Support from His Excellency

The Governor General of Australia, His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd), and Her Excellency Lady Cosgrove, with Joanna Briggs Foundation Advisory Committee Chair Mr Philip Pledge (left) and Joanna Briggs Foundation Fundraising Manager Ms Sandy Davies (second from right)
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Message from the Executive Director

We have just experienced the winter solstice and, just as it was in ancient Europe, it has been a time of celebration and events in Adelaide. For JBI, this has been most apparent – this month our Adelaide headquarters was graced with the presence of the Governor General of Australia, His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd), and Her Excellency Lady Cosgrove. His Excellency’s visit as the new Patron of our Foundation was a great honour for us as a patronage of this order stamps the Australian government’s support of our commitment to helping make a difference to health care in the developing world.

I am pleased to be back in Adelaide after an extended overseas trip which I alluded to in last month’s issue. My last leg of the trip included attendance of a sleep research conference. Disorders such as obstructive sleep apnea are common, growing in importance in our society and are associated with many other serious disorders and diseases. The International Sleep Genetic Epidemiology Consortium continues to expand and thrive, with many new projects being initiated. A number of these projects, led by our team, are nearing completion. These projects are aimed at understanding the environmental and genetic determinants underlying sleep disorders, and the relationship of sleep disorders to other important clinical outcomes such as diabetes, heart disease, obesity and depression.

In San Francisco a meeting took place with Collaboration Directors of the Americas with an open and frank discussion of many issues. There was broad agreement around the positive development that has taken place in the JBC, and the potential improvements to JBI processes and infrastructure. We also made a number of exciting new proposals, and explored strategic needs and opportunities in the Americas. All in all, an excellent meeting, and it was enjoyable to meet such an enthusiastic and committed group of people.

In this issue you will read about the completion of the HCF in-hospital falls prevention project, a large scale nationwide project which ran over 18 months involving evidence review, multi-site audits and a vigorous four-month implementation phase. Other research consultancy projects are also in the process of being wrapped up which we will report on next month, all nailing JBI’s reputation in consistently making significant research contributions that bring about positive health care changes in society. As well, inroads are being made by JBI staff in treatments in depression, and the link between paternal obesity and fertility. I am proud of my colleagues for once again imparting and sharing their in-depth knowledge in external conferences in areas such burns and influenza vaccination.

We feature in this issue a new column by Wolters Kluwer so readers can stay informed of the activities and developments our commercial partner is undertaking. Our Danish Collaborating Centre takes centre stage this month and we also report an interesting development which is a direct result of collaboration between two centres of the JBC, all of which should remind us of the depth and reach of the JBI around the world.

Till next month, I wish you all the very best in your endeavours.

Professor Lyle Palmer
Executive Director
Governor General visits JBI

The Governor-General of the Commonwealth of Australia, His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd), visited the Joanna Briggs Institute (JBI) headquarters in Adelaide on 2 June as the new Patron of the Joanna Briggs Foundation.

Together with Her Excellency Lady Cosgrove and their entourage, they met with Foundation Advisory Board members, researchers and staff.

JBI Executive Director Prof Lyle Palmer said the Joanna Briggs Institute Foundation would benefit enormously from the support of the Governor-General.

‘The Joanna Briggs Foundation and Institute are delighted to have Australia’s Governor-General as our patron,’ he said.

‘In His Excellency, the Foundation and the Institute has an Australian who understands the positive outcomes that a sense of community can bring—whether that be local, regional or global communities.

‘But more than that, there is an inherent understanding of our obligation to extend the hand of friendship and education to the developing world,’ said Prof Palmer.

‘We are grateful that His Excellency is supporting our work in Australia and internationally, and we look forward to his ongoing involvement,’ he said.

The role of Joanna Briggs Institute Foundation Patron was previously held by former Governor-General of the Commonwealth of Australia, the Honourable Dame Quentin Bryce AD CVO. Watch a video of the visit on Channel 9 News.
Education a key to preventing falls in hospitals

Patient falls are a significant problem in hospitals. Injuries from falls range from minor bruising to fractures, and in some cases can lead to permanent disability or death. In-hospital falls result in complications for patients, longer hospital stays and increased health care costs.

But many in-hospital falls are preventable. ‘Prevention of in-hospital falls: a multi-site audit and assessment of best practice implementation’, a JBI project undertaken with a grant from the Hospitals Contribution Fund (HCF), established evidence-based best practice for in-hospital falls prevention and demonstrated sustained improvements in falls prevention practices in Australian hospitals. The project, which ran over 18 months, was completed in late June and the final report submitted to the HCF Health and Medical Research Foundation.

As part of the project, an evidence review identified and appraised eight recent systematic reviews and three evidence-based practice guidelines for in-hospital falls prevention, which were used to inform the development of audit criteria for best practice.

Based on the audit criteria developed, audits at nine public and private hospitals across the country (Queensland, New South Wales, Victoria, South Australia and Western Australia) were conducted which found that the average compliance rate across hospitals was 50%. A clinician from each hospital received training in clinical audit, evidence implementation and clinical leadership at JBI and, with local project teams at their hospitals, identified barriers to best practice and developed strategies to improve compliance.

