



# ORAL HISTORY

# EMBEDDING LIVED EXPERIENCE INTO MIND BRAIN HEALTH

This document is a work-in-progress, collaboratively produced guide for Oral History research conducted as part of the Oxford Martin Programme on Global Epilepsy.

The Oxford Team encourages networking, collaboration and dialogue across our partner sites in Kenya, South Africa, Zimbabwe, Tanzania, Ghana, India and Brazil.

# Acknowledgments

We would like to thank our teams in Brazil, Ghana, India, Kenya, South Africa, Tanzania, and Zimbabwe for their input and contributions to the development of this guide. We continue to learn from each other as colleagues and collaborators.

Crucially, we would like to thank the hundreds of participants who shared their lived experiences and insights with us. These selfless contributions have been instrumental in building both a truly global and truly local understanding of living with misunderstood and often heavily stigmatised conditions such as epilepsy.

# Table of Contents

<u>Introduction</u> .....	<b>04</b>
<u>Before the Interview</u> .....	<b>05</b>
<u>During the Interview</u> .....	<b>24</b>
<u>After the Interview</u> .....	<b>33</b>
<u>Bibliography</u> .....	<b>40</b>
<u>Appendix</u> .....	<b>42</b>



# Why Oral History?

Oral histories, or ‘life histories’ privilege the experiences, perspectives, and stories of participants in ways that more formal surveys or structured interviews cannot. Oral histories allow for people with lived experience to reflect upon and share their stories in ways that are most meaningful to them.

This guide represents the perspectives of collaborators from all of our partner sites. It is a work in progress as we continue to share our insights, lessons learned, and discussions about good practice as our network continues to grow.

# Before the Interview

## Logistics

### 1. Setting up the Oral History Team

Setting up the oral history team and delegating roles and responsibilities is an essential part of the process, as recording oral histories requires different skills and availability. An oral history team needs coordination and logistics, a pair of interviewers (lead and assistant), interpreter and transcriber in applicable languages. Teams may have different compositions depending on human resources available to them.

#### We asked our teams...

How is your team set up?

This project benefits from a wide variety of research disciplines across the humanities, social sciences, and the neurosciences.

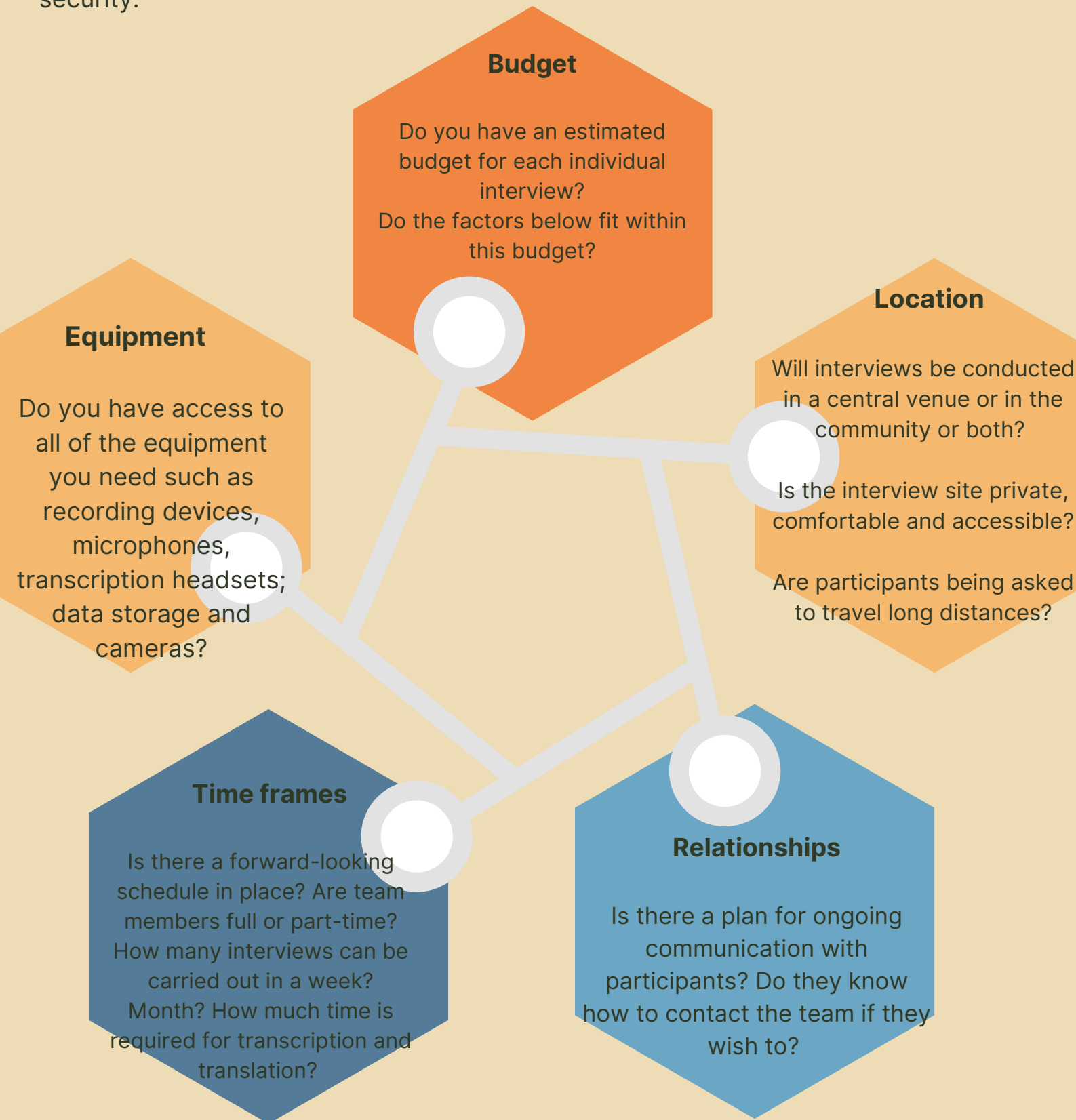
Oral history interviews were conducted in local languages by social scientists, neuro-psychologists, global health researchers, graduate and medical students, and neurologists.

