MAYS Conference 2017

University of Edinburgh

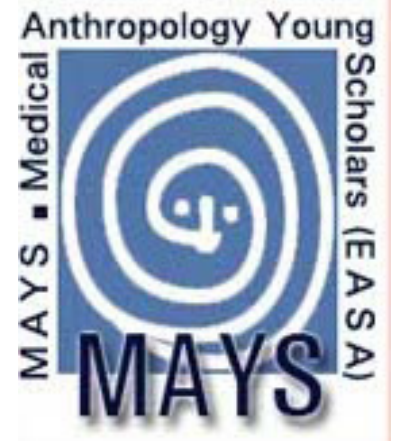**Medical Anthropology Beyond Academic Borders**

In collaboration with
SoMA (Students of Medical Anthropology)
of the University of Edinburgh

And with support from

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INDEPENDENT PUBLISHING SINCE 1994

MAYS Conference 2017

The MAYS 2017 conference will explore the ways in which medical anthropology can be practically and socially applied outside of academia in the public sphere, and how medical anthropo gists can collaborate with other professionals.

Recent years have seen a shift in the role of academia within public spheres. This is recognition of the need for collaboration between academia and the wider healthcarecommunity inhealthresearch. Additionally, the direction of social science research funding has turned toward prioritizations of definable impact an interdisciplinary project teams. These shifts in the landscape of social science research highlight the limitedness of purely academic posts within the disciplines of Anthropology and Medical Anthropology. As such, current PhD anthropology researchers are often encouraged to look beyond the academic discipline for professional careers after graduation. Considering these factors, active examinations and contemplations of the ways in which anthropological training and research can be applied to and pursued within other professional vocations are required.

This conference is intended to instigate conversations that acknowledge, but sidestep debates about whether or not medical anthropology should or should not be applied beyond the discipline. Rather, this conference is aimed at questions of how. Our goal with this conference is to create dialogue about practical ways and directions medical anthropological work can be used and made available outside academia, spark collaboration with other professionals, and provide the foundation for a professional career.

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LOCATION & MAP

The 2017 MAYS Conference will be held on the University of Edinburgh campus in the

Chrystal MacMillan Building ('the CMB'):

15a George Square, Edinburgh, EH8 9LD

The majority of the communal conference activities will be held in the 6th Floor Staff room. Take the lift or stairs, and exit to your right, until you reach the far end of the 6th Floor.

**Please arrive promptly to the 6th Floor Staff Room
at 8:45a on June 15th**
with your £10 registation fee in cash.

If you will be joining us for the Conference Dinner at Spoon, please also bring £35 in cash.

Medical Anthropology Beyond Academic Borders

MAYS CONFERENCE 2017

In collaboration with SoMA

and with
support from **berghahn**
NEW YORK · OXFORD
INDEPENDENT PUBLISHING SINCE 1994

Schedule *Day 1 : June 15th*

8:45 AM

6th Floor, CMB

Tea and Coffee Reception
Registration:

- Please bring £10 in cash
- If you will be joining us for dinner, please bring £35 in cash as well

9:10 AM

6th Floor, CMB

Conference Welcome

- Speaker: Ian Harper, Director of EdCMA (Edinburgh Centre for Medical Anthropology)

9:30 AM

see locations below

Parallel Panel Group Sessions

Panel Group A: Pod 5.11
Panel Group B: Pod 5.31
Panel Group C: Pod 6.11

12:00 PM

6th Floor, CMB

Lunch

12:45 PM

6th Floor, CMB

Lecture, Daniel Jordan Smith

1:30 PM

6th Floor, CMB

Lecture Discussion

2:00 PM

6th Floor, CMB

Workshop Panel Presentations:

Laura Cockram
Daniel Jordan Smith
Alex Edmonds
Neil Thin

2:45 PM

6th Floor, CMB

Panel Group Discussion

3:15 PM

6th Floor, CMB

Tea and Coffee Break

3:30 PM

6th Floor, CMB

Parallel Workshop Sessions:

A, Daniel Jordan Smith, *Pod 5.11*
B, Laura Cockram, *Pod 5.31*
C, Alex Edmonds, *Pod 3.11*
D, Neil Thin, *Pod 6.11*

1st Session: 3:30 – 4:15pm
2nd Session: 4:15 – 5pm

5:00 PM

6th Floor, CMB

Closing Day Remarks/Admin

5:15 PM

Departure

7:30 PM **Conference Dinner**

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Medical Anthropology Beyond Academic Borders

MAYS CONFERENCE
2017

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Schedule *Day 2: June 16th*

9:15 AM

6th Floor, CMB

Morning remarks

9:30 AM

see locations below

Parallel Panel Group Sessions

- Parallel Group A: *Pod 5.11*
- Parallel Group B: *Pod 5.31*
- Parallel Group C: *Pod 6.11*

12:30 PM

6th Floor, CMB

Lunch

1:30 PM

6th Floor, CMB

Workshop Panel Presentations:

Anne Jepson
Kelly Shiell-Davis
Joe Long

2:15 PM

6th Floor, CMB

Panel Group Discussion

2:45 PM

6th Floor, CMB

Tea and Coffee Break

3:00 PM

6th Floor, CMB

Parallel Workshop Sessions:

A, Anne Jepson, *Pod 6.11*
B, Kelly Shiell-Davis, *Pod 5.31*
C, Joe Long, *Pod 5.11*

1st Session: 3:00 – 3:45pm
2nd Session: 3:45 – 4:30pm

4:30 PM

6th Floor, CMB

MAYS participant conference de-briefing: discussion and feedback

5:15 PM

Depature

CONTACT INFO

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(Lilian Kennedy & Mari Lo Bosco)
MAYS CO-COORDINATORS

