Master of Public Health (Translational Health Science specialisation) gets off the ground
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Master of Public Health (Translational Health Science specialisation) gets off the ground

Students enrolled in ‘Introduction to translational health science’, the first course being offered online under JBI’s Master of Public Health (Translational Health Science specialisation), began their online study for this course in early March.

Implementation Science Research Fellow and Translational Health Science Coordinator of the course Dr Kylie Porritt, in her introduction to students, says, ‘Over the next 12 weeks, you will be introduced to the concept of translational health, evidence-based healthcare, systematic review process and how all this can be situated within the broader translation research trajectory.’

The course includes the following modules:

- Module 1: Introduction to Evidence Translation in Health Care and Public Health (Week 1-5)
- Module 2: Searching for the Evidence (Week 6-9)
- Module 3: Developing a Systematic Review Protocol (Week 10-12)

The Translational Health Science specialisation to the Master of Public Health is being offered for the first time from this year. This specialisation consists of the following courses:

- Introduction to translational health science (offered 2015 semester 1)
- Introduction to qualitative evidence (offered 2015 semester 2)
- Introduction to economic evidence (offered 2015 semester 2).

From 2016, the following electives will be offered:
- Clinical Wisdom
- Teaching evidence based healthcare
- Developing clinical guidelines

In 2016 semester 2, the capstone course will be offered.

First Comprehensive Systematic Review Training Program for 2015

Twelve participants attended the first JBI Comprehensive Systematic Review Training Program for 2015, run by Director Synthesis Science Assoc Prof Edoardo Aromataris and Implementation Science Research Fellow Dr Jared Campbell. It was held from 2-6 March and held at the JBI headquarters in Adelaide.

The participants were from the South Australian Health and Medical Research Institute (SAHMRI), hospitals in Adelaide and Melbourne, the University of Adelaide, JBI and Remote Area Health Corps.
Prof Peter Gøtzsche speaks

Prof Peter Gøtzsche, co-founder of The Cochrane Collaboration, delivered a special presentation hosted by the Joanna Briggs Institute on 9 February.

Prof Gøtzsche was in Adelaide for two days only and was also presenting at the University of Adelaide to promote his latest book, ‘Deadly MEDICINES and Organised CRIME: How big pharma has corrupted health care’.

‘We are in the midst of a psychiatric drug epidemic with devastating consequences for public health,’ Prof Gøtzsche said in his presentation.

In 1993, Peter Gøtzsche co-founded The Cochrane Collaboration, (the gold standard for the review of medical research data) and The Nordic Cochrane Centre, where he is Managing Director. In 2010 he became professor of Clinical Research Design and Analysis at the University of Copenhagen. He has published more than 70 papers in ‘the big five’ (BMJ, Lancet, JAMA, Annals of Internal Medicine and New England Journal of Medicine) and his scientific works have been cited over 15,000 times. Professor Gøtzsche graduated with a Master of Science in biology and chemistry in 1974 and as a physician in 1984. He is a specialist in internal medicine. Early in his career, he worked as a drug representative, visiting general practitioners, specialists and hospital doctors. Later, he established a drug company medical department, responsible for clinical trials and registration applications for new drugs. He has also been instrumental in opening up drug data at the European Medicines Agency.

Foundation springs into action

The Joanna Briggs Foundation held a Corporate Cocktail Party late last year and several companies expressed an interest in supporting the work of the Joanna Briggs Institute’s Developing Countries Clinical Fellowship Program.

Foundation Chair Philip Pledge and Fundraising Manager Sandy Davis have been meeting with CEOs of the interested companies in February/March and are currently in negotiations. The Foundation hopes to secure funding for ten Clinical Fellowships for each of the next three years. The program is expected to begin in February 2016 and continue until 2018, with participants identified from both developing countries and closer to home, from the indigenous communities here in Australia.

