A case of delirious prevention

Delirium may seem like the ‘poor cousin’ but its effects are no less detrimental
### Message from the Executive Director

Methodology chapters online
New patron of the Foundation
A case of delirious prevention
An extraordinary opportunity
Changes to higher degrees by research program structure
New quality and impact group
New additions to the Joanna Briggs Collaboration
Two JBI staff graduate
Best practice model in developing countries
Presentations in Panama City
Commitment to excellence
New models of musculoskeletal services in rural SA
Latest issue out now
New appointment
Have your say
Pioneering work in the world’s second largest continent
Anterior or posterior?

### Collaboration Matters

Welcome!
Train-the-Trainer
Methodological Working Groups
Submissions and peer review for the JBISRIR

### JBC Centre webpages
Singapore Colloquium

### Member Matters

Control infections and save lives

### HDR Matters

HDR student graduations
HDR student success story
Can you sell your thesis in 3 minutes?
Surviving the world of higher degrees: get your write-up started ASAP!
The gold and the grandeur
School blog

### Alumni Matters

A Word from the President

---

May: 2014  JBI Matters  2
Message from the Executive Director

I write to you while on an extended overseas business trip. As always, a warm welcome to the May issue of JBI Matters which brings you, among news on our activities, a new series of profiles on our higher degree by research students and our Collaborating Centres. We hope through these profiles to share and showcase the variety and richness of our student research activities and overseas evidence-based work.

I hope you enjoy reading these new items as well as the many new developments taking place within JBI, including several new additions to our Collaboration, recent changes to our research degree program structure and the new synthesis methodology chapters online which are part and parcel of our commitment to stay ahead of the game. Also, exciting developments are happening with new working groups being formed for quality and impact. There is also news on the ongoing footprint that JBI and Collaborating Centre staff are making around the world through shadowing programs and presentations at international conferences.

We live in an age of ‘big’ data where large scale electronic collections of information about every sort of human activity are possible. We are also in a time of great change – in technology, jobs, government spending, demographics and many other aspects of society. I recently attended a highly thought provoking conference in Vancouver where we explored what is happening in the world of linked population-based data as it applies to public policy regarding public health. This meeting and conversations with colleagues have generated many ideas as to how we can optimise data linkage in evidence-based health care research. I look forward to putting some of these ideas into practice within the JBC.

Last week, together with several JBI staff members, I met with associates from Wolters Kluwer Health in New York. Over a most informative and productive four-day workshop, we covered extensive ground on the redevelopment of the SUMARI tools, contractual arrangements, project tracking and roadmaps for the future, amongst a host of other important topics. Our exchanges were collegial and productive, and gave me a deeper grasp of the complexities of the JBI-Wolters Kluwer relationship.

Next week, I will be attending another conference on sleep research in Minneapolis and meeting with Collaboration Directors of the Americas in San Francisco. I hope to share my thoughts about these meetings in the June issue of this newsletter.

Until then I wish you success in your continuing work in pushing the evidence-based message out to the wider world and I thank you for your uniring efforts.

Professor Lyle Palmer
Executive Director
Methodology chapters online

Three new Methodology chapters are now online on the Joanna Briggs Institute (JBI) website for users to view and download. As additional chapters to the 2014 JBI Reviewers Manual, they provide invaluable information on newly developed methodologies, and contain comprehensive step-by-step how-to information.

The three methodologies are for:
- Umbrella reviews
- Mixed method reviews
- Prevalence and incidence data reviews

The new chapters are part and parcel of JBI’s efforts in continuous improvement to ensure systematic reviews keep abreast with the latest developments.

New methodology groups

In a similar vein, JBI has formed four new methodology groups, promising to provide more guidance on up-to-date JBI methodologies. The groups are for:

Text and opinion/NOTARI: This methodology involves synthesis of non-mainstream evidence such as expert opinion and narrative text.

Diagnosis:
Systematic reviews of diagnostic studies, which utilise information from a multitude of sources to screen for, diagnose, grade and monitor the progression of disease, have a unique design, requiring different criteria to appropriately assess the quality of studies and the potential for bias.

Scoping reviews:
Scoping reviews collect and organise key background information on a given topic in order to develop a picture of the existing evidence base. Scoping reviews yield a broad map of the evidence that can be extended upon to inform a resulting systematic review.

Correlation/association:
Correlation is a statistical measure that indicates the extent to which two or more variables fluctuate together. A positive correlation indicates the extent to which those variables increase or decrease in parallel; a negative correlation indicates the extent to which one variable increases as the other decreases.

Membership for these four group is being finalised and work will commence very soon.

New patron of the Foundation

The Governor General of Australia, His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd), has accepted to be the Patron of the Joanna Briggs Foundation.

He replaces Dame Quentin Bryce, former Governor General of Australia and former JBF Patron, who retired in March this year.
A case of delirious prevention

Delirium may seem like the poor cousin to more ‘critical’ conditions like stroke and Alzheimer’s in the elderly but its effects are no less detrimental—poor clinical outcomes including functional decline, falls, nursing home placement and death.

Part of the problem lies with the fact that delirium can be difficult to recognise as it does not have a single, clear presentation, and this is further compounded by difficulties in identifying risks for delirium and a lack of agreement on core risk factors.

For Elizabeth Thomas and Jane Smith, who are both Advance Practice Nurses, encountering frequent cases of delirium in their work at Morristown Medical Center (Morristown, New Jersey, USA), prompted them to delve deeper into the condition. They believe that understanding interventions that prevent delirium can provide improved care to hospitalised elderly patients.

‘In my daily work in the Medical Step Down Unit, I often encountered patients who presented with delirium, and I worked hard to stabilize and prevent them from harm. Jane and I collaborated when she facilitated the transfer of her orthopaedic surgery patients to my unit when they became unstable, many of whom presented with delirium,’ Elizabeth said.