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PANEL/PAIR ALLOCATIONS

Panel A

Pod 5.11
CMB fifth floor

Panel B

Pod 5.31
CMB fifth floor

Panel C

Pod 6.11
CMB sixth floor

Participant	Panel	Presenter Pair
King, Abby	Panel Group A	Abby + Matthew W
Beczek, Adrianna	Panel Group A	Hannah + Adrianne
Moreno, Bernardo	Panel Group A	Fausto + Frida/Bernardo
Barlocco, Fausto	Panel Group A	Fausto + Frida/Bernardo
Keys, Hunter	Panel Group A	Hunter + Jenny
Epstein, Jenny	Panel Group A	Hunter + Jenny
Willis, Matthew	Panel Group A	Abby + Matthew W
Lesshafft, Hannah	Panel Group A	Hannah + Adrianne
Romero, Frida	Panel Group A	Fausto + Frida/Bernardo
Niebauer, Erica Lee	Panel Group B	Matthew L + Erica + Mark
Loce Mandes, Fabrizio	Panel Group B	Fabrizio + Leah
Koppel, Katre	Panel Group B	Katre + Ursula
Eades, Leah	Panel Group B	Fabrizio + Leah
Lariviere, Matthew	Panel Group B	Matthew L + Erica + Mark
Gotink, Mark	Panel Group B	Matthew L + Erica + Mark
Probst, Ursula	Panel Group B	Katre + Ursula
Kageha, Emmy	Panel Group C	Megan + Emmy
Spray, Julie	Panel Group C	Julie + Melodie + Victor
Pralong, Melody	Panel Group C	Julie + Melodie + Victor
Schmidt-Sane, Megan	Panel Group C	Megan + Emmy
Wilson, Rose	Panel Group C	Rose + Vesna
Trifunovia, Vesna	Panel Group C	Rose + Vesna
Kolo, Victor Ibrahim	Panel Group C	Julie + Melodie + Victor

PRESENTATION SCHEDULE

DAY 1 - June 15th

	Presenter	Panel	Paper
9:35 a	King, Abby	Panel Group A	Willis, Matthew
10:10 a	Beczek, Adrianna	Panel Group A	Lesshafft, Hannah
10:45 a	M., Bernardo & R., Frida	Panel Group A	Barlocco, Fausto
11:20 a	Keys, Hunter	Panel Group A	Epstein, Jenny
9:35 a	Loce Mandes, Fabrizio	Panel Group B	Eades, Leah
10:15 a	Koppel, Katre	Panel Group B	Probst, Ursula
10:55 a	Gotink, Mark	Panel Group B	Lariviere, Matthew
11:35 a	group discussion		
9:35 a	Spray, Julie	Panel Group C	Kolo, Victor Ibrahim
10:15 a	Wilson, Rose	Panel Group C	Trifunovia, Vesna
10:55 a	Schmidt-Sane, Megan	Panel Group C	Kageha, Emmy
11:35 a	group discussion		

DAY 2 - June 16th

	Presenter	Panel	Paper
9:30 a	Barlocco, Fausto	Panel Group A	M., Bernardo & R., Frida
10:10a	Lesshafft, Hannah	Panel Group A	Beczek, Adrianna
10:50 a	Epstein, Jenny	Panel Group A	Keys, Hunter
11:30 a	Willis, Matthew	Panel Group A	King, Abby
12:10 a	group discussion		
9:30 a	Lariviere, Matthew	Panel Group B	Niebauer, Erica Lee
10:10a	Eades, Leah	Panel Group B	Loce Mandes, Fabrizio
10:50 a	Probst, Ursula	Panel Group B	Koppel, Katre
11:30 a	Niebauer, Erica Lee	Panel Group B	Gotink, Mark
12:10 a	group discussion		
9:30 a	Kageha, Emmy	Panel Group C	Schmidt-Sane, Megan
10:10a	Pralong, Melody	Panel Group C	Spray, Julie
10:50 a	Trifunovia, Vesna	Panel Group C	Wilson, Rose
11:30 a	Kolo, Victor Ibrahim	Panel Group C	Pralong, Melody
12:10 a	group discussion		

ABSTRACTS

Barlocco, Fausto

An Anthropologist in the Clinic :
Between competing epistemologies and elective affinities

The paper discusses my experience as an anthropologist managing a multicentric quantitative registry of clinical data at the Cardiomyopathies Unit at Florence's university hospital and participating in the coordination between the different centres involved. At the same time, I have been applying my anthropological interests in a project on doctor-patient interaction based on a participant observation of the everyday running of the outpatient clinic. Other projects in which I have been involved include the elaboration, with the main physician of the unit, of a set of critical recommendations for the development of cultural competency in the care of inherited cardiac diseases, and a study of patients' experiences with the implantable cardioverter defibrillator (ICD) in collaboration with a psychologist and a nurse. The most interesting dynamics that have so far emerged from this multidisciplinary interaction have been the relationship between the different epistemologies of anthropology and of the clinical professions, and that between academic knowledge and its possible practical applications. Clinical staff has shown positive expectations on the usefulness of an anthropological approach, especially in order to obtain cultural competency, yet, because of normative ideas inherent to their views and to the different epistemology in which it is rooted, have shown to consider anthropological knowledge primarily as a welcome addition to biomedicine, rather than a critical voice to be listened to. In terms of relationship between theory and application, I have found some difficulties conjugating the critical approach with the main tasks requested by my university fellowship's job description, a fact that resulted in ethical and methodological issues. However, the attempt at solving the issues and bridging the differences in perspectives, epistemologies and goals has so far been at least partly successful, and has given some hints at possibilities for obtaining a fruitful social scientist-clinician alliance, complementing the doctor-patient one.

Beczek, Adrianna

Knowing the Patient – Knowing the Other? :
Narrative-based medicine as a field of intersection of anthropology and medical practice

Narrative-based medicine is a medical model that has its roots in the assumption that narrative is central to how humans think and behave. It involves seeing the patient's health issue from the patient's point of view and integrating it into treatment and care. Narrative is also an object of interest of cultural anthropology: among observation, cultural anthropologists obtain knowledge about how people perceive and experience the world from their narratives. Anthropology relies on people's life stories to a considerable extent, and anthropologists' experience may show health professionals how the perspective of narrative-based medicine may be useful. What is more, anthropological theories can provide a background as for why this approach may have a practical application – e.g. Cassirer's idea of 'animal symbolicum' or Barthes' writings on myth show that humans construct the image of their

own self. Integration of the disease they are experiencing into their life story may be crucial to them, what biomedicine fails to recognise. This sometimes leads to tensions between medical staff and patients. Anthropological theories may explain those tensions and help solve the problems caused by them. Moreover, nowadays the narrative approach is taught only in a few medical universities. This has its roots in the fact that narratives in the history of medicine were gradually neglected in favour of 'facts and figures', which is a form of a historically substantiated construct. Because of that, medicine has no theory nor methods for analysis of meaning. Here the methodology of cultural anthropology can be useful. It can be used in the discourse of narrative-based medicine and may help medical students and health practitioners develop aequate sensitivity. All this can add to mutual understanding of patients and doctors. In this way, anthropology can contribute to the quality of everyday medical practice.

