The rural male psyche – when not everything can be fixed

Rurality defines the male psyche, and how the male responds to personal and mental issues.

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Message from the Executive Director

Welcome to the April issue of JBI Matters for 2014. Let me firstly wish everyone a Happy Easter. Easter is the time of the year when Christians remember the Death and Resurrection of Jesus Christ. Because the Church calendar follows the moon, Easter Day can be on any Sunday from 22 March to 25 April, so for those of you in our Collaborating Centres for whom Easter Sunday has already passed, please accept my belated wishes.

As I enter my second month as Executive Director and Head of School, it is becoming clearer to me the scope and breath of our work, the impact we make on health care globally, and the potential that we have to continue making our mark. It is along these lines that we ran a ‘Welcome to the future’ symposium early this month, where we explored future models and trends to help us continually improve evidence-based health care research.

While I have no basis for comparison, April was an exceptionally busy month at JBI with an influx of overseas and interstate visitors, clinical fellows, students and participants who came not only for the symposium but other activities as well, which you will read about in this issue. The JBI Advisory Board had its first meeting this year, face-to-face, and this forum was the ideal springboard for me to gather my thoughts on my vision for JBI which will no doubt filter down to you eventually.

On the higher degrees by research student front, we ran Research School, and I have been impressed with both the students and the quality of their research topics. An example is showcased in this issue, a systematic review on the obstacles that prevent rural men from taking up mental health services. I hope you enjoy uncovering the complexities of this important phenomenon.

Our National Conference, themed ‘Great Expectations’, will be held in July this year, and I would like to take this opportunity to urge all of you, particularly Alumni members, to attend as it has a strong focus on clinical fellows.

Over the next month I will be embarking on overseas business travel where, among other activities, I will be meeting with Directors of the Joanna Briggs Collaboration in The Americas and our partners in Wolters Kluwer Health. I’m sure this will crystallise for me the reality and extent of JBI’s geographical reach when I put faces to names.

I look forward to working with all of you as we shape and create a robust, technology-driven Institute which is aligned and integrated with local, national and international health care priorities.

Professor Lyle Palmer
Executive Director
Welcome to the future

Alignment with local, national and international health priorities, students, topics and research; and strategic collaborations and closer integration with government, health institutions and academia were among the priorities the new JBI Executive Director set out in his presentation at the ‘Welcome to the future’ JBI Symposium held in Adelaide on 1 April.

Prof Lyle Palmer’s strategic vision for JBI came after he shared his work in the Ontario Health Study (OHS), of which he was founding Executive Scientific Director, prior to his return to Australia to take up his current appointment. His presentation, ‘Where I’ve been and where we might go together’, was one of the four delivered at the half-day symposium.

The symposium was opened by Hon Rob Knowles AM, Chair of the JBI Advisory Board.

Prof Margaret Harrison, Professor, School of Nursing, Community Health and Epidemiology, Senior Scientist Practice and Research in Nursing (PRN) Group, Queen’s University, Ontario, Canada, in her presentation, emphasised the importance of the facilitation as a key ingredient when taking evidence to the field.

‘The pragmatics is where the rubber hits the road when it comes to knowledge translation,’ she said.

‘It is a process rather than a single action or a specific person. It involves a set of competencies and an engagement process that leads to ownership,’ Prof Harrison added.

Her presentation, ‘Facilitation models and methods for effective knowledge translation’, provided interesting insights into the logistics of implementing changes at the local/practice levels.

Prof Jos Kleijnen, Director, Kleijnen Systematic Reviews Pty Ltd based in the UK, Professor of Systematic Reviews in Health Care, Maastricht University, the Netherlands, in his presentation, ‘New synthesis methodologies and their relevance in the current healthcare climate’, stressed the need for continuous development of
new methods in to ensure that systematic reviews are of high quality.

Prof Kleijnen cited mixed method reviews, umbrella reviews, and prevalence and incidence reviews as methods ‘of the future’ for which JBI has already developed guidelines. Diagnostic accuracy, prognosis, scoping and aetiology, he said, were other such methodologies for which JBI is in the process of developing guidance.

In his presentation, ‘Stakeholder engagement in knowledge translation: the public, healthcare providers, health system managers, policy makers, researchers’, Assoc Prof Ian Graham, School of Nursing, University of Ottawa and Senior Scientist, Clinical Epidemiology Program of the Ottawa Hospital Research Institute, spoke about the logic model for stakeholder engagement, the value and impact of engagement and JBI’s approach to stakeholder engagement.

He explained levels of engagement based on a continuum of activities, ranging from ‘push’ to true engagement and exchange.

The bottom line, Assoc Prof Graham said, is that stakeholder engagement is good for JBI and the Joanna Briggs Collaboration (JBC) business; ensures all processes, and products meet needs of end users; creates potential advocates for JBI/JBC, and accelerates and increases impact.

JBI launches new Renal node

by Dr Matthew Stephenson

The new JBI Renal Care node is now live on JBI-CONNECT+. The Renal Care node provides evidence-based resources in renal care, with a focus on renal nursing.

