WELCOME

Professor Phillip Della
Head of School, School of Nursing and Midwifery
Curtin University

We welcome you to our 40th year celebration, a time to reflect on our history and look towards our future. In 1974 our School began its journey for academic excellence in nursing and midwifery scholarship, clinical practice, leadership and research. In many ways the Curtin University School of Nursing and Midwifery revolutionized nursing and midwifery education. The School was the first university to conduct undergraduate nursing and midwifery education programs in Western Australia. This academic leadership continued in Western Australia with the establishment of the first postgraduate midwifery program, nurse practitioner program and the graduate entry Masters program leading to registration. The first nurse in Australia to obtain a Doctorate in Nursing from an Australian University was Dr Patricia Percival, a graduate from the School.

We acknowledge our past leaders, academics and professional staff. Together, these individuals have laid a solid foundation and left a legacy for the next generation of graduates. We especially acknowledge our foundation Head, Ms Merle Parkes, whose strong academic leadership, vision and passion has continued to influence our strategic direction. It is also appropriate to acknowledge all other Heads of School whose legacy also lives on in the School.

The work of our School has moved beyond the Bentley Campus and our academics and students have engaged globally in the areas of research, teaching and student exchange. We currently deliver undergraduate and postgraduate nursing programs at our Curtin Singapore Campus with plans to extend to Doctoral studies. Tonight we also welcome our new Chinese partners Fudan University and Sichuan University, Schools of Nursing.

As the School positions itself for the 21st Century, our philosophy becomes important, as we commit to positioning ourselves to lead education and research in health, to achieve excellence in professional practice and commit to providing innovative learning environments that support educational needs, expectations and aspirations of our students and colleagues. We commit to conducting collaborative research which has high impact, informs educational practice and directly benefits the health of individuals, families and communities.

I am a proud Curtin alumnus and it is my privilege to lead as the Head of School and further the legacy of the Curtin University, School of Nursing and Midwifery.
# TABLE OF CONTENTS

## PROGRAMMES

<table>
<thead>
<tr>
<th>Date</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, 24 November 2014</td>
<td>5</td>
</tr>
<tr>
<td>Tuesday, 25 November 2014</td>
<td>6</td>
</tr>
<tr>
<td>Wednesday, 26 November 2014</td>
<td>7</td>
</tr>
<tr>
<td>Thursday, 27 November 2014</td>
<td>8</td>
</tr>
</tbody>
</table>

## 40TH ANNIVERSARY AND CELEBRATION OF EXCELLENCE

<table>
<thead>
<tr>
<th>Event</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order of Proceedings</td>
<td>9</td>
</tr>
<tr>
<td>Heads of School</td>
<td>10</td>
</tr>
<tr>
<td>Staff and Students with Public Honour Awards</td>
<td>10</td>
</tr>
<tr>
<td>Awards</td>
<td>11</td>
</tr>
</tbody>
</table>

## KEYNOTE SPEAKERS

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Wendy Cross, Head of School, School of Nursing and Midwifery, Monash University</td>
<td>17</td>
</tr>
<tr>
<td>Professor Ruth Endacott, Professor in Clinical Nursing (Critical Care), Plymouth University</td>
<td>17</td>
</tr>
<tr>
<td>Professor Jos Latour, Professor in Clinical Nursing, Plymouth University</td>
<td>18</td>
</tr>
<tr>
<td>Professor Keryln Carville, Wounds</td>
<td>18</td>
</tr>
<tr>
<td>Professor Yvonne Hauck, Maternal and Children’s Health</td>
<td>19</td>
</tr>
<tr>
<td>Professor Samar Aoun, Palliative and Supportive Care</td>
<td>19</td>
</tr>
<tr>
<td>Professor Phillip Della, Head of School, School of Nursing and Midwifery, Curtin University</td>
<td>20</td>
</tr>
</tbody>
</table>

## PRIORITY RESEARCH AREAS

<table>
<thead>
<tr>
<th>Area</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wounds – <em>What About Wounds</em></td>
<td>21</td>
</tr>
<tr>
<td>Professor Keryln Carville</td>
<td></td>
</tr>
<tr>
<td>Maternal &amp; Children’s Health – <em>National and Global Perspectives on Maternal and Child Health – A Showcase from Curtin University</em></td>
<td>22</td>
</tr>
<tr>
<td>Professor Yvonne Hauck</td>
<td></td>
</tr>
<tr>
<td>Palliative &amp; Supportive Care – <em>Palliative Care is Everyone’s Business</em></td>
<td>23</td>
</tr>
<tr>
<td>Professor Samar Aoun</td>
<td></td>
</tr>
<tr>
<td>Clinical Safety &amp; Quality – <em>Can our Patients wait for Safety &amp; Quality in Health Care?</em></td>
<td>24</td>
</tr>
<tr>
<td>Professor Phillip Della</td>
<td></td>
</tr>
</tbody>
</table>

## RESEARCH WEEK ABSTRACTS

<table>
<thead>
<tr>
<th>Date</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, 24 November 2014</td>
<td>29</td>
</tr>
<tr>
<td>Tuesday, 25 November 2014</td>
<td>30</td>
</tr>
<tr>
<td>Wednesday, 26 November 2014</td>
<td>36</td>
</tr>
<tr>
<td>Thursday, 27 November 2014</td>
<td>44</td>
</tr>
<tr>
<td>Clinical Safety and Quality</td>
<td></td>
</tr>
</tbody>
</table>
# PROGRAMMES

## MONDAY, 24 NOVEMBER 2014

### Invitation Only: *Hyatt, 99 Adelaide Terrace, Perth – Gershwin’s Main Room*

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00am</td>
<td>Breakfast Session – Does Simulation Make a Difference in Clinical Practice? Professor Ruth Endacott</td>
</tr>
</tbody>
</table>

### Invitation Only: *Hyatt, 99 Adelaide Terrace, Perth – Plaza Ballroom 1*

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00am</td>
<td>Opening from the Head of School / Pro Vice-Chancellor</td>
</tr>
<tr>
<td>9:10am</td>
<td>Keynote Address – <em>The Nursing and Midwifery Research Landscape in Australia</em> Professor Wendy Cross</td>
</tr>
<tr>
<td>10:15am</td>
<td>Morning Tea</td>
</tr>
<tr>
<td>10:45am</td>
<td>Wounds – <em>What about Wounds</em></td>
</tr>
<tr>
<td>11:05am</td>
<td>Maternal and Children’s Health – <em>National and Global Perspectives on Maternal and Child Health – A Showcase from Curtin University</em></td>
</tr>
<tr>
<td>11:25am</td>
<td>Palliative and Supportive Care – <em>Palliative Care is Everyone’s Business</em></td>
</tr>
<tr>
<td>11:45am</td>
<td>Clinical Safety and Quality – <em>Can our Patients wait for Safety &amp; Quality in Health Care?</em></td>
</tr>
<tr>
<td>12:00pm</td>
<td><em>What does Industry want from Research?</em> Professor Phillip Della</td>
</tr>
<tr>
<td>1:15pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>2:15pm</td>
<td>End of Day</td>
</tr>
</tbody>
</table>

### Invitation Only: *John Curtin Gallery, Building 200A, Curtin University*

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:30pm</td>
<td>40th Anniversary Event</td>
</tr>
<tr>
<td>8:00pm</td>
<td>End of Night</td>
</tr>
</tbody>
</table>
### TUESDAY, 25 NOVEMBER 2014

**Technology Park Function Centre, 2 Brodie Hall Drive, Bentley – Theatre Room**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00am</td>
<td><strong>Research Theme: Maternal &amp; Children’s Health</strong>&lt;br&gt;Professor Yvonne Hauck, Associate Professor Jaya Earnest, Dr Lucy Lewis, Dr Sally Wilson, Ailsa Munns</td>
</tr>
<tr>
<td>10:00am</td>
<td>Morning Tea</td>
</tr>
<tr>
<td>11:00am</td>
<td>Lesley Kuliukas (HDR)</td>
</tr>
<tr>
<td>11:15am</td>
<td>Emma Kingwell (HDR)</td>
</tr>
<tr>
<td>11:30am</td>
<td>Mary Tallon (HDR)</td>
</tr>
<tr>
<td>11:45am</td>
<td>Alison McCluskey (HDR)</td>
</tr>
<tr>
<td>12:00pm</td>
<td>Neel Arant Bandy (HDR)</td>
</tr>
<tr>
<td>12:15pm</td>
<td>Claire Rogers (HDR)</td>
</tr>
<tr>
<td>12:30pm</td>
<td>Light Lunch</td>
</tr>
<tr>
<td>1:15pm</td>
<td><strong>Writing for Publication</strong>&lt;br&gt;Guest Speaker – Professor Jos Latour</td>
</tr>
<tr>
<td>2:30pm</td>
<td>Dr Karen Heslop</td>
</tr>
<tr>
<td>2:45pm</td>
<td>Jonathan Chee (HDR)</td>
</tr>
<tr>
<td>3:00pm</td>
<td>Afternoon Tea</td>
</tr>
<tr>
<td>3:15pm</td>
<td><strong>Preparing an Ethics Submission</strong>&lt;br&gt;Professor Dianne Wynaden</td>
</tr>
<tr>
<td>4:45pm</td>
<td>End of Day</td>
</tr>
</tbody>
</table>
### WEDNESDAY, 26 NOVEMBER 2014

**Technology Park Function Centre, 2 Brodie Hall Drive, Bentley – Theatre Room**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
</table>
| 9:00am | Keynote Address – *Creating a Research Agenda for Nursing Education and Clinical Practice*  
Professor Wendy Cross |
| 10:00am| Research Theme: *Palliative and Supportive Care*  
Professor Samar Aoun |
| 11:00am| Morning Tea                                                          |
| 11:15am| Dr Janie Brown (ECR)  
Dr Susan Slatyer (ECR)  |
| 11:30am| Associate Professor Chris Toye                                      |
| 11:45am| Dr Georgia Halkett                                                  |
| 12:00pm| Kim Skett (HDR)                                                     |
| 12:15pm| Jo Coughlan (HDR)                                                   |
| 12:30pm| Margaret Sealey (HDR)                                               |
| 12:45pm| Sheridan Read (HDR)                                                 |
| 1:00pm | Light Lunch                                                         |
| 1:45pm | *Thesis Preparation & Presentation*  
Associate Professor Jaya Earnest |
<p>| 3:00pm | End of Day                                                          |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00am</td>
<td>Research Theme: <em>Wounds</em></td>
<td>Professor Keryln Carville</td>
</tr>
<tr>
<td>10:15am</td>
<td>Emeritus Professor Robin Watts</td>
<td></td>
</tr>
<tr>
<td>10:30am</td>
<td>Morning Tea</td>
<td></td>
</tr>
<tr>
<td>11:00am</td>
<td>Nelly Newall (HDR)</td>
<td></td>
</tr>
<tr>
<td>11:15am</td>
<td>Robyn Rayner (HDR)</td>
<td></td>
</tr>
<tr>
<td>11:30am</td>
<td>Pam Morey (HDR)</td>
<td></td>
</tr>
<tr>
<td>11:45am</td>
<td>Kylie Sandy Hodgetts (HDR)</td>
<td></td>
</tr>
<tr>
<td>12:00pm</td>
<td>Liz Howse (HDR)</td>
<td></td>
</tr>
<tr>
<td>12:15pm</td>
<td>Buffet Lunch and Wrap Up</td>
<td></td>
</tr>
<tr>
<td>1:15pm</td>
<td>End of Day</td>
<td></td>
</tr>
</tbody>
</table>
# ORDER OF PROCEEDINGS