Eades, Leah

Anthropological Storytelling in a Multimedia World

Ethnographic storytelling lies at the heart of the anthropological endeavour, and yet its reach is often limited, seldom penetrating beyond the walls of academia's 'ivory tower'. Medical anthropologists, like many academics, often receive little in the way of formal science communication training. As a result, many of us struggle to translate our academic jargon and theoretical analyses into stories that will be comprehensible and compelling to a wider audience, which may include medical professionals, patients, or the general public. In this paper, I draw on my professional experiences in the science communication sector to highlight several multimedia communication opportunities available to anthropologists interested in reaching a broader audience, including social media, blogging, podcasts, and journalism. In addition to presenting a number of case studies demonstrating the ways anthropologists are already utilising such channels, I emphasise the value of adopting a flexible 'storytelling' approach to science communication, whereby stories are refashioned and retold in different ways to different audiences in order to most effectively communicate the messages at their core. With funding and university rankings increasingly taking issues of public engagement and impact into account, adapting our anthropological storytelling skills for more diverse audiences can offer measurable benefits, both to individual researchers and institutions. But the rewards go beyond that, and can range from inspiring the next generation of anthropologists, to raising the profile of the discipline in the public consciousness, to fostering a world that is more informed and understanding of differences.

Epstein, Jenny

A concept of collaborative practice aiming at health and social justice.

This paper re-examines critical theory in medical anthropology and the possibilities it opens up for practices beyond academic borders. In the U.S., with its gigantic apparatus of health care as industry, scholars who critically study this phenomenon for non-medical purposes necessarily define themselves against the institutions of official medical knowledge. How-

ever, this perspective frequently leaves "biomedicine" as an essentialized category that minimizes the vast diversity, conflicts and contradictions among all of the entities that make up "biomedicine." It also erases the conditions that create differences and places the researcher outside of the conceptual system they describe. In this paper "biomedicine" and "anthropology" are not viewed as static, bounded or separate theoretical conceptions. Instead of viewing healthcare and anthropological research as existing in separate and distinct social spheres, I draw on my own experience working as a pharmacist in the U.S. and a recent PhD in medical anthropology to advocate for an approach that seeks out and makes visible social spaces where critical thinking can be a collaborative venture to challenge implicit and unexamined conceptions of dominant narratives. My fieldwork experience in a volunteer medical clinic serving lower-income and medically uninsured individuals near Seattle, WA in the U.S, provides a tentative answer to how medical anthropologists might be engaged outside of academic borders and beyond the normative medical goal of improving compliance. The volunteer structure of the clinic and overt acknowledgement of how social conditions contribute to poor health created a mutually supportive space outside of institutional settings both clinicians and patients found frustrating. The clinic's unique structure also provided an opportunity for a medical anthropologist to make visible to the clinic staff how these supportive relationships were a crucial piece in improving patient health and helped clarify to clinic volunteers the success of the clinic in providing medical services.

Gotink, Mark

A role for medical anthropologists in public health.

Interdisciplinary collaboration between medical anthropology and public health is fraught with concerns about disciplinary boundaries. Through an initial discussion of these concerns and how they have featured in debates about the role of medical anthropologists, this essay seeks to move beyond such concerns. It points to a poorly recognized yet clearly collaborative role for both medical anthropology and public health by foregrounding the largely omitted subject of 'the public' within public health. Focusing on a characteristic debate in the journal Anthropology & Medicine in August 2005, I demonstrate how concerns about disciplinary boundaries have largely reduced the discussion to one about who gets to say what about the health of the public. The subjects of both public health and medical anthropology are crafted in such a way that emphasizes disciplinary boundaries, making it difficult to move beyond them. I proceed, however, to demonstrate how two very different anthropological papers have addressed this issue, largely unawares, by reassembling the ontological make-up of 'the public'. In doing so, I argue that these disciplines rarely reflect on what 'the public' might actually mean within public health, but that medical anthropologists have the potential to contribute to a more refined understanding of the concept. A grasp of the potential diversity of 'publics' will be instrumental to the discipline of Public Health and will presumably sustain closer collaboration. Moreover, many public sector institutions may find a better understanding of the potential diversity of 'publics' invaluable, providing ample opportunities for anthropologists and their counterparts to collaborate.

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Kageha, Emmy

Creating links between academia and practitioners:
Experience of medical anthropologists in Kenyatta hospital, Kenya

The proposed paper will offer an exploration on the role of medical anthropology in HIV interventions at Kenyatta hospital. Kenyatta National hospital in Kenya is an emblem of a Comprehensive Care Centre of Excellence for HIV in Kenya. Since the 1990s, Kenyatta hospital KNH has borne the highest HIV clinical care burden in Kenya. This hospital has played a significant role in implementing HIV interventions, mainly testing and treatment, and several PMTCT trials, psychosocial support, and contributed HIV policies at the country and international levels. With support from development partners, KNH pioneered a number of HIV interventions including between 1998 and 2007, the nation's first comprehensive care centre (CCC) also a discordant couple clinic and a model peer-mentor programme. We draw on our medical anthropology research experience in KNH on various aspects of HIV including PMTCT trial, VCT, provider initiated testing and HIV support group (psychosocial support) from 2003 to 2013. To this end, we explore processes of uptake of medical anthropology research by Kenyatta hospital's implementers and policy makers. The paper focuses on two central aspects of the process: negotiating research space and feedback. Both aspects show how medical anthropology should be applied beyond discipline. We argue the processes promote and support implementation research to improve intervention outcomes.

Kanwar, Shama

The Jinn in the Room:
Spiritual Explanations for Mental Distress

Amongst the Muslim communities of Cambridgeshire & Peterborough, engagement with statutory health and voluntary mental health services can be difficult. While services perceive barriers to be due to a lack of English skills, poverty, deprivation and isolation; a closer look reveals an intricate web of alternative explanatory models of mental distress, hierarchies in families and health services as well as beliefs about the impact of accepting a diagnosis of mental illness on the family or community. With the groups I worked with, explanatory models of mental distress revolved around spiritual interventions that did not translate easily into a highly systemised healthcare system that relies heavily on Psychiatry and medical explanations of distress. Families would often disengage once the 'acute' period of the illness had passed and clinicians would close cases thinking that care was no longer needed. Recurring themes including explanatory models that led to alternative pathways for healing and complex family relations in the UK and abroad, that influenced the type of care the individual received. A reactive attitude towards health and resistance to 'western' ideas of proactive prevention and promotion of good mental health all led to poor engagement with mental health services provided by the statutory and voluntary sectors. As a community development worker, I developed a model informed by theories and concepts in anthropology that cut across all sectors including providers and recipients. The community develop-

ment worker role became a role of 'cultural mediation'. Our process involved spending time understanding people's narratives about the problem and expectations around treatment and recovery, be they the individual, family or community member, or healthcare professional. A collaborative model of working allowed for interventions that centred around the best care for the individual, whether it was from a medical professional, spiritual healer or through accessing support from community groups.