Its Expert Reference Group (ERG) guides the direction and scope of the node and review content that is developed. The ERG consists of 13 experts from a range of renal specialties and is chaired by Assoc Prof Paul Bennett (Centre for Nursing Research, Deakin University and Chief Editor of the Renal Society of Australasia Journal) and Tiffany Whittington (Central Northern Adelaide Renal and Transplantation Service and Secretary of the Renal Society of Australasia Federal Board).

The first teleconference of the ERG was held in December 2013, with the development of a taxonomy a high priority for the group. The taxonomy provides the structure for the content of the node, with the major topic headings including home-based dialysis, centre-based dialysis, renal transplantation, chronic kidney disease, and supportive care.

Content for the node currently includes approximately 30 documents, consisting of Evidence Summaries (short documents that concisely summarise the best available evidence on specific topics) and Recommended Practices (documents that accompany some Evidence Summaries and provide step-by-step procedural information and equipment requirements where applicable). Existing content covers aspects of peritoneal dialysis, haemodialysis, and chronic kidney disease to name a few. These are now accessible to users via JBI-CONNECT+ Renal Care as well as JBI@Ovid.

The Renal Care node has a strong linkage with the Renal Society of Australasia (RSA), who secured funding for the establishment of the node, and all RSA members are provided with access to the node’s resources. Promotion of the node will be a high priority, to facilitate awareness and use of the resources by members and continued interest in the further development of the node. The JBI Director Implementation Science, Assoc Prof Craig Lockwood, will deliver a keynote address at the RSA conference in August and, in addition, a workshop will be delivered with a focus on the use of evidence-based audit criteria to facilitate clinical audit and practice improvement in renal care.
The rural male psyche – when not everything can be fixed

The lie of the land, the geography and the isolation of a remote setting may shape gender roles, but it is rurality itself that defines the male psyche, and how the male responds to personal and mental issues.

Peter Stroud’s systematic review illuminates this phenomenon with fascinating clarity, delving into the complexity of the obstacles that prevent rural men from seeking help when faced with mental health problems.

‘Rural conditions create a mindset of pragmatism and self-reliance. If your farm gate is broken, you fix it,’ Peter says. ‘Drought, floods and fires are all part of rural life, and rural males learn to adapt. When their mental health is affected, they go through a myriad of steps before considering an outside professional.’

All this gives rise to a particular type of masculinity, where personal problem solving is a virtue, help is not sought, and when it is, it is only from those trusted within the loop of the community. Outsiders are not trusted, not because they have nothing to offer, but because they are not of the land.

This ‘fix it yourself’ mentality, so much a part of male agrarian values, lies at the heart of the central issue in Peter’s systematic review, titled, ‘Obstacles to the take-up of mental health care provision by adult males in rural and remote areas of Australia’, published in the Vol 12, No 3 (2014) issue of the JBI Database of Systematic Reviews and Implementation Reports.

But while these values of stoicism, self-efficacy and stigma translate from how they till the land to how they manage their personal lives, the rural health care system has a lot to answer for as well.

It is a situation which Peter is familiar with. For many years, he has worked as a psychologist in Loxton in the Riverland of South Australia, a region of high male suicidality. ‘I see women in these regions despairing for their men who do not care for their mental health,’ Peter says. Years of seeing this pattern motivated him, through the study, to open up thinking away
from the traditional way of viewing rural male mental health problems.

‘Farmers do not like jumping off a tractor to sit in a consultation room fielding questions about their anxiety or depression,’ he says. The mental health system takes men out of safe and comfortable environments and puts them in clinics largely designed for providers, and often for women and children.

Peter cites an example where a team of well-meaning health care professionals went to the Riverland to give a talk about prostate health. Not a single man attended.

Herein lies the other side of equation – the ‘supply’ side, encompassing policy and practice, and comprising the rural health system and socio-cultural dimensions of rural health settings. From the perspective of the rural man, this ‘supply’ translates into questions such as how adequately the services are resourced, how accessible they are, how targeted they are to the particular values, needs, beliefs and attitudes of rural males, and on a more elementary level how available they are.

The research also found, not surprisingly, that people in rural areas in Australia use health services more for physical health than for mental and emotional health conditions. Of note as well, Indigenous Australians are statistically less likely to seek professional help for mental health problems than their non-Indigenous counterparts, and more non-Indigenous women seek help compared with men.

Peter’s systematic review used the Anderson’s Model of Health Services as a theoretical framework to present the obstacles as relating to population, environment, health behaviour and health outcomes. It involved quantitative studies which evaluated the nature, significance, causes and remedies of obstacles, and qualitative studies which explored the meaning and experience of these obstacles.

The upshot of the systematic review is that a constellation and complexity of factors from both the demand and supply sides affect the take-up of mental health services by rural males, and this is compounded by evidence indicating that the mental health system in the rural setting tends to respond to direct crises, and not potential crises. Greater focus is needed on mental health attitudes, beliefs and behaviours of recipients and providers of mental health services as well as on suppliers of system delivery networks. In short, psychological aspects need to be embedded in the agenda when addressing the obstacles.

There is a sense, nonetheless, as Peter puts it, that the mental health system has failed both rural and urban males. Both groups need to feel safe and secure, and have some certainty in the outcomes when accessing mental health services – a tall ask given the current scenario.