<table>
<thead>
<tr>
<th>Event</th>
<th>Speaker/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Professor Phillip Della&lt;br&gt;Head of School, Nursing &amp; Midwifery&lt;br&gt;Master of Ceremonies and Opening Remarks</td>
</tr>
<tr>
<td>Welcome to Country</td>
<td>Associate Professor Simon Forrest&lt;br&gt;Elder in Residence</td>
</tr>
<tr>
<td>Address</td>
<td>Professor Graeme Wright&lt;br&gt;Deputy Vice-Chancellor, Research &amp; Development&lt;br&gt;Welcome to Curtin University</td>
</tr>
<tr>
<td>Address</td>
<td>Hon Dr Kim Hames MLA&lt;br&gt;Deputy Premier; Minister for Health; Training and Workforce Development&lt;br&gt;Minister’s Address</td>
</tr>
<tr>
<td>Address</td>
<td>Professor Lorna Rosenwax&lt;br&gt;Acting Pro Vice-Chancellor, Health Sciences&lt;br&gt;Welcome to the Faculty of Health Sciences</td>
</tr>
<tr>
<td>Ex-Graduate Guest Speaker</td>
<td>Professor Jill Downie&lt;br&gt;Deputy Vice-Chancellor, Education&lt;br&gt;Academia &amp; Education</td>
</tr>
<tr>
<td>Ex-Graduate Guest Speaker</td>
<td>Melissa Vernon&lt;br&gt;Executive Director, Primary Health &amp; Engagement&lt;br&gt;Community and Regional Nursing</td>
</tr>
<tr>
<td>Presentation of Undergraduate Prizes</td>
<td>Prize Donors, assisted by Dr Melanie Burkhardt, Director of Students, SoNM</td>
</tr>
<tr>
<td>Acknowledgement of HDR Completions</td>
<td>Professor Gavin Leslie&lt;br&gt;Director Research &amp; Development, SoNM</td>
</tr>
<tr>
<td>Presentation of Postgraduate Prizes</td>
<td>Prize Donors, assisted by Dr Janie Brown, Director of Teaching &amp; Learning, SoNM</td>
</tr>
<tr>
<td>Ex-Graduate Guest Speaker</td>
<td>Dr Bev Scott—Clinical Practice&lt;br&gt;Clinical – The Nurse Practitioner</td>
</tr>
<tr>
<td>Ex-Graduate Guest Speaker</td>
<td>Adjunct Associate Professor Robyn Collins&lt;br&gt;State Manager, APRHA&lt;br&gt;Midwifery &amp; Administration (Regulation)</td>
</tr>
<tr>
<td>Closing Comments</td>
<td>Professor Phillip Della&lt;br&gt;Head of School, Nursing &amp; Midwifery</td>
</tr>
</tbody>
</table>
HEADS OF SCHOOL

PREVIOUS HEADS OF SCHOOL
Merle Parkes AM
Professor Robin Watts AM
Dr Vera Irurita
Dr Audrey Martins (acting)
Dr Angelica Orb
Dr Nancy Rees (acting)
Professor Michael Hazelton
Professor Jill Downie
Dr Pamela Roberts

HEAD OF SCHOOL
Professor Phillip Della

STAFF AND STUDENTS WITH PUBLIC HONOUR AWARDS

PAST STUDENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Award</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjunct Professor Joan Winch</td>
<td>Member of Order of Australia (AM)</td>
<td>1989</td>
</tr>
<tr>
<td>Melissa Vernon</td>
<td>Australia Public Service Medal</td>
<td>2014</td>
</tr>
</tbody>
</table>

Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Award</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merle Parkes</td>
<td>Member of Order of Australia (AM)</td>
<td>1982</td>
</tr>
<tr>
<td>Dr Joy Brann</td>
<td>Member of Order of Australia (AM)</td>
<td>1988</td>
</tr>
<tr>
<td>Adjunct Senior Teaching Fellow</td>
<td>Medal of Order of Australia (OAM)</td>
<td>2008</td>
</tr>
<tr>
<td>Jeanette Robertson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professor Robin Watts</td>
<td>Member of Order of Australia (AM)</td>
<td>2010</td>
</tr>
<tr>
<td>Professor Sweeha Lim</td>
<td>Business Woman of the Year, Singapore</td>
<td>2013</td>
</tr>
</tbody>
</table>
### AWARDS

#### UNDERGRADUATE AWARDS

**WA Nurses Memorial Charitable Trust—Olive Anstey Award**  
**Presented by:** Mrs Ann Callighan, Trustee  
Awarded to the most outstanding student graduating from Bachelor of Science (Nursing)  
- Semester 2, 2013: Qunzhang Jenny Yao  
- Semester 1, 2014: Breda Keane

**Australian College of Midwives Award**  
**Presented by:** Louise Keyes, Clinical Midwifery Manager Family Birth Centre and Models of Care, Women and Newborn health Services  
Presented (semester 2 only) for significant student contribution to the midwifery profession, commitment to professional development and a high standard of documentation in Clinical Practice Portfolio.  
- Semester 2, 2013: Rachel Witzand

**School of Nursing & Midwifery Undergraduate Research Incentive Award**  
**Presented by:** Prof Gavin Leslie, Director of Research & Development, School of Nursing & Midwifery  
Awarded to the highest scoring nursing or midwifery student in Inquiry for Clinical Practice 365  
- Semester 2, 2013: Ellen Besant  
- Semester 1, 2014: Amar Amritpal Kaur

**Elsevier Australia Award**  
**Presented by:** Prof Gavin Leslie, Director of Research & Development, School of Nursing & Midwifery  
Awarded for excellence in Nursing 7 Clinical Practice  
- Semester 2, 2013: Lisa Molony  
- Semester 1, 2014: Grace Wai Ern Loy

**Paramedicine Award—Elsevier Australia**  
**Student unable to attend**  
Awarded to a first year student who has achieved the highest course weighted average in Paramedicine.  
- Semester 2, 2013: Adam Dagnell
# Awards

## Postgraduate Awards

### Sir Charles Gairdner Hospital Award
**Presented by:** Tony Dolan, Executive Director Nursing Services  
Awarded in Semester 2 to the most outstanding student graduating from Master of Nursing – Nurse Practitioner.  
Semester 2, 2013  Jemma Mustey

### King Edward Memorial Hospital Award
**Presented by:** Terri Barrett, Acting Executive Director Midwifery, Nursing and Patient Support Services, Women & Newborn Health Services  
Awarded every semester that there is a KEMH graduating group, to two outstanding Midwifery students who have completed concurrent (clinical) employment at KEMH as part of the PG Diploma in Midwifery at Curtin.  
Semester 2, 2013  Claire Acacio & Melissa Kilbride  
Semester 1, 2014  Marie Healy & Meagan Wood

### Australian College of Midwives Membership Award:
**Presented by:** Louise Keyes, Clinical Midwifery Manager Family Birth Centre and Models of Care, Women and Newborn Health Services  
Presented for significant student contribution to midwifery profession, commitment to professional development and a high standard of documentation in Clinical Practice Portfolio.  
Semester 2, 2013  Jennifer Needham  
Semester 1, 2014  Renae Miller

### Gilead Australia Award
**Presented by:** Prof Gavin Leslie on behalf of Dr Howard Wraight, Gilead Sciences Pty Ltd, Melbourne  
Awarded to two students with the highest course weighted average in the Master of International Health.  
Semester 2, 2013  Christina Foo & Jessica Howell

### Beth Kingsley Memorial Award
**Presented by:** Prof Gavin Leslie, Director of Research & Development, School of Nursing & Midwifery.  
Awarded to a Postgraduate student who has been outstanding in Community Health  
Semester 2, 2013  Denise Hine  
Semester 1, 2014  Eliza Prunster

### St John of God, Subiaco Midwifery Award
**Student unable to attend**  
Is awarded for excellence demonstrated in academic work and clinical practice in the Postgraduate Diploma in Midwifery course.  
Semester 2, 2013  Julia Carroll

### Royal Perth Hospital Award
**Student unable to attend**  
Awarded in Semester 2 to an outstanding Master of Clinical Nursing student  
Semester 2, 2013  Kate Chapman
AWARDS

PHD GRADUATES 2014

Evan, Alexandrou
Doctor of Philosophy
Towards best practice procedural characteristics and outcomes of Nurse-lead central venous catheter insertion.

Aumua, Audrey
Doctor of Philosophy - International Health
Health Reforms: A Case Study of Fiji.

Betihavas, Vasiliki
Doctor of Philosophy - Nursing and Midwifery
Predicting Risk: Developing and Testing of a Nomogram to Predict Hospitalisation in Chronic Heart Failure (CHF-Risk Study).

Brown, Janie
Doctor of Philosophy
The Role of the Clinical Teacher in the Professional Socialisation of Student Nurses.

Burton, Elissa
Doctor of Philosophy - Nursing and Midwifery
Physical Activity For Older Home Care Clients Receiving a Restorative Home Care Service.

Chang, Sungwon
Doctor of Philosophy - Nursing and Midwifery
Patient Reported Outcomes in Chronic Conditions Using Heart Failure as an Exemplar.

Crittenden, Joanna
Doctor of Philosophy - Nursing and Midwifery
Identifying those at Risk of Depression Following A Diagnosis of Acute Coronary Syndrome: Developing A Screening Intervention for Use in the Acute Care Hospital Setting.

Fagence, Anna
Doctor of Psychology
The Use and Potential Problems of Neuropsychological Evidence in Australian Tort Litigation.

Gill, Fenella
Doctor of Philosophy - Nursing and Midwifery
The Development of Practice Standards for Graduates of Australian Critical Care Nurse Education: The AusDACE Study

Khatatbeh, Moawiah Mohammad Hussein
Doctor of Philosophy - International Health
Factors Associated with High Turnover of Jordanian Physicians in Rural Areas: A Sequential Exploratory Mixed Method Study.

Sayers, Jan
Doctor of Philosophy - Nursing and Midwifery
The Role of the Nurse Educator in Acute Care Hospitals Australia.
AWARDS

PHD GRADUATES 2014 (continued)

Schineanu, Andrea
Doctor of Philosophy - International Health
Intimate partner violence and common mental disorders in Indian women - effects of autonomy, social support and spirituality.

