A collaborative SAHMRI-JBI project explores the enablers and barriers to the implementation of primary health care interventions for Indigenous people with chronic diseases.
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Message from the Executive Director

Welcome to the July issue of JBI Matters. As we enter the second half of 2014, I am pleased to report that many of the initiatives that we have embarked on together are gathering momentum nicely.

Our primary focus remains on IT, and with the redevelopment of the SUMARI and Connect+ tools. Together with our partner Wolters Kluwer, we are converging on a technology roadmap for the JBI over the next 12 months. You can read more details about this on page 8. Our first monthly IT Informatics newsletter has been published, and the draft user specifications for the new SUMARI package have gone out to a broad group of stakeholders for comment. We have also distributed broadly a reporting form for any IT issues that users encounter with JBI software.

Set against this flurry of activity are potential structural changes to the JBI within the University of Adelaide (see story on page 9). As part of this process, all possible options in regards to the restructuring have been examined by JBI and our Advisory Committee. A clear direction has emerged, and the Advisory Committee has unanimously recommended that JBI becomes a Research Centre. It will be a while before a final decision is made, pending more consultation and discussion, but I would like to take this opportunity to assure all JBC, students, members and alumni that this option will best protect the future of the Institute and will in no way compromise the ongoing integration and collaborations of the Institute within Australia and internationally.

In this issue you will read about the completion of a key collaborative project between the South Australian Health and Medical Research Institute and JBI which identifies the enablers and barriers to the implementation of primary health care interventions for Indigenous people with chronic diseases. This will be a critical step on the path to addressing an important health priority for Australia. We also report in this issue on inroads we have made in devising a system to establish confidence of synthesised qualitative findings.

As you can see, much is happening. I hope you enjoy reading this issue, and again, I thank you for your efforts and cooperation during this period of change for JBI.

Professor Lyle Palmer
Executive Director
Addressing Australia’s critical health divide

Cardiovascular disease is the single leading cause of death among Aboriginal and Torres Strait Islander communities, diabetes remains at epidemic proportions, and rates of chronic kidney disease are also disproportionately high. Collectively, these conditions account for up to 50% of the life expectancy gap between Aboriginal and Torres Strait Islander, and non-Indigenous people in Australia.

The life-expectancy gap between Indigenous and non-Indigenous people is one of contemporary Australia’s most enduring health divides.

A recently completed systematic review jointly conducted by the Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute (SAHMRI) and the Joanna Briggs institute (JBI) identified five critical areas that act as enablers and barriers to the implementation of primary health care interventions for Indigenous people with chronic diseases.

These encompass issues within the design and planning of interventions, the chronic disease workforce, partnerships between service providers and patients, clinical care pathways and patient access to services.

Eighteen qualitative studies, four quantitative studies and one mixed method study were included in the review, titled, ‘Enablers and barriers to the implementation of primary health care interventions for Indigenous people with chronic diseases’. Phenomena of interest were the enablers and/or barriers to implementation of chronic disease interventions based on attitudes, beliefs, expectations, understandings and knowledge of patients, Indigenous communities, service providers and policy makers.

‘Since these five findings have continued to surface throughout literature over the last 15 years, they remain important issues of concern for Indigenous patients and health care providers,’ said primary reviewer Dr Odette Gibson, Post-doctoral Research Fellow at Wardliparingga.

‘Of particular importance for Indigenous people with chronic disease and their families was engaging them in all stages of an intervention – this included design, implementation, evaluation and sustainability of chronic disease interventions,’ she said.

The first synthesised finding, design attributes, touched on essential elements to be considered during the design stage to provide a solid
foundation for successful implementation and sustainability of a chronic disease intervention for Indigenous people. These enabling elements encompassed community engagement, the policy and funding environment, leadership, staff approach to change and sufficient resourcing.

The second synthesised finding, chronic disease workforce, highlighted issues to be considered when implementing a chronic disease intervention. These included difficulties recruiting and retaining staff, inadequate chronic disease training and development, lack of positions dedicated to chronic disease management with clear roles and responsibilities, the exclusion of Indigenous health workers in decision making positions, and the need for staff support for their own well-being.

Patient/provider partnerships where the role of the provider extends beyond their professional and technical skills are covered in third synthesised finding. Valued qualities of a chronic disease health worker included being understanding, supportive and empowering, being able to communicate sensitively and importantly, allowing patients to be partners in their care.

The fourth synthesised finding, clinical care pathways, identified poorly performing electronic support systems and vague referral pathways as barriers to a service provider’s ability to deliver comprehensive chronic disease care.

The fifth synthesized finding, access, touched on facilitation of patient access to chronic disease care through provision of consistent services, employing local Indigenous health professionals and providing care in Indigenous spaces, embedding culturally safe work practices and coordinating patient care. Beliefs and experiences regarding health care can impact on a patient’s motivation to access care. Family may be an important support to the patient.