Peter Stroud is a practising psychologist and a candidate of the Master of Clinical Science at the School of Translational Health Science.
New Centre in Myanmar

We would like to officially welcome The National Myanmar Center for Evidence Based Healthcare: an Affiliate Center of the Joanna Briggs Institute to the Collaboration. The Director is Prof Nay Soe Maung and the Deputy is Dr Htin Zaw Soe.

The Centre will be located in the University of Public Health, but will operate jointly with the University of Medicine (pictured), the University of Dental Medicine, the University of Nursing, and the University of Pharmacy, which are all based in Yangon. These universities are under the Department of Medical Science which is responsible to the Ministry of Health, Myanmar. The Centre will focus on evidence reviews.

Obesity a major epidemic

Twenty five percent of Australian adults are considered obese, with 67% of men and 52% of women considered overweight or obese, literature suggests.

The implications of these statistics on public health are disconcerting – overweight and obesity could result in a range of chronic diseases such as heart disease, Type 2 diabetes, and musculoskeletal and respiratory problems.

The latest JBI Best Practice Information Sheet (BPIS), ‘Effectiveness of parent-centered interventions for the prevention and treatment of childhood overweight and obesity in community settings’, provides recommendations on parent-centered interventions implemented in the community setting to modify weight-related outcomes, and eating and physical activity behaviors in children.

An example is: interventions to support parents can target the after-school environment instead of the home, summer camps, leisure centres or churches.

The BPIS has been reviewed by the public and is the latest addition to JBI’s current suite of over 50 BPISs on a range of topics.

BPISs are evidence-based short summaries based on the results and recommendations from systematic reviews of available research. They provide busy health professionals with key information and recommendations collected from a large volume of material.

Latest issue out now

The latest issue of the JBI Database of Systematic Reviews and Implementation Reports is now online, showcasing 10 protocols, which are open access, four systematic reviews and two implementation reports.
CAN-Implement redevelopment

Prof Margaret Harrison and Joan van den Hoek (Margaret from Queen’s University, Canada, pictured, bottom right) visited the JBI Headquarters in Adelaide to conduct a comprehensive walk through of the CAN-Implement redevelopment on 31 March with the JBI redevelopment team of Assoc Prof Craig Lockwood, Director Implementation Science, and Dr Jeremy Swift, Research Fellow (ICT).

CAN-IMPLEMENT is a practical guide to assist individuals and groups engaged in adapting existing guidelines for local use. The new design incorporates enhancements to the functionality and usability of the system.

‘We made excellent progress – the redevelopment has required implementation “content” expertise to be integrated with IT expertise. Over that week we developed a working prototype that will be finalized long distance with the JBI and Queen’s University teams,’ Prof Harrison said.

Discussions nailed details on functionality and aligning the new version with the key theories and goals Prof Harrison and Joan had for the software, and possible user groups.

‘We set out to develop a process and methodology to adapt and use guidelines that would work at the point-of-care. Guidelines are the most widely available knowledge tool but implementing them has been a challenge worldwide. The foundational theories were the Knowledge to Action framework and the Roadmap for implementation,’ Prof Harrison added.

Specific enhanced functionalities of the redevelopment include the ability to set up a chat group, manage documents online and have a shared guideline development calendar that everyone in a project can share.

Making headlines

Content from a JBI evidence summary, ‘Falls (Older People): Assessment and Prevention’, has been adapted for an article in the Family Forum section in the 5 April issue the Saturday Advertiser.

The article provides useful tips and pointers on how to avoid falls among elderly people – yet another example of how JBI resources are making a difference in education and awareness-building in the community.

Take steps to stay on your feet

As part of April Falls Month, Family Forum looks at how to help reduce the risk – and stay a step ahead.

Tips and tricks to improve your quality of life:

1. Exercise regularly. You can incorporate light exercise into your daily routine, such as walking, stretching, or yoga. These activities can help improve your balance, coordination, and overall fitness.
2. Improve your home safety. Make sure your home is free from clutter and slippery surfaces. Install grab bars in the bathroom and near the stairs to help prevent slips and falls.
3. Get enough sleep. A good night’s sleep can help you feel more alert and energetic during the day. Try to get at least 7-8 hours of quality sleep per night.
4. Eat a balanced diet. A healthy diet can help you maintain your weight and build strong bones and muscles, which can improve your balance and reduce your risk of falls.
5. Wear appropriate footwear. Make sure you wear supportive, non-slip shoes that are comfortable and provide good traction. Avoid wearing high-heeled shoes or shoes with loose laces.
6. Stay hydrated. Drinking plenty of water can help you maintain your balance and prevent dizziness. Drink at least 8 glasses of water per day.
7. Stay connected. Socializing with friends and family can help you feel more supported and connected to the world around you. Make an effort to stay in touch with loved ones.
8. Stay active. Regular physical activity can help you stay fit and healthy. Try to incorporate some form of physical activity into your daily routine.
9. Learn to use assistive technology. As we age, our mobility may decrease, but assistive technology can help us stay independent and active. Consider using a walker, a cane, or other assistive devices as needed.
10. Be aware of your surroundings. Pay attention to your environment and avoid accidents that can lead to falls. Be aware of slippery surfaces, uneven terrain, and other potential hazards.