The Foundation will also be having a corporate bike ride in 2015 and discussions and planning have been initiated. With several keen bike riders amongst the talented staff at JBI, this event will be well represented by staff, along with an established bike group of corporates. More to follow as the event planning continues.
Cochrane Nursing Care Field (CNCF) update

The American Journal of Nursing has agreed to publish a further five Cochrane Corners in their journal, taking our agreement with them into 2016.

The new agreement has been finalised and suitable authors have been engaged to prepare the summaries. We look forward to our continued collaboration with this journal.

Student’s paper published

A paper co-authored by Joanna Briggs student Stephanie Newell has been published in The BMJ, titled, ‘New South Wales mounts “patient based care” challenge’.

The blurb reads: The Clinical Excellence Commission in New South Wales is driving person centred care by stimulating districts to compete to provide it. Karen Luxford and Stephanie Newell describe the integrated approach, its uptake, and encouraging early evidence of change.

Practice manuals for nodes being updated

Implementation Science Research Fellows Dr Kylie Porrit, Dr Jared Campbell, Dr Yifan Xue and Alexa McArthur have started updating the generic front section of all Practice Manuals for all nodes in JBI COnNECT+. They are looking at improving the format and presentation of content in this section.

They are also developing a new distribution strategy to enhance the manuals’ effectiveness among users.

Honourable mention

The Joanna Briggs Institute received an honourable mention by the Editor-in-Chief of the AJN quarterly newsletter, Maureen Shawn Kennedy, in her recent wrap-up of how 2014 went for the newsletter:

Maureen wrote: ‘Some noteworthy columns and series that were popular last year: “Systematic Reviews, Step by Step” by the Joann Briggs Institute – this is now a CE-eligible series under our Collections tab on the website.’

Latest JBISRIR issue

Don’t forget to check out the latest issue of the JBI Database of Systematic Reviews and Implementation Reports. The editorial is open access. Happy reading!
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

**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

**Comprehensive Systematic Review Full Training Program (Modules 1, 2 and 3)**

Learn how to conduct reviews using qualitative and quantitative data.

Program dates for 2015:
- 4–8 May
- 20–24 July
- 7–11 September

For information and to enrol contact jbieducation@adelaide.edu.au.
CSR Module 1: Introduction to Evidence-Based Healthcare and the Systematic Review of Evidence

One day (Mandatory pre-requisite for Modules 2 and 3)

Program dates for 2015:
4 May
20 July
7 September

CSR Module 2: The Systematic Review of Quantitative Data from Experimental and Non-experimental Studies

Two days
Program dates for 2015:
5–6 May
21–22 July
8–9 September

CSR Module 3: The Systematic Review of Evidence Generated by Qualitative Research, Narrative and Text

Two days
Program dates for 2015:
7–8 May
23–24 July
10–11 September

Save the date – 2015 JBI International Methodology Symposium

The 2015 JBI International Methodology Symposium will be held from 3–4 September 2015 at the Crowne Plaza Adelaide. Save this date.

The symposium will focus on the unique approaches developed by JBI and its Collaboration to evidence synthesis and implementation. Aimed at the evidence-based healthcare enthusiast and methodologist, it is a must for anyone interested in the varied approaches to conducting systematic reviews across the broad spectrum of methodologies, including, but not limited to, effectiveness, diagnosis, mixed-methods and qualitative review.

More information will be posted on the JBI website in the coming weeks.

Implementing your Aged Care Funding Instrument

Adjunct Assoc Prof Drew Dwyer, JBI Alumni President, will be presenting at this seminar on 13 March in Adelaide (see page 16 for details).

Czech Republic (Middle European) Centre for Evidence-Based Health Care

Five day workshop
Dates: 1–5 June 2015, 7–11 September 2015
Cost: 1050 EUR
Venue: Palacký University Olomouc, Faculty of Medicine and Dentistry, Hněvotínská 3, 775 15 Olomouc, Czech Republic

This training program is designed to prepare researchers and clinicians to develop, conduct and report comprehensive systematic reviews of evidence using the Joanna Briggs Institute SUMARI software.