Some team members handled more than one role in setting up interviews and working in pairs provided support and additional expertise. Mastering the technical and logistical aspects of the oral history work is key!



## 2. Logistics, Logistics, Logistics!

Having a designated project coordinator is very helpful if feasible. Coordinators may carry out a variety of roles including; helping with participant recruitment, communication, and reimbursement; locating and maintaining interview sites; procuring and maintaining equipment; and ensuring proper data storage and security.





### 3. Thinking about interviews

Community 'sensitization' meetings (introducing yourself and the project aims) may be appropriate for some settings. Informative posters describing the project may be useful for hospital based projects.

Knowing the key topic areas you'd like to cover (childhood/school years, work life, relationships, community beliefs about illness and treatment) is essential but it is important to remember that the interviewee/participant is an equal partner in the process and will determine where the interview goes!

It is their life story that is important - in any way that they would like to tell it.

4. Recruitment strategies

Participants may be recruited in a variety of ways to suit the local context. Some sites may include a clinic that allows for easy communication with potential participants. *Consider who should make initial contact with participants.* If community networks already interact with local researchers or health workers, this might be a good way to reach out to potential interview participants. Think about how many interviews you hope to achieve and whether you would like to interview people beyond those with direct lived experience of epilepsy (such as traditional health practitioners).

**OXFORD MARTIN SCHOOL** **UNIVERSITY OF OXFORD**

## ARE YOU A PERSON LIVING WITH EPILEPSY?

**Who are we?**

We are researchers from the Global Epilepsy programme based in the Institute of Neurosciences Kolkata, India and University of Oxford, England.

**YOU ARE VALUABLE TO US!**

We believe that oral history/story telling is a valuable part of understanding epilepsy and would like to invite you to take part – if you would like to share your own story with us.

**What are we trying to understand ?**

- personal experiences of people living with epilepsy
- personal & community beliefs about epilepsy
- impact of epilepsy on families, friendships, & relationships
- anything else you would like to tell us!

**Who can participate?**

- Adults (18 and above) living with epilepsy
- Able to express yourself and share your story

**WOULD YOU LIKE TO TELL US YOUR STORY?**

**Institute of Neurosciences, 10 west Range, Elgin, Kol-70017**

**1-2 hours**

**For more information:**

✉ [oxfordmartin.ink@gmail.com](mailto:oxfordmartin.ink@gmail.com)  
 f [Oxford\\_India\\_global\\_epilepsy](https://www.facebook.com/Oxford_India_global_epilepsy)

This poster from our team in India demonstrates one of their recruitment strategies.