The results of this review have shed important light on the directions for the design and implementation and sustainability of future interventions that aim to improve care for Indigenous people with chronic disease.

Emeritus professorship

Professor Alan Pearson, founding and former Executive Director of JBI and former 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 been awarded the title of Emeritus Professor by the University of Adelaide.

Emeritus Prof Pearson had contributed enormously to the growth and development of JBI over nearly 20 years. He 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 formally resigned last month to focus on his retirement.

The Emeritus title is usually conferred to professors exiting a university who have made a special or exceptional contribution to knowledge in the institution. It is a mark of distinguished service and is generally awarded to only a few on retirement.

JBI Matters extends congratulations and best wishes to Emeritus Prof Pearson.
Confidence in the ‘poor cousin’

Dependability and credibility are two elements that influence the confidence of qualitative synthesised findings.

A JBI Levels of Evidence and Grades of Recommendation methodology group established this for a system they have developed that rates the confidence of synthesised qualitative findings.

Called ConQual (short for confidence and qualitative), the system will assist users of qualitative systematic reviews to establish confidence in the evidence produced and can serve as a practical tool to assist in decision-making, health care recommendations or policy.

Historically, evidence in systematic reviews has been predominantly quantitative in nature. However, qualitative systematic reviews also have an important role in assisting and informing health care professionals on a wide range of issues that cannot be measured with quantitative research methods.

In the ConQual approach, the concepts of ‘dependability’ and ‘credibility’ are analogous with the ideas of ‘reliability’ and ‘internal validity’ in quantitative research. Credibility evaluates whether there is a ‘fit’ between the author’s interpretation and the original source data. The concept of dependability is aligned with that of reliability in the rationalist paradigm, and implies trackable variability, that is, variability that can be ascribed to identified sources.

To establish dependability, a set of critical appraisal questions are asked whilst credibility is ranked according to the level of fit between the author’s interpretation and the original data.

In quantitative systematic reviews, the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach has been widely adopted by international organisations. However to date, there has been no widely accepted corresponding approach to establish confidence in the synthesised findings of qualitative systematic reviews, hence the advent of ConQual.

Findings derived from the synthesis of qualitative research are increasingly being acknowledged as important in complementing quantitative systematic review findings and also in producing standalone findings that inform questions of practice and policy.

The methods within ConQual were developed specifically for qualitative research synthesis using meta-aggregation. In principle, other qualitative research synthesis methodologies could adopt this approach, but with slight modifications, as a ConQual ranking can be generated with any approach where credibility of findings and dependability of research are assessed.
New branding for JBI

The Joanna Briggs Institute (JBI) and the Joanna Briggs Collaboration (JBC) have a new branding.

Since it was established 18 years ago, the ‘pebble’ logo has been a part of the JBI brand. In 2007 a decision was made to introduce the ‘crest’ logo to distinguish our academic and commercial activities. Since that time we have moved into the University of Adelaide and entered into a commercial partnership with Wolters Kluwer Health, creating additional co-branding complexities for the Institute.

We have been working through these issues for some time and have now decided to revert to having a single logo. The real value of a logo comes from consistent exposure which builds recognition and familiarity, and we feel that the historic value of the original logo and its presence in the marketplace is undeniable and has significant brand equity. The University of Adelaide has also agreed that this internationally recognised brand should stand alone and should only appear with the University brand where applicable.

The crest has been dropped from the JBI logo, and the pebble motif has been modernised. These adjustments to the branding are now reflected on all JBI materials, and we are in the process of developing and rolling out new stationery, templates and marketing collateral which will be distributed to all JBC centres shortly.

JBI burns resources in the media

Young children are susceptible to burns faster than adults, and the higher the temperature, the greater the danger.

An article on burns, featuring first aid management advice for burns taken from a JBI evidence summary, was published in the Family Forum section of the 5 July issue of the Saturday Advertiser.

‘Dos and don’ts of burns emergencies’ provides comprehensive information and tips on how to deal when particularly children experience burns at home. This is a great example of how JBI resources can provide useful health care guidance for the community.
Updated FAQs for SUMARI and CReMS users

Check out the recently updated frequently asked questions and trouble-shooting tips for users of the JBI Comprehensive Review Management System (CReMS) and the JBI System for the Unified Management, Assessment and Review of Information (SUMARI) modules. Answers contain useful information and tips regarding commonly encountered ‘bugs’ and issues on a wide range of topics, such as referencing and citations, usernames, error messages, meta-analysis, importing studies from citation managers and so on.

The FAQs are part of immediate efforts to assist users prior to a full redevelopment of the current version of the SUMARI software package. JBI and Wolters Kluwer are undertaking a full investigation on factors behind current issues as well as a full review of the SUMARI package and the informatics environment. A major redevelopment ‘from the ground up’ using the latest technology and in close collaboration with the OVID technical group will follow.