For more tips and resources to reduce your risk of falls, visit the JBI website.
Clinical Fellows graduate

Ten Clinical Fellows (pictured below) from New South Wales, Queensland, Australian Capital Territory and Malaysia had reason to celebrate on Friday 4 April – they completed their final week of residency in Adelaide as part of their Clinical Fellowship Program which commenced in October last year.

The program ended with presentations by all of them on the Friday where they took the audience through all phases of their projects. Topics ranged from ‘Management of physical aggression in dementia residents’ through to ‘First line management of skin tears’ and ‘Insertion and management of peripheral intravenous cannula’.

Best practice in end-of-life-care

Alexa McArthur, JBI Communication Science Research Fellow, delivered a video conference to 60 nursing bachelor students (and lecturers) from six European countries on 1 April, yet another example of JBI staff sharing their expertise.

The videoconference was organised by Bart Geurden, Director of our Belgium Collaborating Centre, the Belgian Interuniversity Collaboration for Evidence-based Practice. The video conference was part of an Erasmus International program on ‘Best practice in end-of-life-care’ located in Sweden.

The two-week project focused on equipping young European nurses to implement best practice in end-of-life-care in terminally ill oncology patients.

Launch of JBI project at Central Adelaide Local Health Network

The JBI Demonstration Project within the recently established Central Adelaide Local Health Network (CALHN) was launched on 1 April at the Royal Adelaide Hospital (RAH).
Upcoming events

Joanna Briggs Institute National Australian Conference (Adelaide)

Themed, ‘Great expectations – exploring evidence-based pathways to improve quality in healthcare’, the Joanna Briggs Institute National Australian Conference is designed to connect health care professionals with people, ideas and strategies, and to challenge them to explore new pathways to meet the great expectations of health systems and what can be achieved through those systems.

When: 14–15 July 2014
Where: University of Adelaide

There will be a Networking Event on Monday evening, 14 July, and an Alumni Breakfast on Tuesday morning, 15 July.

Confirmed keynote speakers are Prof Lyle Palmer, Executive Director, Joanna Briggs Institute, and Head of the School of Translational Health Science, and Adj Assoc Prof Elizabeth Dabars, Chief Executive Officer of Australian Nursing and Midwifery Federation (SA Branch). Prof Ben Mol, the new Professor of Obstetrics and Gynaecology, University of Adelaide, is also a confirmed speaker.

Closing date for Early Bird Registration is 9 May.
Closing date for Abstract Submission is 30 May.

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.

May intake
Week 1: 12–16 May
Week 2: 13–17 October

June intake
Week 1: 16–20 June
Week 2: 17–21 November

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.

May intake
Thursday 15 May

June intake
Tuesday 17 June

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:-

5–9 May
21–25 July
8–12 September

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

Second article in American Journal of Nursing
Developing the review question and inclusion criteria, the second of a series of articles written by JBI staff for American Journal of Nursing (AJN) is now online in the journal’s April 2014 issue.

Written by Dr Cindy Stern, JBI Collaboration Support Senior Research Fellow; Assoc Prof Zoe Jordan, JBI Director Communication Science; and Alexa McArthur, JBI Communication Science Research Fellow; the article details the process of articulating a review question to guide the search for relevant studies and discusses how to define inclusion criteria for the study-selection phase of the review.

The series of articles is on the steps in the systematic review process appropriate for authors from the nursing profession and will be published in AJN over the coming months.
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 know what you think.

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

CREATE news and update

The inaugural CREATE (the Centre for Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange) seminar was held on 3 April at the Joanna Briggs Institute headquarters in Adelaide. Doctors Odette Gibson (Wardliparingga, South Australian Health and Medical Research Institute [SAHMRI]) and Karolina Lisy (The Joanna Briggs Institute) gave an excellent and highly informative presentation describing the methodology and outcomes of a review of, ‘Enablers and barriers to the implementation of primary health care interventions for Indigenous people with chronic diseases’.

The next seminar will be held at SAHMRI in two months’ time. Prof Annette Braunack-Mayer, Head of the School of Population Health, The University of Adelaide and Chief Investigator within CREATE, will present on the ethical aspects of working with Aboriginal communities as relating to the CREATE program.

CREATE was established last year from a $2.48 million grant from the National Health and Medical Research Council (NHMRC).
Centre changes

The University of California San Francisco Centre for Evidence-based Patient Care Quality Improvement has appointed two new Deputy Directors: Amy Nichols and Adam Cooper. Welcome and we look forward to working with you both.

Ann-Marie Dunk is no longer the Deputy Director for The Australian Capital Regional Centre for Evidence Based Nursing and Midwifery Practice, Canberra. A new Deputy has yet to be finalised.

New centre in Myanmar

We would like to officially welcome The National Myanmar Center for Evidence Based Healthcare: an Affiliate Center of the Joanna Briggs Institute to the Collaboration. The Director is Prof Nay Soe Maung and the Deputy is Dr Htin Zaw Soe. The Centre will focus on evidence review. (See pg 8.)