These Modules are titled as follows:

Module 1: Introduction to Evidence Based Health Care and the Systematic Review of Evidence
Module 2: Module 0002: The appraisal, extraction and pooling of quantitative data from experimental, non-experimental, diagnostic and prognostic studies (days 2-3)

Module 3: The appraisal, extraction and pooling of qualitative data from qualitative studies, narrative and text from opinion papers (days 4-5)

View the flyer below for further information and registration details:

CSRTP Flyer.pdf
The Czech Republic Centre for Evidence-Based Health Care website

The Queen’s Joanna Briggs Collaboration CSRT

Kingston, Ontario, Canada
6-10 July, 2015

The Queen's Joanna Briggs Collaboration hosts an annual one-week, comprehensive systematic review training (CSRT) workshop featuring the Joanna Briggs Institute methodology.

The comprehensive, five-day program is designed to prepare health sciences researchers, clinicians, librarians, graduate students and other individuals involved in quality and practice portfolios to develop, conduct and report systematic reviews of evidence. The theme used to illustrate the methodology is patient safety.

See the Queen’s Joanna Briggs Collaboration website for full details.

Nursing Symposium 2015

“Sustaining Excellence”

14-15 October 2015/0-02 Muharam 1437

King Faisal Specialist Hospital and Research Centre is holding a Nursing Affairs Symposium on 14-15 October 2015 (01 to 02 Muharram 1437) at the Post Graduate Centre in KFSH&RC Riyadh.

You are invited to submit an abstract focusing on “Sustaining Excellence” utilising advanced practice nursing models. The topics include quality initiatives, patient safety, research and evidence-based practice and nursing ethics. We welcome topics with innovative approaches in managing staffing issues locally.

Call for Abstracts online form

Last date of submission: 01 March 2015 (10 Jumada Al Awal 1436)
Introducing the ‘Selling Outside the Library’ Toolkit

by Dr Anne Dabrow Woods, Chief Nurse, Wolters Kluwer

One of the most profound changes affecting evidence-based practice resources over the last few years is the shift in decision-making, budget ownership, and responsibility for disseminating the best available evidence within a healthcare or academic institution.

Even as recently as five years ago, content for healthcare institutions and academia was purchased by – and controlled by – the health science library. Now, content purchases are typically reviewed by multiple stakeholders within an institution, and there is growing diversity in how evidence-based practice resources are made available to healthcare professionals.

With a changing paradigm in healthcare education, we also know that resources are now being purchased without the library’s input – by schools of medicine, nursing and allied health and in healthcare institutions by nursing, medicine and education departments. Human Resources has even realized that making evidence-based resources available to its clinicians is an excellent retention tool.

As the primary disseminator of Joanna Briggs Institute (JBI) content, Ovid has to evolve our selling strategies in order to meet the changing needs of our customers, including broadening our ability to go beyond the library to discover where institutional budget dollars are available.

In February 2015, as part of our annual global sales meeting, Dr Anne Dabrow Woods, Chief Nurse of Wolters Kluwer, Ovid and Lippincott, and Janet Feeney, Director of Marketing, developed and delivered a ‘Selling Outside the Library’ Toolkit presentation to over 150 sales representatives globally to help them master the art of getting meetings and closing sales outside the library.

Step one is to know the customer. Who are they? Are they a clinician, a faculty member, the Dean, the Director of Education? Are they the Chief Nursing or Medical Officer in a hospital? Who holds the budget for the purchase of evidence-based content?

In many cases identifying the influencers, such as those who actually use the product, can have a great deal of impact on the views held by the purchaser, and may become a key ally for the sales person.

The second step is to understand how end-users learn. Learning has moved from a strictly didactic model to a hybrid model where education is often done online, in simulation labs, or in a flipped classroom where the learners come to class having done the research and the instructor uses a case study approach to determine if knowledge has been transferred and received. Healthcare professionals are required to continue the lifelong learning process after they graduate to maintain licensing and certifications.