Common identified barriers included insufficient staff education regarding falls risk assessment and prevention strategies, and inadequate provision of education to patients and their carers, including a lack of appropriate educational resources.

Hence, strategies utilised in evidence implementation centred around education, including multidisciplinary staff education sessions, and development of staff education packages and education materials for patients and their carers.

A follow-up audit cycle conducted after the four-month implementation phase showed improved compliance rates at every hospital, with an average compliance rate across hospitals of 75%. A second follow-up audit conducted five
months later showed that the improved compliance with best practice was sustained. Fall rates in participating wards for the nine-month period after the commencement of the implementation phase of the project were similar when compared to retrospective fall rates for the corresponding period a year earlier. Explanations for this included a time lag for improved practice to carry through to improved outcomes, or that fall rates may have decreased but were not reflected in the data due to improved reporting of fall incidents as a result of the staff education drive.

A qualitative analysis of focus group discussions with trained leaders highlighted the importance of organisational support in the success of any falls prevention implementation project. At the ward level, clinical leadership and a culture of teamwork, responsibility and ownership were also identified as important.

The enhanced knowledge and understanding of the mechanisms, barriers and facilitators to implementation of evidence in clinical practice generated by this study will assist hospitals to achieve practice change in falls prevention and other aspects relevant to safety and quality of patient care.

**Paternal obesity and fertility**

A systematic review by JBI Implementation Science Research Fellow Dr Jared Campbell, which found that being obese negatively affects primary outcomes of male fertility, won the Best Poster Award (early career researcher) at the Australian Society for Medical Research South Australia conference.

Dr Campbell presented his research on the effect of paternal obesity on reproductive health at the conference on 4 June. The conference was part of Australia’s Medical Research Week held that week.

Twenty-four scientific papers, which looked at male infertility in obese men seeking treatment through assisted reproductive technology such as IVF, were reviewed in the research project.

Dr Campbell’s research has also been reported on in an article in *The Lead*, and he was interviewed on the ABC North and West morning’s program.
Train-the-Trainer programs in Bucharest and San Francisco

As part of his recent overseas trip, Assoc Prof Ed Aromataris, JBI Director Synthesis Science, ran very successful Train-the-Trainer programs in the Romanian Centre for Evidence Based Nursing and Midwifery, Bucharest, and the University of California San Francisco Medical Center, San Francisco, in May.

Six participants (three from the Czech Republic and three from the United Kingdom) (pictured) attended the session held at the Romanian Centre for Evidence Based Nursing and Midwifery: an Affiliate Centre of the Joanna Briggs Institute in Bucharest, Romania.

The San Francisco session had six participants from JBI Collaborating Centres in the United States.

‘I was impressed with the enthusiasm and commitment displayed by the participants. It is gratifying to be able to ensure would-be trainers have the skills to deliver the JBI comprehensive systematic review program proficiently to their colleagues and peers around the world,’ Assoc Prof Aromataris said.

‘This is all part of spreading the word, so to speak.’

Farewell to Prof Alan Pearson

Professor Alan Pearson, founding Executive Director of JBI and Head of the School of Translational Health Science and the Director of the Centre for Research Excellence in Aboriginal chronic disease knowledge Translation Exchange (CREATE), has formally resigned.

Professor Pearson was a long serving member of our staff and contributed enormously to our growth and development over nearly 20 years.

Professor Pearson retired at the end of last year, but remained as the Director of CREATE, maintaining a student supervision load with the School and other academic commitments.

He has decided to focus on his retirement and we wish him all the very best in this new phase of life (although will continue to supervise his remaining PhD students).

He sends his best wishes to all staff in the Institute/School, Collaborating Centres, alumni, members and students.
Directors of The Americas meet

Prof Lyle Palmer, JBI Executive Director, met with the Directors of the American region in May in San Francisco. Directors were introduced to Prof Palmer’s vision for JBI and his perspective on current initiatives. Each centre director reported on their work. The meeting was very productive and was a good opportunity for Prof Palmer to get to know our Collaboration better. Christina Godfrey (Canada), Marsha Bennett (Louisiana) and Susie Jones (Oklahoma) joined via teleconferencing.

Pictured, from right to left, are Dr Lisa Hopp (Indiana), Prof Lyle Palmer (Adelaide), Dr Susan Salmond (New Jersey), Adam Cooper (San Francisco), Dr Daphne Stannard (San Francisco), Dr Susan Weeks (Texas) and Dr Dru Riddle (Texas).

Let there be light

Light therapy administered in the morning using a light box, and as an adjunctive treatment to sleep deprivation responders may be used for adult patients suffering from non-seasonal depression. Also, health care professionals should be aware of hypomania as a potential adverse effect of light therapy for treating depression.

These best practice recommendations are contained in a ‘Depression (Non-seasonal): Light Therapy’ evidence summary recently written as part of a suite of evidence summaries which JBI is developing for the Blue Pages project, an initiative of the Centre for Mental Health Research at the Australian National University. The Blue Pages website provides information on treatment for depression based on the latest scientific evidence.

Depression is one of the major mental health problems in all age groups. A maximum of 150 evidence summaries are being produced for the Centre for Mental Health Research to help inform the content and resources of the website.