Wyndow, Paula
Doctor of Philosophy - International Health
A Gendered Approach to Democratic Development Theory.
## AWARDS

### MASTERS AWARDS

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Affiliation</th>
<th>Thesis Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borrow, Judith</td>
<td>Master of Philosophy (Nursing)</td>
<td></td>
<td>The Effectiveness of a Diabetes Education Program on Knowledge, Confidence and Selected Clinical; Indications</td>
</tr>
<tr>
<td>Davison, Clare</td>
<td>Master of Philosophy (Nursing &amp; Midwifery)</td>
<td></td>
<td>The relationship is everything: Women’s reasons for, and experience of maternity care with a privately practise midwife in Western Australia.</td>
</tr>
<tr>
<td>Edmondson, Margaret</td>
<td>Master of Philosophy (Nursing)</td>
<td></td>
<td>Determining the Effectiveness of Prophylactic Topical Silver Dressings in the Treatment of Sacrococcygeal Pilonidal Sinus Wounds Healing by Secondary Intention.</td>
</tr>
<tr>
<td>Kingwell, Emma</td>
<td>Master of Philosophy (Nursing and Midwifery)</td>
<td></td>
<td>Do Midwives Possess the Knowledge, Skills, and Confidence to Care for Acutely Ill Women Within the Tertiary Maternity Hospital Setting?</td>
</tr>
<tr>
<td>Martin, Tracy</td>
<td>Master of Philosophy (Health Sciences)</td>
<td></td>
<td>Evaluation of the Next Birth After Caesarean (NBAC) Clinic.</td>
</tr>
<tr>
<td>McLaine, Catherine</td>
<td>Master of Science (Nursing)</td>
<td></td>
<td>Diabetes and Oral Health Complications: Australian Diabetes Health Care Professionals’ Knowledge and Scope of Practice.</td>
</tr>
<tr>
<td>McLean, Julie</td>
<td>Master of Philosophy (Nursing)</td>
<td></td>
<td>Family Presence during Resuscitation in a Paediatric Hospital: Health Professionals’ Confidence and Perceptions.</td>
</tr>
<tr>
<td>Smith, Jodi</td>
<td>Master of Philosophy (Nursing)</td>
<td></td>
<td>How Do We Meet the Spiritual Needs of Residents in Aged Care Facilities?</td>
</tr>
<tr>
<td>Unsworth, Maureen</td>
<td>Master of Philosophy (Health Sciences)</td>
<td></td>
<td>The Journey of Living with Diabetes - A Description and Evaluation of a Customised Health Education Program for Noongar People in Western Australia.</td>
</tr>
</tbody>
</table>
KEYNOTE SPEAKERS

PROFESSOR WENDY CROSS
HEAD OF SCHOOL, SCHOOL OF NURSING AND MIDWIFERY, MONASH UNIVERSITY
KEYNOTE SPEAKER

Professor Wendy Cross is the Head of the School of Nursing and Midwifery at Monash University. She is the Chair of the Council of Deans of Nursing and Midwifery (Australia and New Zealand) and President of the Australian College of Mental Health Nurses.

Wendy has a Bachelor of Applied Science in Advanced Nursing from LaTrobe University, a Master of Education by research (Ed Psych) from Monash University and a Doctor of Philosophy from the University of NSW.

She is widely sought for her expertise in mental health, education and governance and contributes to a number of organizations as a board director, external panel member and expert assessor.

Wendy’s primary research interests include mental health and mental health nursing, clinical supervision, practice development, workplace learning and broad based research methods including both quantitative and qualitative paradigms. She is currently involved in a number of funded research projects related to mental health, clinical supervision, evaluation of health services and workplace learning.

PROFESSOR RUTH ENDACOTT
PROFESSOR IN CLINICAL NURSING (CRITICAL CARE), PLYMOUTH UNIVERSITY

Professor Ruth Endacott has extensive experience in nursing practice, education and research, mainly in critical care settings. She has held a number of research grants in the UK and Australia, focused mainly on patient safety and quality of care, particularly when patients deteriorate or are facing the end of life. A particular focus for this work is the use of simulation to prepare nursing, medical and paramedical students to make clinical and ethical decisions.

Professor Endacott is a Trustee/Director of the UK National Confidential Enquiry into Patient Outcome and Death (NCEPOD). She currently holds the post of Director of the Centre for Health and Social Care Innovation at Plymouth University and has recently established clinical nursing research units in local NHS hospitals. She also holds a post of Professor of Clinical Nursing at Monash University, Melbourne.
Jos Latour is Professor in Clinical Nursing at Plymouth University in Plymouth, UK and an adjunct Professor in Nursing at Curtin University in Perth, Australia. Jos is strongly involved in several research lines related to consumer involvement in health care. His major research programme is called the EMPATHIC study (EMpowerment of PArents in THe Intensive Care) and is currently implemented in several European and Asian countries and Australia. Other programmes are focused on end-of-life care and transition of adolescents with chronic illness from paediatrics to the adult care. Jos has published widely in peer-reviewed journals, books and chapters. He is Associate-Editor of Pediatric Critical Care Medicine and editorial board member of several other international peer-reviewed journals.

Besides research, Jos is actively involved in the promotion of evidence-based care. His vision is to narrow the gap between research and clinical practice. Internationally, Jos has been the Treasurer of the World Federation Pediatric Intensive & Critical Care Societies and President of the European Society of Pediatric and Neonatal Intensive Care nursing. Jos has been honoured several awards such as Fellowship of the European Federation Critical Care Nursing Associations (2008); the ESPNIC Life Time Achievement Award (2009) and three Presidential Citation Awards of the Society of Critical Care Medicine.

Professor Carville has extensive clinical experience and is committed to research and education within the domains of wound and ostomy care. Keryln was a founding member of the West Australian Wound Care Association and appointed an Inaugural Fellow of the Australian Wound Management Association in 2006. She is Chair of the Australian Pressure Injury Advisory Panel and Chair Pan Pacific Pressure Injury Alliance, Chair of the AWMA Australian Wound Standards Committee and Chair Evidence Committee International Wound Infection Institute.

Keryln is an active participate in the Wound Management Innovation CRC Program, which is an Australian funded research program. She sits on the Editorial Boards of Wound Practice & Research and the Journal of Stomal Therapy Australia. Keryln was awarded the WA Health Life Time Achievement Award for Nursing in 2010.
Professor Yvonne Hauck is the first Western Australian Professor of Midwifery and holds a joint appointment with Curtin University and King Edward Memorial Hospital (the only tertiary maternity hospital in Western Australia). She is a registered nurse and midwife with 35 years’ experience spanning three countries (Canada, Australia and Britain). Yvonne’s research has focused upon maternal and child health, specifically areas related to midwifery care such as breastfeeding; women’s pregnancy and birth experiences and health outcomes across a variety of contexts; pregnancy care; parent education; and mental health issues. She has experience with qualitative and quantitative research and has supervised 17 Higher Degree Research students to a successful completion of their thesis project and is currently supervising 10 Higher Degree Research students.

Professor Samar Aoun currently holds the positions of Professor of Palliative Care, School of Nursing and Midwifery and Associate Dean of Research, Faculty of Health sciences, Curtin University, and Adjunct Professor, La Trobe University, Victoria.

Samar is a palliative care researcher with a public health approach and a focus on under-served population groups such as people with Motor Neurone Disease (MND), terminally ill people who live alone and family carers pre- and post-bereavement. Samar has undertaken a number of projects that informed policy on service planning and the development of support structures for the palliative care community at the state and national levels, including: the National Inquiry on the Social Impact of Caring for Terminally Ill People (Commonwealth Department of Health); Assessment of the Effectiveness of Australian models of Palliative Care Delivery in four neurodegenerative disorders and their family carers (NHMRC); Review of Palliative Care Provision in WA (WA Health); Developing a palliative care educational program for health professionals working with people with MND and their family carers (NHMRC); Determining critical points in the potential palliative care pathway in the last year of life using data linkage (NHMRC); Implementing and evaluating flexible models of palliative care service delivery for terminally ill people living alone at home (ARC); and Dignity Therapy: A psychotherapeutic intervention for MND patients and their family carers (ARC).

Professor Aoun is a founding member of an international collaboration between Australia, UK and Canada on Family Caregiving Research in End of Life Care and is leading an ARC Linkage Grant with Silver Chain on ‘Implementing and evaluating the impact of the Carer Support Needs
Assessment Tool in community palliative care'. She is also currently leading the development of a population-based bereavement model of care (WA Health), and developing guidelines on breaking bad news in MND (MND Research Institute Australia).

In her voluntary capacity, Samar established the WA Country Health Service Human Research Ethics Committee and has chaired it for the last 20 years. She is currently a board member of Palliative Care WA and the MND Association in WA and a member of two national committees of the NHMRC Council: the Australian Health Ethics Committee and the Prevention and Community Health Committee. She was awarded Researcher of the Year in 2009 and the Centenary Medal in 2003 for her work in rural health and community development.

Professor Phillip Della has extensive experience in health workforce policy, planning and evaluation. Phillip in 2013 was appointed as a Board Member to the Australian Commission on Safety and Quality in Healthcare. He is currently the Chairperson of the Western Australian Health, Safety and Quality Council. This position builds on a long track record and involvement in patient safety and quality, including managing the Quality and Customer Service Unit at Royal Perth Hospital. The unit was a comprehensive unit that included quality improvement, patient complaints, accreditation and staff development.

Phillip also works in the area of accreditation and regulation of nursing practice and was appointed as the chairperson of the Registered Nurse Accreditation Committee of the Australian Nursing and Midwifery Accreditation Council in 2014. This appointment builds on his work as a member of the accreditation committee and as a member of the Expert Reference Committee for the Nurse Practitioner education standards. This work is further enhanced by his membership of the International Council of Nurses Workforce Strategic Advisory Group.

Phillip has continued to work in the area of health research and evaluation. He currently is a Chief Investigator on two Australian Research Council grants investigating clinical communication and evaluating nurse practitioners in the emergency department. In 2014 he was successful in obtaining, as the Lead Chief Investigator an Australian Research Council Linkage Grant of $3,785,615 in total to investigate the Transitions of Care. Phillip was also appointed in 2012 as an Associate Director, International Research Centre for Communication in Healthcare where the output of his research has been published and presented at international conferences.

He also maintains a teaching role and currently coordinates the delivery of the Strategic Health Management Units in Singapore. He is an editorial Board member of the Journal of Nursing Education Today. Phillip is well respected in Singapore and has established joint research with SingHealth and the Aged Care Sector.

Phillip leads the School of Nursing and Midwifery’s Clinical Safety and Quality research focus area. In this role he is the Curtin Chief Investigator on three Australian Research Council Linkage Grants and an Associate Investigator on two National Health Medical Research Grants. The research focus area also has four PhD Students researching in the area of clinical safety and quality.
Our team’s priority research area is wound prevention and management. In 2006 a research partnership was established with the School of Nursing and Midwifery and Silver Chain. This partnership led to the development of the STAR Skin Tear Classification, which has been widely adopted nationally and internationally, with translations in Japanese, Portuguese and Chinese. This was followed by a case control study that identified clinical predictors for skin tears. These predictors have since undergone testing in two other studies and it is anticipated that they will result in a skin tear risk assessment tool for clinical practice. Studies that investigate skin tear prevention rank high on our priority list. A cluster randomised control study (CRCT) conducted across 14 aged care facilities (980 beds) found that the twice daily application of a perfume free, pH neutral moisturising lotion to the extremities of elderly residents reduced skin tear incidence by 50%. A Master of Philosophy study conducted in conjunction with this CRCT confirmed that the reduced skin tear incidence was attributed to the intervention. A costing study was conducted and demonstrated the financial benefits of such an intervention. Currently two CRCTs are being conducted across 28 aged care facilities, to investigate the effectiveness of moisturising cleansers when used during routine bathing of residents, and when used alone or in combination with twice daily application of moisturiser, for further reduction of skin tear incidence.

Another priority focus is surgical wound dehiscence (SWD). A PhD project employed a case control study to examine a cohort of patients referred to a community nursing service with SWD. Controls were matched for referring hospital, surgical procedure and date (or as close to) of procedure. Statistical validation of the identified risk factors has led to a risk assessment tool which will be used for clinical evaluation of pre-operative risk for SWD and will be used to conduct a RCT prevention study. Risk factors for post-caesarean wound dehiscence are also being investigated.