**This study is not a clinical assessment.**  
**No obligation to participate & clinical care is not affected.**  
 Participants will receive compensations for travel and food.





### **We asked our teams...**

What are your recruitment strategies? How are you approaching potential participants? What barriers to recruitment have you encountered?

Participants are mostly recruited from the community or clinics, depending on the resources or networks available. For instance, the Zimbabwe team relies on the Epilepsy Support Foundation network, which is community based, while the South African and Brazilian teams mainly recruit from private or public hospital clinics. Other teams, such as KEMRI from Kilifi, Kenya, have strong community networks, however the team faced some challenges due to COVID restrictions which led them to recruit only from within the clinic. Our partner team in Nairobi managed to combine recruitment from both community and health facilities.

The main challenge encountered by all teams at the recruitment stage was to find an appropriate time to schedule an interview: participants may have long distances to travel and might be taking a day off work to attend a clinical appointment. Others have difficulty to travelling alone. Providing detailed information about what the interviews were about prior to the interview was essential for all participants. Although some participants decided to schedule the interview on the same day as their medical appointment, they were always made aware that the oral history interview was not related to their medical care.

## 5. Ethics and consent

Oral history interviews always require a careful consideration of ethics, including informed consent. The consent process insures that participants know what to expect, what the purpose and uses (including future uses) of the research is, and what their options and rights are. Participants should always understand that they have the right to change their mind about taking part. Information about the research can be shared before the day of the interview to inform the potential participants about what is going to happen.

A consent form is usually shared with the participants on the day of the interview. Templates are available for each team to use and modify according to their needs and respective institutions.

[Information sheet template](#)

[Consent form template](#)





### 6. Meeting with participants

It is important to be able to have a discussion with participants to inform them what will happen during the oral history and to create an atmosphere of trust. The date for the interview may be arranged at this point. Inform participants that they will be recorded and explain why this is necessary. Oral histories are unique in that the participant's voice, tone, and emotion may come through the recording – which can be a far more powerful historical record than words on a page.

Participants are opting-in to be recorded and their voices and words stored, however, they have the right to state how or if they wish their interviews to be retained.

## 7. Recording equipment

Depending on the intended outputs, interview location and resources available, the necessary equipment can vary. You should decide if you would like to video record the interview, or have an audio-only recording. If you are filming the interview or if interviews take place outside, it may be useful to use an external microphone for better quality audio. The clarity of the recorded sound should be your main priority when selecting recording equipment.

Practice using your equipment before working with participants!



## 8. Testing of equipment

You may need to complete the checklist for equipment to ensure you have the necessary resources to conduct the interviews. The site questionnaire and equipment checklist can be found in [Appendix 3](#).



The following points anticipate potential issues that may occur with recording devices and other resources, and completing the checklist may prevent any issues occurring during an interview.

- Ensure all equipment is turned on and batteries are charged.
- Run a brief audio test to ensure recordings are clear, the participant can be heard, and that background noise is minimal (can you hear outside noise? Is a fan or generator running? Is the microphone too far away?)
- Take advice before purchasing equipment. Many guides are available through oral history sites online.
- Verify you have a stable internet connection if meeting remotely.

### 10. Setting up the interview

Consider the pros and cons of holding an interview on the same day as a clinical appointment. Participants may have a strong preference, so do take their wishes and reasoning into account. However, it is important to communicate that the interview should not feel rushed and that it may also be an emotional experience. Participants should be asked to consider if they are prepared to engage with a personal interview either before or immediately after meeting with their doctor. If the day and setting are the same as their clinical appointment, it is essential to explain that the interview is not part of their medical treatment and is *not* considered something that they *should do*, but is something they would like to do.



“Interviewers were mobilised, and information provided to them at their homes or a local place convenient to them. Initial information was about the objectives of the oral history interviews, the procedures, and the expectations from the participants. Only after the potential participants understood and had their questions answered, was an appointment scheduled in a venue agreeable to the participants, and where security/comfort to the participant and the interviewer was guaranteed. In Nairobi, interviews with people living with epilepsy and traditional healers were carried out in the site offices which were a short distance from the participants’ homes.” **Peter Otieno, research officer and Judith Achieng, interviewer from APHRC, Nairobi, Kenya.**



## 11. Choosing interview locations

The interview may take place in a community centre, the participant's home, a quiet and private space outside, or at a clinic. When choosing a location, it is important to be aware about how the environment may affect or influence the interview. The interviewer may also need to be ready to address any technological issues due to the environment (such as internet connection, background noise during the recording, etc.). The space should allow for privacy and should feel comfortable (rather than clinical).