The JBI team, comprising Dr Zachary Munn, Dr Catalin Tufanaru and Dr Jared Campbell, Research Fellows in Implementation Science, are developing rapid evidence summaries, involving searching a standard set of databases, and conducting critical appraisals of included literature to be carried out over the next three years.

Fifty evidence summaries for the pharmacological treatment of depression for children/adolescents and adults/older adults were completed last year. To date in 2014, the following evidence summaries for alternative and complementary treatment for depression have been completed: homeopathy, massage therapy, psycho stimulants, light therapy, St John’s wort, music therapy, yoga, folic acid, acupuncture, Tryptophan, Inositol, vitamin D supplementation, patient psychoeducation, zinc supplementation and bibliotherapy.
Getting to the bottom of Burns

Over 150 topics related to burns ranging from first aid and management of burns, to body image, to burns assessment and management of skin grafts, are available as JBI information sheets for health care professionals and patients.

JBI Implementation Science Research Fellow Dr Zachary Munn (pictured, back row, right) shared this in his presentation at the National Burns Nursing Seminar on 23–24 May held at the Alfred Hospital in Melbourne.

Titled, ‘Evidence-based health care, evidence-based burns nursing and the Joanna Briggs Institute Burns node’, Dr Munn’s presentation covered the history of evidence based health care (EBHC), after which he honed in on EBHC in burns, the JBI Burns node and resources.

‘In evidence-based burns nursing, all practice can be informed by evidence in areas such as dressing types, care of skin grafts, care of donor sites, pain management, wound debridement, workforce infection control and patient care,’ he said.

The reality, unfortunately, is that most organisations do not have evidence-based cultures, and there is consistent evidence of a failure to translate evidence into clinical practice. Dr Munn said 30-40% patients do not get treatments of proven effectiveness; 20–25% patients get care that is not needed or potentially harmful; and only 57% of patients in Australia receive appropriate care.

At the conference, Dr Munn also delivered another presentation, ‘Clinical practice guideline development’, where he took the audience through the decision-making process for developing clinical guidelines which are usually not based on evidence, stressing how crucial it is for evidence to drive the development of these guidelines, and how this can be done.

JBI’s biggest morning tea

In support of Cancer Council Australia’s Biggest Morning Tea, the Great JBI Bake Off was a huge success with colourful, creative and very tasty entries. Cash and credit card donations totalled a respectable $291. Dr Zachary Munn, JBI Implementation Science Research Fellow, c/o his lovely wife Amy Munn, was declared a worthy winner of the bake off with a fresh and zesty lemon cheesecake.
Korean-Queensland collaboration bears fruit

Professor Eui Geum Oh, Yonsei University College of Nursing, and Director, Yonsei Evidence Based Nursing Centre of Korea; an Affiliate Centre of the Joanna Briggs Institute; and Drs Anthony Tuckett (pictured below) and Tim Henwood, from the University of Queensland and the Australian Centre for Evidence Based Community Care (ACEBCC); a Collaborating Centre of the Joanna Briggs Institute; have struck a unique partnership as a direct consequence of the Joanna Briggs Collaboration (JBC).

Professor Ho and Dr Tuckett are long-time colleagues of JBC and the opportunity to collaborate seemed only natural. In late June this year, for a four-week period, two undergraduate nursing students from Yonsei University College of Nursing, Korea, will undertake a University of Queensland 2014 Winter Research Scholarship (internship). The two are third year nursing students, Ms Jae Rin Kim (Eliza) (pictured below) and Ms Younjeong Choi. Ms Eliza Kim will be supervised by Drs Tuckett and Henwood, both staff of the ACEBCC.

Ms Kim will assist with the write-up phase of the research project titled, ‘How the health of men in nursing compares to that of the health of women who are nurses, an Australian and New Zealand Nurses and Midwives eCohort study’. This is one of four Male e-Nurse (MeN) Health Studies proposed by Drs Henwood and Tuckett, and will be a comparative analysis across variables with a specific focus on health outcomes (disease, limitation and health behaviours). Ms Kim will be in residence at the ACEBCC, directed by Assoc Prof Deb Parker.

Ms Choi will assist another member of staff of the UQ School of Nursing and Midwifery on a project titled, ‘Diabetic patients’ health literacy, quality of life and self-management skills’. This project examines the health literacy, quality of life, self-management capabilities and clinical outcomes of patients with Type 2 diabetes in three general practices in South East Queensland.

It is proposed and hoped that this collaboration will be again available for the 2014/15 Summer Research Scholarship (internship).

Influenza vaccination for pregnant women

Influenza vaccination is safe and effective at reducing influenza for women vaccinated during their second and third trimester.

Mark McMillan, Communication Science Research Fellow, highlighted this in his presentation at the Public Health Association of Australia (PHAA) 14th National Immunisation Conference, held on 17–19 June in Melbourne.

His systematic review looked at the safety and effectiveness of Influenza vaccination during pregnancy.

‘Infants of pregnant women vaccinated during their second and third trimester have reduced rates of influenza, and influenza-related hospitalisation for the first six months.’