The Wound Healing and Management Node (WHAM) which is a JBI project in partnership with Curtin and the CRC involves the development of evidence summaries on a taxonomy of wound management topics. The aim of these summaries is to accurately inform clinicians, patients and policy makers of the best available evidence on wound management for application in a variety of clinical settings. To achieve this aim a systematic and rigorous process of review is followed and involves national and international experts within the domain. All evidence summaries are published on the JBI site and in the Journal of Wound Practice & Research.

In addition, future planned projects involve leg ulcer studies.
Maternal and Children’s Health Research: Maternal and Children’s Health Research is a research priority area in the School of Nursing, Midwifery and Paramedicine. This focal area is divided into three groups of research: midwifery, international health and child health.

Midwifery: The midwifery team within Curtin University work collaboratively to provide academic leadership to foster excellence in midwifery research and teaching in the University, clinical setting and wider Western Australian community. Our Professor of Midwifery, Midwifery Research Fellow and midwifery lecturers strive to lead and support Western Australian midwives and midwifery students to engage in research and contribute to our growing body of knowledge around midwifery. The Professor of Midwifery and Midwifery Research Fellow positions are joint appointments between Curtin University and King Edward Memorial Hospital.

International Health: The International Health Programme in the School of Nursing and Midwifery oversees a vibrant postgraduate coursework and doctoral programmes in International Health with a strong focus on global maternal and women’s health. The academic staff have extensive developing world experience and PhD students undertake field research projects in the developing world and resource poor settings. Currently PhD students are undertaking research projects in Kenya, Nepal, Timor-Leste, India, Uganda, and Tanzania. The focus is on maternal and women’s health linked to the social determinants of health and health inequities. The Staff also have strong links internationally with Timor-Leste, India, Bangladesh, Uganda, Rwanda, and Tanzania.

Children’s Health: Staff in the School are actively engaged in children’s health research that encompasses paediatric nursing and community child health. Working with paediatric nurses, community child health nurses and school nurses, our team covers topics in children’s health ranging from optimal pain management for seriously ill children to promoting mental health in schools and supporting young mothers in Aboriginal communities. In addition to using research data from large Western Australian cohort studies, the team collects information from parents and children using interviews, focus groups and questionnaires in a variety of settings. The team supports a number of higher degree by research students, many of whom have research scholarships.
Family caregiving research in end of life care: The Carer Support Needs Assessment Tool (CSNAT) encompasses the physical, psychological, social, practical, financial and spiritual support needs that government policies emphasize should be assessed and addressed. A series of CSNAT studies is investigating the extent to which the CSNAT used in home based care improves the family carer’s perceived support, physical and psychological health, carer strain, carer distress and bereavement outcomes. Industry partners are: Silver Chain Hospice Care (family carers of cancer patients at home); Motor Neurone Disease Associations (for MND family carers at home); Juniper (for Dementia family carers in the community) and St John of God palliative care unit (for family carers support post discharge). International research partners are from Manchester University and Cambridge University in the UK, and University of Victoria in Canada.

Support needs of people with Motor Neurone Disease (MND) and their family carers: Educational and psychological and supportive interventions have been or are currently been trialled for this under-served population group: A palliative care educational program for health professionals working with people with MND and their family carers; Dignity Therapy which is a psychotherapeutic intervention for MND patients and their family carers; Working with neurologists in Australia and patients and family carers on developing best practice guidelines on breaking bad news in MND. Industry partners: MND Associations in Australia. National research partners: Monash University and Swinburne University in Victoria. International research partners: University of Manitoba, Canada and University of Kent, UK.

Support needs of terminally ill people who live alone at home: There are growing challenges facing home-based palliative care services in supporting the increasing number of people living alone who require care. Our studies are examining the effectiveness of suitable models of care in order to provide directions for service planning for this growing and challenging population group. Studies will ascertain key areas that need to be addressed by service providers to assist people who live alone to maintain optimal quality of life and receive palliative symptom management and terminal care in their place of choice. Industry partner: Silver Chain Hospice Care.

Development of an evidence based bereavement model of care: A public health approach to developing bereavement services in palliative care offers the foundation for determining the types of bereavement supports that need to be provided to carers and families, depending on their needs and risk factors. The identification of unmet needs and the ability to make recommendations for service provision based on the level of need in the bereaved population will guide health and community services in their resource allocation. Industry partners: funeral providers and palliative care services. National research partner: La Trobe University, Victoria.

These four research areas offer opportunities for postgraduate studies to be undertaken as well as research training for early career researchers in quantitative and qualitative methods.
Research into clinical safety and quality is closely aligned to the work of the Australian Commission on Safety and Quality in Health Care. This inquiry concentrates on safety and quality of health care systems. The end product of the research contributes to the improvements in the quality of health care delivery and patient results. The work aligns with the ten National Safety and Quality Health Service Standards and the development of clinical standards. Additionally, this research priority area focuses on the World Health Organizations High 5s Project, including three main areas of medication accuracy, clinical communication and surgical safety.

The priority research area is currently involved in three Australian Research Council Linkage Grants, which involves strong collaborative partnerships with International and National Researchers and Health Industry Partners. The focus of these research grants has been improving the health care system and patient outcomes. The grants have attracted research students and currently two PhD candidates are investigating clinical communication and the transitions of care.

Strong international research links have been established and in 2013 the School of Nursing and Midwifery became a foundation member of the International Research Centre for Communication in Healthcare (IRCCH). This centre’s purpose is to build a world-class, collaborative health communication research and training hub where international health professional and communication experts can work together. IRCCH has 40 international leading researchers. Professor Della is an Associate Director of the centre and works closely with researchers from the Hong Kong Poly University, University Technology Sydney and Harvard Medical School.

Future research in the clinical safety and quality area are planned and include the areas of simulation and health literacy. On an international scene the area of clinical governance and clinical indicators for resident safety are being researched in partnership with Aged Care Providers.
WELCOME

Professor Gavin Leslie
Director, Research & Development, School of Nursing and Midwifery
Curtin University

It is with great pleasure I welcome you to the Curtin University School of Nursing and Midwifery Research Week, coinciding with the 40th Anniversary celebration of the School’s founding. It has been many years since the School research community gathered for such an event so it’s fitting that we do so during a time when the School alumni have gathered to celebrate unparalleled achievements in Australian Nursing and Midwifery history. The week provides an opportunity to open our doors to the wider community, not just our own profession, and demonstrate how we have achieved a place of academic leadership.

A feature of this week is the interprofessional profile of the School’s research output. The five research focus areas that form the basis of our programme include not only leading nursing and midwifery researchers, but behavioural scientists, public health researchers, international health academics and notably our newest collaborators in the School, paramedics. This interdisciplinary collaboration reflects the wide interests that nurses and midwives share with our colleagues in health care and also demonstrates a maturity of research activity that embraces the values and expertise cross disciplinary research brings to achieving better health outcomes for individuals and communities.

The five research areas this week span maternal and children’s health, pre-hospital care, palliative and supportive care, wounds and clinical safety and quality. The School’s academic staff hold major grants and have deep links with their respective industry partners in each of these focus areas. Examples include King Edward Memorial Hospital and the Women and Children’s Health Services including Princess Margaret Hospital, St John Ambulance, Sir Charles Gardiner Hospital, St John of God Hospital Group, Juniper Aged Care, Silver Chain, The Bethanie and Armana Aged Care Groups, Royal Perth Hospital and the WA Department of Health. It is worth noting that the School also shares cross faculty research interests, particularly in Mental Health (School of Psychology and Speech Pathology) and Aged Care (School of Physiotherapy).

It is hoped that this week will not be a single event and will signal the beginning of a regular initiative on the School programme in which the research efforts of staff and higher degree by research (HDR) students can showcase their efforts. It is also an opportunity to bring together our own researchers to appreciate the diversity of work across the School and provide professional development to all who attend on key aspects of research processes.

In closing I must thank the outstanding support offered through our professional staff in not only organising this event, but in the larger role of supporting the administration of research and HDR students.

Professor Gavin Leslie
RESEARCH WEEK ABSTRACTS

MONDAY, 24 NOVEMBER 2014

DOES SIMULATION MAKE A DIFFERENCE IN CLINICAL PRACTICE?

Presented by: Professor Ruth Endacott, Monash University, Melbourne & Plymouth University, UK

The focus on outcomes is a prominent feature in healthcare; it is equally important that investment in education has measurable benefits. In this paper, motivation for using simulation will be explored, alongside evidence of outcomes relevant to clinical practice. Research studies that measure impact of simulation on clinical practice, in Australia and overseas will be presented. Elements of simulation for which there is clear evidence will be summarised.

THE NURSING AND MIDWIFERY RESEARCH LANDSCAPE IN AUSTRALIA

Presented by: Professor Wendy Cross

This presentation discusses the current situation regarding research in nursing and midwifery in Australia. It will focus on research effort, impact, funding, excellence and the balance between research and other academic tensions. It will draw some conclusions and make some recommendations for the future.
THE PHENOMENON OF INTRAPARTUM TRANSFER FROM A WESTERN AUSTRALIAN BIRTH CENTRE TO A TERTIARY MATERNITY HOSPITAL: THE EXPERIENCES OF PARTNERS

Presented by: Lesley Kuliukas, School of Nursing and Midwifery, Curtin University
Course: Doctor of Philosophy
Supervisors: Professor Yvonne Hauck, School of Nursing and Midwifery, Curtin University
Dr Ravani Duggan, School of Nursing and Midwifery, Curtin University
Dr Lucy Lewis, School of Nursing and Midwifery, Curtin University

Aim: The aim of this Western Australian study was to describe the experiences of partners when intrapartum transfer occurs from a low risk midwifery-led unit to an obstetric unit.

Design: A descriptive phenomenological design was used. Fifteen male partners were interviewed in the first 8 weeks postpartum between July and October, 2013.

Setting: A midwifery-led birth centre set on the grounds of a tertiary maternity referral hospital.

Participants: Partners of women who were transferred from the birth centre to the tertiary hospital due to complications during the first and second stages of labour.

Findings: Five main themes emerged: 1) Emotional roller coaster; 2) Partner’s role in changing circumstances with subthemes: Acknowledgement for his inside knowledge of her and Challenges of being a witness; 3) Adapting to a changing model of care with subthemes: Moving from an inclusive nurturing and continuity model and Transferring to a medicalised model; 4) Adapting to environmental changes with subthemes: Feeling comfortable in the familiar birth centre and 5) Going to the place where things go wrong.

Key conclusions: Partners acknowledged the benefits of midwifery continuity of care, however, noted that as partners they also provided essential continuity for the woman. Partners found it difficult to witness their woman’s difficult labour journey. They found the change of environment challenging but appreciated that experienced medical assistance was necessary. Being able to return to the birth centre environment was acknowledged as beneficial. Following the transfer experience partners asked for the opportunity to debrief to clarify and better understand the process.

Implications for practice: Findings may be used to inform partners antenatally about what to expect when transfer takes place and offer the opportunity for them to debrief after the birth. Also to provide insight to maternity carers to enhance informed choice, involvement in care and empathetic support.