Further activities include an online survey of all users and all Joanna Briggs Collaboration (JBC) centres of SUMARI to seek feedback on software issues. This has been complete and results are currently being analysed. A comprehensive and systematic set of user specifications for a new SUMARI has also been developed. These and the survey results analysis will soon be distributed for comment to the JBC.

JBI is currently working intensively with OVID technical staff to plan the build and implementation of a new SUMARI.

It is expected that the redeveloped SUMARI will dramatically improve the efficiency, speed and aesthetics of the software, be usable ‘offline’ without an internet connection and be connectable to the JBI Connect+ central database hosted by OVID.

The Joanna Briggs Institute/School of Translational Health Science restructure

The University of Adelaide is currently conducting a review of the structure of the Faculty of Health Sciences (FHS), in which the JBI is currently hosted. The review is ongoing and a recommendation, endorsed by the JBI Advisory Board, has been made to situate JBI as a research centre within the FHS. The review has not been finalised and we will be providing all key stakeholders with more information as it comes to hand.

Panelist at international nursing conference

Assoc Prof Craig Lockwood, JBI Director Implementation Science was a panelist at the 25th International Nursing Conference held in Hong Kong on 24–28 July. The open plenary session, ‘Evidence-Based Nursing Practice: a Panel Discussion’, discussed current research and evidence regarding global nursing care, and current trends, challenges and solutions for evidence-based nursing practice.
Systematic review voted one of top articles for 2013

A systematic review published in the Academic Emergency Medicine journal has been acknowledged by the Global Emergency Medicine Literature Review (GEMLR) Editorial Board as one of the top global emergency medicine articles for 2013.

‘Childhood acute non-traumatic coma: aetiology and challenges in management in resource-poor countries of Africa and Asia’ was conducted by Dr Samson Gwer, Deputy Director of Afya Research Africa: an Affiliated Centre of the Joanna Briggs Institute, Kenya, using JBI tools.

This is an impressive achievement for Dr Gwer who was also commended for the quality of his work.

The GEMLR was formed in 2005 to create a clear and accessible literature base to encourage development of global emergency medicine as a field. Every year, several thousand articles from published and grey literature are reviewed and only those of the highest quality and relevance to various areas of global emergency medicine, including emergency medicine development, disaster and humanitarian response, and emergency care in resource-limited settings, are selected.

The reviews selected are then published in Academic Emergency Medicine which provides emergency practitioners with access to the most up-to-date and important research conducted on relevant topics around the world.

Shanghai Evidence-based Nursing Centre launched

The first regional evidence-based nursing centre in China was launched at Fudan University on 20 May. The Shanghai Evidence-based Nursing Centre (SEBNC), based at Fudan University’s School of Nursing, is expected to enhance research capability and improve the effectiveness of nursing, according to Professor Hu Yan, Director of SEBNC and Dean of the School of Nursing.
Based at the School of Nursing, the SEBNC consists of a research and general office with representatives in administration from Shanghai organisations, hospitals and universities and academic representatives including national and international experts of the field.

Shanghai is developing rapidly in nursing education, yet it still faces a gap between research and practice. In collaboration with the Joanna Briggs Institute, Fudan University opened the first evidence-based nursing research institute in 2004, the Fudan Evidence-based Nursing Centre: a Collaborating Centre of the Joanna Briggs Institute, and continues to achieve great things for the future of evidence-based nursing (see story on page 12).

Since the opening, three lectures have been delivered by Professor Wang Jiyao, Director of evidence-based medicine at Fudan University; Assoc Prof Zoe Jordan, Director of Communication Science, Joanna Briggs Institute; and Prof Hu Yan.

A first for Portugal

The Portugal Centre for Evidence-based Practice (PCEBP) organised its first Comprehensive Systematic Review (CSR) Training Program on 23-27 June. The training was held at the Health Sciences Research Unit/Nursing School of Coimbra.

Twelve participants from different institutions in Portugal undertook the program which consisted of four modules each providing participants with an introduction to evidence-based health care and training in different aspects of systematic reviews.

Clinical Fellowship program

Twelve participants from Anglicare, Fudan University (Shanghai), Huadong Hospital (Shanghai), Australian Capital Territory Health and the Royal Adelaide Hospital attended Week 1 of JBI’s Evidence-based Clinical Fellowship Program from 7–11 July at JBI’s headquarters in Adelaide.

The program was run by JBI Research Fellows Alexa McArthur, Dr Judith Gommersall and Dr Micah Peters. Participants presented their topics, at the end of the program followed by a day’s training in Clinical Leadership by Proteus Leadership.
From rookie to world leader

The three years Prof Hu Yan spent at La Trobe University not only culminated in her completing her PhD, they sowed the seeds for the formation of mainland China’s first centre for evidence-based nursing.