Influenza vaccination during pregnancy had no association with adverse outcomes for the fetus, including premature birth, low birth weight,
congenital malformation, and fetal death. Health professionals can be very confident the influenza vaccine is safe for pregnant women and their fetus when given during their second and third trimesters of pregnancy,” Mark said.

Mark’s systematic review was conducted as part of his Master of Clinical Science with the School of Translational Health Science which he recently completed.

Reciprocity, respect, equality...

Prof Annette Braunack-Mayer, Head of School of Population Science, University of Adelaide, gave a seminar on ‘The ethics of translational research with Aboriginal and Torres Strait Islander communities’ at the JBI Headquarters in Adelaide on 6 June.

Her presentation was part of the 2014 Seminar Series of the Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE).

Prof Braunack-Mayer described the challenges in identifying and addressing issues in the conduct of reviews of evidence, and in implementation of those reviews, within Aboriginal Community Controlled Health Services.

Her presentation detailed the stages of CREATE in which reciprocity, respect, equality, responsibility and survival and protection are integral, and presented a checklist highlighting potential ways of assessing the quality and ethical acceptability of studies focused on the health Aboriginal and Torres Strait Islander communities.

Together, Prof Braunack-Mayer and Prof Ngiare Brown, two of the five Chief Investigators of CREATE, will develop these ideas further to produce ethically acceptable guidelines relating to the conduct and publication of research that will not only be applied to all CREATE outputs, but which will hopefully form the standard for publication of research across the Aboriginal health sector.
A ‘natural’ way to develop clinical guidelines

Prof Preben Ulrich Pedersen would love to see the day when the methodological aspects of a systematic review are a ‘natural’ part of developing clinical guidelines.

For a man who has been a nurse in an environment where nursing guidelines were either not published or if published had different recommendations for the same problem, his vision is hardly surprising.

As Director of the Danish Centre of Systematic Reviews: a Collaborating Centre of the Joanna Briggs Institute, Prof Pedersen has been instrumental in the evolution of the centre since its inception in the mid-2000s.

‘Back then, guidelines for nursing care were varied in quality and based on limited evidence. The result was inconsistency in practice and inappropriate use of resources,’ Prof Pedersen said. ‘It became very clear that evidence-based clinical guidelines were essential.’

In 2005, the Danish Nursing Society (DNS) took the initiative to establish the Centre of Clinical Guidelines (CCG) at the Department of Medicine and Health Technology, Aalborg University, with the task of promoting high quality evidence-based clinical guidelines. Based at the CCG, the Danish Centre of Systematic Reviews was thus formed to strengthen the methodological quality of reviews of literature for clinical guidelines.

‘Clinical guidelines should be based on systematic reviews,’ said Prof Pedersen who has been involved with quality improvement in Danish nursing since the early 1990s, and whose exactitude acquired from his many years of nursing practice brought the needed impetus to the Danish evidence-based health care movement.

A clinical guideline is a systematically developed statement that can be used by professionals and patients for appropriate and proper health care practices in specific clinical situations.
The CCG is owned by DNS, which is an umbrella organisation for scientific societies within nursing in Denmark. DNS works closely with the National Board of Health, medical scientific societies and other relevant partners within the health care sector in Denmark and the Nordic countries.

The CCG was initially established by and for nursing in Denmark. However, cooperation with other allied health care professions seemed a natural progression.

Primary stakeholders are nurses employed at the nation’s hospitals and university lecturers who teach nursing and allied health professions, but other health professions contribute to and benefit from the centre.

The location of the centre at the University of Aalborg creates an opportunity for increased cooperation between academic and clinical competencies. Additionally the Centre identifies new areas of research within nursing and other professions, and has a cohort of PhD students.

There are two full-time positions at CCG, Prof Pedersen himself and Research Assistant Sasja Jul Håkonsen, as well as ad hoc voluntary staff who pitch in as and when required.

Since three staff members became educated trainers in the Comprehensive Systematic Review training program (CSTRP), around 30 protocols have been submitted.

‘We have “redesigned” the CSRTP so that it is runs over about three months with regular follow-ups and guidance leading to a 90 to 100% protocol submission rate at the end of the program,’ Prof Pedersen said.
Plunging head-on

Lodged in the psyche of Erica Tilley as she plunges head-on into her full and active life is a spirit planted by her grandmother. An incredible individual who brought up three children as a single parent whilst also running a market garden business, Erica’s grandmother worked hard so her family could enjoy the rewards.

‘I feel this has contributed to my strong sense of community and my wanting to ensure our elderly are comfortable during the later years of their life,’ said Erica.

Determination, resilience and a grand vision, attributes her grandmother displayed, are at the core of this young woman’s passion to help improve the health outcomes of the elderly. And the trajectory her career is taking couldn’t be better mapped out for this purpose – undertaking a Master of Clinical Science degree whilst working as a speech pathologist for Domiciliary Care for adults aged over 65 years. And recently, she started working on the Neurology and Neurosurgical Acute Wards at Flinders Medical Centre.

Her choice of research topic, ‘The effectiveness of allied health therapy in the symptomatic management of progressive supranuclear palsy: a systematic review’, was not plucked from the air. ‘In 2013, I had ten patients in my caseload who had progressive supranuclear palsy for which there is no cure. I noticed that these patients deteriorated rapidly and had a high risk of falls and aspiration pneumonia,’ Erica said.