Methodological Working Groups

A reminder regarding the call out made for membership to the JBI Methodological Working Groups for 2014. Those who are interested in joining a group, should contact jbisynthesis@adelaide.edu.au to express their interest.

Train-the-Trainer program

Train-the-Trainer programs are scheduled for:
- Europe (Bucharest): 10–13 May 2014 (before European Regional Meeting) [full]
- Americas (San Francisco): 27–30 May 2014 [full]
- Asia (Singapore): 3–6 November 2014

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

JBC Centre webpages

Thank you to those who have already sent their updates to Adriana, who is currently in the process of updating each centre web page on the JBI website. We are also conducting a Core Staff audit as part of this process. If you have not done so already, this is a reminder to please send the information to Adriana at adriana.turner@adelaide.edu.au.

9th Biennial Joanna Briggs International Colloquium

Visa letters

In anticipation for the upcoming Colloquium in Singapore in November, we have commenced sending out invitation letters to assist Directors with their VISA applications. This is a reminder that if you require an invitation letter, please contact Adriana at adriana.turner@adelaide.edu.au.

Travel

An email will be sent out shortly outlining travel arrangements to Singapore for the Colloquium, along with a schedule of events including the face-to-face 51st Meeting of the Committee of Directors.

Accommodation

Please note 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.

Registration and abstracts

Those attending the Colloquium are encouraged to visit the Colloquium website to register and submit an abstract.
Meeting of the Committee of Directors

Thank you to all the Directors who participated in the recent Committee of Directors Meetings via a series of teleconferences. Time differences meant that there were some early starts and late finishes to the day.

These were the first of three CoD meetings for the year, and the first attended by Prof Lyle Palmer, who was warmly welcomed by the Collaboration. Notable items discussed were developments in IT, including the redevelopment of SUMARI, and the ongoing commercial partnership with Wolters Kluwer. Those who didn’t attend will be able to view the minutes, which will be sent out shortly.

The next round is scheduled to take place in early to mid-July.

CReMS templates

Following discussions from the recent round of CoD meetings, an email was sent out including systematic review report/systematic review protocol/data extraction templates for those experiencing difficulties with CReMS. The templates contain all of the potential tools/forms and any unnecessary details should be deleted.

Also sent out were two data extraction templates created in word docs used locally to BACKUP data extraction. Data entered into these templates should serve as a backup for your data and information, which can then be easily transferred (cut and paste) into the appropriate SUMARI analytical module as required.

JBI 2014 Reviewers Manual

The 2014 Reviewers’ Manual is available online for downloading. One of the changes in the manual is that we now recommend the implications for practice be assigned a Grade of Recommendation, rather than a Level of Evidence.

Levels of Evidence/Grades of Recommendations

The new JBI Levels of Evidence and Grades of Recommendation are now in use and are available online. If you have any questions or feedback about these, please contact Dr Zachary Munn at zachary.munn@adelaide.edu.au.

Submissions and peer review for the JBI Library

We would like to remind Centres that the lead up to the Annual Review is underway as we approach 30 June. 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.

We also ask that all members of the JBC respond to requests to peer review in a timely manner to avoid delays in the process for their colleagues.
Helping health professionals to achieve better health outcomes in chronic disease management

The Chronic Disease Node of Information is a unique specific web based collection of resources for facilitating effective and appropriate evidence-based chronic disease management (CDM). This resource is available from the JBI COmNECT+ database or the OvidSP platform to subscribers.

It is envisaged the provision of these resources will improve the outcomes for consumers with chronic diseases. The resources address various aspects of CDM relevant to the care of patients with chronic conditions. They present the best available evidence of topics related to CDM. The resources will be able to facilitate the transfer of evidence into practice in various health settings.

The CDM node is a user friendly collection of online Evidence Summaries designed to inform and assist:

1. The user of CDM services (consumers)
2. Service providers (managers of CDM facilities) and
3. Health care professionals (medical practitioners, nurses and allied health practitioners)

There are currently 472 Evidence Summaries that cover a wide range of topics in areas related to diabetes, heart disease, cancer, asthma, arthritis and musculoskeletal conditions, obesity, mental health, pain management and many more.

The taxonomy for the chronic disease node includes:

- respiratory disorders
- immune disease disorders
- endocrine disorders
- chronic kidney and liver disease
- cardiovascular disorders
- endocrine disorders
- gastrointestinal disorders
- neurological disorders.

Recent evidence summaries produced that are now available online are:

- Alcohol and asthma
- Psoriasis: topical treatments
- Chronic kidney disease: intradermal hepatitis B vaccination
- Diabetes management: using ehealth in a rural or remote setting

The collection also includes 23 consumer information sheets that assist in patient education and these can be printed or adapted into a consumer pamphlet.
The Chronic Disease Node of Information is managed through the collaboration between Monash University’s School of Nursing and Midwifery, Graduate Medical School, Department of Rural and Indigenous Health, partnering with Latrobe Regional Hospital and Latrobe Community Health Service. This mix of collaborators brings a wealth of research experience across chronic disease management and ensures that evidence can be implemented at the point of care.