Keys, Hunter

Measuring stigma's nuance:
An anthropological contribution to a public health survey of malaria in the Dominican Republic

Stigma is felt in local worlds, realms of human experience where dominant and minority groups interact. Understanding how members of a local world interpret stigma is a starting point for engaging communities in disease elimination efforts. This paper shares quantitative findings from a public health study of malaria and stigma in bateyes, or "company towns" of the Dominican Republic (DR). Historically, bateyes were sites of migrant labor from Haiti. Today, they are home to both Haitian and Dominican-descended people. The DR is marked by a history of discrimination against the Haitian "other," yet a legacy of cooperation and blended identity complicates a "Dominican versus Haitian" binary. Since cross-border migration from Haiti to the DR is thought to influence transmission of malaria, understanding the role of stigma requires consideration of this context. The cross-sectional survey of 780 residents of bateyes across the DR used an 11-item stigma module adapted from the Williams Everyday Discrimination Scale. Average total score was 17.3 out of max 55. Higher-scoring participants were asked the degree to which a given reason was responsible for their stigma. On average, Haitian-born persons scored highest, followed by persons of Haitian-descent born in the DR. Persons who had a recent fever or did not seek care for any previous illness also had higher scores. Citing poverty or language problems as reasons for stigma was significantly associated with higher scores among all participants, including persons without Haitian descent. Citing their origin was significant only among Haitian-born or Haitian-descended people. In bateyes of the DR, stigma is common, associated with illness and treatment-seeking, and generates both shared and divergent explanations among those it afflicts. Considering the perspectives of all persons in a local world – whether dominant or minority – helps untangle stigma's complexities and adds contextual depth to public health interventions.

King, Abby

Beyond Culture and Competence:
Cultural Competency in the British Medical School

Cultural competence training was originally developed in medical school curricula in the 1980s as a response to the shifting social and cultural climates surrounding race and immigration in the US. Since the early 2000s, cultural competence has been a prevalent aspect

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of British medical education. It is generally defined as set of congruent knowledge, attitudes and skills enabling healthcare professionals to provide high-quality care to patients from diverse sociocultural backgrounds. Culture is continually regarded as an important factor in a person's health. However, understandings of what culture is and how it can be transformed into a measurable competence assessed throughout medical training have muddled this movement. As such, courses in cultural competence have remained fragmented, unsystematic and isolated from the rest of medical curricula. Through interviews with those learning and teaching cultural competence at a Scottish medical school, this research unpicks the experiences and meanings that articulate with this aspect of medical education. This research finds that the term 'culture' is unhelpful in medical practice. Instead, the practice of reflexivity—the consideration of one's own cultural assumptions and the ways in which these affect one's perception of the world—is recommended as a practical mechanism to bring individual patient's social and cultural context to bear on clinical practice and medical education. Through the Medical Education Forum and the Health, Ethics and Society course at Edinburgh's Medical School, this research has been shared and discussed with medical educators and students. Ultimately, this research aims to further establish anthropological concerns in medicine and medical education, and also offer solutions unique to anthropological inquiry that resolve obstacles in current day medical practice.

Kolo, Victor Ibrahim

Revamping the orthopaedic healthcare sub-sector of a developing country: Ethnographical perspectives from traditional bone setting research in Nigeria

Musculo-Skeletal conditions (MSC) constitute major public health problems globally. In developing countries, healthcare systems are weak with gross inadequacy in personnel, material and requisite medical technology for addressing the problem. Given the dearth of economic resources and inaccess to western orthopaedic services, patients seek alternative sources of care using indigenous, culturally developed systems. Even in the face of modernization, studies have confirmed that more than 70% of (MSC) in developing countries are treated by Traditional Bone Setters (TBS). Research on traditional bone setting has been dominated by scholars in the western bio-medical sciences, most of who focus on the adverse outcomes of TBS treatment, including complications, disability and mortality. There is paucity of knowledge on the cultural context, as well as inherent potentials and gains of TBS as a therapeutic source for MSC. Guided by Social Action theory and the Health Belief Model, this study adopted social science/humanities-based ethnographical approaches in investigating TBS, both as a phenomenon and a therapeutic practice among the Nupe people, an ethnic group that is renowned for providing TBS services in North Central Nigeria. Qualitative method of research was adopted. Observation, Interviews, and Focus Group Discussions were used as major instruments of data collection. The study investigated the cultural beliefs of practitioners, patients and significant others regarding TBS; therapeutic processes and associated factors responsible for persistent utilization as well as major challenges of the practice and strategies for improvement, all of which formed the objectives of the research. Data collected were content-analyzed along themes based on objectives of the research. It was revealed that TBS possesses inherent potentials for improving access to, and revamping the orthopaedic care sub-sector in developing countries. It was concluded that

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the study has important policy implications in the area of orthopaedic healthcare development, which included. In line with the vision of WHO, the study recommended a national framework, based on anthropological findings, for the integration of TBS with western orthopaedics. This can be realized through such ethnographical perspectives as would be provided in this paper. "

Koppel, Katre

Founding the Center for Applied Anthropology of Estonia (CAAE)

Taking first steps towards establishing applied medical anthropology in EstoniaIn summer 2014 three graduate students of ethnology of the University of Tartu founded the Center for Applied Anthropology of Estonia (CAAE) with the aim of increasing the role of qualitative research in resolving both the societal and practical problems. Anthropology (ethnology), and applied anthropology even more, are still marginalised disciplines in Estonia which is why CAAE invests remarkable time and energy in informing the public about the potential of anthropology and ethnographic methods. By 2017 CAAE has conducted 20 projects and the team has grown up to 15 people who all have background in ethnology or close disciplines. Among other projects, in 2016 a service design project initiated by Estonian Social Ministry and Estonian Society of Diabetes was conducted. The aim of the 8 weeks long project was to design a better first contact healthcare service for chronically ill patients. The particular emphasis of the project was on digital services and patients suffering from type 2 diabetes. This paper focuses on my experience as an anthropologist working together with a designer and stakeholders. I will discuss the main challenges regarding teamwork and communication with the partners. I will conclude the paper with the analysis of the current situation in the field of applied medical anthropology in Estonia.