Progressive supranuclear palsy (PSP) is a progressive adult onset neurological condition that shares some characteristics with motor neurone disease (MND) with patients experiencing a life expectancy of six to seven years following diagnosis. At the end stages patients are immobile, unable to speak and or swallow, requiring percutaneous endoscopic gastrostomy feeding. However, unlike MND, there is no specialised clinic or association to support patients in South Australia.

Student profile

Erica Tilley (left), with her sister, Tullia
With an established clinical pathway for PSP, patients could receive information and services to help manage their symptoms. For a patient with falls and swallowing difficulties, access to allied health care could lead to physiotherapy to help maintain their balance, occupational therapy to modify their bathroom activities and provide equipment, and speech pathology to provide education and appropriate diet and fluid consistencies.

‘Ongoing monitoring in the community would result in a reduction of repeated costly hospital admissions for fractures from falls or aspiration pneumonia. By supporting the patient, admission to residential care could be delayed leading to improved quality of life for the patient but also a cheaper outcome for society as a whole,’ Erica said.

The grand scheme her grandmother indirectly helped her develop is articulated through thought that is remarkably incisive.

‘With so many neurodegenerative conditions, there is a two-pronged approach. One is to seek a cure by “looking under the microscope”. The other is to manage symptoms in the here and now. There are extensive research centres for the former but the latter is currently letting the team down.

‘Although there are symptomatic strategies in practice for PSP, none have been systematically evaluated for effectiveness in improving quality of life or survival time,’ said Erica.

With $10,000 grant she won from the Repat Foundation Inc last year, Erica is also working at the Repatriation General Hospital on a project to raise awareness of progressive supranuclear palsy and increase patient access to community services. As part of the project she helped organise a Neurodegenerative Disease Expo in June this year.

‘The games can be a bit intense but I enjoy keeping up with the guys as the only female player. Last season we won the premiership for summer 2013-2014 for our division!’

Erica moved from Tasmania to Melbourne in 2008 to study a Bachelor of Speech Pathology at La Trobe University, after which she moved to Adelaide to be with her partner.

‘Adelaide is my partner’s hometown, but also I was drawn to the friendly people, beautiful beaches and Womadelaide!’
Upcoming events

9th Biennial Joanna Briggs International Colloquium (Singapore)

The 9th Biennial Joanna Briggs International Colloquium for 2014, themed, ‘Scaling new heights: challenging the status quo’, hosted by the Joanna Briggs Institute’s three Collaborating Centres in Singapore.

When: 10–12 Nov 2014
Where: Holiday Inn Atrium, Singapore.

Evidence-Based Clinical Fellowship Program

Spaces are still available on this program.

July intake
Week 1: 7-11 July
Week 2: 8–12 December

For further information and to enrol contact jbieducation@adelaide.edu.au.

Clinical Leadership Program

Spaces are still available on this one-day wonder program delivered by Proteus Leadership.

July intake
Friday 11 July

For further information and to enrol contact jbieducation@adelaide.edu.au.
Welcome to the Wolters Kluwer update, a new monthly column from our business partners at Wolters Kluwer (WK) which focuses on their activities on behalf of JBI worldwide.

Medical Librarian Association Conference
WK attended the 2014 Medical Librarian Association conference in Chicago, Illinois from 17–20 May, the largest meeting of medical librarians in North America.

We hosted two well-attended keynote presentations during MLA prominently featuring JBI solutions, fondly called Sunrise Seminars in honour of their 7am start time.

Sunday’s session, Quality versus Evidence versus Research versus Innovation, was presented by Dr Daphne Stannard, Director of the JBI Collaborating Center at the University of San Francisco Medical Center. Librarians took away a better understanding of how clinical inquiry activities align with quality indicators, regulatory requirements, and ANCC Magnet initiatives and the role JBI plays in providing clinical inquiry resources.

Monday’s session, Secrets of Successful Rollouts, focused on helping librarians understand how hospitals globally have successfully rolled JBI out to clinicians, and our advice for librarians interested in making the most of their rollout by partnering with health care professionals at their institution. Presenters were Assoc Prof Ed Aromataris, Director Synthesis Science, Joanna Briggs Institute, along with Anne Chaney and Kathi Grainger from WK’s award-winning support and training team.

Thanks again to Assoc Prof Ed Aromataris and Dr Daphne Stannard for joining us at MLA and spreading the word about JBI to the librarian community.

Additional marketing for JBI at MLA:
- Continuing education on evidence based practice and updated JBI talking points for sales, distributed globally pre-show
- In booth signage and collateral, JBI multi-page brochure, JBI was featured in a rolling product advertorial
- Promotions during the New Member Breakfast sponsorship reaching over 200 new librarians
- Post-Sunrise private Q&A with Ovid sales
- Sunrise sessions filmed for post-show distribution.
**Welcome!**

We would like to welcome a new Evidence Synthesis Group (ESG) based at the Children’s Medical Center of Dallas, Texas, USA.

The ESG will be named the Children’s Health System of North Texas Pediatric Synthesis Group and will be convened by Dr Kathy Speer.