Expert reference groups have been appointed to assist with the strategic development of the node. These reference group members provide guidance and feedback to JBI regarding node materials and are distinguished for promoting evidence-based healthcare in Chronic Disease. Their passion and exemplary work done on the impact of chronic disease in regional and rural communities and health services are key assets to the development of the CDM Node of information that JBI provide to health professionals.

The Expert Reference Group is headed by the Chair, Dr Hanan Khalil, BPharm, MPharm, PhD, Senior Lecturer/Pharmacists Academic, School of Rural Health, Monash University, Clayton, Victoria, Australia. The Co-Chair is Associate Professor Cheryle Moss, PhD, SCU, BAppSc, IAE, RN, CCUCert, FRCNA, Director (Community Engagement), Associate Professor Nursing, Research and Practice Development, School of Nursing and Midwifery, Monash University, Victoria, Australia

Expert Reference Group members:
Professor Stephen Campbell, BA, MA, PhD, Professor of Primary Care Research, Institute of Population Health - Centre for Primary Care, Manchester University, Manchester, United Kingdom

Professor Desley Hegney, RN, RM, BA, PhD, FACN, Professor of Nursing, Health Sciences, School of Nursing & Midwifery, Curtin University, Bentley, Western Australia, Australia

Sue Pullon, MBChB DipObst, MRNZCGP, Associate Professor, Primary Health Care & General Practice Department, University of Otago, Wellington, New Zealand

Professor Aziz Sheikh, BSc, MBBS, MSc, MD, FRCP, FRCGP, DCH, DRCOG, DFFP, Professor of Primary Care Research & Development and Co-Director Centre for Population Health Sciences, The University of Edinburgh, Medical School, Edinburgh, United Kingdom
Corresponding Reference Group members:

**Samantha Beattie**, La Trobe Regional Hospital, Traralgon West, Victoria, Australia

**Mollie Burley**, GDipBus, BAppSci, RN, Senior Lecturer and Senior Manager: LCHS – Placement, Education and Research Unit (PERU), School of Rural Health, Monash University, Clayton, Victoria, Australia

**Amanda Cameron**, Director of Nursing, Midwifery and Clinical Services, La Trobe Regional Hospital, Traralgon West, Victoria, Australia

**Helen Chambers**, BSc, DipEd, Data Manager/Research officer, School of Rural Health, Monash University, Clayton, Victoria, Australia

**Sarah Harvey**, RN,B of N (RMIT), Post Grad Alcohol and Drug (Turning Point), Assistant Manager/AOD Clinician (withdrawal nurse), La Trobe Community Health Services, Morwell, VIC, Australia

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**Selina Northover**, Dip A Sci Nursing, Post Grad Dip-paediatrics, Dip Midwifery, ENB-415 Paediatric ICU, Post Grad Dip-Nursing, Post Grad Cert-Transfusion, MNurs. Manager Health Independence Programs, School of Rural health, La Trobe Regional Hospital, Traralgon West, Victoria, Australia

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**Kathryn Savage**, CN.CDE, Clinical Nurse/Diabetes Nurse Educator, Adelaide Hills Community Health Service, Mt Barker, South Australia, Australia

**Nicole Steers**, RN, MRCNA, AFACHSM, AIMM, Executive Director, Ambulatory Care, La Trobe Community Health Services, Moe, Victoria, Australia

**Professor Beverley Taylor**, BEd, MEd PhD, Professor of Nursing, School of Nursing and Midwifery, Monash University, Gippsland Campus, Churchill, Victoria, Australia

Dr Kylie Porritt, Research Fellow, Implementation Science, is the scientific administrator of the point of care evidence-based collection for Chronic Disease. Dr Porritt has worked for a number of years in the clinical setting with specific experience and expertise in the field of cardiac nursing. She has completed a Bachelor of Nursing, Graduate Diploma of Nursing Science (Cardiac), Masters of Nursing Science and a PhD in Health Science. Having moved from the clinical setting to health care research her expertise lie in both quantitative and qualitative research however her specific area of interest lies in the systematic review of evidence.
The importance of verbal communication for HDR students

The fundamental task of your research degree is to complete written publications and a thesis. Notwithstanding, the Monash University has released a series of tips for HDR students for the development of oral communication skills. While not formally a part of the Australian research degree process, developing oral communication skills is important for any HDR student. Since one goal of the research degree is to enhance your professional standing, and the expected outcome is to have expertise in your particular area, your candidature is a time for developing your academic persona within the discipline so that you are comfortable to take up your place as an authority. You will therefore need to be able to speak comfortably and authoritatively about the disciplinary area in general and your own research in particular. It is a good idea therefore to consciously develop these skills and seek opportunities to discuss your research with authority and to be able to present your work in an informed and confident manner in both formal and informal forum.

Communication – the basis of a good relationship with your supervisor

You will not be able to get clarification, ask a question or have a worthwhile discussion with your supervisor if you have not established a comfortable rapport. It is a hierarchical relationship, and therefore you may feel that your supervisor should be the one to initiate communication. This is not always the case. Your supervisor may have considerable expertise and knowledge, but he or she is extremely busy and may be relying on you to initiate contact. You need to be proactive in establishing a comfortable interaction with your supervisor.

