert Panel
- Reading and providing opinions on project outputs
- Giving expert clinical opinion; e.g. consultation with practitioners regarding which movements to focus on



# SMART: Different Types of Involvement

As Research Participants:

- Providing views through focus group discussion
- Volunteering to participate at various stages of scientific testing and development; collection of baseline movement template data, clinical testing of the prototype device



# SMART: Involving Users, Carers and Practitioners

**Recruiting to  
focus groups**

**Supporting  
practitioner  
involvement**

**Consortia**

**Stroke  
Association**

**Clinical  
Collaborators**

**Providing  
verbal and  
written  
information**

**Receiving  
feedback  
about usage**



# Why has Technology not Impacted upon Rehabilitation Services Yet?

- Engineering challenges
- Relevance for practitioners
- Ability to meet the needs of users and their carers
- Cost, appearance and useability
- Mainstreaming into health service provision



# Perspectives of practitioners; what we already know

Remote monitoring rather than “hands on” would be a new role for rehabilitation professionals

The device would need to be tailored to meet specific clinical needs

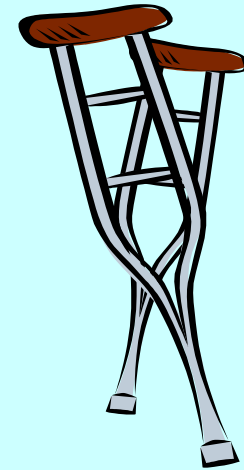
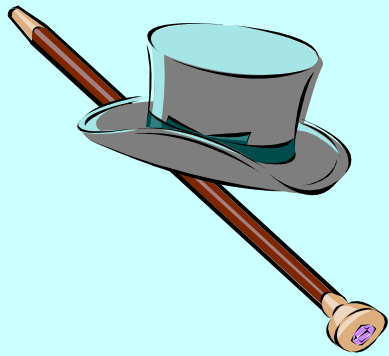
Training and on-going support would be required



# Perspectives of Users and Carers: What we already know

- The following are key issues:-
- Ease of use
- Appearance
- Reliability

If you had to use a walking aid,  
what would you want it to look  
like?





# Designing a Device: Some Key Questions to ask Practitioners

- What will professionals be prepared to use?
- What properties will make a device clinically relevant?
- What feedback mechanisms would be most helpful



# Designing a Device: Key Questions for Users

- What were your experiences of rehabilitation
- Would you be prepared to use a device to facilitate your rehabilitation at home?
- What would encourage you to use the device?
- What could be a problem?



# Designing a Device: Key Questions for Carers

- What are your views of the rehabilitation received by the person you care for?
- Would you be prepared to help the person you care for to use a device at home?
- What would be the benefits?
- What might be the problems?



# Methods of Engagement: Focus Groups

Pilot focus groups completed;

- confirmed demand for this technology
- need to demonstrate what the device might be like

Further focus groups planned with users in  
Sheffield

Will adopt a “user centred design approach”

- Design ethnography – response to the product
- Use of prototypes – mock up versions

# Infrastructure is Needed to Support Engagement

Framework for User Involvement Developed by the Sheffield Health and Social Research Consortium; to ensure that all members, researchers and the public are guided and supported in achieving best practice

The framework covers:

- induction
- training
- remuneration
- health and safety
- good practice

Also need to take into account the costs of involving staff  
“Support for Science”

# For More Information Visit the Following Websites;

- SMART Project

[www.http://hsc.shu.ac.uk/smart/](http://hsc.shu.ac.uk/smart/)

Centre for Health and Social Care Research

[www.shu.ac.uk/research/hsc](http://www.shu.ac.uk/research/hsc)

- Sheffield Health and Social Research Consortium

[www.shsrc.nhs.uk](http://www.shsrc.nhs.uk)