Keywords: Partner, father, intrapartum, transfer, midwife, birth centre.
THE FORMATIVE EVALUATION OF AN ASSESSMENT FRAMEWORK TO IDENTIFY PSYCHOSOCIAL ISSUES EXPERIENCED BY THE FAMILIES OF CHILDREN WHO ARE SERIOUSLY OR CHRONICALLY ILL

Presented by: Mary Tallon, School of Nursing and Midwifery, Curtin University
Course: Doctor of Philosophy
Supervisors: Dr Garth Kendall, School of Nursing and Midwifery, Curtin University
Associate Professor Lynn Priddis, School of Psychology, Edith Cowan University
Professor Fiona Newell, Royal Children’s Hospital and University of Melbourne
Professor Jeanine Young, University of the Sunshine Coast, QLD

Aim: This formative evaluation aims to finalise a psychosocial assessment framework that is acceptable to parents, nurses, doctors, and allied health staff and ready for implementation in the paediatric hospital setting. Preliminary quantitative findings from one major children’s hospital will be presented and discussed.

Background: It is important for health professionals to support the parents of children who have a serious illness when the child is hospitalised. Parents need support because the experience of having a seriously ill child is distressing and this can affect their capacity to give their child appropriate care at a time when their child is especially vulnerable to emotional and behavioural problems and less than optimal cognitive development.

Family-centred care is widely accepted as the framework for caring for children and families in hospital. In practice, however, this entails a parent ‘rooming in’ with assessment and treatment guided by the child’s main health problem. And yet, truly family centred care is a process of engagement that involves information sharing, guidance, and confidence building so that the child’s primary care-giver feels increasingly competent to care for their child in the short, medium and long-term. While many nurses do provide this type of care to families, to date, there is no framework available to allow them to make an objective assessment of parent and family functioning so they may determine the level of care required to optimise the health and developmental outcomes of the child.

Research Plan: Survey, focus group and interview data has been gathered from parent’s, nurses, medical doctors and allied health professionals that examines parents’ attitudes towards discussing family issues in hospital, and health care staffs’ attitudes towards conducting psychosocial assessment. Validated instruments measuring attitudes towards psychological and psychosocial assessment have been administered and individuals and groups have been asked to discuss their perceptions in some detail.

Discussion: Findings from survey data gathered in one major children’s hospital will be presented and implications discussed. Progress and future directions for the project will be outlined.
THE ROLE OF THE HIGH SCHOOL NURSE IN PROMOTING STUDENT MENTAL HEALTH

Presented by: Alison McCluskey, School of Nursing and Midwifery
Course: Doctor of Philosophy
Supervisors: Dr Garth Kendall, School of Nursing and Midwifery, Curtin University
Associate Professor Sharyn Burns, School of Public Health, Curtin University

**Aim:** This study is a formative evaluation of a school nurse mental health promotion practice framework which is intended to increase the effectiveness of school nurses in the management of high school student mental health concerns. School nurses now report that they spend most of their time addressing mental health problems, working with teachers and parents as well as the students, themselves. Despite this, the role of the School nurse in Australian schools has not been clearly defined and there is little uniformity or consistency in practice.

**Methods:** Using questionnaires, focus groups, and one-on-one interviews, this study ascertained students, parents and teachers understanding of the role of the School health nurse in the assessment and management of adolescent mental health issues. A framework for mental health promotion by the School nurse was also proposed and discussed with these stakeholders to identify if it is seen to be of benefit to the School community.

**Results:** Eighteen interviews and nine focus groups were conducted in three independent high schools in Perth, WA. Seven hundred and forty-seven questionnaires were received from students and three hundred and sixty-three from parents. Data is being analysed now. Preliminary results will be presented.

**Conclusion:** It is anticipated that the completed framework will serve to guide school nurse mental health promotion practice in local and national high schools. The eventual goal is to improve adolescent mental health outcomes.

**Take Home Message:** The role of the high school nurse in mental health promotion is acknowledged by students and parents.

DEVELOPMENT, UTILISATION AND EVALUATION OF A MHEALTH TOOL FOR CO-MANAGEMENT OF HIV AND PREGNANCY

Presented by: Neel Arant Brandy, School of Nursing and Midwifery, Curtin University
Course: Doctor of Philosophy
Supervisor: Associate Professor Jaya Earnest, School of Nursing and Midwifery, Curtin University

Highly active antiretroviral therapy during pregnancy and breastfeeding can virtually eliminate perinatal transmission of HIV. Access and adherence to medications, a skilled, knowledgeable workforce and patient retention, tracking and monitoring are essential. Much of the world suffers healthcare staffing and information deficits. Mobile health technologies can compensate by providing access to patient records, access to up to date management guidelines, facilitating clinician communication, retaining patients in care via SMS reminders and enabling data mining and analysis. A mobile, combined electronic medical record and clinical decision support system aimed at the co-management of HIV and pregnancy is being developed and studied.
This project seeks to reduce perinatal transmission rates of HIV by utilising wireless Internet technology, mobile telecommunications technology and electronic information systems to create a combined electronic medical record and clinical decision support system (EMR/CDSS) accessible via wireless Internet services on low cost laptop computers. Access to individual patient records and current, evidence based management guidelines, facilitation of clinical consultation and retention of patients in care via SMS reminders will maximise the utility of healthcare providers and facilities, extend geographic access and patient volume capacities of providers, improve diagnosis and treatment, and enhance data management and analysis.

LONG ACTING REVERSIBLE CONTRACEPTION (LARC): UTILISATION, ACCESSIBILITY AND ACCEPTABILITY IN URBAN AND RURAL NEPAL

Presented by: Claire Rogers, School of Nursing and Midwifery, Curtin University
Course: Doctor of Philosophy
Supervisor: Associate Professor Jaya Earnest, School of Nursing and Midwifery, Curtin University

Introduction: International studies have shown that the effectiveness of Long Acting Reversible Contraceptives (LARCs) in the prevention of pregnancy is superior to that of other contraceptives, however, globally LARC utilisation remains relatively low. Similarly, data from the 2011 Nepal Demographic Health Survey demonstrates the underutilisation of LARCs by Nepalese women.

Methods: Using a qualitative, assets focused rapid participatory appraisal research methodology, underpinned by a health information pyramid conceptual framework, this exploratory study utilised data collected from in-depth interviews with nine key informants from a cross-section of sexual and reproductive healthcare professionals in Nepal. Complementing these qualitative findings, analysis of current government and non-government sexual and reproductive health policy and clinical practice frameworks were also examined.

Results: The research documented and explored the experiences and opinions of sexual and reproductive healthcare professionals working in Nepal. The research participants shared their views on LARC access and uptake, barriers to LARC use, as well as suggesting ways Nepalese women can more effectively exercise their sexual and reproductive health rights.

Conclusion: Examining knowledge shared in key informant interviews, the study draws on the voices of Nepalese sexual and reproductive healthcare professionals and proposes strategies and recommendations to improve LARC access and uptake in Nepal.
IMPROVING THE ASSESSMENT AND MANAGEMENT OF FALLS RISK IN OLDER ADULT MENTAL HEALTH SETTINGS: A QUIP PROJECT

Presented by: Dr Karen Heslop, School of Nursing and Midwifery, Curtin University

Background: Falls risk assessment tools currently used in WA fail to adequately assess issues specific to older adult in-patient mental health populations. In 2011 a review of falls at 2 older adult mental health units was undertaken and found a variance in both the policy and practice of falls risk management. A number of mental illness related factors were identified as contributing to falls in the inpatient setting that are not included in current fall management strategies.

Aims/Objectives: To develop a mental health specific falls risk management tool for use in Older Adult Mental Health Services (OAMHS) in WA.

Method: A multi-site, controlled, before and after intervention, study that uses a collaborative quality improvement approach to improve falls' risk assessment and management in older adults with mental illnesses.

Qualitative data from six focus groups of expert clinician was used to identify modifications that could be made to the current fall assessment tools, current practices and additional strategies that could be adopted to further reduce the risk of falls in the target populations. Quantitative data was collected from medical records and hospital data bases for all patients who sustained a fall, and group of age, gender and diagnosis matched controls from 4 OAMHS for a period of six months pre and post the introduction of a mental health specific fall risk assessment tool and associated interventions.

Results: A total of 122 falls occurred during the study period. When fallers were compared to non-fallers it was noted that there were significant differences in the frequency, dose and types of medications administered and fallers experienced poorer mental health outcome.

Implications for nursing: Fall prevention strategies for older adults with mental disorders were identified. Changes to medication use and medication side effect management have the potential to reduce falls in OAMHS. Opportunities for future education programs for nurses were identified.

EXPLORING THE PHYSICAL HEALTH CARE OUTCOMES OF PEOPLE WITH EARLY EPISODE PSYCHOSIS

Presented by: Jonathan Chee, School of Nursing and Midwifery, Curtin University

Supervisors: Professor Dianne Wynaden, School of Nursing and Midwifery, Curtin University
Dr Karen Heslop, School of Nursing and Midwifery, Curtin University

This PhD by publication will employ mixed methodologies. It will examine how mental health nurses and consumers’ can support healthy lifestyles leading to reduced prevalence of prodromal and pre-morbid physical health issues in young people with early episode psychosis. This group are vulnerable to developing chronic conditions such as diabetes, cardiovascular disease and the negative health effects of weight gain due to the use of second-generation antipsychotics. A more complete understanding of how early episode psychosis consumers seek help pertaining to physical health issues and what they perceive as effective physical health prevention and early intervention strategies shall be identified. The findings will inform education and practice changes to ensure interventions and education programs are relevant to their needs to sustain a healthy lifestyle.
Objectives:
1. Complete a literature review to determine prodromal and pre-morbid physical health problems arising from the use of second-generation antipsychotics.
2. Evaluate the attitude of mental health nurses in relation to physical health promotion for people with early episode psychosis.
3. Identify early episode psychosis consumers’ perspective of effective physical health care interventions.
4. Develop and evaluate a wellness educational program with 20 consumers with early psychosis at South Metropolitan Health Service.

Methods:
Study 1: Comprehensive review of the literature examining the prodromal and pre-morbid issues that could arise after people with early episode psychosis start taking antipsychotic medication.
Study 2: Survey to evaluate mental health nurses’ knowledge, skills, attitudes and level of confidence to promote, screen and monitor the physical health care outcomes of people with early episode psychosis.
Study 3: Focus group to identify factors influencing the integration of physical health care into the daily care of people with early episode psychosis, and determining effective physical health strategies for this consumer group.
Study 4: Pilot study to determine if people with early episode psychosis who participate in a consumer centered self-help education program adopt healthier lifestyles.

The findings will be published in peer reviewed journals. The thesis will include an exegesis that provides a framework and an explanation of the submitted work and the linkages between the studies. It will also explain how cumulatively the submitted papers contribute coherently to the subject area and makes an original contribution to knowledge.

PREPARING AN ETHICS SUBMISSION

Presented by: Professor Dianne Wynaden, School of Nursing and Midwifery, Curtin University

Introduction and background: Adhering to ethical principles when conducting research is important as these principles promote the aims of the research such as knowledge generation. They also assist the researchers to ensure their research is sound and their findings are valid. Research involves a high level of collaboration with participants and also with other researchers and ethical principles assist in building sound collaborations. They provide frameworks for how the outcomes are generated, shared and acknowledged. Ethics ensures that researchers are accountable for their work and that the research is of a high quality and has integrity. Ethical principles promote moral and social values, such as social responsibility, human rights, animal welfare, compliance with the law, and health and safety.