When Prof Hu (pictured below) arrived in Melbourne, Australia, to undertake her PhD in cancer nursing in 1999, little did she know that her career was going to take a massive turn. She had a wonderful supervisor, supportive research colleagues, and the good fortune of rubbing shoulders with the man behind evidence-based health care movement himself, Emeritus Prof Alan Pearson, former JBI Executive Director, who was then Chair of her Research Defence Committee at La Trobe. Her time in Melbourne was ‘unforgettable’.

That same year, Prof Hu attended a JBI convention, an event that proved to be pivotal. Drilled in (and excited about) the rudiments of evidence-based health care, and with her PhD tugged under her arm, she returned to Shanghai in 2003 and applied to JBI for the formation of a Collaborating Centre. They received approval the following year.

The Fudan Evidence Based Nursing Centre, apart from being the mainland China’s first evidence-based nursing centre, came into being with aplomb – it was opened by Mr Yang Guoqiang, the then-Executive Director of the Foreign Affairs Office of Shanghai Municipality (pictured, right), and Dr Alan Thomas, the then-Australian Ambassador to the People’s Republic of China (pictured).

‘We had strong support and funding from Fudan University,’ said Prof Hu, who became Director of the Centre, and has since taken it to admirable heights – it has spearheaded the way and leads the Joanna Briggs Collaboration in linguistic translation of JBI resources. Fifty evidence-based nursing papers published in Chinese, 27 JBI best practice information sheets translated and published in Chinese nursing journals, over 500 JBI evidence summaries translated into Chinese and two evidence-based nursing books published in Chinese are no small feat, and all in a space of ten years.

‘In China, language is a key obstacle in incorporating best available evidence in nursing practice, thus translation is a big priority for us,’ Prof Hu said.
Place that against a backdrop of an aging population and chronic illness management issues, fuelling the need for rapid improvement in nursing care quality; it is not hard to fathom the passion with which Prof Hu drives her Centre in tackling the challenge of incorporating scientific evidence into real-life, day-to-day nursing practice.

Based at the University’s School of Nursing, the Fudan Evidence Based Nursing Centre today has 29 core staff committed to promoting the JBI model in mainland China, equipping nurses with evidence-based nursing competence, transferring evidence into clinical nursing practice, and of course, translating evidence-based nursing resources into Chinese.

To date, apart from their successes in translation, the Centre also boasts a long list of achievements in evidence-based nursing, among which are 20 research projects, funding totalling 1.2 million RMB, two undergraduate and postgraduate courses for Fudan University students, seven national continuing education workshops, and seven masters and three PhD graduates.

Rigour and endurance are characteristics not only of the Centre but Prof Hu herself. She has worked in Fudan University since 1991, having completed her undergraduate study in nursing in Shanghai Medical University in 1989 and her Master in Nursing in Chiangmai University, Thailand, shortly after.

When Prof Hu looks back at the long continuous hours at the La Trobe Library all those years ago, buried in the ‘rich literature’ there while undertaking her PhD in cancer nursing field, studying the quality of life of newly diagnosed gastrointestinal cancer patients in China, a sense of gratification must surely pervade her now.

‘I am proud of what I have been able to achieve, but importantly, I want to develop Fudan Centre into the top evidenced-based centre and nursing research institute in China,’ she said.

Even though she juggles her Centre Director role with that of Dean of the School of Nursing, we have little reason to doubt that this vision is not going to be realised.
Surgery is not always the answer

Joanna Sutherland wasn’t convinced that surgery was always the solution. As an anaesthetist, helping patients through operations, she felt she was in a great position to communicate the risks and benefits of their surgical journey.

‘When I talk to patients, I like to have good data and evidence on which to base any advice I can give about expected outcomes, including bad ones, from surgery and anaesthesia,’ Joanna said.

But therein lay her dilemma – she found that there was very little high quality global outcome data for surgical patients. In discussing risks, benefits and trade-offs with patients, surgeons and other clinicians, Joanna needed good outcome data to define surgery as high- or low-risk, to set patient expectations and to justify and prioritise postoperative resources, such as intensive care beds.

The Master of Clinical Science seemed to drop on her lap at the right time.

‘I had completed a Master of Health Policy through Sydney University several years ago, which whetted my appetite for further study. This was a taught Masters, so the opportunity to do a masters by research was exactly what I wanted,’ Joanna enrolled at the School of Translational Health Science in 2013, choosing a research area that would help provide the much sought-for answers. Her research topic, ‘Thirty day all-cause postoperative mortality for older patients in highly developed countries undergoing elective colorectal surgery’, is a step closer to ascertaining the benchmark for quality assurance, and to developing risk prediction scores that can help patients to make decisions about surgery.

Joanna with her family at the Italian Alps while they were living in Paris for eight months in 2011
Thirty-day all-cause postoperative mortality is a widely accepted, valid and relevant outcome measure of surgical care, for not only patients, families and carers but also health care funders, policy makers, administrators and clinicians.