The third step is to understand the customer’s challenges. In academia, the main issue is finding sufficient funding as well as integrating evidence-based principles into the curricula and ensuring students are competent. In healthcare institutions, the issue is finding the financial support to provide the best available evidence at point-of-care for clinical decision support, ensuring the staff is competent, the facility maintains accreditation and certifications, and to measure patient outcomes to improve quality of care.

The final step is to present a solution that solves the issues faced by the institution regardless if it is an academic or healthcare facility and helps solve the challenges faced by the purchaser, the influencers, and the end users.
At the end of the sales meeting, 150 sales representatives have a working toolkit to help them know the customer, understand their challenges, and identify all of the key stakeholders within an organisation tasked with providing access to the best available evidence. After the presentation, they reported to us that they felt more confident about who to speak to outside the library, had an improved understanding of top healthcare concerns across many roles, and was reminded why evidence-based practice is so important.

As a takeaway for them to use back in the field, we developed information sheets that summarise top healthcare issues in each global region, how the business of healthcare works within different geographic areas, snapshots of the top issues and goals of purchasers, influencers, and end-users of content, plus guidelines for initiating solution selling conversations outside the library.

From the positive response of the Ovid sales team, the training was a success and that they will now begin using the ‘Selling Outside the Library’ Toolkit to expand JBI’s reach throughout 2015 and beyond.
New Affiliate Centre

We are pleased to officially welcome Covenant Health Canada: an Affiliate Centre of the Joanna Briggs Institute to the Collaboration.

The Director leading the centre is Ms Sandra Vanderzee (Corporate Director of Professional Practice and Research) (Sandra.Vanderzee@covenanthealth.ca). The Centre will focus on evidence synthesis.

New Evidence Synthesis Group

We would like to officially welcome the BCNU Thailand Evidence Synthesis Group to the Collaboration.

The Group Convenor is Dr Adchara Khammathit (adcharakham@hotmail.com) and the Group is affiliated with the Thailand Centre for Evidence Based Nursing, Midwifery and Health Science.

Joanna Briggs Institute of Oklahoma

After ten years of collaboration, The Joanna Briggs Institute of Oklahoma (JBIO) is sadly disassociating as a centre following the need to consolidate their activities.

Their centre Director, Dr Susan Jones, will affiliate with the Texan Christian University Centre while she explores the possibility of moving the centre to an Evidence Synthesis Group.

JBI thanks JBIO for its contribution and collaboration over the past decade.

53rd face-to-face Committee of Directors meeting Adelaide

Just a reminder to any centres requiring visa letters for travel to Australia to email Adriana Turner (adriana.turner@adelaide.edu.au) with a request.

JBC Regional Mail Listervs

To enable better communication for regional collaboration activities, JBI has given moderator access to all Directors and Deputy Directors for their relevant JBC regional email address.

For any changes to email addresses or to request an addition, please email Adriana Turner (adriana.turner@adelaide.edu.au).

Regional email addresses are as below:

Asia
asia-v.jbc@list.adelaide.edu.au

Americas
americas-v.jbc@list.adelaide.edu.au

Central
central-v.jbc@list.adelaide.edu.au

Europe
europe-v.jbc@list.adelaide.edu.au

Australasia
australasia-v.jbc@list.adelaide.edu.au
Commencement of our new HDR Student Group

The School of Translational Health Science welcomed its latest group of HDR students on 9 February. This was a diverse group of highly motivated healthcare professionals, with each having a clear focus about why they are joining our program. With the assistance of JBI staff, Assoc Prof Craig Lockwood presenting on protocol development, Dr Zachary Munn on qualitative research methods, and Dr Catalin Tufanaru on statistics, our new group was given a solid first week intensive that equipped them to commence preparation of their systematic review.

The new students performed well during their first week. They appeared focused on completing the program objectives, and the PICO presentations on the Friday were diverse and engaging. The HDR team is confident of this group’s ability to complete the program and make significant contributions to knowledge in their relevant fields of practice.