Aim: This session will cover the importance of ethics to research, how to write an ethics proposal. It will create a forum for discussion of ethical issues related to current research projects being completed by students. The session will outline the two tier ethics process at the university and special ethical considerations when working with specific populations.

Method: Presentation and group discussion format.

Outcomes: The session will increase students’ understanding of the importance of ethics in research and the role that researchers have to maintain research integrity. It will also increase students’ knowledge and understanding of the process to be completed to obtain ethical approval for research projects both within and outside of the university.
CREATING A RESEARCH AGENDA FOR NURSING EDUCATION AND CLINICAL PRACTICE
Presented by: Professor Wendy Cross, Head of School, School of Nursing and Midwifery, Monash University

This presentation discusses the development of an individual or team research agenda. It will focus on the purpose and benefits of research; the qualities that make a good researcher; how to choose a research area; activities and procedures; questions to ask yourself about your research and the challenges that creating a research agenda presents.

WHO NEEDS BEREAVEMENT SUPPORT?  
A POPULATION BASED SURVEY OF BEREAVEMENT RISK AND SUPPORT NEED

Presented by: Professor Samar Aoun, School of Nursing and Midwifery, Curtin University  
Co-authors: Dr Lauren Breen, Professor Bev McNamara, Professor Desley Hegney, Dr Bruce Rumbold

Aim: This presentation describes the profiles of bereavement risk and support needs of a community sample in Australia and tests the fit of the data with the three-tiered public health model for bereavement support.

Population: people who were bereaved 6-24 months prior to the survey and who were clients of funeral providers in metropolitan and rural Western Australia and Victoria.

Methods: A postal survey was used to collect information on the deceased and the family carer or the closest person to the deceased, the experience of caring and satisfaction with bereavement support. The questionnaire included a validated risk assessment screening measure for Prolonged Grief Disorder, the PG-13.

Results: 678 bereaved people responded. 68% of deaths were caused by terminal illnesses, and 54% of these used palliative care services. The analysis of the demographic characteristics, experience and impact of caring and bereavement, and satisfaction with support received from a variety of services including palliative care revealed differential experiences and needs that align with the expectation of low, moderate, and high bereavement support need, as articulated in the public health model.

Conclusions: This is the first empirical test of this model nationally and internationally. As there is a lack of clear evidence to guide development and allocation of bereavement programs, findings have the potential to inform the ability of services, community organisations and informal networks to prioritise care according to each level of bereavement need. This is of utmost importance for cost-effective and equitable resource allocation.
BREAKING THE NEWS OF A MOTOR NEURONE DISEASE (MND) DIAGNOSIS: A SURVEY OF NEUROLOGISTS

Presented by: Professor Samar Aoun, School of Nursing and Midwifery, Curtin University
Co-authors: Dr Lauren Breen, Dr Rob Edis, Dr David Oliver, Rod Harris, Carol Birks, Dr Rob Henderson, Professor Margaret O’Connor, Associate Professor Paul Talman

Background: Communicating the diagnosis of MND is challenging for both neurologists and patients. The manner the patient receives the diagnosis is acknowledged to be the first and one of the most sensitive steps in palliative care.

Aim: To establish a knowledge base of usual practice of breaking the news of an MND diagnosis in Australia, highlight differences and similarities in Australian practice compared to International practice guidelines (and also compared to the experience of patients and their families in a future parallel survey).

Method: A cross sectional study using postal surveys. Questions centered on how patients’ consultations were conducted, personal experiences in giving the diagnosis, the communication plan and support for patients and education and training needs.

Results: 73 neurologists responded (50% of all neurologists or 80% of those who deal with MND). Mean age was 52 years, 77% were male, mean length of practice was 20 years and 16% worked in a multidisciplinary clinic. Median period between first clinical consultation and diagnosis was 4 weeks (range 1-26), and 68% required 2 consultations and a median of 20 minutes to convey the diagnosis (range 10-90). 78% were always able to give the diagnosis in a private space and 41% always able to avoid interruptions; 69% found communicating the diagnosis “very to somewhat difficult” and 65% experienced high to moderate stress and anxiety at the diagnosis delivery. Follow up support was always initiated by 68% of respondents within 4 weeks from diagnosis with subsequent follow ups of 12 weeks interval; 73% referred to an MND association for information and ongoing support; 54% received no specific training for giving an MND diagnosis and respondents were very interested (38%) to somewhat interested (44%) in having best practice guidelines developed.

Conclusion: The data reflect some differences in practice and the presentation will conclude with a comparative alignment with best practice guidelines.

FAMILY CARERS’ SUPPORT NEEDS IN END-OF-LIFE CARE: TRANSLATION INTO PRACTICE

Presented by: Professor Samar Aoun, School of Nursing and Midwifery, Curtin University
Co-authors: Associate Professor Christine Toye, Professor Gunn Grande, Dr Gail Ewing, Associate Professor Kelli Stajduhar

Background: The Carer Support Needs Assessment Tool (CSNAT) encompasses the physical, psychological, social, practical, financial and spiritual support needs that government policies in many countries emphasize should be assessed, addressed and delivered to family carers (FCs) during end-of-life care.
Objectives: To describe the experience of FCs and nurses of terminally ill people with the CSNAT intervention in home based specialist palliative care.

Methods: This study was conducted during 2012-14 in Silver Chain Hospice Care Service in Western Australia. 233 FCs and 44 nurses participated in trialing the CSNAT intervention using a stepped wedge cluster design (which included 89 in control group). FCs’ feedback was obtained via telephone interviews and nurses via a questionnaire. Data were subjected to a thematic content analysis.

Results: The overwhelming majority of FCs found the CSNAT needs assessment process validating, reassuring and empowering. They appreciated the value of the intervention in systematically engaging them in conversations about their needs, priorities and solutions which were timely and responsive to their needs. The majority of nurses reported that using the CSNAT was effective at eliciting FC concerns, prompted them to review/assess the supports and recommended integrating it in routine practice.

Conclusions: CSNAT provides a formal structure to facilitate discussions with FCs to enable needs to be addressed in a timely manner. Such discussions will provide service providers with an evidence base for the development of their support services ensuring the new or improved services are designed to meet the explicit needs of FCs and by consequence relieving their strain and distress.

THE IMPACT OF THE CARER SUPPORT NEEDS ASSESSMENT TOOL (CSNAT) IN COMMUNITY PALLIATIVE CARE USING A STEPPED WEDGE CLUSTER TRIAL

Presented by: Professor Samar Aoun, School of Nursing and Midwifery, Curtin University
Co-authors: Associate Professor Christine Toye, Professor Gunn Grande, Dr Gail Ewing, Associate Professor Kelli Stajduhar

Background: Family caregiving towards the end-of-life entails considerable emotional, social, financial and physical costs for carers. Evidence suggests that good support can improve carer psychological outcomes.

Aim: To investigate the extent to which the carer support needs assessment tool (CSNAT) used in end of life home care improves carers’ carer strain and distress and mental and physical wellbeing.

Methods: A stepped wedge design was used to trial the CSNAT intervention in three bases of Silver Chain Hospice Care in Western Australia, 2012-14. The intervention consisted of at least two visits from nurses (2-3 weeks apart) to identify and review carers’ needs. The outcome measures for the intervention and control groups were the carer strain and distress as measured by the Family Appraisal of Caregiving Questionnaire (FACQ-PC), the carer mental and physical wellbeing as measured by SF-12v2, and carer workload as measured by extent of assistance with activities of daily living, and at baseline and follow up.

Results: Total recruitment was 620. There was 45% attrition for both groups between baseline and follow-up mainly due to patient deaths resulting in 322 carers completing the study (233 in the intervention group and 89 in the control group). At follow-up, the intervention group showed significant reduction in Carer Strain relative to controls, p=0.018, d=0.348. Decrease in Carer Distress was also observed for the intervention group, while a greater increase in carer workload was observed for controls, although both results were not statistically significant after controlling for covariates.

Conclusions: The CSNAT implementation led to an improvement in carer outcomes. Effective implementation of an evidence-informed tool represents a necessary step towards helping...
palliative care providers better assess and address carer needs, ensuring adequate family carer support and reduction in carer strain and distress throughout the caring journey.

APPLICATION OF THE CARER SUPPORT NEEDS ASSESSMENT TOOL (CSNAT) IN TWO DIFFERENT SETTINGS

Presented by: Dr Janie Brown, School of Nursing and Midwifery, Curtin University
Dr Susan Slatyer, School of Nursing and Midwifery, Curtin University

Identifying and addressing the support needs of family carers of people living with dementia in the community: A pilot study.

Project Investigators: Prof Samar Aoun and A/Prof Chris Toye (Curtin University); Professor Elizabeth Beattie, Queensland University of Technology; Professor Andrew Robinson, University of Tasmania; Mr Daymon Joseph, Juniper; Dr Susan Slatyer, Curtin University (presenter).

This pilot study tests whether the use of the CSNAT in home-based care for people living with dementia improves family carer’s quality of life and support across the caring experience. The specific objectives are to assess:

- the acceptability, relevance and usefulness of the tool and the assessment process from a family carer and service provider perspective;
- the feasibility of using an RCT approach with this group and the suitability of the outcome measures;
- the potential impact on improving the family carer’s quality of life and perceived support and in reducing carer strain.

Assessing family carer support needs in preparation for discharge from an inpatient palliative care setting: a feasibility study.

Project investigators: Prof Samar Aoun (Curtin University); Ms Louise Angus (St John of God Health Care (SJGSH); Dr Janie Brown, Curtin University and SJGSH (presenter).

This pilot study tests whether the use of the CSNAT, at discharge from an inpatient palliative care setting, improves family carer’s support at home. The specific objective is to assess the acceptability, relevance and usefulness of the tool and the assessment process from a family carer and service provider perspective.

OLDER PEOPLE RECEIVING CARE IN HOSPITAL: A PROGRAM OF RESEARCH

Presented by: Associate Professor Christine Toye, School of Nursing and Midwifery, Curtin University

This program of research addresses the vulnerability of older people in hospital settings, and the need for support of their family carers. In particular, it addresses the experience of hospitalisation at a time when the older person’s cognition may be compromised, family carers are experiencing caregiving crises, and there is constant pressure within the hospital system.

Findings from two completed pilot studies will be explained. One addressed the support needs of family carers when the older patient was diagnosed with delirium. The other conducted a preliminary trial of an intervention to reduce falls in patients experiencing delirium.

Two current studies will also be outlined. One is piloting a model of care for older hospital patients living with dementia. The other builds upon findings from our earlier work in the...
hospital’s Acute Assessment Unit, hospital-based pilot work, and a community based palliative care study. This randomised controlled trial will determine carer, patient, and system outcomes from implementing a family carer support outreach program. Finally, how this program of research fits within the national context will be explained.

PREDICTORS OF HIGH LEVELS OF DISTRESS AND UNMET NEEDS IN CARERS OF HIGH GRADE GLIOMA PATIENTS OVER TIME

Presented by: Georgia Halkett, School of Nursing and Midwifery, Curtin University
Co-authors: Elizabeth Lobb, Sonia Olive, Michelle Rogers, Anne Long, Anna Nowak

Background: Caring for a person with HGG is unique because patients often experience functional and neurological deficits from diagnosis, as well as behavioural and personality changes, and cognitive decline. We aimed to determine carers’ levels of distress over time, prioritise their support needs and explore predictors of distress.