Lariviere, Matthew

Distinguishing the quotidian from the clinical:
A tale of working with/in a randomised controlled trial

This paper reflects on fieldwork and analysis from my PhD as the 'qualitative researcher' on a randomised controlled trial examining the efficacy of technological interventions in dementia care. Rather than considering how my study will apply outside of medical anthropology, I will discuss negotiating for intellectual space and freedom to solve the antithetical position: making my applied research fit back within medical anthropology. Although my role was to investigate why and how people with dementia were using the technologies provided to them, I also sought to understand people with dementia and their 'informal carers' – friends or family responsible for helping them – everyday interactions at home more generally. I suggested to the trial team that in order to learn how these technologies are used, then we must understand people with dementia's everyday experiences and how they perceive these technologies 'fitting' in their lives. I expanded my ethnography to explore four key concepts: 'dementia', 'care', 'the home', and 'assistive technology' based on my everyday observations with twenty people with dementia and their informal carers.

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Examining these concepts illustrates multiple ways in which medical anthropologists may critique social imaginaries espoused by the dominant medical paradigm. My ethnography, therefore, attempts to disentangle the clinical from the quotidian for people with dementia living in their own homes. By generously attending to the everyday lives of people with dementia during my fieldwork, I better understood how the human and non-human actors present within each of their homes suggests a particular imaginary for community care realised through technological interventions. Observations and tales from how people with dementia adopted, adapted and abandoned these technologies illustrate the complex tensions of evaluating socio-environmental technological interventions. The tensions between these imaginaries and lived experiences may suggest further areas of research and re-envisioning our ideas for dementia care.

Lesshafft, Hannah

Teaching and Research in a Medical School: A medical anthropologist's experience

During the late stages of my PhD in Social Anthropology I have started working as a Teaching Fellow, Honours dissertation supervisor and Research Fellow at a Medical School. This paper will describe and reflect on my experiences as a medical anthropologist at a Medical School, and the possibilities I encountered for integrating anthropology into medical teaching and research. As Teaching Fellow for the course "Health, Illness and Society" for Year 3 Medical Sciences students, I have been involved in defining the reading list, content and form of teaching sessions, delivering lectures and tutorials, and student assessment. While medical anthropology was part of the course, we also included other social sciences readings and concepts. One of our main aims was to capacitate medical sciences students to use, understand and conduct qualitative research, as their previous courses were heavily based on quantitative approaches. As Research Fellow in the Medical School, I am co-conducting a mixed-methods study on the use of video consultations in General Practice. Although I was employed as a medical anthropologist, the study protocol relies mainly on interviews and content analysis of consultations and does not allow for ethnographic research. However, my background in anthropology provides me with a critical understanding and literature that will help me to reflect on the use of video technology in primary care. In conclusion, working as a medical anthropologist in a medical school can demand an openness to mixed-methods approaches and use of broader social sciences theory and methods. However, it also allows for strengthening the position of anthropology in medicine and can have a strong impact on future health professionals' approach to medicine and to their patients. Likewise, anthropologists working in medical colleges can contribute to more critical reflexivity in biomedical research.

Loce Mandes, Fabrizio

Forms of representation of the Medical Experience: Crossing art and anthropology to improve the exploitation of healthcare knowledge.

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The debate that revolves around the Medical and Visual Anthropology highlighted, through theoretical and methodological approaches, the communicative power of visual materials, in particular those products through partnerships with the social actors. By combining of an interdisciplinary approach, the research of a collaboration between artist, anthropologist and healthcare community, based primarily by applying anthropology, can improve study of health related, the art making but also stimulate a debate in the public sphere. My paper is based firstly on ethnography focusing the interactions practices, the politics of healthcare of deafness and the construction of Deaf culture. I want to discuss an artistic project built on cooperation between deaf artist and ethnographer to represent, with different media, a multi-sensory perception and a political view of deafness. This fieldwork presents itself as a privileged field for medical and visual anthropological studies in an applied perspective, because the healthcare management of/for deaf are determined, tend to show clearly the tension between biomedical intervention, biotechnology, social identities, visual and artistic representation. In the first part I will focus on artistic project that cross-ethnographic materials and ceramic art to investigate the social and sensory deafness experience. Using different media and multisensory devices, a deaf artist represents his experience and an ethnographic fieldwork, so can take part in a debate about deafness in a public arena. I will attempt to show the possibilities and limitations of applied medical anthropology to pathways of the deaf through a reflection of the ethnographer's presence and how can be involved in the fieldwork's relationship. Visual narrative can capture the bodily and health experiences, so after the first experience I will compare at the end an exhibition established on collaboration between the ethnographer, artists and healthcare community, to improve the blood donation and talk about it in a public arena.

Moreno, Bernardo and Romero, Frida

Multidisciplinary failure: the case of obstetric violence in Mexico

Obstetric violence" (violencia obstétrica, Sp.) is a term originated around a decade ago in Spanish-speaking countries. It has been broadly described as those deeds and omissions that span from the "invisibilised" symbolic violence to the extreme cases of mother and/or child death (Castro & Erviti 2013). Identified cases of obstetric violence have undergone research, analysis, and denunciation in Mexico. However, the term has not been properly characterised. With this background, the Executive Commission for Victim Support (CEAV) hired a multidisciplinary team for the characterisation of obstetric violence in Mexico in order to set the basis for policy on the subject. The team was divided into two groups. The first one was made up of medics, anthropologists, sociologists and; the second, by epidemiologists, accountants, lawyers, and political scientists. After several meetings in which the second team undermined the first group's results on thebasis of the lack of value of qualitative information vis-à-vis measurable data, the anthropologists decided to leave the project and the first group dissolved. The second group carried out a questionnaire-based pilot survey, which showed the absence of obstetric violence among the sample population. This led the study to its end on the grounds of the impossibility of measuring something that came up as non-existent among the respondents. We consider that the underlying reasons for the fail-

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ure of this study had to do both with a particular a regime of knowledge where metrics were more valuable than narratives, and local politics and social context in which the project was conducted. These two reasons ultimately are the same that allow conditions where obstetric violence takes place. We suggest that paying special attention to the specific politics of teamwork is essential for successful multidisciplinary collaboration.