‘During a JBI Systematic Review training through our work place and later through our Doctor of Nursing Practice degree program, both of us became interested in this topic and decided to conduct a systematic review on it,’ she said.

Delirium is defined as an acute and fluctuating decline in attention and cognition and is a common problem in hospitalised older adult patients. It is a condition well known to have poor clinical outcomes, yet health service planners and practitioners have largely ignored its existence. It rates very high in the acutely ill hospitalised population. And according to Elizabeth, in the US the incidence in hospitalised elderly patients is estimated to be between 10% to 50%, and the financial return of a delirium prevention program estimates savings of more than US$7.3 million per year.

Their systematic review, titled, ‘The effectiveness of non-pharmacological multi-component interventions for the prevention of delirium in non-
intensive care unit older adult hospitalized patients’, published in the Vol 12, No 4 (2014) issue of the JBI Database of Systematic reviews and Implementation Reports, statistically proved that use of non-pharmacological, multi-component interventions in older patients in areas other than critical care can lower the risk of delirium.

Through synthesising a large volume of material they explored multicomponent interventions that could prevent delirium among adults who were hospitalised in a non-intensive care setting, who were 60 years and over identified to be at risk for or experiencing delirium.

Ten research articles were included in the review. Measurement of delirium incidence was found in all ten studies; delirium duration was found in five studies and delirium severity was found in four studies. The effect of multi-component interventions, when compared to usual care, on the prevention of delirium was found to be statistically significant.

Patients who received a combination of interventions had a 31% lower risk of developing delirium. Typical non-pharmacological multi-component interventions included: use of specialized clinical staff/volunteers, geriatric/psychiatric consultation, staff education, patient orientation, addressing visual and hearing needs, sleep enhancement, medication review, hydration and nutrition, early mobilization, pain management, addressing bowel and bladder functions, and prevention and treatment of medical complications.

The review also found that family members of patients identified as high risk must be made aware of the patient’s increased risk of delirium and of the need to prevent its onset to the extent possible. They will need to be educated and included in planning the care of their loved ones.

It would seem, from the systematic review, that preventative, and especially non-pharmacological, multi-component interventions for delirium can quite easily be implemented. Reality however presents a less simplistic picture.

‘Currently in the USA, there is no requirement to report delirium related outcome data to national benchmark agencies. National safety quality indicators and outcome measures are an impetus for hospitals to focus on specific patient safety related health problems. If delirium were to be given attention at a national level and reimbursements tied to it, we’re confident that organizations will strive to implement delirium primary prevention measures,’ Elizabeth said.

In a world of conflicting demands on health care coffers, how do health care institutions juggle their priorities and what paths should those responsible take?

‘We think early identification and risk assessment for delirium using a simple tool, for example, the Confusion Assessment Method, should be the first measure. Just as we are able to do risk assessment for falls, pressure ulcers, suicide, etc., and then put into effect a prevention plan, we should be able to do early assessment for delirium risk. This can be done in the emergency room/upon admission/pre-anaesthesia/post-anaesthesia and/or with any change in patient condition,’ Elizabeth added.

Reviewers Elizabeth Thomas (far left) and Jane Smith (left)
An extraordinary opportunity

Assoc Prof Zoe Jordan, JBI Director Communication Science, spent two weeks (12 to 23 May) in the Fudan Evidence-based Nursing Center in Shanghai as part of a two-way shadowing program, which she describes as ‘an extraordinary opportunity and a rewarding and challenging experience’.

She was one of the six selected in Round 2 (2014-15) of the GO8-C9 (Group of Eight and Consortium of China Nine Research Universities) Research and Academic Leadership Executive Shadowing Program, which is an Australian Government funded scheme.

While in Shanghai, Assoc Prof Jordan delivered presentations on the shadowing program as well as on JBI, JBI CONNeCT+ and the future of evidence based health care to over 200 people following the launch of a new evidence-based nursing centre.

She also immersed herself in the operations and decision-making processes of the Fudan Centre, and the health services infrastructure and political nature of health services research and development in China.

‘I gained tremendous insight into the evidence-based landscape of the region, particularly on the factors that drive the political agenda in prioritizing evidence-based health care and translation science in China. It was indeed an eye-opener!’ Assoc Prof Jordan said.

Key drivers for successful implementation of evidence to inform clinical decision making at the point of care were also an area that she observed.

The GO8-C9 program affirms the vitality of Australia’s research and academic relationship with China. It is a unique opportunity for career development of university research and academic leaders, and deepens research, academic and professional engagement.

Apart from the formal component of the program, Assoc Prof Jordan also experienced firsthand aspects of the Chinese culture. ‘I was a little overwhelmed by the sheer size of the city but also the generosity of spirit shown to me by the people. The history and culture were fascinating to learn about and I was fortunate enough to have very kind hosts who shared their insights and time and looked after me very well.’

Prof Hu Yan, Director of the Fudan Evidence-based Nursing Center, is due to visit JBI in Adelaide later in 2014 as part of the two-way program.
Changes to higher degrees by research program structure

An increased emphasis on facilitating student choice in methods of completion has been considered in light of the difficulties some students have experienced in putting together a ‘conventional’ thesis. Providing support for completion by publication is one of the key changes to the School of Translational Health Science’s higher degrees by research (HDR) program structure. The changes are part of the School’s continuous quality improvement efforts.

While students are welcome to continue to complete by producing a conventional thesis, publishing in topic or profession relevant journals is now an option students can consider. For those choosing thesis by publication, the broad requirements differ slightly depending on what degree has been enrolled in. Masters candidates will be required to publish two papers, while Doctor of Philosophy candidates, three. Students can publish in journals of their choice, and this will benefit them professionally as their resumes will show the journals in which they have been published. It will also result in higher citation rates for the School across more diverse journals, many of which will be specific to the unique fields of practice that our student body represents.