Methods: Carers of people with HGG planned for chemoradiotherapy (CRT) completed questionnaires during CRT, 3 and 6 months later. Questionnaires: Distress Thermometer, General Health Questionnaire (GHQ), Partners and Carers Survey and Brain Tumour Specific Supportive Care Needs for Carers Survey (BTSSCNCS).

Results: Participation was: Baseline n=119; 3 months n=95; 6 months n=71. At baseline, 61% of carers had moderate to high levels of distress, which persisted over the study period (57% at 3m; 58% at 6m). 39% reported a significant financial impact and 56% of those previously working full-time had taken leave or reduced working hours. Feeling unprepared to care, being the main carer, having difficulty understanding information, lacking confidence in caring ability, being male, and experiencing an employment decrease were associated with increased distress across time. Main carers and those who experienced difficulty understanding information had poorer GHQ scores from baseline to 3m. The most frequently reported PCS needs were: accessing carer relevant information, the impact of caring on usual life and understanding the experience of the person with cancer. The most frequently reported BTSSCNCS needs were: help accessing assistance they may be eligible for and adjusting to changes in the mental and thinking ability of the person with a brain tumour.

Conclusion: The experience of caring for someone with HGG is highly distressing, and remains distressing. It reduces carers’ ability to work and cope financially. Strategies are required to support carers to prepare for this new role. Future research should focus on testing interventions that aid in reducing carer distress.

DECISION MAKING AT THE END OF LIFE FOR TERMINALLY ILL PEOPLE WHO LIVE ALONE

Presented by: Kim Skett, School of Nursing and Midwifery, Curtin University
Course: Doctor of Philosophy
Supervisors: Professor Samar Aoun, School of Nursing and Midwifery, Curtin University
Associate Professor Chris Toye, School of Nursing and Midwifery
Curtin University

Background: The majority of people who are receiving palliative care want to remain at home and die at home, however for people who live alone this is often not achievable. This population of palliative care clients have more hospital admissions for symptom management and terminal care and are less likely to die at home than those who have a carer.
Aim: To determine who and what influences decision making and service utilisation at the end of life for people who live alone.

Methods: A case study methodology will be used to explore the factors that influence decision making at the end of life of individuals who are receiving community palliative care and are living alone. Seven clients who live alone have been interviewed and the following questionnaires completed: The Hospital Anxiety and Depression Scale, Australian-modified Karnofsky Performance Status Scale, Graham and Longmans Quality of Life Rating Scale and RUG III. In addition the client’s case notes will be reviewed to identify discussions that have occurred relating to decision making. The clients’ electronic records will also be reviewed to identify equipment used and any additional services provided that may assist the client to remain at home. Fifty Registered nurses working in community palliative care will be invited to complete a questionnaire that focuses on decision making and providing care to clients who live alone.

Anticipated outcomes: Findings will ascertain key areas that need to be addressed by health care professionals/service providers to assist people who live alone to maintain optimum quality of life and receive palliative symptom management and terminal care in their place of choice.

Implications for practice: Nurses working in community palliative care services will be able to use the information gained from this study to identify services and other supportive networks that can be incorporated into the individuals’ care plan enabling them to remain at home if that is their wish.

DIGNITY THERAPY IN AGED CARE: A RANDOMIZED CONTROL TRIAL TO DETERMINE IMPACT ON RESIDENTS AND SERVICE PROVIDERS

Presented by: Jo-Anne Coughlan, School of Nursing and Midwifery, Curtin University
Course: Master of Philosophy
Supervisors: Professor Samar Aoun, School of Nursing and Midwifery, Curtin University
Associate Professor Chris Toye, School of Nursing and Midwifery, Curtin University

In this paper I explore the usefulness and potential effectiveness of Dignity Therapy in reducing psychological and spiritual distress in Residential Aged Care Facilities (RACFs) for the newly admitted resident and the impact on the service provider and their care provision. There is an increasing need for older people to move into residential aged care. Evidence suggests that this move has the potential to cause distress to the resident and lead to the development of depressive symptoms. RACFs need to find ways to minimize this distress. Dignity Therapy entails an interview of participating residents using a series of guided questions about past life and events that are important. From this information an edited generativity document is produced that can be shared with family members and service providers.

This is a randomized control trial with Dignity Therapy as the intervention and a control group receiving a mock intervention (Friendly Visiting service). Participants will be residents from four Residential Aged Care Facilities belonging to a large Residential Aged Care organization in Perth. This study will provide evidence related to the outcomes for residents new to the Residential Aged Care Facility who are not cognitively impaired and to the service providers delivering their care. This evidence may be used as the basis on which to change practice when admitting a resident and plan their care needs.
TOWARDS DEVELOPING A BEREAVEMENT RISK ASSESSMENT MODEL FOR PALLIATIVE CARE: WHERE THEORY MEETS PRACTICE

Presented by: Margaret Sealey, School of Psychology and Speech Pathology, Curtin University
Course: Doctor of Philosophy
Supervisors: Professor Samar Aoun, School of Nursing and Midwifery, Curtin University
Dr Moira O’Connor, School of Psychology and Speech Pathology, Curtin University
Dr Lauren Breen, School of Psychology and Speech Pathology, Curtin University
Dr Bruce Rumbold, Department of Public Health, La Trobe University, Victoria

**Background:** While many people experience sadness and strong emotions following a death, only a minority will require professional intervention for grief. Some will require additional help such as a peer support group to avoid poor health related outcomes. Research on bereavement risk assessment in palliative care has highlighted numerous gaps between policy based on research, and practice. Such issues include a reliance on staff observational judgements, rather than the use of carer self-report measures to assess the needs of grieving carers. In order to provide appropriate support, sensitive, reliable, and valid assessment of bereavement support needs, is an essential first step.

**Design:** Using a Participatory Action Research (PAR) framework, this study aims to develop a bereavement risk assessment model for use in palliative care, based on a public health approach, which advocates the provision of support according to risk.

**Setting & participants:** Working with a reference group of palliative care health professionals and bereaved former carers (n=8), we reviewed existing psychometrically sound measures identified in a scoping review of the literature.

**Outcomes:** Eleven measures were identified for use at three points along the caring and bereavement trajectory; prior to the patient’s death, and in the weeks and months to follow. However, the majority of these instruments seem unsuitable for use in palliative care. Themes emerging from the Reference Group data were system problems, logistical obstacles, “gatekeeping” and a conflation between carer distress and burden, and grief.

**Implications for practice:** In response to stakeholder recommendations, the present action research cycle entails developing a bereavement risk assessment measure to meet the unique needs of the palliative care setting. Future action research cycles will see a pilot of the measure in three local palliative care services, followed by an evaluation of its feasibility for use, by both carers and palliative care service providers.
A GROUNDED THEORY STUDY OF THE EXPERIENCES OF PEOPLE NEWLY DIAGNOSED WITH DEMENTIA

Presented by: Sheridan Read, School of Nursing and Midwifery, Curtin University
Course: Doctor of Philosophy
Supervisors: Associate Professor Chris Toye, School of Nursing and Midwifery, Curtin University
Professor Dianne Wynaden, School of Nursing and Midwifery, Curtin University

This research explores the perspectives of people diagnosed with dementia to gain a greater understanding of their experiences, needs and expectations for the future. Research suggests that people with dementia feel services are not responsive to their needs, yet little has been done to involve the engagement of end users to establish how and what services should be offered. The feasibility of conducting this study is now greater than ever with advances in pharmacology enabling people with dementia to communicate their needs for longer than before. In addition, there is now a policy drive to encourage earlier diagnosis and a number of options are available to people in how they can live their life and have their needs addressed despite having a diagnosis of dementia. To date 12 people living with dementia have been recruited using purposeful and theoretical sampling. Recruitment will continue until data saturation. Data are being collected during semi structured interviews and analysed using constant comparative analysis to identify common themes. A theory will be developed from the findings, explaining the experiences and expectations of people living with dementia. This theory will inform recommendations for policy and practice changes that reflect consumer perspectives and consequently help to drive a person-centred approach to care and support.

This paper will explain the challenges of recruitment and data collection experienced to date. Strategies used to address these challenges will also be outlined.

THESIS PREPARATION & PRESENTATION

Presented by: Associate Professor Jaya Earnest, School of Nursing and Midwifery, Curtin University

In this presentation Associate Professor Jaya Earnest will focus on the various types of thesis a student can undertake – a normal typeset thesis, a thesis by publication, a hybrid thesis and a thesis as a creative output. Dr Earnest will discuss each of the thesis types and the issues to be taken into consideration when planning the thesis. Some strategies and guidelines for thesis preparation and submission will also be discussed. It will also be an opportunity for the audience to engage in discussion. The university policies in relation to the thesis types will also be presented.
THE WOUND MANAGEMENT INNOVATION CRC

Presented by: Professor Keryln Carville, School of Nursing and Midwifery, Curtin University

The Cooperative Research Centre (CRC) Program is a federal government initiative that provides funding to build critical mass in research ventures between end-users and researchers, which tackle clearly-articulated, major challenges. The Wound Management Innovation CRC (WMI CRC) was formed on July 1, 2010 with 23 participants and $108 million dollars of cash and in-kind contributions. This includes the Commonwealth Government’s cash contribution of $27.93 million over 8 years. The joint venture has brought together the best of industry, academia and end-user organisations. Curtin University is proud to be a participant in the WMI CRC and as a result the School of Nursing and Midwifery has completed or is undertaking, 13 CRC studies with three more awaiting funding approval. These studies involve five HDR students and research partnerships with aged care providers and the tertiary and community sectors.

Skin tears, surgical wound dehiscence and leg ulcers are foci of our wound research agenda. Skin tears in particular are reported to be the most common preventable wound found amongst older adults, but costs and time to healing skin tears had not been previously reported nor had preventative interventions been studied. Four of our studies have addressed these deficits. A cluster randomised control study was conducted within 14 care aged care facilities (980 beds) in Western Australia to investigate the effectiveness of twice daily skin moisturising as compared to usual skin care practices, for reducing skin tear incidence. This intervention demonstrated a 50% reduction in skin tear incidence, and significant cost benefits associated with preventing these injuries. Two other cluster randomised control studies are investigating the effectiveness of moisturising cleansers when used alone or in combination with twice daily moisturiser application, for further reductions in skin tear incidence.

The presentation will outline these Curtin CRC projects and set the scene for the following presentations.


TRANSLATING RESEARCH FINDINGS INTO CLINICAL PRACTICE

Presented by: Emeritus Professor Robin Watts, School of Nursing and Midwifery, Curtin University

**Aim:** To develop and test a skin tear risk assessment tool utilising five skin characteristics: ecchymosis (bruising), senile purpura, haematoma, oedema and previously healed skin tears, together with having difficulty repositioning oneself, that were identified as the optimum model for predicting skin tear development in a previous study.

**Method:** This study was designed to achieve three objectives:

1. **Tool development:** State and national wound experts developed a tool to assess the presence of the characteristics.
2. **Ensuring tool reliability:** The inter-rater and test-retest reliability of the tool was established.
3. **Validation of the tool:** The ability of the tool to accurately predict skin tear development was tested in a prospective cohort study of hospital patients aged 50+ years.
**Results / Discussion:** The risk tool was found to be good at correctly predicting who would develop a skin tear but this was accompanied by a very high rate of false positives (64%). It was therefore decided to combine the data from the prospective study with the earlier case control study and see whether an alternative model might provide a better solution. A new risk model was identified that correctly classified people 71.6% of the time however, 35% of patients who developed a skin tear were missed and 27% of patients who won’t develop a skin tear were identified as being at risk.