Niebauer, Erica Lee

Identifying Pathways to Care: Collaborations in Mental Health Development Research in Kathmandu, Nepal

Based on fieldwork in Kathmandu, Nepal, as conducted in March and April of 2017, this paper reflects the collaborative efforts of medical anthropology and the global mental health movement, specifically in the not-for-profit development arena. Primarily, this will be explored through a case study of the research conducted by myself as a student researcher of medical anthropology in collaboration with a Nepali based organization which aims to build a community mental health center in the Kathmandu valley. This research will be performed with the intention of addressing issues of access, understanding health seeking behaviors, and identifying causes and effects of the mental health treatment gap. Logistical and methodological approaches are examined, for example, related to applying qualitative research to an initial feasibility study of mental health care "development", as well as practical issues of how medical anthropology methods can work ""on the ground"" and ""in the field"" alongside epidemiological based data collection methods. Theoretically based cross disciplinary dialogue is also examined, not only in the role medical anthropology could potentially play in the shaping of the global mental health development movement (particularly in Nepal), but also in the applied ideological approach to the experience of those persons accessing mental health care themselves. This theory based ""conversation"" serves to open up discussions across fields to analyze both medical anthropology's and development based health work's approaches to mental illness and assumptions about mental wellness. This conversation also serves to allow medical anthropology a chance to reflect on its real world application to the mental health development movement in discussing usefulness, relevant methodology, and collaborations.

Pralong, Melody

Building bridges: diabetes healthcare management in the school setting

Drawing on an on-going doctoral research on management of type 1 diabetes' risks in the school setting, this paper aims at bringing a critical reflexion on the ways ethnographic approach can contribute to a better understanding of the local development of individualised chronic care plans for diabetic school-age children and broadly, of the implementation of healthcare guidelines. While everyday chronic care tends to create new spatialities and temporalities of diabetes management outside of medical institutions, public health strategies, both international and local, stress the increasing need of collaborative work between the different actors involved. For example, the school setting has been at the core of

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the public interest for the importance of engaging school professionals in the healthcare of diabetic children. For this purpose, generic medical guidelines should be collectively built with health practitioners, school professionals, children and their parents in order to foster a shared and common understanding of diabetes care. This research draws on ethnographic observations conducted both in the school setting and in the domestic one and involves semi-structured interviews with teachers, health practitioners, diabetic children and their parents. It is based on a fieldwork collaboration with a diabetes' nurse specialist who designed a specific healthcare plan that she has elaborated following her observations of the absence of diabetic children healthcare recommendations in school. Given that her project has recently started, our collaboration is particularly relevant considering that the implementation of this plan requires to try to "keep everyone happy" when trying to bridge the gap between clinic, home and school and thus stronger collective thinking and engagement from all stakeholders involved. I argue that an ethnographic approach contributes to shed light on spatial and relational dimensions of chronic diseases' management and to strengthen ties between school, home and clinic for the implementation of diabetes care plans.

Probst, Ursula

To change the world or make a career? : Navigating engagement in politically charged debates

While engaging in the field or becoming an 'activist researcher' has been discussed in medical anthropology for some time now, the increased demand for engaged research on the one hand and the changing political climate of recent years on the other hand have brought up new questions of how young researchers can or should engage in highly politicised research areas. My research on sex work in Germany took (and still takes) place at a time when sex work legislation and the (presumed) problems surrounding sex work are strongly debated in public discourse. While the moralisation and polarisation of this topic strongly suggest the need for the engagement of scientists with the public, it is also these processes that can make public speaking difficult for (especially young) researchers as it can influence further funding and career opportunities. Another issue around engaging in such highly debated fields concerns the duration and the effect of engagement. Have there generally been many opportunities to engage with the public, health care providers and/or activists, as anthropologists we are also aware that the problems causing such heated debates are rooted in complex processes and structures that cannot be improved or changed by the kind of short term research/engagement limited funding opportunities suggest, begging the question of how engagement can be made useful even after we left the field. Based on my experiences in engaging with health care providers as well as sex work activists in Berlin during my research I discuss some of these problems but also opportunities for engagement in a politically charged environment as well as the question of how even short term engagement can or could have long term benefits for the communities we work with.

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Reimann, Maria

It is difficult for us to talk to the healthy: Turner's syndrome and isolation

When starting the research on the experience of living with Turner's syndrome, I haven't expected the scale of suffering I would encounter. I am not only an ethnographer but also a woman with a disability therefore I assumed it would be rather easy to build a sense of similarity and connection with the women with Turner's syndrome. But Turner's syndrome, unlike being partially sighted, is a condition that shows: the short stature and neck, the wide chest, the law hairline, make many of the girls with TS an object of bullying since kindergarten. Problems with hormones and fertility make "femininity" a challenging category in a society in which motherhood is wildly considered the most valuable role for a woman. Turner's syndrome is an isolating condition, and as one of the women put it "it is difficult for us to talk to those who are healthy."

Together with colleagues from the Interdisciplinary Team on Childhood Studies, I'm now in the process of conducting the interviews. We speak to women with TS, parents whose daughters have TS, and doctors who work with the condition in different locations in Poland. In the summer of 2016 I did participant observation at a holiday camp for girls and young women with the syndrome. Next to many fascinating insights on disability and socialization, disability and femininity, disability and social class, there is an overwhelming feeling that "something should be done". In our project we collaborate with doctors and medical students, and try to find ways to make the actual situation of girls and women with TS better. It should involve both educating the professionals (doctors, teachers, professional advisors), supporting the parents, and promoting knowledge about the condition in the society."

Schmidt-Sane, Megan

A Participatory Methodology for Critical Engagement with Sex Work Populations.

This paper explores the implication of conducting research with marginalized populations. Specifically, it supports the use of community-based participatory methodologies for research with female sex workers and sex work communities. It is critical to move beyond medicalized discourses of sex work. Sex workers have been frequently highlighted as a "high risk" or "most-at-risk" population, with little understanding of the nuance within the communities. Research and praxis aimed at sex work communities rarely engages sex workers in a meaningful or participator manner. This has broad negative implications for public health, research and clinical practice. Further, the medicalization of sex work narratives goes hand-in-hand with popular tropes of the communities. This paper, in part, seeks to deconstruct those tropes. It moves beyond the caricatured victim, the melodramatic: to a collage of provider, worker, partner. In other words, it highlights women who are complicated and are seeking to survive as any other person would in similarly fraught, contested circumstances. Capitalizing on years of research and applied fieldwork with female sex work organizations

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in Uganda and India, this paper lays out a broad methodological, participatory framework for interdisciplinary and applied, critical engagement.

Spray, Julie

Bringing anthropological insights into New Zealand child health policy

Working at the nexus of medical anthropology and anthropology of childhood, this doctoral research challenges two assumptions often embedded in child health policy: firstly, that children are the passive recipients of health care, and secondly, that children's knowledge of illness and their body can be assumed based on adult understandings. These themes are explored through a case study focussing on a 2011 New Zealand government initiative to reduce the rates of acute rheumatic fever (ARF) affecting low-income Māori and Pasifika children. Drawing on fieldwork with around 120 children at an Auckland primary school, I show how the 'sore throat' programme does not merely treat streptococcus A infections, but plays an active role in constituting children's experiences and understandings of their bodies and illness, and shaping health care practices in ways unintended by policy-makers. Thus far, this research has involved engagement with and feedback to district health boards and the health promotion agency as well as links with a multi-disciplinary team researching ARF in public health. Of particular value has been raising awareness of the importance of thinking from children's perspectives in public health planning. While effects of this mid-phase research on policy are yet to be realised, I highlight several pathways for connecting anthropology to policy and practice.