Completion of research induction

Our new HDR students have now all successfully completed their first academic milestone of the Graduate Centre, the Research Induction. The next major milestone will be slightly more involved, with completion of their core component due by August 2015. This assessment will include each of the new students sitting for their panel defence, where they will face an appropriately selected panel to defend a critical appraisal of their work.

The outcome of the panels can have significant implications for the students’ continuation of their candidature. In addition to sitting for a panel assessment, students will need to ensure that all accompanying core component documentation is also submitted to the Graduate Centre by the due date. Students should refer to pages 32 and 33 of the course handbook for particulars of this assessment, or refer to the Graduate Centre website. Hard copies of the HDR Handbook are available directly at the School, or alternatively the guide can be accessed online.

“Genius is 99 percent perspiration and 1 percent inspiration.”
~ Thomas Edison
New country, new language in five days!

“Although I was extremely excited to have been accepted into this wonderful PhD program, I felt a fair amount of terror too. Catalin’s passion helped me to see the beauty of statistics and the power of critical statistical evaluation. Maureen introduced me to the potential of disciplined research, opening up a new world of exciting research potential. Zach expanded my extremely limited view on qualitative research, and made me excited to use focus groups as part of my primary research. The introduction to Endnote was timely, as the thought of unmanageable references was beginning to haunt me. When I found myself knowing exactly where to find Maureen in the Barr Smith Library as I went to collect a book she had set aside for me on Thursday evening, I really felt like an Adelaide University student. I could navigate my way around campus – to a degree. And in the background was CReMS, introduced by Craig, enticing me to add new studies to my review. Carl was super helpful with the software challenges that arose and instrumental in getting my new email address setup. My supervisors, Craig and Karolina, expertly helped me to formulate my ‘moving target’ systematic review statement and question – all while being excited about my research too. And Alex was there to make sure that all the administration aspects of being a new student were managed, as well as reminding me that my ‘nerves’ were normal and not to be taken seriously. To top it off, I got to present my protocol (PICO) presentation last, which was quite nerve wracking, but turned out to be really enjoyable! There were a few moments during the week when I wondered if I was going to be able to cope with all the new information and procedures – and I found out later that I was not alone in feeling a tad overwhelmed. Craig’s words during his introductory lecture came back to me regularly – ‘eat an elephant one bite at a time!’ To sum it up: I feel as if I’ve just been to another country, learned a new language and made new friends – all in five days! Oh, and I finally got to buy some chocolates on the way back to my hotel this evening! What a great week!”

Delia McCabe
Commencing PhD student

Heard good things about the course

“I was a graduate from Monash University, Victoria, and am currently working at the Royal Adelaide Hospital as a senior dietitian for the Centre of Digestive Diseases. My interest is in nutritional management in pancreatic diseases. Having worked as a clinical dietitian for almost 10 years, I have come to realise that research is a core component in advocating evidence-based practice for better patient care. I have heard good things about the course from colleagues who have completed the program and my first week of the core program proves this. It is a very well supported program undertaken in an extremely friendly environment.”

Yue Xian Ooi (Selena)
Commencing HDR student
Kerry Peek awarded University Masters by Research Medal

The HDR team is extremely proud to announce that one of our completed HDR students, Kerry Peek, has been awarded the coveted University Masters by Research Medal, which she will receive as part of the April 2015 Graduation Ceremony. The University awards only two Masters by Research Medals for the highest quality research thesis examined each year.

At the end of each year, the Adelaide Graduate Centre prepares a shortlist of candidates for medal consideration, and all students submitting for examination can qualify for this prestigious award, provided the following criteria has been satisfied:

- Qualified for their award within the calendar year for which the medals are to be awarded
- Completed within four years FTE from the commencement of candidature (doctoral research medal) or two years FTE from the commencement of candidature (master by research medal)
- Have achieved an examiner recommendation of category 1 award degree or category 2 award degree (subject to the specified amendments) from all examiners
- Been nominated for a University medal by at least one examiner.