**Centre changes**

We welcome Debra Anderson and Vivienne Tippett as the new Deputy Directors at Centre for Evidence-Based Healthy Ageing (CEBHA) based at the Queensland University of Technology.

The collaboration between JBI and The Deakin Centre for Quality and Risk Management in Health (School of Nursing and Midwifery, Deakin University) will unfortunately cease on 18 June 2014.

We thank Prof Julie Considine and the Centre for their contributions and wish those involved all the best for their future endeavours.

**Farewell Cindy!**

Dr Cindy Stern will soon be off on maternity leave as she prepares for the arrival of her second child. We are all so happy for Cindy and her growing family, but like many of you will also be very sorry to see her go!

Luckily, her absence will only be temporary. Dr Karolina Lisy and Adriana Turner will take care of the Collaboration Office until Cindy returns from leave in early 2015.

**The 50th Meeting of the Committee of Directors**

The upcoming 50th Meeting of the Committee of Directors will occur by teleconference and has been scheduled for 26–29 August 2014. An email will be sent out shortly from Adriana confirming teleconference dates and times for each region. It would be most appreciated if you could please confirm your telephone numbers with Adriana as soon as possible at adriana.turner@adelaide.edu.au.

**Train-the-Trainer**

The final CSR Train-the-Trainer for 2014 will run as planned in Singapore on 3–6 November, 2014, a week before the JBI Colloquium. Please contact Assoc Prof Zoe Jordan for further details, zoe.jordan@adelaide.edu.au.
Singapore Colloquium

**Visa letters**
A reminder that if you require an invitation letter to the JBI Colloquium to assist with your Singapore visa application, to please contact Adriana at adriana.turner@adelaide.edu.au. We encourage you to apply as soon as possible.

**Travel**
An email was recently sent out advising all Centre Directors of the AUD$ amount that JBI will reimburse for flights to Singapore for the Colloquium. We encourage you to book your flights as soon as possible, and to please send your invoice and flight itinerary through to Adriana to facilitate the reimbursement.

**Accommodation**
A reminder that accommodation at the JBI Colloquium venue is not being reserved for Colloquium attendees. As such, it is recommended that all attendees organise their accommodation as soon as possible.

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Annual Review

The end of the 2013-2014 financial year is fast approaching. The Collaboration Office will begin collating centre output shortly, and you will all be advised of the results of the Annual Review in July.
Prevention, diagnosis and treatment of tropical and infectious diseases

The Tropical and Infectious Diseases node of the Joanna Briggs Institute (JBI) COnNECT+ or OvidSP is a unique tropical and infectious diseases-specific web based facility that provides online resources and tools to clinicians, patients and their families to utilise evidence-based information in clinical decision-making processes. This service will deliver evidence-based information regarding prevention, diagnosis and treatment of tropical and infectious diseases. Best practice recommendations will be provided which are relevant for implementation in all settings, including in low-resource settings where many of these diseases are highly prevalent.

The Tropical and Infectious Diseases node delivers evidence-based information regarding prevention, diagnosis and treatment of tropical and infectious diseases. This node is designed for, and readily accessible to, Tropical and Infectious Diseases care professionals and providers and service users. The resources address aspects of clinical care relevant to the care of patients in Tropical and Infectious Diseases care facilities. The resources enhance the ability of Tropical and Infectious Diseases care workers to provide consistent and appropriate care, while reducing the risk of clinical adverse events. The resources also facilitate staff training and continuous improvement within the Tropical and Infectious Diseases care sector.

There is an increasing interest from health professionals involved in the care of people with tropical and infectious diseases in JBI customising our on-line programs to specifically meet the needs of nurses, medical officers, allied health and health workers to identify and work towards best practice in this field. The need for health professionals working in the field of tropical and infectious diseases to access independent advice on the effectiveness, appropriateness and cost benefits of specific health and care interventions; and to implement evidence and evaluate its impact has been recognised in most advanced economies, but current efforts to summarise, disseminate and establish systems for its utilisation are largely confined to other areas of health care.

This service will deliver evidence-based information regarding prevention, diagnosis and treatment of tropical and infectious diseases. Best practice recommendations will be provided which are relevant for implementation in all settings, including in low-resource settings where many of these diseases are highly prevalent.
Target audience
The purpose of the Tropical and Infectious Diseases Node is to develop content that meets the needs of countries where tropical and infectious diseases are problematic. The focus is on evidence and resources to assist health professionals in the diagnosis, prevention and treatment of common diseases, not to explore social determinants of health or other measures of country status. The target audience for this node is health professionals. While wider needs outside the health professions are recognised, this target group has been agreed upon as it represents the group most likely to have access to the currently available dissemination strategies utilised by JBI internationally. Our current dissemination process is based around internet systems and resources. Hospitals, health care professionals and academics have varied levels of access and continuity of access to the internet. In spite of this, it remains the primary vehicle for JBI and represents our best value method of developing and disseminating evidence within current resource constraints.

Target content
The first area of focus is on prevention and/or treatment of common tropical and infectious diseases. The aim being to produce a comprehensive list of tropical and infectious diseases, then to identify systematic reviews that relate to prevention/treatment of those diseases. For each disease state, we anticipate that multiple Evidence Summaries will be developed.

