Public Engagement Case Studies

Dr Sarah McGarrol
Institute of Psychology Health and Society
I am a post-doctoral research associate working within the NIHR funded Health Protection Research Unit in Gastrointestinal Infections, Department of Public Health and Policy. I work within the ‘People’ theme, which is seeking to explore and explain the distribution of diarrhoeal diseases in the population, establishing for whom the burden of disease is greatest, and why. The consequences of GI infection, such as hospital admissions, are worse for those from more deprived areas, but the reasons for these are not well understood. This theme, is aiming to explore and provide evidence of inequalities in GI vulnerabilities and consequences.

What did you do?
On the 6th July 2016, myself and Suzie Rotheram (aided by Dr Sophie Wickham) created and organised a number of fun, interactive tasks for school children. This public engagement event was held at the World Museum in Liverpool and the aim of the day was for school pupils from four different local primary schools to participate in hands on science activities and challenges and learn more about research undertaken at the University of Liverpool.

This event provided us with the opportunity to find out in more detail how children talk about, describe and understand what gastrointestinal infections are, what might cause them, and where they might acquire them. With the help of ‘Gerry the Gut’, a giant inflatable intestine, the children were asked to think about, describe and make sense of tummy bugs - how tummy bugs would make them feel, where they might come from and what might happen if they had one. Through the various tasks, we explored and better understood how children described and made sense of tummy bugs, as well as the ways in the children discussed how viruses and bacteria get into their bodies.
What were the outcomes?

Participating in this event had an impact on the research in a number of ways. It was an opportunity to find out how children understood and talked about tummy bugs. This was important as it could help us better understand how the public talk about and understand GI infections. It was also a good test of the ‘yuck’ factor associated with talking about ‘poo and puke’ and it also gave us an insight into how sensitive we as researchers may have to be around presenting and discussing this topic. We also piloted a number of methods with the school children which we are hoping to use during our research. These methods included low-tech laminated pictures denoting where bugs could be picked up from and a ‘bodymap’ alongside post-it notes, for the children to name and talk about where, in their bodies, a GI infection would affect them, what would happen and how it would make them feel. This provided us with a visual representation of the words and descriptions children were using.

When we evaluated this event, we learned a number of things which we did not know before. The term ‘gastrointestinal infection’ is not how children talk about ‘tummy bugs.’ Some descriptions were ‘virus, bad tummy, tummy/stomach ache, feeling ill, feeling sick’. They recognised and were able to state which bits of the body would feel unwell with relative ease. They recognised what might happen if they were unwell and provided examples of ‘diarrhoea, vomit, poo continuously coming, throwing up, sweaty.’ The children provided some suggestions as to what the consequences would be if they had a tummy bug and examples included ‘it will become worse, need some medicine, hospital, die.’ They were able to recognise with varying degrees possible domestic and environmental sources where tummy bugs could come from.

There were a number of challenges associated with the tasks, not least as we had 4 tasks and 20 minutes per group to complete them. However, these were minimised by being aided by our colleague Dr Sophie Wickham, who helped us organise the materials and equipment within and between sessions. It was busy and we had to be organised but the children responded well and we received positive feedback about the tasks from the children, their teachers and the World Museum. Having ‘Gerry the Gut’ also provided us and the children with an unusual and interesting attention grabber, and some of the tasks were even completed inside the gut!

Why did you get involved?

Getting involved with this public engagement event provided an opportunity to ‘test’ some of our ideas and see how children talked about, described and identified where bugs came from. We learned from this that we may have to better tailor information for participants taking part in the research in the future. For example, using the term ‘gastrointestinal infection’ may not be the best descriptor for this purpose. Also, by piloting some new methods - the ‘bodymap’ and the place-based pictures, we are more confident that these will be useful tools for drawing out participant’s views and perceptions about some aspects of GI infections.

What are your top tips?

- Team working was crucial
- ‘Gerry the Gut’ was such a talking point and really helped set the scene for the activities
- The tasks were simple, yet effective so my advice would be to not overcomplicate what you want to do
- It will always take longer than you think with groups to outline the tasks. Be clear and straightforward with instructions
- Find quick ways to organise materials e.g. coloured stickers, pens, post-it notes. These strategies can help when there is little time available
- Have fun! It was full on but we gained a lot of useful information and confidence about our ideas and methods from participating

To find out more about public engagement in the Faculty of Health and Life Sciences contact laura.winters@liverpool.ac.uk