Depending on challenges that you may encounter around your site, the interview location will differ. For example, it may be difficult for the interviewers to travel to participants' homes for distance or safety concerns or the participants may not be able to travel to your clinic for personal or professional reasons.

Ensure your interview location fulfils the following:

- Safety considerations for the participant and interviewer
- Reasonable travel distance for the participant and interviewer
- Compensation (lunch and travel) has been agreed\*

\*Compensation for lunch and travel is essential to allow the participant to attend the interview. Some teams decided to also reimburse participants for the time spent during the interview as good practice – it is important to make it clear to the participant that it is not payment but instead, compensation for taking time off from paid activity.







### **Interviewing from home**

Place is an important part of oral history interviews. It can influence the quality of the interview and responses from participants.

Conducting an oral history interview from a participant's home can be beneficial if the participant is unable to travel. Interviewing from home can cause interviewees to be more open, accepting and comfortable when answering questions. It can help to create a trusting environment. However, this requires a special set of considerations. It is important that the interview takes place in a noise free environment with no interruptions. Meeting at a participant's home or community may be especially appropriate for a second interview.

Different sites may have different considerations in terms of safety and logistics which would make it difficult to conduct an interview in someone's home. Whilst interviewing from home has lots of benefits, it is important to assess whether it is the best option for the specific interview.

## Interviewing remotely

There may be times where it is necessary to conduct an interview remotely. You should follow the same preliminary steps, but the way in which the interview is recorded will be altered. The majority of software appropriate for this includes a way of recording the interview, however the sound quality may not be as clear.

Interviewing remotely may also impact a participant's openness during the interview, as it may feel less personal or relaxed.



## 12. Outlining interview topics

You should prepare an outline of interview topics based on your intended outcomes, preliminary research and knowledge of the participant.

While interviews are not scripted or formulaic, it is helpful to agree upon broader topics that you intend to cover such as childhood and schooling, work life, relationships, etc.

The best interviews flow naturally and are not rehearsed. Let the participants' stories shape the interviews.



# If the participant needs assistance...

Most interviews will proceed with no incident or need to provide assistance, but it is important to be prepared that someone could experience a seizure at some point. It is important to **stay calm** and engage with the specific needs of the participant.

During an interview a participant may have an **absence seizure**, in which they experience a brief and sudden lapse of consciousness. Make the participant aware if you think they may have had an absence seizure. If a participant experiences a **convulsive seizure**, there are steps you can take to minimise harm.

## Do:



- Move any harmful objects or furniture away.
- Cushion their head if they have fallen.
- Place them into **the recovery position** once the seizure has stopped.

## Do not:



- Restrain them.
- Put anything in their mouth.
- Move them if they're not in danger.

## When to call for help



If the participant has:

- injured themselves badly,
- trouble breathing after the seizure has stopped,
- multiple seizures in succession with no recovery in between,