The second area of focus will be Recommended Practices that are associated with prevention or treatment. This will be based upon a review of existing Recommended Practices in the JBI COnNECT+ library where there are clinical interventions relevant to aspects of prevention or treatment. This may include topics such as:
- Assessment of fever;
- Measuring vital signs;
- Wound care interventions; or
- Eye care interventions.

Taxonomy: Structure and scope of topics
To enhance the quality of the information resources provided and ensure the questions they address reflect user needs as well as current research each node has an Expert Reference Group (ERG). The ERG consists of seven international members with experience and expertise in the field of Tropical and Infectious Diseases. The group meets no less than four times per year via teleconference which is led by the Chair. Supporting the ERG will be a Corresponding Reference Group (CRG) consisting of clinicians with expertise in the field and will number around 20.

The aims and responsibilities of ERG members are to contribute towards the identification of topics for Evidence Summaries and Recommended Practices. The ERG guides the development of this Node by providing advice and professional comment on draft summaries of the literature on Tropical and Infectious Diseases that are formulated from the best available evidence to date and assist in the development of between three to four Recommended Practices a month. However, this varies based on the topics
selected, needs of users and expertise of the individuals.

The Evidence Summaries are commonly between one and two pages in length and Recommended Practices around four. Upon approval, the Evidence Summaries and Recommended Practices will be uploaded to the JBI COnNECT+ database and OvidSP which can then be accessed by clinicians globally.

**Expert Reference Group**

The Expert Reference Group (ERG) that leads the strategic development of the node is headed by the Chair – Prof Harriet Mayanja-Kizza, Dean School of Medicine, Makerere University, Uganda.

The ERG members are:

- Dr Andrew Kambugu, National Co-ordinator Schistosomiasis Infectious Disease Institute, Kampala, Uganda
- Dr Kabaterine Narcis Bujune, Control Consultant Ministry of Health Vector Control Division, Kampala, Uganda
- Dr Joseph Mbuthia, Paediatrician, HIV Specialist Private Practice, Nairobi, Kenya
- Dr Philippa Musoke, Associate Professor, Mulago, Hospital, Kampala, Uganda
- Professor Joseph Ntaganira, Associate Professor, University of Rwanda, Department of Epidemiology and Biostatistics, Rwanda
- Dr Desta Kassa, Director, Ethiopian Health and Nutrition Research Institute, Ethiopia, HIV/AIDS and TB Research Directorate, Ethiopia
- Dr Adane Mihret, Armauer Hansen Research Institute, Ethiopia
- Professor Patrick Kyamanywa, Dean, University of Rwanda, General Surgery, School of Medicine, College of Medicine and Health Sciences, Rwanda.

**Scientific Administrator**

Sandeep Moola, Research Fellow Implementation Science, is the Scientific Administrator of the Tropical and Infectious Disease Node. Sandeep has a clinical background in dentistry and obtained a Master’s degree in Health Services Management and a Master of Philosophy degree in Evidence-Based Health Care. Having worked in JBI since 2008 he has been involved in undertaking systematic and literature reviews, writing Evidence Summaries and Best Practice Information Sheets. He has also worked extensively on developing online modules for short courses and contributed to various consultancy research projects funded by external organisations such as Cancer Australia and NSW Health.

**Contact**

As a JBI subscriber/member please feel free to contact support@ovid.com if you would like to know more about our Tropical and Infectious node or need assistance to access our specialised content.

If you are unable to find information that covers any particular topic then please feel free to send in a request at jbi@adelaide.edu.au.

We endeavour to bring you the best available evidence to help you in your efforts to achieve better healthcare outcomes.
August Research School
(6–8 August)

A reminder to all students, the next Research School/Symposium is fast approaching! The event will be held in the JBI Conference Room and there will be a full three-day agenda of tutorials, group work and guest presentations. The final agenda will be circulated to staff and students soon. This is a compulsory event for all students.

Quote
It is a capital mistake to theorise before one has data. Insensibly one begins to twist facts to suit theories instead of theories to suit facts.”
~ Sherlock Holmes

Thesis by publication

The School of Translational Health Science (STHS) has now forwarded to all students a draft paper that provides background to the development of a thesis by publication. The paper gives an overview of the University of Adelaide offerings for research degree completions. It indicates which approaches the STHS supports, and then provides guidance on what the content issues are for STHS students, particularly those at master’s level where the basis of the thesis is a systematic review.

The STHS has released this document to students for comment and feedback, not as a final version. Students are encouraged to read through the draft document, and provide any comments, clarifications, suggestions or criticisms, which will be considered in the final version. There will be a workshop at the August Research School on thesis by publication that will bring together the final requirements once this feedback process has been completed.

3 Minute Thesis Competition – registrations close 30 June!

A reminder to all HDR students, you’ll need to register your interest soon if you’d like to take part in the 3 Minute Thesis Competition.

This competition is a skills development activity offered by the university that challenges Higher Degree by Research students to explain their research project to a non-specialist audience in just three minutes. HDR students who are actively enrolled in a PhD or Masters by Research program (including thesis under submission) at the University of Adelaide will be eligible to participate in the 3MT. Competitors must also have completed their Major Review. Graduates are not eligible.