The opening of choice to include thesis by publication also addresses the issue of time frames as the current demands of thesis write-ups have pushed some students outside their set timelines. Additionally, the value of a conventional thesis to students who are employed full time in professional practice has been questioned, particularly at Masters level while the value of publications is widely recognised. The publications by students have to date been required to be published in the JBI Database of Systematic Reviews and Implementation Reports, and this requirement is being lifted, effective immediately.

To guide students considering this option, the student handbook is being updated to include detailed advice to students on preparing theses by publication. These will be available in the coming months.

‘The primary changes have arisen from metrics that show we have a very strong program in terms of recruitment, continuing students within the program, and promoting publications by students, but our completions could be better,’ Postgraduate Coordinator Assoc Prof Craig Lockwood said.

‘Looking at our student demographic (practising health professionals in full time employment), and the time taken on average for a completion, it seemed clear that some aspects of our program could be changed to help students get a better quality, more professionally focused completion within the timeframe,’ Assoc Prof Lockwood added.

Another change is the way feedback is provided by students – in the new structure, surveys will be used for this purpose, enabling a more structured way to make comparisons between cohorts of students and to gather data to better inform our HDR programs.

The new structure, including better and more frequent data collection on student experiences, should further improve our standing within the Faculty of Health Sciences as a high performing HDR program that attracts high quality students.

‘There are very few systematic review based research masters programs available globally. The new structure will reposition our program to take advantage of this significant international gap to continue to attract the best students,’ Assoc Prof Lockwood said.
New quality and impact groups

The Joanna Briggs Institute and Collaboration have existed since 1996 with the remit of promoting and supporting evidence informed decision-making at the point of care to improve global health outcomes. To date there has been very little formal evaluation of the impact of the work conducted by this group or the quality of the tools and resources and now, with a new leadership in place, it has been deemed a timely and important priority for the organisation.

Quality and impact working groups have been set up and are made up of JBI staff and Directors and staff of the Joanna Briggs Collaboration. The terms of reference for both groups have now been set and provide a framework to guide the evaluation of the impact and quality of selected JBI programs on different continents. It is with the understanding that each working group will put the respective framework into the context of the programs being evaluated taking into account specific objectives and interventions of the particular program.

The groups have a broad remit to consider the Institute’s programs; however, the starting point for considering both quality and impact will be on synthesis science, and systematic reviews in particular. A framework for evaluating quality has been drafted and once finalised, will assist to structure the review process. The formation of these working groups is a positive step for JBI and as the work progresses all members of JBI and the Collaboration will be kept up to date.

New additions to the Joanna Briggs Collaboration

May has been an active month for the Joanna Briggs Collaboration with three new centres joining the Collaboration. We would like to officially welcome:

- The Centre for Innovations in Health and Social Care at Plymouth University, United Kingdom.
- The University of New Brunswick (UNB) Saint John JBI Evidence Synthesis Group, based at the Department of Nursing & Health Sciences at the University of New Brunswick St John in Canada.
- Centre for Evidence-Based Healthy Ageing, based in the Faculty of Health, Queensland University of Technology

This brings the total number of centres to 54 (32 affiliate and 22 collaborating). Full details of the new centres are on page 18.

Two JBI staff graduate

JBI Matters congratulates two JBI staff members Dr Zachary Munn and Dr Catalin Tufanaru on their graduation in May.

Dr Munn (pictured below, right) recently completed his PhD in Clinical Science, and Dr Tufanaru (pictured below, left) received his Masters of Clinical Science.
Best practice model in developing countries

Best practice in the prevention and management of postpartum haemorrhage and in the care of newborns, two JBI clinical fellowship projects, were showcased as examples of how the JBI model is being used to make a real difference in developing countries.

In his presentation, ‘Translating evidence into practice: developing countries experiences’, Assoc Prof Craig Lockwood, JBI Director Implementation Science, stressed how the JBI model of evidence-based practice facilitates translation, and is derived from people, their experiences and the knowledge arising from a combination of research and dialogue.

He was speaking alongside Prof Alex Brown, Theme Leader, Indigenous Health Research, South Australian Health and Medical Research Institute (SAHMRI), at a Knowledge Translation from a Services Perspective event held at SAHMRI on 8 May. Prof Brown presented on a community directed, group based approach similar to the JBI model.

Presentations in Panama City

Two nurse directors from the Fudan University Shanghai Cancer Center: a Collaborating Centre of the Joanna Briggs Institute will be delivering presentations and posters at the 18th International Conference on Cancer Nursing at Panama City on 7–11 September this year.

Ms Wang Yang will speak on ‘Nutrition assessment and management among gastrointestinal cancer patients with chemotherapy in a medical oncology ward: a best practice implementation project’, while Ms Zhang Xiaoju will speak on ‘The assessment and management of chemotherapy induced peripheral neurotoxicity among adult patients with chemotherapy in a tertiary hospital: a best practice implementation project’.

Commitment to excellence

JBI’s partnership with the Central Adelaide Local Health Network for a new demonstration project launched recently at the Royal Adelaide Hospital (RAH) was featured in the April 2014 issue of InCentral, the newsletter of the network.

The newsletter mentioned the partnership as part of the network’s commitment to excellence in education, research and innovation, and to enable frontline clinical staff to have access to the world’s best research at their fingertips.

Working with experts from JBI and Wolters Kluwer Health, the trial project will look at how we implement best available evidence on important topics, the newsletter reported.
New models of musculoskeletal services in rural SA

Executive Dean of the Faculty of Health Sciences Prof Justin Bielby presented at the School of Translational Health Science's Graduate Research Seminar series on 2 May.

In his presentation, ‘Implementing new models of musculoskeletal services in rural South Australia – successes, pitfalls and failures’, Prof Bielby took the audience though the results and findings of a project he led investigating the health status and patterns of health care use of the people of Port Lincoln.