Colorectal surgery is surgery undertaken on the large intestine and the rectum. Colorectal surgery is recognised as a subset of general surgery with relatively high postoperative morbidity and mortality rates. Through her research project, Joanna hopes to provide an estimate of the prevalence of all-cause 30-day postoperative mortality for this group of patients.

A year into her masters, Joanna finds that it’s everything it’s cracked out to be.

‘The best part of this journey without a doubt has been the opportunity to meet other postgraduate students who are passionate about their subjects, careers and research. I have also enjoyed the relationships with my supervisors, who are vastly experienced and knowledgeable.

‘Without the study, I wouldn’t be able to make sense of my job, and it wouldn’t have a great deal of meaning for me.’ Joanna said.

Never mind that she works fulltime, is undertaking her masters long distance, does a mixture of clinical, teaching, policy and committee work which equates over 40 hours per week, and has two children aged 11 and 13.

‘I am extremely fortunate to have a partner who is not career driven,’ Joanna said, meaning he is happy to co-ordinate domestic tasks as well as drive a tractor, herd a few black cattle and put up fence posts.

Luckily too, home is a very peaceful setting of 100 acres of mixed forest and pasture about 15 km south of Coffs Harbour in regional New South Wales, to which the family moved ten years ago as an escape from the lower North Shore of Sydney, where Joanna grew up, studied and worked.

The move from Sydney has prompted Joanna to widen her clinical perspective considerably. For example, she is currently working (through Medicare) on a project called Health Pathways which looks at the ways primary care can best be supported to manage patients in the community, and also the best ways to access specialist care for higher risk patients. She is also a member of her local health district governing board which has been ‘a fascinating and steep learning curve’.

Surgery may or may not be the answer, but it is physicians like Joanna, who are game enough to find ways to change the status quo in this delicate and life-threatening area, who will make a difference. The ultimate – giant steps towards improvement of health in the community.
9th Biennial Joanna Briggs International Colloquium (Singapore)

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

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

Early registration closes on 1 August.

The impressive line-up of speakers includes:

**Prof Lyle Palmer**
Executive Director, Joanna Briggs Institute
Head of School of Translational Health Sciences
University of Adelaide, Australia

**Associate Professor Josip Car**
Director of Global eHealth Unit, School of Public Health, Imperial College London
Director of Health Services and Outcomes Research Programme, Lee Kong Chian School of Medicine, Imperial College and Nanyang Technological University, Singapore

**Prof Alison Kitson**
Dean of Nursing and Head of School of Nursing
University of Adelaide

**Professor of Nursing**
Executive Director of Nursing (Innovation and Reform), Central Adelaide Local Health Network
Associate Fellow, Green Templeton College,
University of Oxford, United Kingdom

**Prof Margaret Harrison**
Professor Emerita, School of Nursing
Faculty of Health Sciences
Queen’s University, Canada

Assoc Prof Premarani Kannusamy
Chief Executive Officer
Assisi Hospice, Singapore

Dr Hanan Khalil
Senior Lecturer and Pharmacist Academic
School of Rural Health
Monash University, Australia
Evidence-Based Clinical Fellowship Program

Learn about clinical leadership and how to implement evidence in practice to improve patient outcomes.

The Evidence-Based Clinical Fellowship Program is a six-month workplace, evidence-based, implementation program involving two five-day intensive training workshops in the Joanna Briggs Institute, and a workplace evidence implementation project in the intervening months.

Dates for 2015 are now available:

**March intake**
- Week 1: 16–20 March
- Week 2: 17–21 August
- Enrol by 30 January

**May intake**
- Week 1: 11–15 May
- Week 2: 12–16 October
- Enrol by 27 March

**June intake**
- Week 1: 15–19 June
- Week 2: 16–20 November
- Enrol by 1 May

**July intake**
- Week 1: 6–10 July
- Week 2: 7–11 December
- Enrol by 22 May

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

Clinical Leadership Program

The Clinical Leadership Program is open to all clinical leaders and leaders-to-be in all health care disciplines.

Dates for 2015 are now available for this one-day program delivered by Proteus Leadership:

**March intake**
- Tuesday 17 March
- Enrol by 30 January

**May intake**
- Tuesday 12 May
- Enrol by 27 March

**June intake**
- Tuesday 16 June
- Enrol by 1 May

**July intake**
- Tuesday 7 July
- Enrol by 22 May

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

Welcome to the Wolters Kluwer update, a monthly column from our business partners at Wolters Kluwer (WK) which focuses on their activities on behalf of JBI worldwide.

Speaking at United Nations ‘global classrooms’

Around 2,300 students from more than 20 nations attended a talk delivered by Chief Nurse of Wolters Kluwer Medical Research and the publisher of JBI at Wolters Kluwer, Dr Anne Dabrow Woods (pictured), at the Global Classrooms International Model United Nations 2014.