The qualification process applied by the examiners gives consideration to the following criteria:

- The thesis as a whole is a substantial and original contribution to knowledge of the subject with which it deals
- The candidate shows familiarity with, and understanding of, the relevant literature;
- The thesis provides a sufficiently comprehensive study of the topic
- The techniques adopted are appropriate to the subject matter and are properly applied;
- The results are suitably set out and are accompanied by adequate exposition
- The quality of English and general presentation are of a standard for publication.

The Executive Dean then considers all the recommendations by examiners and determines a shortlist of candidates in the relevant faculty. The Dean of Graduate Studies and the Director Adelaide Graduate Centre will determine the University order of merit list from the faculty rankings provided and the number of doctoral and master by research medals to be offered for the subject year.

As a school, we are immensely proud of Kerry’s efforts and acknowledge what can be achieved within a higher degree program that accommodates a diverse range of healthcare disciplines and research objectives. This is great kudos for our school and we congratulate Kerry on this outstanding achievement.

Second week of Core Program/Research School

Our new HDR students will return for their second week of core program on Monday 23 March, which will coincide with our first Research School/Symposium for 2015. This has historically been an ideal occasion for our new students to meet our existing cohort, and have the opportunity to get valuable feedback on their research proposals. Our new students will continue with CSR training when they return and will also be required to present their findings to the entire student group on the last day of Research School.
Critical care paramedic in direct PhD entry

Marc Colbeck is certainly one of the more practised students we have had join our program, and one of the first direct PhD entry. Marc is a remote student based in Brisbane and works as Senior Lecturer and Course Coordinator for the Bachelor of Paramedicine at Australian Catholic University in Brisbane.

Marc is a qualified Critical Care Paramedic with 14 years of on-road experience. He has taught paramedicine at the service, College and University level for over 15 years on three continents, and has been employed as a Senior Manager for a statewide ambulance service. Marc holds an undergraduate qualification in paramedicine and masters degree in counselling psychology.

Marc also has extensive teaching experience. Prior to entering into EMS Marc worked as a professional Scientific Demonstrator for the Ontario Science Centre. Marc has been a Field Training Officer for Toronto Paramedic Services, taught for the Sunnybrook Base Hospital Program Flight Academy in Toronto, and both taught and did course development for the Advanced Care Paramedic program at the Michener Institute in Toronto. For five years Marc was an Advanced Cardiac Life Support (ACLS) Instructor for the Sunnybrook Hospital ACLS program and became their first non-physician Course Director. Marc also sat on the Paramedic Program Advisory Board for Georgian College in Ontario, helping to create its Primary Care Paramedic program. Marc has worked for seven years as a full time Paramedic Instructor for the College of the North Atlantic, Qatar, which is a Canadian college teaching the Primary Care Paramedic program in the Middle East. There he authored a complete revision of the paramedic program, which made it a joint US EMT-Intermediate and Canadian Primary Care Paramedic program. Marc came to Australia and worked for two years in Paramedic Unit, School of Medicine, at Flinders University as a Lecturer. His areas of interest are 12 lead ECGs and Advanced Airway. View a brief lecture on coronary artery circulation presented by Marc.

Academically, Marc has completed a Teaching and Training Adult Certificate from Georgian College and completed a Bachelor of Health Sciences degree in Pre-Hospital Care from Charles Sturt University. His postgraduate education is a Master of Arts in Counselling Psychology with Yorkville University in Canada. Marc is vocationally qualified as a Canadian Critical Care Paramedic.

Marc is currently undertaking a doctorate in medicine through our school focusing on the evaluation and improvement of paramedic clinical practice guidelines.

Clinically, Marc is a Canadian Paramedic with over 13 years of road experience in the city of Toronto. He has worked as an Emergency Medical Attendant (four years), Advanced care Paramedic (four years), and as a Critical Care Paramedic (five years). In addition to working for the City of Toronto he has experience working part-time as a private industrial paramedic and a flight paramedic repatriating Canadians. Marc is a clinically registered paramedic in the Middle East (Qatar).