Information about dates, entry details and prizes.
Much easier than I thought

I had to go through a panel review recently. I think students often feel a bit nervous prior to their panel reviews and I was not an exception. In spite of some preparation, I was slightly nervous and excited about presenting my research idea to a panel of experts.

After a discussion with my supervisor, I started to plan. As I knew that it is going to be a 10-15 minute presentation, I tried to divide the time to cover all areas I should talk about and I found there are quite a few things to cover within this time. The presentation should include but not limited to: 1. Introduction of myself and my background, 2. Introduction of topic, title and reasons for choosing it, 3. Presentation of timeframe/GANNT chart for my review process, and 4. Protocol presentation: a. Background, b. Inclusion criteria, including types of participants, Interventions and outcomes, and c. Methods, including search strategy, data extraction, data synthesis and critical appraisal.

At the beginning of session I was a bit worried about external experts. But as time progressed, I found both of them very friendly and compassionate. During the question/discussion period, we had to answer a few conceptual questions about the topic of our systematic review which was again much easier than I thought.

I would like to thank both of my supervisors (Dr Zachary Munn and Assoc Prof Craig Lockwood) for their help and support. The feedback I received from the experts will help me refine my review objectives undoubtedly.

Panel reviews are very meaningful in terms of a better understanding of our research (what we are doing and what else we could do). The panel is there to provide constructive critique and feedback, and this feedback will help improve the quality of our work. Therefore, panels should be seen as a learning opportunity and not as an assessment.

Ali Morshed
Master of Clinical Science
February 2014 Intake

Tips for completing your research dissertation work

From Loughborough University

1. Don’t panic too often
2. Remember that your supervisor is a busy person - if he/she isn’t, change your supervisor
3. Find out how you work best
4. Read your program requirements
5. Plan ahead
6. Keep planning structures
7. Don’t think it will be perfect
8. Read your supervisor’s thesis
9. Be prepared to rewrite your early drafts
10. Have someone comment on your style at an early stage
11. Set yourself short term goals, and if you aren’t meeting them, work out why
12. Allow plenty of time for writing up
13. Step back from time to time
14. Find out early on about submission and presentation details
15. Talk to people about it
16. Keep writing... and writing... and writing...

July 2013 Intake – Major Reviews

By mid-July all HDR students from the July 2013 intake will have completed their Major Review of Progress.
17. Buy a book on punctuation
18. It is very important to run out of excuses for not writing
19. The world is full of unfinished theses; don’t let yours be one
20. Don’t forget to drink a whole bottle of tequila when you’re done!

**HDR student surveys**

The HDR team will soon release a series of surveys for students. The purpose of the surveys is to start a data collection process to closer measure student experience within the School of Translational Health Science and ultimately improve the quality of our program.

For educational institutions striving for excellence, it is essential that they evaluate the effectiveness of their programs, and the efficiency of student services offered by them. Such evaluation is incomplete if it does not include feedback from the students, and exit surveys are an excellent tool to obtain comment directly from the source. While they help measure satisfaction of students from various aspects related to the program, they also allow students to share their experiences. Students are strongly encouraged to take part in our survey series.

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**Postgraduate Research Conference**

When: 25 September 2014
Where: National Wine Centre of Australia

As Higher Degree by Research students enrolled in the Faculty of Health Sciences, you are invited to submit a poster abstract for the 8th Annual Florey Postgraduate Research Conference. By presenting a poster HDR students will have the opportunity to receive feedback and discuss their work with other students and researchers in the faculty. Students who enter will also be in the running to win a range of great prizes.

**Closing date for poster abstracts is - COB Friday 4 August 2014.**

**Registration and further details on the event.**

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**Quote**

Success is stumbling from failure to failure with no loss of enthusiasm.

~ Winston Churchill

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**School blog**

Don’t forget to visit the School of Translational Health Science blog to read the latest news, events and important information. Note that the blog does not replace the current HDR Facebook page, which is a ‘closed group’ to active students and supervisors.
Congratulations!

We have had a very busy group of Clinical Fellows alumni (pictured left to right: Wang Yang, Zhang Xiaoju, Cao Xinxuan, Lynette Sprigg, Samara Szymaniak, Laura Zammit, Aileen Kitson, Brooke Dench, CJ Cabilan, Kylie Wright, Ingrid Tartu, Guy Peacock, Pip Petrucci and Su Kitchen).

Even though they completed in November 2013, nine of these were part of a wider ‘In-hospital Falls Prevention’ project funded by the Hospitals Contribution Fund (HCF) in Australia (see page 5), and have been undertaking a second follow-up clinical audit and write-up of their final reports.

Cao Xinxuan, Wang Yang and Zhang Xiaoju from Fudan University in China, have all recently had their implementation reports published in the JBI Database of Systematic Reviews and Implementation Reports.

Both Wang Yang and Zhang Xiaoju will also present at an upcoming International Cancer Nursing conference in Panama City in September this year.

Congratulations to all of these JBI Clinical Fellows Alumni!

Alumni events

As well as the Singapore Alumni meeting being planned at the November Colloquium, we are also hosting an Alumni networking event in Adelaide later this year. Watch this space!