He then talked about the design, implementation and outcomes of a pilot intervention that aimed to improve the quality and effectiveness of musculoskeletal services delivered to this community through whole system integration interventions directed at patients, professionals and healthcare systems, through forming ‘partnerships with service providers, community and government to implement locally feasible and relevant programs’.

Although Prof Bielby reported that the intervention of this new model of musculoskeletal services resulted in encouragingly positive improvements in health care, he also noted that there was a lack of sustainability due to the dearth of health care professionals trained in musculoskeletal health available in this rural community, and a lack of integration with the management structures and interests of local organisations despite his team’s best efforts and much negotiation.

His report on the implementation of this health care strategy into the underserved community of Port Lincoln was an excellent experience for anyone with an interest in the translation of evidence based health care into practice.

Latest issue out now

The latest issue of the JBI Database of Systematic Reviews and Implementation Reports is now online, showcasing 11 protocols, which are open access, nine systematic reviews and two implementation reports.

New appointment

Judy Palmer joined JBI on 28 April as Administration Officer (Communication Science).

Prior to this appointment, she worked for CSIRO as Administrative Officer. Judy has also worked for various organisations such as Network 10 SA, Alzheimer’s Australia SA, Australian High Commission (Singapore), Austrade (New Delhi) and Department of Social Security.

Have your say

Users of the JBI website can now convey their feedback on its usability via an anonymous online survey. So whether it is to do with navigation, content, visual appeal or user friendliness, tell us what you think.

The survey will take about 15 minutes and will help with the continuous improvement of the website.

May: 2014 JBI Matters
Pioneering work in the world’s second largest continent

In 2007, two Ethiopians and one Indian expatriate from Jimma University headed south to Cape Town for systematic review training. Back in Jimma, battling the odds, which included a snail’s pace internet connection and electricity which played hide and seek, they started the Ethiopian Evidence Based Group and had one protocol to their name.

Prof Morankar Sudhakar, current Director of the centre, was one of the three pioneers.

That same year, following a call for joining the Joanna Briggs Institute (JBI) through TDR/WHO (Special Programme for Research and Training in Tropical Diseases/World Health Organization) for sub-Saharan African countries, out of 156 applications, the Ethiopian Evidence Based Group was one among the five countries selected.

But life was not meant to be easy. Two of the initial three members left. High staff turnover continued to hamper the group’s growth. In 2008 at a JBI colloquium in Spain, at a review meeting for African centers’ progress, TDR/WHO immediately agreed to finance two additional persons to be trained in London. However, the two trained persons could not continue due to various reasons.

It was only in 2010 when JBI conducted a train-the-trainer program in Hammond, Purdue University, USA, which included African Centre Directors that Prof Morankar received the appropriate knowledge to enable him to sow the seeds. In November 2010, he trained seven motivated young staff from various departments in Jimma University’s College of Public Health and Medical Sciences. Things were taking shape.

‘The motivation of these trained staff led to us completing three systematic reviews within the time frame set by JBI for the year 2010-2011,’ Prof Morankar said with pride.

The rest is history. They officially became a JBI Collaborating Centre shortly after, based at the Health Education and Behavioural Sciences Department of the College of Public Health and Medical Sciences in Jimma University. To date the centre boasts seven rounds of training for a total of 93 participants (76 Ethiopians, 13 Nigerians and four Ugandans), nine published systematic reviews (two more under consideration) and three published implementation reports.
Among the Ethiopians trained, 76 were in Comprehensive Systematic Reviews, six in Train-the-Trainer and three in Clinical Fellowships. 'All this was pooled from academic staff from 14 departments of the College of Public Health and Medical Sciences,' Prof Morankar said. 'They participated out of their own willingness and motivation.'

The man behind this spurt of growth, Prof Morankar himself adds to the interesting mix of professional expertise. A professor in medical anthropology, Prof Morankar is originally from India. He moved to Ethiopia in 2004 as part of a recruitment drive by the Ethiopian Government which was at the time recruiting Indian nationals for their accelerated higher education development program.

'I was selected as a professor to teach medical anthropology in Jimma University as there were no medical anthropologists in Ethiopia then. My students have found medical anthropology very helpful in researching sociocultural practices in Ethiopia that have particular impact on life styles that affect their health status and their care-seeking behaviour.

The centre is considering a change of name to the Ethiopian Evidence Based Centre for Health Care from its current Ethiopian Malaria Alert Center to reflect its focus on other public health problems beyond malaria.

In a country that continues to grapple with crippling tropical diseases such as malaria and health issues such as maternal mortality, child mortality, reproductive health, family planning, infectious diseases, Ethiopia is an ideal platform for evidence-based health care research and evidence-based best practice to make a real difference.

'Our centre is now focusing more on public health and clinical aspects of systematic reviews. Maternal and child mortality as well as population growth are also critical areas that need addressing,' Prof Morankar said.

A proposal developed on capacity building of community with proper social and behavioural change communication involving school children, teachers and religious leaders has received funding of US$400,000 over three years from USAID, Ethiopia – truly a feather in the cap. Work on the project, which is being implemented in five districts of the Jimma Zone in Ethiopia, started in January.

There are no formal assigned staff in the Ethiopian Malaria Alert Centre – core members are made up of those who have undergone JBI Comprehensive Systematic Review training. On top of this, Ugandan and Nigerian participants had received training out of their own pockets or through meagre per diem allowances.

It is that kind of commitment that is unwavering. 'I want to one day see our centre as an African replica of the JBI headquarters in Adelaide.' And it doesn’t stop there. 'We want to start linguistic translation of systematic review summaries in Amharic as the majority of frontline health professionals only understand the local language. Amharic resources will be available for ready reference and day-to-day clinical practice in hospitals and in the community.'