It is helpful to look for ways to create a good working relationship with your supervisor at the start of candidature by establishing expectations and responsibilities, and ensuring that you get good feedback. As the ‘manager’ of your research proposal, it is important to identify your needs within your higher degree process in general and within your supervision in particular, taking into account your abilities, learning style and your personal goals for the degree. Explain to your supervisor your academic and professional goals, your expectations regarding your proposal, and what you feel you need from them as your supervisor.

Your supervisor has a number of students and many responsibilities, and you will have to negotiate an arrangement under which you feel that you are given adequate guidance, direction and support. Discuss what expectations your supervisor has of you, of your proposal and of the supervisory situation. It is helpful to clarify in advance what arrangements will be implemented with regard to frequency of meetings, written drafts, and the return of written drafts.

Further, you may clarify what your supervisor considers acceptable modes and times for gaining supervisory assistance when problems arise. Your supervisory relationship will endure over several years through a range of personal and educational circumstances. Ensuring that it is a pleasant and comfortable relationship is a priority that will free you to enjoy the research process and allow it to contribute to your intellectual growth, your professional development and the timely completion of your work.
Some advice for students

Undertaking a postgraduate research candidature within the School of Translational Health Science should be an exciting journey and a personally fulfilling one, but it will inevitably require considerable adaptation.

The period of the candidature can be a stressful time for students, so make a special effort to develop a network of support structures around you by utilising peers in your faculty, friends, fellow students, etc. In this way you will not feel too dependent on your supervisor for support and guidance.

As a research student, your supervisor will expect you to take a lot of responsibility for your study, and show independence in terms of your work, your thinking and your decision making. Your supervisor is there to guide you, to give advice and direction, but will expect you ultimately to make your own assessments. You are permitted, even expected, both to agree and to disagree with your supervisor.

When you give your supervisor a piece of work to read, it is important that you explicitly indicate whether you are in the right direction, such as whether your ideas are acceptable, whether the argument is plausible, whether the content has possibilities. If you are planning to look at the expression at a later date, make sure you advise your supervisor. When you hand in a draft of work, define the stage you believe it to be and your needs in relation to the piece of work. Use your time efficiently and show consideration for your supervisor's time and effort.

Conquer your anxiety about seeking help from your supervisor

You may not understand exactly what your supervisor has said or written on your work. Ask for clarification. Many students feel timid about asking their supervisor to explain his or her comments. Students worry about looking uninformed, particularly when they are trying to create a good academic impression. However, it is critical to understand what your supervisors tell you. When something is not clear or apparent, you must ask relevant questions. You must get clarification. Do not wait and waste a lot of precious time that could otherwise be used productively. Explanation and clarification of a comment, a word, an expression or a technical term can often be critical to the advancement of your project. Do not let inhibition stand in your way.

Comic relief - the dos and don’ts of Academic Panel

As our new HDR student Intake progress towards their Academic Panel, here are 10 tips of what NOT to do during this very important assessment.

1. Have someone wheel in a big cake with you in it. Jump out and begin.
2. Have bodyguards in the room to “discourage” panel members from being critical about your work.
3. Use smoke machines, dramatic lighting or pyrotechnics to enhance your presentation.
4. When a panel member asks you a question, argue with your imaginary twin over the answer.
5. Challenge a panel member to a duel (slapping with a glove is optional).
6. Give your entire presentation in a “Marvin the Martian” accent.
7. Make each panel member remove an item of clothing for each question asked.
8. Start speaking in tongues.
10. Moon everyone in the room after you are done.
The return of our new HDR cohort

Our new 2014 intake students returned to JBI on the week of 7 April for their second week of core program. Following initial meeting and discussion, it quickly became apparent these students have developed considerably as researchers since their first week of core program in February, with each of them now substantially progressed with protocol development and a stronger grasp of the School’s research methodologies.

The week commenced with Dr Jared Campbell presenting on the appraisal, extraction and pooling process for quantitative data, followed by Dr Catalin Tufanaru on investigative methods for qualitative data.

On Wednesday the students had sessions with the Barr Smith librarians on endnote and searching. On Thursday they worked on individual protocols and in the afternoon Assoc Prof Ed Aromataris presented on matters relating to the JBI Library.

On Friday our new students were faced with the challenge of presenting posters of their protocols to academic staff and our existing students group at Research School. Preliminary feedback on the new student’s presentation styles and protocol development has been extremely positive. The next major milestone these students will face is Academic Panel scheduled for May.

Another successful Research School

The School of Translational Health Science would like to acknowledge and thank staff and students for their involvement in our first Research School/Symposium for 2014, held on 9–11 April.

The first day agenda went well with an introduction by our new Head of School, Professor Lyle Palmer, followed by group reporting and supervisor/student intensive discussion.

On Wednesday afternoon students broke out for program review and discussion, followed by feedback on current methods and management. For the remainder of Wednesday students met with supervisors to discuss their research proposals. On Thursday Masters and PhD students were split into separate groups, with a series of concurrent presentations coordinated by the student body. The Friday agenda commenced with a presentation by our current Student Representatives on the functions and objectives of this group, reporting, and the election of a new masters Student Rep.