The three-day conference was held at the United Nations Headquarters and the Grand Hyatt Hotel in New York City on 16 May.

In her talk, titled, ‘E-health: Using Technology to Improve Global Public Health’, Dr Dabrow Woods discussed the importance of access to evidence-based practice resources from global collaborations such as the Joanna Briggs Institute and the principles of evidence-based practice. She answered many questions including some on the ‘Big Pharma’ policies, health foundations of food, clean water and sanitation in developing countries and how new technologies, such as apps and robots, are changing health care practices today.

The conference was a great experience for students and Dr Dabrow Woods was a significant part of teaching the importance of technology in global health and how it can be improved.
Collaboration Matters

Centre changes
We welcome Professor Thanos Karatzias as the new Convenor of the Scotland Edinburgh Evidence Synthesis Group. We thank Professor Jane Donaldson for her work with the group and wish her all the best.

The 50th Meeting of the Committee of Directors
A reminder that the upcoming 50th Meeting of the Committee of Directors has been scheduled for the 26, 27 and 29 August via teleconference. An email was sent out confirming teleconference dates and times for each region. Thank you to those who have confirmed your attendance. If you haven’t done so already, can you please confirm your telephone numbers as soon as possible with Adriana, adriana.turner@adelaide.edu.au.

Annual Review for 2013/2014
The Collaboration Office will advise you of the results of the Annual Review shortly.

Singapore Colloquium

Visa application
If you have yet to submit your visa applications for travel to Singapore, we encourage you to do so as soon as possible, with the Colloquium being only four short months away.

Registrations
Please note that early bird registrations close on 1 August, so make sure to visit the Colloquium website to register and take advantage of the discounted rates.

Travel
A reminder to please book your flights to Singapore for the Colloquium as soon as possible and to forward your invoice/flight itinerary to Adriana, adriana.turner@adelaide.edu.au, who will facilitate reimbursement.

Accommodation
Please remember that rooms at the JBI Colloquium venue are not being reserved for Colloquium attendees and that accommodation should be booked as soon as possible.

Train-the-Trainer
The final 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.

JBI Database of Systematic Reviews and Implementation Reports
An email was sent out informing authors of changes to our editorial processes aimed at improving the efficiency and quality of the JBISRIR. The policies that were outlined have also been posted on the Author Guidelines page of the JBISRIR site under the editorial policies section. Could all Centre Directors please share this information with their Centre staff.
New JBI branding

An email was previously sent regarding the changes for JBI’s branding. It was decided to revert back to having the single ‘pebble’ logo, thereby removing the University crest. The University of Adelaide has also agreed that our internationally recognised brand should stand alone and will only appear with the University brand where applicable. The crest will therefore no longer be included in any of JBI materials. (See page 7 for the full story.)

We are currently in the process of developing new stationery, templates and marketing collateral which will be available to all centres shortly. All templates located on the JBC intranet will also be replaced with new versions.

Please contact Assoc Prof Zoe Jordan should you have any questions regarding this, zoe.jordan@adelaide.edu.au.
Preventing chronic morbidity, disability and mortality

Surgical services play a major role in preventing chronic morbidity, disability and mortality.

The Surgical Services node of the Joanna Briggs Institute (JBI) CONNeCT+ and also available on OvidSP is a unique surgical services 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 in the surgical services field.

The Surgical Services node is a user-friendly collection of online resources designed to inform and assist:

- the users of SURGICAL SERVICES;
- service providers (managers of surgical services facilities); and
- health care professionals (nurses, medical practitioners and allied health professionals).

To enhance the quality of the information resources provided on JBI CONNeCT+ and OvidSP and to also 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 several international members with experience and expertise in the field of surgical services. 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 surgical services 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+ and OvidSP databases which can then be accessed by clinicians globally.
Currently, the node taxonomy is being drafted in consultation with the Expert Reference Group (ERG) members with the aim of expanding on the range of topics covered in this speciality node. The resources range from topics regarding analgesia, anxiety and pain, arterial lines, basic life support, bleeding, blood transfusion and specimens, breast cancer, caesarean section, cardiac surgery, central venous devices, day surgery care, dehydration, diabetes, elderly elective patients and many more.