In view of how far the centre has come and the spread of its wings to collaborate with other African countries, it is not far-fetched to view the Ethiopian Malaria Alert Centre as a kind of microcosm of evidence-based work in the world’s second-largest and second-most-populous continent, thanks in part to the wholehearted support from the top management of the College of Public Health and Medical Sciences and Jimma University.
Anterior or posterior?

When Will Cundy travelled to Kathmandu in 2010, little did he know that what he was to witness there would spark an interest in a field that is now the focus of his master's research. In his final year of medical school then, Will saw Nepalese adults with untreated scoliosis carried over from childhood so severe they were plagued with excruciating pain from advanced arthritis.

That experience, as well as having an orthopaedic surgeon for a father, paved the way for Will’s fascination for paediatric orthopaedics, particularly spinal surgery. Currently working as an Orthopaedic Service Registrar at Flinders Medical Centre, Will had the fortune (or otherwise) of having been involved in major operations to correct scoliosis in children. It was then that the penny dropped.

'I observed that the spinal fusion operation was performed in different patients using two remarkably different techniques. Each technique had advantages and disadvantages, and preference was influenced by a multitude of factors including anecdotal opinions and surgeon choices,' Will said.

'It was this realisation that decision-making is not always accounted for by a robust evidence base, and, more poignantly, the inconsistency in treatment preferences by surgeons for scoliosis, that spurred Will to embark on his Master of Clinical Science with the School of Translational Health Sciences in February this year.

Scoliosis is a three-dimensional rotational deformity of the spine. The majority of cases develop insidiously and asymptptomatically during childhood, and can have severe disabling effects if left untreated.'
‘The “gold standard” for scoliosis treatment is operative correction (spinal fusion) with metal rods and screws. This is a complex, long and high-risk operation,’ Will said.

His research topic, ‘Anterior versus posterior surgical approaches for thoracolumbar fusion in scoliosis: a systematic review’, will seek clarity amongst confusing literature on the optimal surgical approach (anterior or posterior) in various circumstances.

‘I will be evaluating numerous salient outcomes to compare the safety, efficacy and costs of each operative approach.

‘It is imperative that doctors have an evidence-based approach to health care and JBI has helped build my understanding of this,’ he said.

William grew up in Adelaide and attended Medical School in Bond University, Queensland, which he completed in 2011. His job as Orthopaedic Registrar in Orthopaedics involves being ‘on-call’ for emergency orthopaedics, seeing patients in the outpatient clinic, attending ward rounds and performing supervised orthopaedic operations.

He has set himself an ambitious goal of completing his masters in one year. He is in the process of having his protocol published in the JBI Database of Systematic Reviews and Implementation Report and his protocol was well received when he presented it at Academic Panel recently.

‘I hope to apply for surgical training next year and this master’s degree will stand me in good stead.’

While it is all systems go from here on in, Will tries to strike a balance in his life – he plays social water polo and enjoys cycling. He also makes time for fishing and surfing on weekends.

It is not difficult to envisage the value of Will’s research to scoliosis treatment when his research is completed, but for this young doctor, loftier goals sit at the core of his motivations.

‘Medicine and surgery is often quoted as “life-long” learning. This is especially true with the rapid pace of new medical developments and research being published. Keeping up to date with this and being able to critically appraise and apply this to everyday patient care is a complex but fascinating part of being a doctor.’
Upcoming events

Joanna Briggs Institute National Australian Conference (Adelaide) cancelled
This conference themed ‘Great Expectations’ and scheduled for 14–15 July at the University of Adelaide has been cancelled. The Institute looks forward to seeing everyone at the 9th Biennial Joanna Briggs International Colloquium (Singapore).

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.

Cancer Council SA – Australia’s Biggest Morning Tea
JBI will be hosting a Morning Tea to help raise funds for cancer research and support.
When: 10:30am–11:00am, Friday 13 June 2014
Where: JBI Headquarters, Level 1, 115 Grenfell Street, Adelaide
Do come along and enjoy the entries in what we anticipate to be a hotly contested cupcake competition. A nominal donation will be requested at entry.
For those unable to attend but who would like to make a donation in support of this vital and worthy cause, you can do so online.

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.
Comprehensive Systematic Review Training Programs cancelled

The Comprehensive Systematic Review Training Programs (CSRTPs) scheduled to be held at the Joanna Briggs Institute in Adelaide in 2014 have been cancelled.

The Institute will concentrate on re-developing the tools and resources over the course of the year for re-launch in 2015.

The cancelled dates are as follows:-
21–25 July
8–12 September

CSRTPs may be available through our Licensed Accredited CSR Trainers. For further information contact: jbieducation@adelaide.edu.au.

Summer Institute for Comprehensive Systematic Review (New Jersey, USA)

As the demand for health care continues to grow, so does the need for easily accessible, up-to-date evidence on best practices in health care.

Systematic reviews are an important vehicle for addressing this need. Participants in the Summer Institute will gain a thorough understanding of the process and tools needed to undertake this important form of research and will work on developing an actual proposal.

The Summer Institute for Comprehensive Systematic Review is presented by the Northeast Institute for Evidence synthesis and Translation: a Collaborating Centre of the Joanna Briggs Institute.

When: 14–18 July 2014
Where: Newark, New Jersey, USA
Welcome!

We would like to officially welcome The Centre for Innovations in Health and Social Care at Plymouth University to the Collaboration. The Director is Assoc Prof Bridie Kent and the Deputy Director is Dr Jennifer Freeman. The Centre will focus on evidence review.

We would like to also welcome The University of New Brunswick (UNB) Saint John JBI Evidence Synthesis Group to the Collaboration. The Group Convenor is Assistant Professor Lisa Keeping-Burke. The ESG is based at the Department of Nursing and Health Sciences at the University of New Brunswick St John in Canada and is affiliated with the Queen’s Joanna Briggs Collaborating Centre.