Following this session, our new student cohort joined the existing group and presented posters demonstrating their research proposals to date. This day was particularly well received by all in attendance and staff acknowledged the exceptional work being undertaken by the new student group.

Overall the feedback from Research School was positive. Students enjoyed listening to the various presentations on methods, meeting directly with their supervisors numerous times throughout the week, and getting together as a group to discuss the successes and challenges faced during the progression through candidature.

The School of Translational Health Science would like to acknowledge those students who took leave from work to attend the occasion; we trust the experience was beneficial, your presence and feedback was valuable to your fellow students.
Impressed with the experience and knowledge of staff

My reason for commencing my Masters was to help address an issue I had identified during my work as a speech pathologist.

Throughout 2013, I worked with ten people diagnosed with a degenerative neurological condition, Progressive Supranuclear Palsy (PSP). PSP is a relatively rare condition for which there is no cure. I wanted to improve my understanding of PSP and learn how it could be best managed symptomatically.

I am really happy I decided to do my Masters of Clinical Science. I have been impressed with the experience and knowledge of all staff, whilst also finding them very approachable and supportive. The Week 1 intensive was integral to helping me formulate my research topic and the wording of my review question. On the final day of Week 1, the class presented our ideas to all of our supervisors. I had never been in a room with so many smart, passionate and experienced people from such a range of disciplines. I enjoyed the poster presentations at Research School and look forward to receiving feedback on my proposal from my student colleagues and supervisors.

Erica Tilley BSPath (CPSP)
February 2014 intake

Next graduate research seminar series: Friday, 2 May 2014

Our third Graduate Research Seminar Series for the year will be a significant one, with the Executive Dean of the Faculty of Health Sciences, University of Adelaide, Professor Justin Beilby, speaking on ‘Implementing new models of musculoskeletal services in rural South Australia - successes, pitfalls and failures’.

As always, the session will commence at 3:30pm in the JBI conference room, with cheese and wine available from 3:10pm.  We hope that staff and students make a genuine effort to attend this special presentation by the Dean.

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.
Alumni members, this conference is for you

You should all have already received invitations in your inboxes. For those who have not, you are invited to attend the JBI National Australian Conference 2014, themed, ‘Great expectations – Exploring evidence-based pathways to improve quality in healthcare’.

Registration fees include morning tea, light working lunch and afternoon tea.

The closing date for the submission of abstracts is Friday, 30 May 2014.

There will be a Networking Event on the first night, 14 July 2014, for Conference attendees and Alumni members only!

Our Alumni Breakfast/AGM (which we always enjoy) will be held on the second day of the Conference, 15 July 2014 at 7.30am.

Hurry and register now, to take advantage of Early Bird fees!

A warm welcome to new members of our Alumni!

We are very pleased to welcome our newest Alumni members who recently completed their Clinical Fellowship Program (see page 10).

They completed implementation reports on the following topics, listed (and as pictured from left to right):

- Jeya Devi Coomarasamy – Insertion and management of peripheral intravenous cannula
- Terri Woolhouse – First line management of skin tears
- Carolyn Rooney – Management of physical aggression in dementia residents
- Angela Waring – Drug and Alcohol service best practice
- Lori Delaney – Behavioural modification of healthcare professionals in an adult critical care unit to reduce nocturnal noise
- Zurina Mohamad Saleh – Insertion and management of peripheral intravenous cannula
- Lisa Jane McCosh – Evaluation of multidisciplinary medication practices on clients in the home setting
- Nyo Nyo Wint – Insertion and management of peripheral intravenous cannula
- Antonia Hynes – Assessment and non-pharmacological management among adults with a dementia diagnosis
First Alumni Executive Meeting

Our Alumni Executive committee (brought into being at our AGM last year) held their first official meeting for 2014 in mid April. There was much positive discussion, and here is a summary of some of the main points:

- Prof Lyle Palmer has commenced as the new JBI Executive Director, and is committed to ensure the strengthening of the Alumni. Our President Drew Dywer was able to meet with Lyle.

- The National Australian Conference will be held on 14–15 July 2014 in Adelaide (see page 11). Please promote this conference to anyone you know who are involved with implementation of evidence-based practice, past Clinical Fellows or anyone who might be interested to learn more. The closing date for submission of abstracts is Friday 30 May. There will be an Alumni breakfast meeting on the Tuesday morning (see page 23). For those Alumni unable to attend in person, we will explore the possibility of people joining via videoconferencing.

- We are keen to hear what projects our Alumni are currently involved in, so please send in your information to Sarah Silver at sarah.silver@adelaide.edu.au.

- Our IT team continue to work on the Alumni home page. We plan to launch this site at the National Conference in July. To enhance our professional communication links, it has been decided to use the ‘LinkedIn’ platform in place of the current Facebook group.

- Please promote the Clinical Fellowship program amongst your colleagues within your organisation. Current dates and application forms are available on the JBI website.

- This year’s JBI International Colloquium is being held in Singapore on November 10–12, 2014 (see page 11). Members of the Executive will give a presentation regarding the Clinical Fellows Alumni.

The Alumni Executive Committee will meet again in June.

Save the date

It’s never too early to start thinking about the JBI Conference, hosted in Singapore this year. Will you be joining in? See details on page 11.