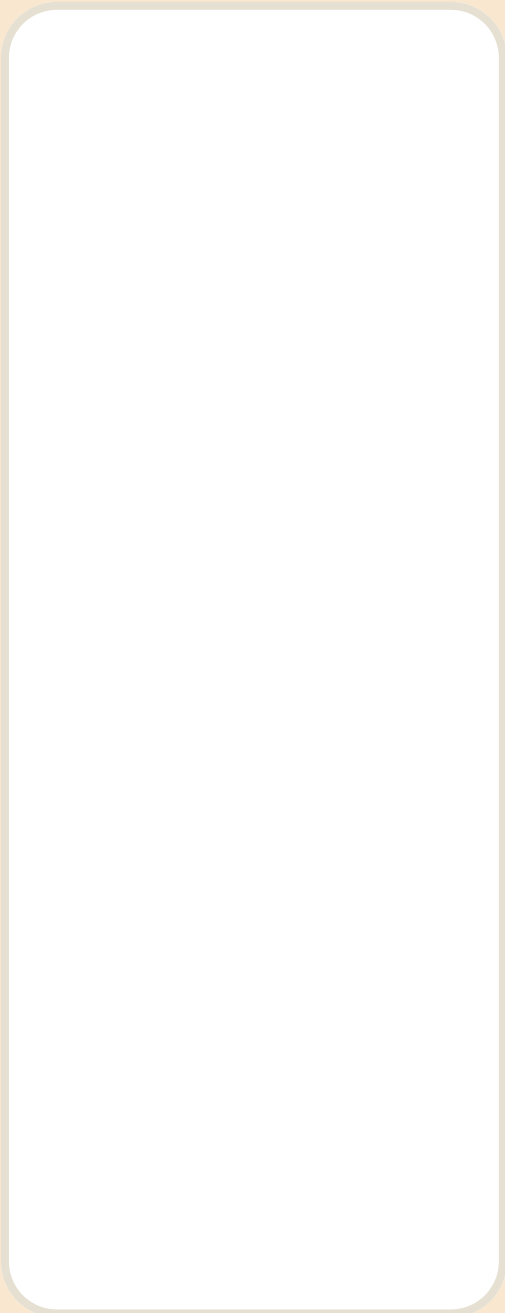
or

- if the seizure lasts more than five minutes, or two minutes longer than is usual for them.

## Training course

For more information on what to do if someone is having a seizure, first aid resources and access to a training course, click [here](#).

## The recovery position



1. Place their arm nearest you at a right angle.
2. Place their other arm across the chest with their hand under their cheek.
3. Place the furthest away knee in a right angle with foot on the floor.
4. Roll the participant onto their side while protecting their head. Make sure their airway is open and check their breathing.

## After a Seizure

Stay with the participant and make them feel as comfortable as possible until they are fully recovered. They may need gentle reassurance as they may feel embarrassed or tired.

Make sure the interviewee and any chaperones are comfortable before deciding whether it is appropriate to continue or terminate the interview.

## Footnotes and other resources

Donald A. Ritchie, *Doing Oral History* (Oxford, 2014), pp. 1-72.

Donna M. Deblasio, Charles F. Ganzert, David H. Mould, Stephen H. Pashen and Howard L. Sacks, *Catching Stories: A Practical Guide to Oral History* (Ohio, 2009), pp. 12-70.

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<https://www.epilepsy.com/recognition/first-aid-resources>

# During the Interview

## Welcome and Introduction

Oral history interviews allow the participant to tell their own story, to recall and explain events that are important to them, and to reflect upon their life history. This is not an interview designed to extract information that the interviewer wishes to hear.

Interview settings can be intimidating for participants so it is important to make them feel at ease. This can be achieved by:

- Sharing personal stories e.g. your background or how you became interested in oral history.
- Encouraging them to speak more naturally by having conversations prior to the recording in the same setting.

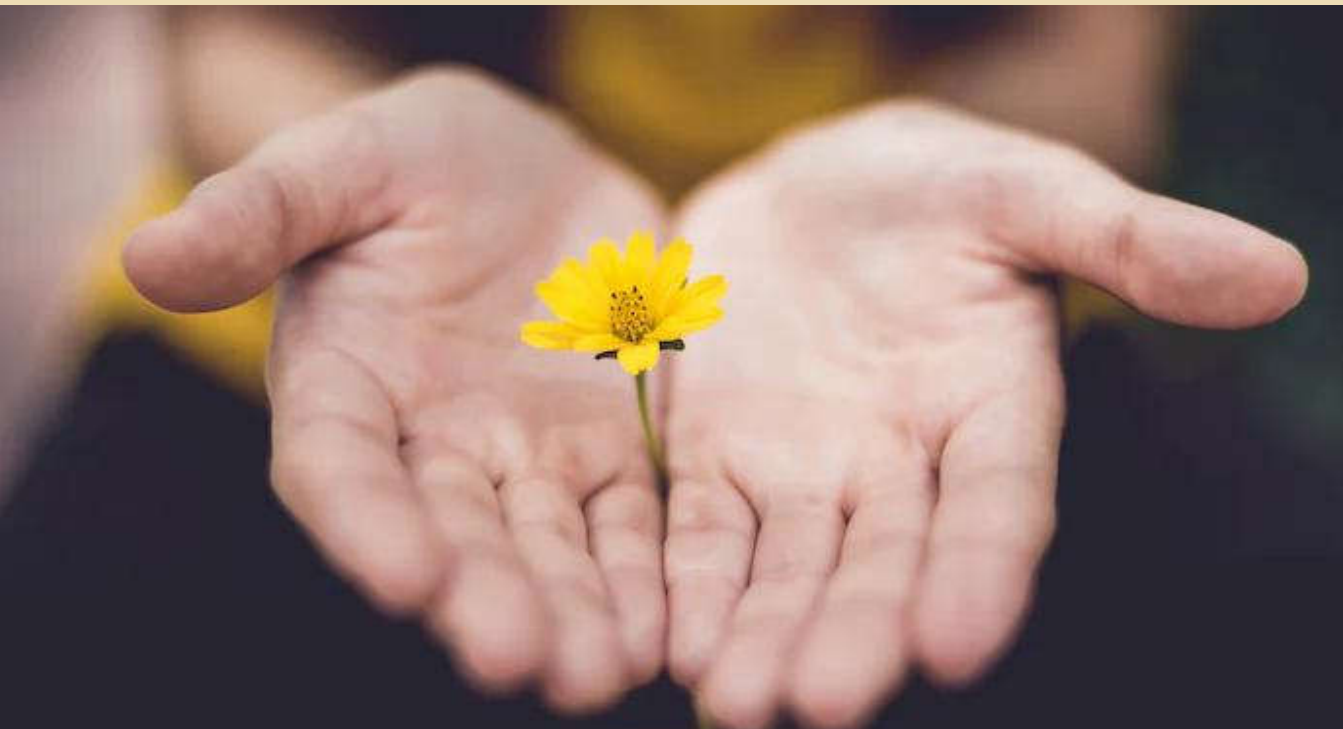
You may collect participant information on a separate sheet such as the one in [Appendix 2](#).