And finally we would like to welcome Prof Anne Chang back to the Collaboration. Prof Chang will head up The Centre for Evidence-Based Healthy Ageing (CEBHA). The Deputy Directors are Prof Debra Anderson and Prof Vivienne Tippett. The Centre will be based in the Faculty of Health, Queensland University of Technology, and the will focus on evidence review.

Centre changes

We welcome Associate Professor Keith Evans, who has been appointed the new Director for the Australian Centre for Evidence-Based Primary Health Care SA.

Please also welcome Professor Colonel Khin Zaw as the new Director of The Yangon Centre for Evidence Based Healthcare in Myanmar.

We have a new Deputy Director at the Brazilian Centre for Evidence-based Health Care – welcome Glicerio Tochika Shimoda.

Raluca Sfetcu will be temporarily filling in as Deputy Director for The Romanian Center for Evidence Based Nursing and Midwifery.

We congratulate and wish Wenyan Zheng all the best for the upcoming birth of her baby. The new Group Convenor of Zhongshan Hospital ICU Evidence Implementation Group will be Zhang Qi.

We welcome the new Deputy Director of the Finnish Centre for Evidence Based Health Care, Dr Heidi Anttila.

Train-the-Trainer

Comprehensive Systematic Review Training Program Train-the-trainer will continue to run as planned, with dates as follows:

**Americas (San Francisco):** 27–30 May 2014
**Asia (Singapore):** 3–6 November 2014

Please note that while there are not currently enough enrolments for CSR TtT for Australia (to be held in Adelaide between 21 - 24 July) to go ahead, we are still taking in expressions of interest.

Please contact Assoc Prof Zoe Jordan for further details at zoe.jordan@adelaide.edu.au.

Methodological Working Groups

Thank you to all of you who have expressed interest in joining the new methodology groups for 2014. There has been considerable interest this year and four of the five proposed groups will progress. Those of you involved will be contacted shortly by your JBI group convenor to get the work started!
Submissions and peer review for the JBISRIR

We would like to again remind Centres that the lead up to the Annual Review is underway 30 June is fast approaching! We encourage all evidence review Centres to submit their systematic reviews well in advance of this date to allow sufficient time for thorough peer review.

Also, a big thank you to all Centres and staff who have been involved in peer review. There has been a marked improvement in responses to requests to peer review recently, which has reduced delays for authors. With Annual Review approaching, this is much appreciated.

JBC Centre webpages

Adriana is continuing to update each centre web page on the JBI website, and also updating centre Core Staff lists and contact details. Thank you to those who have already sent their updates to Adriana. There are still some centres that have yet to send their current information/core staff lists; please send this information as soon as possible to Adriana at adriana.turner@adelaide.edu.au.

Singapore Colloquium

Visa letters

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

Travel

An email will be sent out shortly to advise centre directors of the amount AUD$ that JBI will cover for flights to Singapore for the 2014 Colloquium. Once you have received this email, we encourage you to book your flights as soon as possible and reimbursement can be arranged once you have sent your flight itinerary and invoices to Adriana at adriana.turner@adelaide.edu.au.

Accommodation

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

Moderators

An email was recently sent out to the collaboration requesting volunteers to moderate sessions during the Colloquium. If you are able to assist, can you please email Siti at Siti.ZUBAIDAH@nuhs.edu.sg.
Control infections and save lives

The Infection Control node of JBI ConNECT+ is a unique infection-control-specific web-based facility that provides online resources and tools to assist clinicians, patients and their families to utilise evidence-based information in clinical decision making processes. This resource is also available from the OvidSP Platform to subscribers.

In January 2007, JBI ConNECT+ proposed to develop and establish an Infection Control node and invited Dr Carol Pellowe (Senior Lecturer Infection Control, King’s College, London) to become the chair of the node. Dr Pellowe recommended and introduced four experts of infection control to set up the Expert Reference Group (ERG) of the Infection Control Node.

With the efforts of all ERG members and chair of the node, a taxonomy of infection control based on specific system of knowledge and technology was developed which included two main sections: one focusing on practices and procedures with infectious risk and the other aimed at individual infectious agents and diseases.

In 2013, Dr Marilyn Cruickshank was nominated to become the new chair of Infection Control Node, and a new ERG group has been established.

The taxonomy for the Infection Control Node is almost complete and the clinical manual to guide practice for first line infection control professionals now includes 101 evidence-based recommended practices and 188 evidence summaries.

The content covers six main systems:

- **General principles** (also called general precautions, basic precautions and standard precautions in IC textbooks and guidelines): in the Infection Control Node, this includes asepsis, hygiene, PPE, blood transfusion, outbreak management, cleaning and sterilization, hospital infection control management and sharps and needle injury.

- **Procedures with infectious risk** refers to infection-prone diagnostic and therapeutic practices and procedures, including chest drains, tubed nutrition supply, peritoneal dialysis, hemodialysis, suprapubic catheters, tracheostomy, urethral catheters, wound care and endoscopy.

- **Vascular access devices** (a common procedure for hospitalized patients), including IV therapy, PICC, CVC and arterial lines.

- **Specimen collecting and culture** (a key step of infection detection), specimens may be blood, urine, sputum, wounds and endocervical secretions.

- **Hospital-associated infections** including hospital-associated infectious agents (e.g. MRSA, VRE, multi-drug resistant organisms), pneumonia, cellulitis, Clostridium difficile.
Infections in special settings includes ICU, operating theatres, burns units, oncology wards, aged care facilities and community care settings.