Trifunović, Vesna

Possible anthropological contributions to countering vaccine hesitancy in Serbia

With a growing number of parents refusing or hesitating to have their children vaccinated, health professionals and policy makers have mobilized all available resources to address this matter. Anthropological approach has been recognized as an important ally in such enterprise, and indeed medical anthropologists have collaborated with health professionals in dealing with the issue. At least this is the case in developed Western countries. Health experts in Serbia have confronted the same problem of vaccine hesitancy, but nobody has called on anthropologists for their expertise and help. The reason why is that anthropology is simply not perceived here as a discipline that could have a say in the subject. In this paper, I wish to critically analyze hitherto applied policy to vaccine hesitancy in Serbia, and point out how anthropological assistance would have made the interventions more refined and perhaps more successful. My argument is that these interventions are insufficient or even counterproductive in maintaining a desirable level of vaccination rates, because they are missing that vaccine hesitancy reaches deeply into socio-cultural and political complexities of contemporary Serbian society. Also, I would like to initiate a discussion about the ways in which anthropology's applied potential could be better acknowledged in a context where the discipline itself is not clearly established beyond academic circles. My guess is that the

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field of Medical Anthropology could most persuasively demonstrate discipline's relevance and applicability, and current vaccination issues provide a good starting point.

Willis, Matthew

The Future of Ethnography:
Roles, responsibilities, and deliverables in interdisciplinary healthcare research collaborations

Qualitative researchers that engage with ethnographic methods will find themselves in demand and as valuable collaborators in the future of healthcare services research. Particularly when sociotechnical matters are concerned in healthcare (Chiasson et al., 2007). Specifically, inquiry in the perspective of third and fourth generation telehealth and ehealth research (Greenhalgh et al., 2016). These sociotechnical perspectives look at the patients experience in the health systems and increasingly probe the technical, organizational, and political factors in health services. Qualitative methods are essential to reveal gaps, understand complexity, and to facilitate interdisciplinary transactions. Ethnographers and qualitative researchers play a key role in interdisciplinary collaborations that involve academics from different disciplines, industry partners, or stakeholders across the healthcare industry. Particularly with the current craze over big data, machine learning, artificial intelligence, and other data driven high technology models qualitative research will play a pivotal role. The author has experience working on a large interdisciplinary project involving the Department of Engineering and an interdisciplinary academic department – the Oxford Internet Institute – both at the University of Oxford. This project looks at the use and probability of automating work tasks in the NHS England primary care system. Broadly, the first phase of the project is to ethnographically collect detailed, rich, high quality data of work tasks and map out work processes from all general practice staff. The second phase involves the translation of this qualitative data into a quantitative framework (Onwueguzie et al., 2009). Specifically task classifications, ontologies of work tasks, and required skills according to staff role. While the project is currently under ethical review, the author posits four questions from this project relating to ethnographic researcher roles, adding value for participants, ethical approval, and increasing impact (Furniss et al., 2015).

Wilson, Rose

Understanding factors influencing vaccination acceptance during pregnancy among Black British Caribbean women in Hackney.

In England, influenza and pertussis immunisation was first recommended to all pregnant women in 2010 and 2012 respectively. However, in some areas, vaccination uptake rates have been low. This paper draws on particular findings of my PhD fieldwork, which explored factors influencing vaccination acceptance during pregnancy in the borough of Hackney, London. Hackney was chosen as the study site as it has one of the lowest vaccination coverage rates during pregnancy in the UK, and a diverse population. The findings analysed in this paper are the specific concerns about vaccination during pregnancy of Black British Carib-

bean women. In-depth interviews with pregnant and recently pregnant women recruited from various GP practices, parent-toddler groups, community centres, and antenatal clinics, explored women's experience of the UK health system (the NHS) while pregnant, their views towards vaccination in pregnancy, social influences on their vaccination decisions, and issues with accessing vaccination. In-depth interviews were also conducted with healthcare professionals, in order to understand their views towards vaccination during pregnancy and issues encountered with providing vaccination.

Expressions of vaccine hesitancy were interpreted using theories of relational autonomy and body politics. In the early 20th century, many vaccine anxieties reflected the fears and concerns of societies of the colonial state. Post-independence, vaccine anxieties have arisen at particular times and places in ways that reflect shifts in local-national state politics, the political economy of neoliberal reforms and the relationships between states, citizens and global institutions. Of the five self-described Black British Caribbean women interviewed, none had accepted the influenza vaccine and only one had (hesitantly) accepted the pertussis vaccine during pregnancy. Use of powerful metaphors by Black British Caribbean mothers, which had connotations of forced experimentation and violence, as well as participants' recalling stories from family members who, when arriving in the UK, became ill from vaccines, could be linked to distrust in the UK government and the NHS. This is plausible when acknowledging past British-Caribbean colonialism, as well as the relatively recent post-colonial experimentation with the contraceptive pill on Caribbean women. This research was supported by the UK National Institute for Health Research (NIHR) and commissioned by Public Health England (PHE). The results will inform policy on reducing inequalities in vaccination uptake among various population groups during pregnancy in England.

GUEST LECTURE

DAY 1 : June 15th, 12:45pm

Daniel Jordan Smith
Brown University

"Who Gets Hijacked?: Navigating Collaborative Medical Anthropology Research in Nigeria"

Drawing on more than 20 years of collaboration with local NGOs in Nigeria that has attempted to integrate medical anthropology research with local public health programing and interventions, this paper narrates and analyzes the complex terrain that must be navigated to produce outcomes that serve both researchers' and practitioners' goals. Specifically, the paper examines the sometimes-contradictory but sometimes-convergent interests of donors, Nigerian government officials and bureaucracies, local NGOs, domestic and international researchers, and local communities in the unfolding of projects that cross the boundary between scholarship and intervention. Using a specific case study—a project that focused on the marital transmission of HIV—the paper explores the negotiation of differing agendas and perceptions. For example, organizations and actors commonly perceive each other as benefitting inappropriately from these collaborative endeavors, whether it is local government officials and community members who think that foreign researchers (and sometimes their local NGO partners) are "feeding fat" off donor funds that back foreign research and local NGO activities, or foreign researchers (and sometimes local NGO staff) who believe that government officials (and sometimes community leaders) attempt to "hijack" donor-funded research and interventions for corrupt purposes. Remarkably, however, mutual interests frequently enable actors and institutions to cooperate effectively, though not without consequences for the results. Rather than addressing the usual (and themselves challenging) tasks of "translating" academic medical anthropological research into usable findings for public health policy and programing, this paper focuses on the cultural and social processes through which such collaboration unfolds in one African setting.