## Share the personal narrative

As you are asking questions or suggesting topics, the participant has the freedom to explore memories that are relevant to them. You may also prompt the participant by asking follow-up questions and encouraging them to expand upon their story. *Always remember, it is their story, and they are the narrator.*



Some participants may worry that their memory is faulty or that they will not recall specifics such as accurate dates. It is important to create an atmosphere of trust and to help the participant understand that the oral history is about them, their experiences and views, and how they feel. There is no wrong answer and technical details are not required as part of their narrative.

## Chaperones

Some participants may ask to bring a chaperone to sit with them in the interview. However, it is important to understand why a participant may want someone else present. In some cases, they may worry that you require accurate dates and someone to act as a fact checker. It is important to let them know that this is not the case.

Often when participants understand that you are interested in their experiences and stories they may prefer that their companion is not present for the interview itself. As many personal stories can touch on sensitive or painful topics, privacy and the ability to speak freely is essential.



## Getting stories (not 'answers')

The best oral history interviews enable a participant to tell the interviewer their personal story, rather than supplying answers to a series of questions. There are a few things the interviewer can do to maximise the potential of the responses they receive.

- Use open ended questions, plain words, and avoid suggesting an answer.
- If you do want to ask about a specific event or time, it may be useful to use 'statement questions', referencing the event or time before asking your question, to stimulate their memory.
- Try to ask follow up questions about particularly interesting or useful answers. *Can you tell me a bit more about that?*
- If the participants' responses become general, steer towards a personal narrative - ask them how it made them feel, or what role they played in the scenario.
- Use non-verbal cues while the participant is answering - nodding, smiling, and listening attentively will keep the recording focused on their voice.
- Allow the participant to stray from the questions, allow them to tell their story freely.



## Showing empathy

Oral history interviews are about people's personal life stories and some events may be emotionally triggering for both the participant and the interviewer. When the story becomes emotionally intense for the participants, the best approach is to show empathy, ask the participant if they agree to carry on with the interview or offer to have a break.

Another way of handling a distressing interview is to ask more general questions about the community or society's perceptions if the participant becomes very emotional when sharing their personal story. This helps to create a bit of distance and relieves some of the emotional stress.

### We asked our teams...

Have you encountered emotionally challenging moments during the interviews? What was your initial reaction and how did you address them with the participants?

Sharing life stories may be traumatic for some of the participants. The interviewer needs to remain attentive to the participant's emotions and offer a break whenever it is needed. It is also advised to have a list of potential resources for mental health support for the area if they feel unwell or distressed after the interview. Many participants report that sharing their life story to with a non-judgemental listener is a very positive experience even if some moments provoked difficult memories.





## Taking care of the interviewer

It is important to recognise the feelings of the interviewer due to the emotional toll of dealing with people's stories which may impact them or be triggering to them. To manage this, you can:

- Take frequent breaks.
- Seek support by talking to colleagues and processing your own feelings.
- Take time to reflect upon how the interview has affected you and come up with coping strategies.
- Practise mindfulness which can minimise feelings of stress and anxiety.