Expert Reference Group members

- Dr Marilyn Cruickshank
  Director National Healthcare Associated Infection Program, Australian Commission on Safety and Quality in Health Care, Chair, Antimicrobial Resistance Standing Committee, Darlinghurst, New South Wales, Australia

- Enrique Castro-Sánchez
  DipTropNurs PgDip DLSHTM, Academic Research Nurse, National Centre for Infection Prevention and Management, Imperial College London, Faculty of Medicine, London, United Kingdom

- Belinda Henderson
  Clinical Nurse Consultant, Infection Control Unit, Princess Alexandra Hospital, Woolloongabba, Queensland, Australia

- Mariji Juraja
  President, Australasian College for Infection Prevention and Control, Brisbane, Queensland, Australia

- Martin Kiernan
  Nurse Consultant, Infection Prevention, Pathology Department, Southport and Ormskirk Hospital NHS Trust, Southport, Merseyside, United Kingdom

- Hyun-Sook Koo
  Senior Researcher, Korea Centers for Disease Control and Prevention, Ministry of Health and Welfare, Chungcheong buk-do, Korea

- Maria Clara Padoveze
  Assistant Professor, School of Nursing, University of São Paulo, São Paulo, Brazil

- Dr Michael Borg
  Head, Department of Infection Prevention and Control, Mater Dei Hospital, Msida, Malta.

Scientific administrator

Dr Yifan Xue, Research Fellow, Implementation Science, is the scientific administrator of the point of care evidence-based collection for Infection Control. Dr Yifan has completed a Bachelor of Medicine, Master of Public Health and a Master of Clinical Science. He completed his Internship of Clinical Medicine at the Second Teaching Hospital of Beijing Medical University, China and undertook his Resident position in the Cardiovascular Centre and Department of Internal Medicine, Beijing Friendship Hospital, China.

Dr Xue has extensive clinical research experience having worked as a Clinical Project Manager, a Postgraduate, Department of Public Health, University of Adelaide and then as a Research Assistant, Department of Public Health, University of Adelaide.

Dr Yifan Xue commenced with the Joanna Briggs Institute in 2007 and his expertise in the field of medicine has been valuable towards appraising the quality of evidence, synthesising evidence, developing evidence summaries and audit indicators, conducting systematic reviews as well as authoring a wide range of evidence-based health care publications.
HDR Matters

HDR student graduations

On Wednesday, 7 May 2014, some of our HDR students had the privilege of being part of the University of Adelaide’s Graduation Ceremony. For these completing students, the day they had been anxiously awaiting finally arrived and represented the culmination of several years of hard work. Graduating with a Master’s degree is a rare occurrence in the span of a lifetime and we wish these students all the best with their future academic and professional endeavours.

Alongside graduating JBI staff Dr Zachary Munn and Dr Catalin Tufanaru (see page 9), the following HDR students were awarded their degrees:

Master in Clinical Science: Matthew Kowald, Suzanne Dawson, Jacinta Byrth, Stephanie Martin

Doctor of Philosophy: Yee Mei Lee.

‘It couldn’t be done’, a poem in honour of our graduating students

by Edgar Albert Guest

Somebody said that it couldn’t be done
But he with a chuckle replied
That “maybe it couldn’t,” but he would be one
Who wouldn’t say so till he’d tried.
So he buckled right in with the trace of a grin
On his face. If he worried he hid it.
He started to sing as he tackled the thing
That couldn’t be done, and he did it!
Somebody scoffed: “Oh, you’ll never do that; At least no one ever has done it;”
But he took off his coat and he took off his hat
And the first thing we knew he’d begun it.
With a lift of his chin and a bit of a grin,
Without any doubting,
He started to sing as he tackled the thing
That couldn’t be done, and he did it.
There are thousands to tell you it cannot be done,
There are thousands to prophesy failure,
There are thousands to point out to you one by one,
The dangers that wait to assail you.
But just buckle in with a bit of a grin,
Just take off your coat and go to it;
Just start in to sing as you tackle the thing
That “cannot be done,” and you’ll do it.

**Can you sell your thesis in three minutes?**
The ‘3 Minute Thesis Competition’ is being held again in 2014! This competition is a skills development activity offered by the university that challenges HDR 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 competition. Competitors must also have completed their Major Review. Graduates are not eligible.

**HDR student success story**
One of our HDR students, Kate Davis, has had her poster accepted to present preliminary findings at the Australian Society for Medical Research (ASMR SA) Scientific Meeting in June.

The Australian Society for Medical Research is the peak professional society representing Australian health and medical research. In addition to direct members, ASMR represents an additional 18,000 people actively involved in health and medical research through 56 affiliated professional societies and medical colleges. Corporate and disease related foundation memberships bring a further 100,000 Australians with an interest in health and medical research into the ASMR network. The Society has a long established role in public, political and scientific advocacy.

Congratulations, Kate, and good luck!

**Surviving the world of higher degrees: get your write-up started ASAP!**
Some higher degree students feel daunted by the huge task of meeting the thesis word count. Often students who have progressed well into their candidature still struggle to commence their writing and spend an excessive amount of time working their way through pages and pages of notes.

Even if several rewrites are required, it is important students commence writing as early as possible. Knowing you have at least commenced your writing can lift the psychological burden and allow you to start filtering chapters through to your for consideration and feedback.

All HDR students will at some point question their work and start to despise their thesis. This is a normal part of the process, and usually occurs about two-thirds of the way through candidature. This is not a signal to start panicking, but rather a trigger to make students realise they are becoming ineffective and in desperate need of a psychological break. When the student returns, it is highly likely their brain will have sorted out some of the problems they were struggling with.

Ultimately the only way to communicate your work is by getting the write-up completed and it is
It should be noted by all students that getting work completed and meeting your candidature progress objectives can often be a lot more important than the work being ‘perfect’. This is a difficult concept for some HDR students, mainly due to many being perfectionists by nature. Like beauty, perfection in the eye of the beholder. Even when a student believes they have attained perfection, it is still highly likely that readers, and more importantly, examiners will find fault.

