Some notes from the inter-disciplinary working workshop

There were 18 participants – a mixture of students (mostly nursing but also psychology), patients/representatives, some NHS professionals and academics and a very wide ranging discussion as one person’s idea and comments sparked ideas in others. In the very short time available we were not able to explore any topics in any depth but it illustrated how an inter-disciplinary group such as this could identify problems and possible solutions.

Discussion included:
1. Infection control in public toilets. How can you flush, wash your hands and get out without picking up infections? Discussion of UV light and planes.
2. Discussion of moisturizing and body products and the amount of waste – coming in sachets rather than containers (style Travelodge). Portable dispenser but questions of infection control. Nursing student to be put in touch with Andy Nichols.
3. Infection control in general practices and other children waiting areas where there are toys. There was discussion about some health promotion games and the use of alcohol wipes.
4. Discussion about the confidentiality problem in health centres and elsewhere where – for example – because patients may be slightly deaf a receptionist is speaking very loudly so that the next person in the queue (and probably most of the waiting room) can hear. Need for better design (architecture students) and also education of staff.
5. The issue of internet going down in rural areas was raised and how this could be maintained. It was suggested that Google was investigating the maintenance of internet in rural areas via balloons.
6. One student suggested that Plymouth University should include where there were water fountains on campus into the university app. (Or computing student app?) (See recent work mapping all public WCs in UK).
7. There was discussion about the need for (maybe it exists?) an app showing the site of all defibrillators. Someone said that SWAST knew the sites and would tell you if you phoned 112 (?)
8. Discussion about falls and fractures – could there not be some device to help. For example, a wearable accelerometer that was able to inflate a crash cushion? It was recognised that there was a lot of work in this area but maybe there was still scope for the involvement of computing, engineering, and occupational therapy students.
9. Rachel talked about an educational clinic (health promotion) for members of the public, run by students from dietetics, nursing, medicine. Etc
10. If we want CCGs, and PPGs to be considering more innovative solutions they need to be prompted as to what is possible (in the way that we did in the workshop), so perhaps some video etc might be made available on the web.
11. Law students were working with patients and professionals at the Cumberland Centre Devonport – presumably on social issues such as benefits, debt, etc.
12. Are catering students from City College, dietetics students from PlymUni involved in looking at the menus available in health centres, hospitals? Menus often (still) dreadful.
13. Discussion about attitude change – reference to Island – an evacuation game that raises awareness but is not so terrifying that people cannot participate.
14. Need to increase the diversity of people in PPGs – maybe go via schools and so via PlymUni education students?