WORKSHOPS

DAY 1 : June 15th, 2- 5pm

Workshop Panel Presentations
2:00 pm

Audience Group Discussion
2:45 pm

Coffee and Tea Break
3:15 pm

Workshop Group Sessions
3:30 - 5pm

Daniel Jordan Smith - *Meeting Room 5.11*

Laura Cockram - *Meeting Room 5.31*

Alex Edmonds - *Meeting Room 3.11*

Neil Thin - *Meeting Room 6.11*

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BIOS

Daniel Jordan Smith
(Professor and Chair of Anthropology, Brown University)

https://vivo.brown.edu/display/djsmith

Smith conducts research in medical anthropology, anthropological demography, and political anthropology in sub-Saharan Africa, with a specific focus on Nigeria. His research interests include HIV/AIDS, reproductive health and behaviour, adolescent sexuality, marriage, kinship, and rural-urban migration, as well as patron-clientism, Pentecostal Christianity, vigilantism, and corruption. Smith won the 2008 Margaret Mead Award for *A Culture of Corruption: Everyday Deception and Popular Discontent in Nigeria*. He is also the author of *AIDS Doesn't Show Its Face: Inequality, Morality, and Social Change in Nigeria* for which he won the 2015 Elliott P. Skinner Award. His forthcoming book is *To Be a Man Is Not a One-Day Job: Masculinity, Money, and Intimacy in Nigeria.* He led the Nigeria component of an NIH-supported, five-country comparative ethnographic study entitled "Love, Marriage, and HIV," and will be giving a presentation on this work as part of the conference.

Laura Cockram
(Knowledge Exchange and Communications Advisor)

Laura Cockram is a Knowledge Exchange and Communications Advisor at the University of Edinburgh. She provides advice and support to researchers in the College of Arts, and Humanities and Social Sciences who want to engage with policy makers, practitioners, industry and the public in order to enhance the impact of research beyond academia. As part of the conference, she will (hopefully) demystify the term 'research impact' and provide some practical advice on how young researchers can start engaging non-academics in their research.

Neil Thin
(Senior Lecturer, University of Edinburgh)

http://www.sps.ed.ac.uk/staff/social_anthropology/thin_neil

Neil Thin specialises in appreciative social planning, i.e. engaging multidisciplinary happiness and wellbeing scholarship in public policy and practice. His book *Social Happiness: Research into Policy and Practice* (https://policypress.co.uk/social-happiness) promoted public interest in the growing interdisciplinary field of happiness and wellbeing scholarship. He also has over 20 years of practical and policy experience working towards the reduction

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of poverty and promotion of justice and wellbeing in poorer countries, on grassroots to governmental levels, and international official agencies. He has also frequently served as a social development adviser and trainer for international development agencies such as the UK Department for International Development, UN Agencies, the World Bank, and international NGOs. Thin will be speaking about and giving feedback on ways in which young researchers can make their specialised knowledge more publically accessible, particularly through MOOCs (massive open online course) teaching.

Alex Edmonds
(Senior Lecturer, University of Edinburgh)

Alex Edmonds is a social and medical anthropologist specializing in the sociocultural dimensions of health as well as medical and psychological treatment. He has conducted research in Brazil, the United States, and United Kingdom. His award-winning book, *Pretty Modern: Beauty, Sex and Plastic Surgery in Brazil*, tracks how Brazil, a nation with extremes of wealth and poverty, became a global leader in cosmetic surgery. He is currently leading a multi-country, anthropological study of war syndromes, military psychiatry, and veterans' reintegration, with funding from the European Research Council. He has a PhD in anthropology from Princeton University, and was a postdoctoral fellow at the University of California, Los Angeles and associate professor at the University of Amsterdam before coming to Edinburgh. Edmonds has also written about his research for news media, including the *New York Times*, and been interviewed about his work by BBC radio and other media outlets. He will speak about public engagement at a conference workshop.

WORKSHOPS

DAY 2 : June 16th, 2- 5pm

Workshop Panel Presentations
1:30 pm

Audience Group Discussion
2:15 pm

Coffee and Tea Break
3:00 pm

Workshop Group Sessions
3:30 - 5pm

Anne Jepson - *Meeting Room 6.11*

Joe Long - *Meeting Room 5.31*

Kelly Sheill-Davis - *Meeting Room 5.11*

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Joseph Long
(Research Manager, Scottish Autism)

Joseph Long is Research Manager at Scottish Autism, a third sector service-provider and advocacy organisation. Joe completed his PhD in Anthropology at the University of Aberdeen in 2010 before undertaking a Research Fellowship at the Max Planck Institute for Social Anthropology. He has also taught at the universities of Tuebingen and Halle-Wittenburg. His current role draws on both his background as an anthropologist, and as a social care practitioner and manager. He will be speaking about his career trajectory and giving insights into opportunities for working in research outside of academia.

Anne Jepson
(Senior Researcher, Health and Social Care, Scottish Parliament)

Anne Jepson works as a senior researcher within the Scottish Parliament's Information Centre (SPICe), and earned her PhD in Social Anthropology with the project: 'Gardens in Cyprus: Reflections of Being and Doing' from the University of Edinburgh. She studied her undergraduate degree as a mature student, and carried out fieldwork on Skye for her Honours dissertation. After ten years or so in academia, she worked for the NHS, setting up a project to help address health inequalities in south Edinburgh. Following maternity leave she was seconded to the Scottish Parliament for a year, and then moved to a newly created public affairs role with NHS Lothian for 3 years before returning to the Scottish Parliament. She will be speaking about, and giving feedback on post-PhD careers in the public sector and the Scottish Parliament.

Kelly Shiell-Davis
(Senior Evidence Officer, Macmillan Cancer Support)

Kelly Shiell-Davis currently works as the Senior Research Officer within the non-profit organisation Macmillan Cancer Support. She completed her PhD in Anthropology at the University of Edinburgh, and pursued postdoctoral and research fellowship positions within the Centre for Research on Families and Relationships, at the University of Edinburgh. Since 2015, Shiell-Davis has worked in research in the third sector, and will be speaking about her career trajectory and giving feedback on third sector research careers.