The topics which are covered may be generally emotionally sensitive so it is important to pay attention to your own feelings, as well as those of the interviewee.

“Some interviews were quite emotional. Maintaining focus to let the interview flow, is a challenge. My initial reaction was to let the person talk freely and listen carefully to them. If the situation got too emotional, in a way that does not look ok, I asked: “Are you feeling good about telling us this part of your story?”; “Do you need to take a break or to drink some water?”

***Gabriela Cosenza, interviewer and translator, Brazil.***

### **We asked our teams...**

How do you cope when the interview becomes challenging for yourself / your team?

Interviewers from some of the teams may be students and have less experience in managing the emotional impact on themselves after the interviews. They may be needing moments of de-briefing with their team colleagues (South Africa).

Other interviewers might be trained clinicians themselves and have acquired more experience and training on how to remain empathic during the exchange while emotionally protecting themselves (India).

## Break time for participants

You should provide the participant with water or some refreshments during the interview but also be flexible if the interview is lengthy and a break is required. Participants may also be happy to continue without a break, it's important to tailor your interview to the needs of your interviewee.

This is also an important time for you as an interviewer to regroup and process your thoughts if you have found the interview to be emotionally challenging.

## Closing the Interview

Before stopping the recording, thank the participant for their time and for sharing their story. It is important that the interviewee is made aware of how significant their contribution has been.

You should also ask the participant how they feel about the interview now that it has ended, and ask if they wish to be contacted again later for a potential second interview. We have found that most participants were enthusiastic about speaking again.



## Footnotes and other resources

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G. Smith, 'Oral history', *History at the HEA*, (2010).

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T. L. Charlton, *Oral history for Texans* (Texas, 1985).

'Introduction to Oral History', *Baylor University Institute for Oral History*, 2016.





# After the Interview



## Transcription

As oral history accounts will be used for research and analysis, the process of transcription is important in ensuring that meaning is conveyed accurately.

Once the interview is complete, the recording is transferred from the recording device onto a computer. A designated member of the team will then listen to the recording using locally available transcription software and transcribe the recording onto a Word document. The transcription will be in the local language used for the interview. Once the transcription is complete, it may be made available for translation into English. Providing a 'back translation' (back to the original language) is useful for ensuring the accuracy of translation and meaning.

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You may also wish to use transcribing software. This can be efficient and useful but someone should go back over the transcript to check for mistakes.

When transcribing, it can be difficult to decide what to keep. When it comes to 'space filler' words, signs of hesitation and repetitive phrases used by the interviewee, they can be reviewed on a case by case basis. Some of this speech is insignificant as it does not mean anything in the context of the interview. However, it is important to identify which of these phrases mean something in the context of the interview to the interviewee. It may be appropriate to indicate if there was a very long pause or delay, or if a break was required.



## Translation

Once the transcription is completed, each site may undertake the translation of the transcripts from their local language(s) into English. The Oxford team is suggesting useful links for best practice for translation methods. Back translation may be the most appropriate method.

Transcripts do not need to be translated in perfect English. Some nuances and key words from the interviews in the local languages can be kept so we can retain the true meaning and cultural influences.



““

“Certain words in English are not available in Xhosa or don’t capture the nuances well. The Xhosa word for seizure, *ukuxhuzula*, is not a general term for seizure but is mostly associated with seizure with motor dysfunction.”

**Nwabisa, Katlego, interviewers and translators, South Africa**

””

““

“I would keep some keywords because if I translate them the meaning would be totally lost.”

**Robert, translator, Epilepsy Support Foundation, Zimbabwe.**

””

““

“We translate to English as far as is possible and use parentheses to explain particularly difficult terms. For words with no direct equivalent, we keep the original term and give a loose translation in parentheses.”

**Mercy, KEMRI, Kilifi, Kenya.**

””

““

“Translation of transcripts require an important amount of time as each interview is about 40 pages length.” **Gabriela, interviewer & translator, Brazil.**

””



"We need to know why epilepsy is poorly understood and why these misconceptions are so widespread."

### **What do you do with oral histories?**

With the consent of the interviewee and once transcribed and translated, oral history interviews can be placed into archives and accessed for research, advocacy, or educational purposes. It is important to think about how and where you want the recording to be stored. You can speak to the curator of the archive about ways to publicise the collection and make it more easily available, if that is a priority to you.