The surgical service resources that can be accessed online include: 392 Evidence Summaries, 145 Recommended Practices, plus a variety of Best Practice Information Sheets which include topics such as:

- Donation of residual biological samples and consent given for secondary use
- Graduated compression stockings for the prevention of post-operative venous thromboembolism
- Graduated compression stockings for the prevention of post-operative venous thromboembolism
- Knowledge retention from pre-operative patient information
- Management of peripheral intravascular devices
- Management of short term indwelling urinary catheters
- Management of the day surgery patient
- Music as an intervention in hospitals
- Parental involvement in their children’s postoperative pain management in hospital
- Post-anesthetic discharge scoring criteria
- Pre-operative hair removal to reduce surgical site infection
- Pressure ulcers - management of pressure related tissue damage
- Strategies for the management and prevention of hypothermia within the adult perioperative environment
- The impact of preoperative hair removal on surgical site infection
- The management of peripheral intravascular devices
- Tracheal suctioning of adults with an artificial airway
- Vital signs

There are also a variety of Consumer Information Sheets available that deliver information to the patient regarding the management of their treatment and care. Consumer Information Sheets cover topics such as epidural pain relief and the purpose of this information sheet is to summarise previous research and present the best available evidence. The information discusses ‘what we know’, such as how epidurals work, what the benefits are, how it is done and what some of the risks associated with an epidural and regional anaesthesia for women in labour are. The information outlines what the evidence suggests regarding epidural insertion, patient observation, effectiveness of epidural analgesia, complications of epidural analgesia and regional analgesia for women in labour.

Please visit the Surgical Service Node online to find the wealth of resources available to assist the clinician at the point of care.

**Expert Reference Group**

The Expert Reference Group (ERG) that leads the strategic development of the node is headed by the Chair, Dr Daphne Stannard, Associate Chief Nurse Researcher and Perianesthesia Clinical Nurse Specialist, UCSF Medical Center, San Francisco, California, United States of America.

The ERG Members are:

- Dr Kim Noble
  Assistant Professor, School of Nursing, Widener University, Chester, Pennsylvania, United States of America
We are currently recruiting reference group members and a consumer representative for this node. If you are interested in joining either our expert or corresponding reference group, please contact Sandeep Moola at sandeep.moola@adelaide.edu.au.

As a JBI subscriber/member please feel free to contact support@ovid.com if you would like to know more about our Surgical Services 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.
Postgraduate Research Conference closing date

A reminder to all students, the closing date for submission of poster abstracts for the Postgraduate Research Conference is quickly approaching - COB Friday 4 August 2014.

By presenting a poster, higher degree students will have the opportunity to receive feedback and discuss their work with other students, industry professionals, and researchers in the faculty.

School of Translational Health Science students are strongly encouraged to take part in this competition. The event, which will be held on 25 September at the National Wine Centre, attracts a lot of attention each year, and would look great on your CV.

Registration and further details

The life of higher degrees – misconceptions

If we are to believe management and self-empowerment literature, how we think about the world and our personal circumstances determines our actions and outcomes. In the world of higher degrees, a student with limiting self-beliefs may be inhibited from achieving their academic and professional potential.

Dr Inger Mewburn, Director of Research Training at the Australian National University, recently published an article titled, ‘Are you getting in the way of your PhD?’, in which he identified five misconceptions that frequently prevent higher degree students from getting all they can out of their higher degree experience:

Only the smartest people finish their PhD

The TV show ‘The Big Bang Theory’ features three PhD graduates as main characters. Most of the humour comes from the premise that, although the boys are super smart and endearingly quirky, they do not have much common sense.

Shows like these reinforce the myth that people with PhDs are so intelligent that they are somehow alien from the rest of us mortals. We only have to look around our own faculty to know this is not true. Success in academia depends on more than just ‘smarts’. Sometimes it is as basic as being in the right place at the right time, or managing your professional networks well.

I’ve always been a great student. PhD? No problem!

Success in undergraduate study does not guarantee success in research degree study. There is in fact a complex mix of social and psychological factors at play.

Success in undergraduate study usually comes from following rules and passing exams, which do not teach you to be creative or innovative – or develop your emotional maturity.

The upside is that you have probably acquired these skills elsewhere, such as in your professional working life, from hobbies, from parenting and so on. People who come to a PhD later in life often benefit hugely from this ‘other’ knowledge.

My supervisor is the foremost expert in his field. I can’t lose!

Just because someone is at the top of their field does not mean he is a great supervisor. If someone is at the top of their field he is probably going to be too busy to spend heaps of time reading your work, or soothing your fears. The good thing about being in academia is that there
are many ways to access the knowledge of these ‘experts’. You can read their papers, meet them at conferences or email them questions. Notwithstanding, there is a lot to be said for a supervisor who is available, considerate and actively assisting you at improving the quality of your work. Your supervisor does not need to be the foremost expert in your chosen field of research to be an effective supervisor. Their particular area of expertise has no impact on their ability to assist you with the more relevant and important matters, such as time management, searching, writing, and meeting your academic milestones through to completion.

Writing a dissertation is just like writing a book – yes?

No. A thesis is a peculiar kind of document which is meant to demonstrate scholarly competence, not to entertain. Popular non-fiction draws the reader into another world, it does not spend time convincing the reader how smart the author is.