The point is, the thesis does not have to be, nor is expected to be, perfect. The examiners will always have an opinion on how the work was presented, and the results or approach the student took. A student will not know what these opinions are until the work is put forward for consideration, so students should not try to second guess, but rather ensure that they can defend why they took a certain approach as opposed to another. If a student makes a decision to proceed a certain way based on the evidence in front of them at the time, this makes the student a form of expert in the subject and they need to learn to stand by their work.

Having a thesis assessed is the student’s chance to communicate their research and passion to at least two leading academics in their field. Although this may seem frightening, the examiners will be genuinely interested in the work presented to them for assessment. Most examiners want to pass a student, despite the horror stories that may be popular amongst students.

8th Annual Florey Postgraduate Research Conference

When: 25 September 2014

A highlight of the Faculty of Health Sciences calendar, the Conference is attended by postgraduate students, honours students, industry partners, researchers and academics from across the University of Adelaide.

As HDR 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.

The morning program comprises poster sessions where approximately 100 research postgraduates will present their research to be judged for sponsored prizes. The afternoon session will feature Channel 7 and Mix 102.3 personality, Mark Soderstrom as Master of Ceremonies, and our own Dr Zachary Munn and other esteemed academic and professionals for a very exciting ‘on the couch’ style panel discussion covering various perspectives on the area of burn injury, burns survivors and psychology.

The session will conclude with an awards ceremony at which time refreshments will be served. HDR students are strongly encouraged to participate in this special annual event held by the University.

Registration and further details on the event can be located at [conference website].

Quote

“We don’t beat the reaper by living longer. We beat the reaper by living well and living fully. For the reaper is always going to come for all of us. The question is: What do we do between the time we are born, and the time he shows up? Because when he shows up, it’s too late to do all the things that you’re always gonna, kinda get around to.”

~ Randy Pausch, Carnegie Mellon University, 2008
The gold and the grandeur

Embarking on a research degree in an unknown city can be a rather daunting yet exciting adventure. From the moment I flew into Adelaide, the staff at JBI were extremely welcoming – beautiful smiles that make you feel at ease.

Before the first week of core program, I did not know anyone in Adelaide. However, during the research schools, the staff and the students helped me to settle in.

I am honoured to be part of a fantastic cohort of students and lecturers who support each other as we venture through the mysterious terrains of the ‘research journey’.

The terms systematic reviews and meta-analysis are often tossed around rather casually within academia. I now appreciate there is nothing casual about it. They require rigorous and robust analysis. In my opinion, all research students would benefit from completing the two-week intensive core program. It is designed to equip us with the skills to conduct systematic reviews to the highest quality.

The program has assisted me to question the philosophical perspectives that underpin the studies, to critically appraise journal articles and to understand the methodological paradigms. Being exposed to scholarly thought, from epistemology, phenomenology to Bad Pharma and Pharmageden all within a week has set me on a quest to understand the nature of knowledge and what it means for our future.

The best part of the course is how both the quantitative and qualitative paradigms are respected as two sides of a gold coin rather than being viewed as two opposing fractions.

After a week of being infused with effect sizes, chi squares protocols and Toulmin, I seriously needed to chill out. So the day after core program, I visited the Gold and Incas exhibition in Canberra. The grandeur of nature and the wisdom of these ancient cultures give meaning to our pursuit of knowledge.

The eternal optimist in me hopes our research can challenge humanity to think beyond ourselves and to open the doors of freedom for all. I know we have the potential to translate our health research to respect the magnificence of this planet, so we too do not become extinct while pursuing the holy grail of pumping out publications.

Kishani Townshend
BScSc (Hons) (Psych)
Clinical Director and Consulting Psychologist
PsychServices
(February 2014 intake)

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 Word from the President

Hello my fellow fellows

The JBI clinical fellows program is going strong and producing excellent evidence-based science literature within the library, not to mention new arms of soldiers out there in the pursuit of ‘best practice’. For most of us that become fellows, we often complete the program, and ‘then what’?

The ‘then what’ question is what I am asking all clinical fellows to take some time to reflect on this month.

So what do we do as clinical fellows to enhance policy and practice?

So what do you do as a clinical fellow when there is an issue that requires an audit process, and perhaps a GRIP (Getting Research into Practice) process, or a change to practice?

What are the barriers that clinical fellows are experiencing in the frontline of science utilisation, translation and implementation?

What suggestions can you as fellows share with other fellows, and where can we share this information?

These questions may be simple for some to answer and perhaps complex for others, depending on your geographical location, service orientation, and political influences in the workplace. At any place and time, I know I am interested and would enjoy the diversity of opinion from other fellows. The problem has been where and how can we do this in a contemporary professional practice space.

Our new Executive Director, Professor Lyle Palmer, has asked me as the President of the Clinical Fellows Alumni to look at the creation of a new Linkedin web space for clinical fellows to engage, share, communicate and support each other on our clinical fellowship journeys.

In the past we have looked at Facebook and it has not been popular due to links to people’s privacy and also, some countries do not allow access. I believe that the Linkedin web app is professional and relatively easy to use and user friendly. Some early feedback is that some do not like social media, and I can agree except in the space of professional engagement. The Linkedin web application will suit most and if we can get it started I would love to see some fellows around the globe engage it with passion and support as we move into a modern JBI IT environment.

As leaders in health care I believe we should be leaders in modern contemporary communication, information sharing, and be using social media as a tool for science support. I will be setting this application up and advising all in the next newsletter of its existence and your invitation to get linked in as a clinical fellow.

Please send me some feedback on this at drew.dwyer@adelaide.edu.au as I am keen to hear your response.

On another note please begin to prepare yourselves for the JBI Colloquium being held in beautiful Singapore, under the direction of one of our clinical fellows, Dr Emily Ang, Director, Singapore National University Hospital Centre for Evidence-Based Nursing: a Collaborating Centre of the Joanna Briggs Institute.

It is time to prepare to scale new heights. Good luck and I will keep you posted.

Drew Dwyer