What you envision for your interview material can determine what you do with your oral history interviews. This will likely vary site by site. Due to the nature of these projects, you may want to share your findings with other sites which could influence how and where you store them.



## De-briefing and experience sharing

It may be beneficial to discuss how the interview went with the Oxford team as well as colleagues from another site to address the challenges encountered, lessons learned and shared experience.



## Re-engaging with the community

It may be useful to note how you can re-engage with the community after the interviews have taken place. How will the oral histories collected impact the communities they come from, and how might oral history programmes benefit and give back to individuals and communities?



## Footnotes and other resources

Bogusia Temple, 'Casting a wider net: reflecting on translation in oral history', *Oral History*, 41:2 (2013), pp. 100–109.

"I love it when they speak through my mouth": Reflections on Oral History and Translation, Columbia Oral History Master of Art):  
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## Epilepsy support + first aid resources

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Help and Support, Epilepsy Research UK:  
<https://epilepsyresearch.org.uk/about-epilepsy/help-and-support/> [last accessed: 09/08/23].

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# Appendix

The following resources are templates that you may find useful to support an oral history programme. We encourage you to use them and adapt them to the needs of your team and project.

## Appendix 1 – Information sheet template

**[Institution name]:**

**Participant Information Sheet:**

**Project Title:**

Institution	Investigators

You are being asked to take part in a study. The box below tells you important things you should think about before deciding to join the study. Please ask questions about any of the study information before you decide to participate. You may also wish to talk to others (for example, members of your family, friends and your doctor) about this study, before agreeing to join.

## Appendix 2 - Consent form template

**[Institution name]:** Consent form for Measures and new methods for addressing identification and management of all epilepsies in [study site]

I have had the study explained to me. I have understood all that has been read/explained and had my questions answered satisfactorily and I agree to take part in this research.

**I agree for the interview/discussion to be recorded • Yes • No**

I understand that I can change my mind at any stage and it will not affect me in any way.

**Please initial the sentences that reflect your choices, and then sign below:**

\_\_\_\_ I wish to be notified by investigators in the event of research findings of possible importance to myself. **Yes • No •**

\_\_\_\_ I agree that the study team use the identifier that I have provided (*country ID number, telephone number, etc.*) to locate me in the future. **Yes • No •**

I understand that I can change my mind at any stage, and it will not affect me in any way.

**Participant signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant name:** \_\_\_\_\_ **Time** \_\_\_\_\_

(Please print name)

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**Where participant cannot read, a witness\* may observe consent process and sign below if needed:**

I attest that the information concerning this research was accurately explained to and apparently understood by the participant and that informed consent was freely given by the participant.

**Witness' signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness' name:** \_\_\_\_\_ **Time** \_\_\_\_\_

(Please print name)

*\*A witness is a person who is independent from the study or a member of staff who was not involved in gaining the consent.*

Thumbprint of the participant as named above if they cannot write:

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I have followed the study procedure to obtain consent from the [participant]. S/he apparently understood the nature and the purpose of the study and consents to the participation in the study. S/he has been given opportunity to ask questions which have been answered satisfactorily.

**Designee/investigator's signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Designee/investigator's name:** \_\_\_\_\_ **Time** \_\_\_\_\_

(Please print name)

THE PARTICIPANT SHOULD NOW BE GIVEN A SIGNED COPY TO KEEP

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.....

## Appendix 3 - Site questionnaire, equipment checklist

### Oral History Workstream – Site Questionnaire

<b>PERSONNEL</b>	
Oral history interviewers (and title/position)	
Who is the organiser/key contact for the oral history workstream?	
Do you have individuals who can transcribe audio recordings?	
Do you have individuals who can translate the transcripts into English?	
<b>SPACE &amp; EQUIPMENT</b>	
Do you have a dedicated room for interviews? Please describe briefly	
Will interviews be conducted in participants' homes or home communities?	
Are some interviews likely to be conducted outside?	
Is there stable internet/wifi at the proposed interview site?	
Do you currently have consistent access to: audio recorders, microphones, headsets (for transcription)?	
Do you have consistent access to a laptop or desktop computer? Does this include a webcam?	
<b>Recruitment and Interview procedures</b>	
Do you have a consent form for interview participation? In what language/s?	
How/where do you intend to recruit participants? (ie; an epilepsy clinic, a community centre, an existing database)	
Likely/possible languages for interviews	
Do you have a policy for compensating travel/time/lunch for interview participants? (Please describe)	
Current Covid 19 restrictions	