Leadership background

From 2012 to the end of 2013 Marc was the General Manager of Clinical Governance for South Australia Ambulance Service (SAAS). The service is a government agency under SA Health, which is the sole provider of emergency ambulance transport, clinical care and patient transport services to over 1.5 million residents of SA. In this Senior Management role he was responsible for assuring the quality of clinical practice for more than 1000 paramedics and 1500 volunteers within the service.

In the 1990s Marc was one of the founding Directors of the Ontario Paramedic Association and sat as both the Registrar and the Director of Research and Education. For several years he sat on the Editorial Advisory Board, and wrote a column on Quality Management in EMS for Canadian Emergency News, which is their national EMS magazine. Marc has additional
experience as a Certified Quality Assessor for the Canadian National Quality Institute, and did extensive Continuous Quality Improvement development work for Toronto EMS as a member of the Executive Quality Council, including sitting on the implementation committee for a new computer aided dispatch system, investigating Advanced Paramedic capture (ensuring the highest level paramedics went to the most acute calls), and researching and writing their mission, vision and value statements.

“Most of life is routine - dull and grubby, but routine is the momentum that keeps a man going. If you wait for inspiration you’ll be standing on the corner after the parade is a mile down the street.”

~ Ben Nicholas

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.
The DICE factors of change management

As champions of evidence-based health care you will be continuously faced with the need to introduce ‘something new’ = best practice, into ‘something old’ = existing practice. You therefore need to become ‘experts’ in managing change.

There are literally thousands of books and articles on the subject. However, amidst the volumes of theories, articles and books written on the subject, how do you know which strategy is best? Experience and the science of change management show that there is no single method or strategy, but instead there is a set of core principles that when followed can facilitate a successful outcome.

For example, Sirkin, Keenan & Jackson undertook a study on the common denominators of change in 255 companies. The sample included companies from a wide range of industries and cultures. The analysis revealed four hard factors that consistently correlate with successful and unsuccessful change. They called these four variables the ‘DICE’ factors because they could be ‘loaded’ to work toward a successful outcome: successful change. The four variables are:

1. **Duration**: the overall time until the change is completed – change initiatives that are unclear with timeframes or inconsistent in providing regular progress updates tend to be unsuccessful in achieving their goal(s).
2. **Integrity**: the overall capability of the project team to complete the initiative on time.
3. **Commitment**: to the project from senior leadership.
4. **Effort**: that must be undertaken by employees over and above their everyday work to cope with the change.

The initial study was completed in 1992. Since then, these four factors have been used to measure the success of more than 1000 change management initiatives worldwide. Throughout this experience, not only has the correlation held, but no other factors (or combination of factors) have predicated an organisational change outcome as well.


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**Breakfast time - save the date!**

It will soon be time for breakfast!

On Friday the 4 September, JBI will be hosting an Alumni Breakfast. More details to follow.

Please diarise the date as this is always a great opportunity to reconnect.
Seminar – Understanding and Implementing your Aged Care Funding Instrument

Adjunct Assoc Prof Drew Dwyer, our wonderful Alumni President, will be presenting at this seminar in Adelaide.

Date: 8.30am–4pm, Friday 13 March
Venue: Tiffins on the Park (Raffles Room), 176 Greenhill Road, Parkside, FREE ONSITE PARKING
Cost: $365.00 (incl. GST) All resources, morning tea, lunch & afternoon tea provided

Adjunct Assoc Prof Dwyer has spent a lot of time researching the evidence on the Aged Care Funding Instrument (ACFI) framework and mapping it to the nursing process in order to bring a best practice framework that provides seamless integration for clinical leaders to case manage the client and meet the funding instrument in care. It is a popular course, six hours long, and includes tonnes of quality information and evidence based tools.

We encourage anyone interested to attend.

It is not too late to register, so please check out the link for more information.