Pick up any popular science or history book and you will see the difference immediately. Gone are the brackets containing references. Gone are phrases like ‘the literature suggests…’. Even academic books are an unhelpful frame of reference; it is rare for an academic book to contain a whole chapter dedicated to methodology, for example. Thinking you have to produce the definitive work on some subject or other is daunting. Better writing models for thesis can be found by reading journal papers.

I’ve never heard of anyone failing their PhD, therefore it can’t happen

In Australia students can and do fail their PhD. It only happens to approximately 1% of people so it is unlikely; however, despite the fact that failing is unlikely, about 5% of people have to do major revisions and be re-examined. This can mean up to a year of extra study with all the hassle and pain that suggests.

A change to the August Research School program

Day 3 of Research School has been dropped and the new dates are 6–7 August.

From the results of the recent student survey initiated by the student rep group, one area that seems to be a common concern for students is the third day program of student presentations. Presenters have their own concerns as well, while more widely the feedback was that this day could be re-considered. We are, via the School HDR Committee, very prepared to discuss the structure, seek to clarify the purposes of Research School and what we believe these events can bring.

However, at this stage we have decided to cancel the seminar program for Day 3 of this August’s Research School. In doing so, students should be aware that time away from work can be difficult to arrange, so we hope students treat this as a study day. There is plenty of space in JBI, with fully networked, resourced computers and we would be delighted to see students in JBI on the last day, continuing their research.
Preparation for the 3MT

Masters and PhD students from universities around the country are now preparing for the Three Minute Thesis (3MT) competition, so it is a good time to be talking about presenting skills.

Jonathan Downie, a PhD student, conference interpreter, public speaker and translator based in Edinburgh, Scotland, recently released an article detailing a series of tested methods to help students improve their public speaking skills and better present their research findings.

Below are some of Jonathan’s tips:

1. The 3MT does not try to say too much – attempt to say as much as you can with as few words as possible.
2. Deliver the presentation clearly and slowly. Use expression in your voice, stress parts, use pauses and have some dynamic in your voice to maintain attention.
3. Include a story, metaphor or emotional element in an effort to maintain interest.
4. Give solid examples to substantiate your findings.
5. Attempt to say things the audience may not expect to hear about the topic.
6. Complete the following sentence in 50 words or less: ‘The purpose of my research is…’
7. Attempt to develop an interesting fact about your research. All interesting research has some interesting science-based fact that all people can relate to.
8. Although research writing does not involve emotional arguments, in the 3MT it is essential to evoke some emotional reaction from your audience. If you can convey passion about your topic, the audience is more likely to maintain interest. A story is always a good way to create a relatable scenario for the audience and maintain their interest.
9. Do not refer to the content of your poster. Engage the audience purely from the words coming out of your mouth.
10. Be confident.

Academic Panel – a student’s experience

‘After a lengthy period practising as a clinician, the thought of re-entering academia has been both exciting and terrifying. My decision to undertake my HDR was based on a desire to have a broader understanding and influence on my chosen profession of nursing. As a registered nurse/midwife, I am very familiar with JBI as a reference point for evidence-based practice, and was delighted when accepted into the School of Translational Health Science… Then reality hit, and periods of self-doubt ensued. Strangely, Academic Panel helped allay some of these doubts.

Prior to attending Academic Panel we had the opportunity to present our proposed systematic review protocol to our HDR student cohort and staff; this process provided meaningful feedback from which to broaden or refine our proposed topic.

Academic Panel provided an opportunity for me to present my protocol to external experts in my field of research with the support of my supervisors. The format included a 10-15 minute presentation of my proposed systematic review protocol including: an introduction of professional background; title and background of chosen topic; inclusion criteria, participants, phenomena,
context; research methods, search strategy and time-line for completion via Gantt chart.

This was followed by a 15-minute question/discussion period. My protocol considers qualitative data and relates to nurses’ experiences in the acute health care setting. The external experts involved in my Academic Panel, Sindy Millington and Tracey Cramey, were both very supportive and engaging and provided meaningful and constructive critique of my proposal. This experience was important as it provided me validation that my proposed research would be useful and professionally relevant.

Academic Panel was one of the more positive experiences I have had over my journey thus far, clarifying my purpose in undertaking my HDR. I would like to take this opportunity to thank my supervisors Dr David Tivey and Dr Micah Peters, Assoc Prof Craig Lockwood and my student cohort for their support.’

Cath Tume
Master of Clinical Science

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.
A warm welcome to a fresh group of clinical fellows

We were very pleased to have had a large group of clinical fellows complete their first week with us this month. The group consisted of: two local participants from the Royal Adelaide Hospital; five from Anglicare, Queensland; two from the ACT Health Service; and three international participants from Shanghai, China (see story on page 10).

The covered topics such as burns care, skin tears in the community, clinical handover in residential aged care and documentation in a chemotherapy setting.

It was a pleasure to engage with such a diverse and enthusiastic group and we look forward to having them back in December to see the results of their reports in their presentations.