**Conclusion:** This risk assessment tool provides the means of better targeting preventative strategies.

**RELIABILITY OF MEASUREMENTS OF SKIN CHARACTERISTICS IN THE ELDERLY: A TEST-RETEST PILOT STUDY**

Presented by: Robyn Rayner, School of Nursing and Midwifery, Curtin University

Course: Doctor of Philosophy

Supervisors: Professor Keryln Carville, School of Nursing and Midwifery, Curtin University
Professor Gavin Leslie, School of Nursing and Midwifery, Curtin University
Dr. Pamela Roberts, School of Nursing and Midwifery, Curtin University

Cutaneous ageing can impact on the integrity of the integumentary system to increase the susceptibility of older individuals to trauma related skin injuries, such as skin tears. These injuries can cause discomfort, form chronic ulcerated wounds, increase the risk to infection, which in turn raises healthcare costs. Evidence for identifying persons at risk of skin tears is largely anecdotal and is based on the individual’s general health, mobility, age, skin fragility status, and previous history of skin tears. This study aims to investigate the use of non-invasive technologies to quantify skin characteristics that predispose individuals to skin tears.

A test-retest pilot study (n=31) investigated the intrarater reliability and reproducibility of using non-invasive technologies (DermaLab Combo®, Skin-pH-meter® and Sebumeter®) to quantify morphological (colour, thickness, elasticity) and physiological (transepidermal water loss [TEWL], hydration, sebum and pH) skin properties. Three consecutive measurements were taken, for each skin parameter, from five test sites with the mean of each measurement calculated. Intrarater reproducibility was examined by means of an intraclass correlation coefficient (ICC), concordance correlation coefficient (CCC) and standard error of measurement (SEM). A Bland-Altman analyses and plots was used to investigate the agreement between tests and retests measurements. The use of non-invasive technologies in this test-retest pilot study showed substantial to almost perfect reproducibility for TEWL, elasticity, hydration, pH, and skin thickness across most skin sites. Measurements of casual sebum levels and colour parameters displayed poor reproducibility in this ageing sample and will not be measured in the next phase of this research project.

The non-invasive biophysical analysis for undertaking in vivo cutaneous research is clinically relevant to better understanding ageing skin and has the capacity to facilitate the prediction of individuals at risk of developing skin tears. This study is an important step towards guiding clinicians in the implementation of preventative care and is being conducted as part of the Wound Management Innovation Co-operative Research Centre (CRC) Program.
THE EFFECT OF E-HEALTH AND EDUCATION ON WOUND KNOWLEDGE AND PRACTICE IN RURAL AND REMOTE SETTINGS

Presented by: Pam Morey, School of Nursing and Midwifery
Course: Doctor of Philosophy
Supervisors: Professor Gavin Leslie, School of Nursing and Midwifery, Curtin University
Professor Nick Santamaria, University of Melbourne

In rural and remote regions, the delivery of evidence-based wound care can be restricted by limited access to education, resources and suitably qualified health practitioners. This study, supported by the Wound Management Innovation Cooperative Research Centre, will evaluate the effectiveness of an innovative strategy incorporating e-Health and web-based learning to reduce geographical barriers. The study aims to identify the effect of online and skill-based wound education and an e-Health based Wound Advisory Service (WAS), on staff knowledge, and wound practices and outcomes, in selected Australian rural and remote regions. The utility of these interventions, and the barriers and enablers associated with the implementation of these strategies, will be explored.

This twelve month pre-post intervention design encompasses two strategies: an education strategy; and a WAS provided by a Nurse Practitioner and Nurse Consultant. The sample includes six rural/remote health care services within Queensland, Victoria, and Western Australia. Wound education consists of interactive online modules developed by WoundsWest, supplemented by face-to-face wound education and skill-based workshops. Half the sites have access to a remote Wound Advisory Service which utilises e-Health and a clinical information system.

Evaluation targets organisational, staff and patient parameters. The wound education measures include: staff demographic data and education history; knowledge testing; completion of online wound modules; and staff satisfaction surveys. The WAS measures include: contextual data; patient wound aetiology and outcome data; and staff and patient satisfaction.

Pre/post knowledge test results at study commencement (nurses and Aboriginal Health Workers) demonstrated an improvement in mean scores from 42% to 82% respectively. A key knowledge deficit was identified for lower leg ulcer assessment and management, whilst 87 per cent (n=20) of referrals to the WAS have been for lower leg wounds.

Study findings will inform the development of wound education and e-Health strategies to support the delivery of best practice wound care in remote and rural regions.
SURGICAL WOUND DEHISCENCE (SWD) IN COMMUNITY NURSING SERVICE PATIENTS IN PERTH, A RETROSPECTIVE COST ANALYSIS

Presented by: Kylie Sandy-Hodgetts
Course: PhD, School of Nursing and Midwifery, Curtin University
Supervisors: Professor Keryln Carville, School of Nursing and Midwifery, Curtin University
Professor Gavin Leslie, School of Nursing and Midwifery, Curtin University

Purpose: Post-operative wound healing plays a significant part in facilitating a patient’s recovery and rehabilitation. Surgical wound dehiscence (SWD) often classified as surgical site infection, impacts on mortality and morbidity rates and significantly contributes to prolonged hospital stays and associated psychosocial stressors on individuals and their families. Annually the cost of surgical site infection in Australia exceeds $60 million dollars. However the costs for the management of wound dehiscence is unknown.

Methods: A retrospective case study was undertaken to determine the prevalence of SWD in metropolitan Perth from a population of clients who were referred to a community nursing service for treatment of their SWD, following a surgical procedure in one of Perth’s hospitals. A secondary aim was to determine the cost of care for the management of surgical wound dehiscence.

Findings: From the community nursing population during 2010, the prevalence rate of SWD was 4%. Of those 70 SWD cases, 48% were abdominal, 27% chest and 18% of leg origin. Of the 70 cases the median age was 62 years, and the range was 40-87 years. There were 30 males and 39 females and one who identified as transgender. A retrospective cost analysis of wound management for the 70 cases revealed the median cost was $267.00 (nursing and dressing cost), the total cost was $36,110.00AUD. Over 40% of the patients were being treated for infection with prolonged lengths of nursing service compared to the non-infected group.

Application in wound care practice: The quantification of SWD in a selected sample of patients can provide insight into the basis of cost associated with SWD. Furthermore the characterisation of SWD, its occurrence and factors associated can provide the clinician with new information when deciding appropriate patient centred care with those patients who are at risk.
DETERMINING THE EFFECTIVENESS OF LOW FREQUENCY ULTRASONIC DEBRIDEMENT IN THE MANAGEMENT OF CHRONIC VENOUS LEG ULCERS

Presented by: Liz Howse, School of Nursing and Midwifery
Course: Doctor of Philosophy
Supervisors: Professor Keryln Carville, School of Nursing and Midwifery, Curtin University
Professor Gill Lewin, School of Nursing and Midwifery, Curtin University

Chronic venous leg ulcerations is a major cause of morbidity affecting approximately 1.1/1000 of the Western Australian population (Stacey & Barker, 1990). The majority of venous leg ulcers will respond to appropriate graduated compression therapy however some ulcers are refractory to all forms of treatment. It has been well established within the literature that wound healing is dependent on adequate wound bed preparation, including tissue debridement, infection control and moisture management.

Low frequency ultrasonic debridement (LFUD) is a non-invasive, relatively painless method of removing non-viable tissue that has become as established and successful treatment at a Silver Chain Nurse Practitioner Advanced Wound Assessment Service in Western Australia. A recent retrospective review of chronic recalcitrant venous leg ulcers suggests the use of LFUD in combination with compression bandaging accelerates healing. Amongst the 44 cases who received an average of 6 LFUD treatments, 30 (68%) had progressed to complete healing at 64 days.

This study will employ a prospective descriptive method to investigate the clinical and cost effective outcomes that result when LFUD is used by a nurse practitioner as an adjunct to best practice wound management and compression therapy in the treatment of chronic venous leg ulcers. One hundred clients with chronic venous leg ulcers of more than 6 weeks duration will be invited to participate in the study and the outcomes achieved will be compared prospectively with 100 Silver Chain venous leg ulcer clients who receive ‘usual’ care in the form of wound management and compression therapy.
CLINICAL SAFETY AND QUALITY

AUSTRALIAN RESEARCH COUNCIL GRANT

EFFECTIVE CLINICAL HANOVER: IMPROVING PATIENT SAFETY, EXPERIENCES AND OUTCOMES

Investigators:  Professor Phillip Della, School of Nursing and Midwifery, Curtin University
              Professor Diana Slade, Director, International Research Centre for Clinical Communication
              Professor Dorothy Jones, Clinical Safety and Quality, Curtin University

A key site for communication between clinicians is handover of patient care. Communication in clinical handover (transfer of responsibility for patient care) plays a causal role in many adverse events. Adverse events in Australian healthcare cost approximately $2 billion p.a. Conservatively, a third of this cost is attributed to ineffective communication between clinicians. This innovative project aimed to improve safety of clinical handover practices, thereby reducing the number of adverse events. The project described, mapped, and analysed spoken and written communication in clinical handovers, and employed discourse analytical findings to collaboratively improve handover practices. Outcomes produced were communication systems frameworks and redesign of clinical handovers protocols that facilitated safer health care practices and therefore reduced burdens on health budgets. This project contributed new knowledge for improvements in handover communication that have been shared across hospitals and health departments nationally to improve patient safety and reduce healthcare costs.

EFFECTIVE COMMUNICATION IN CLINICAL HANOVER: POLICY MAKING, PRACTICE AND SUPPORTING NURSES

Investigators:  Professor Phillip Della, School of Nursing and Midwifery, Curtin University
              Dr Fiona Geddes, School of Nursing and Midwifery, Curtin University
              Professor Diana Slade, Director, International Research Centre for Clinical Communication

International and Australian research has identified communication failures between hospital staff as a major cause of adverse events leading to avoidable patient harm. The USA Institute of Medicine estimates that between 44,000 and 98,000 patients die in US hospitals annually due to avoidable patient harm, with many of these attributable to poor communication. Australian research investigating the causes of critical incidents in hospitals found that communication errors were responsible for twice as many deaths than was clinical inadequacy. In particular, research has pinpointed poor clinical handover communication as potentially contributing to discontinuity of care, adverse events and malpractice claims. Problems noted with handover communication include the failure to hand over all relevant content, the lack of structure, system and relevance in handover information, excessive reliance on memory without reference to written documentation and ‘failure-prone communication processes’, such as the lack of face-to-face discussion between clinicians and performing handover away from patients and family.
The four papers in this symposium discuss clinical handover from the perspectives of policy making, applied linguistics, clinical practice and human factors. We describe and evaluate common handover practices, identify the communication skills required in different clinical contexts, problematise the definition and types of clinical handover and explore the rationales for and approach to increasing patient involvement in handovers and in other discussions about their care. We also assess attempts to improve clinical handover interactions, for example by mandating bedside nursing handovers and introducing the use of handover communication protocols such as iSoBAR. The papers also suggest strategies to better equip both experienced and trainee nurses with effective communication skills to practice safe and inclusive handovers.

AUSTRALIAN RESEARCH COUNCIL GRANT

DRIVING HEALTH CARE EFFICIENCIES AND PATIENT CARE OUTCOMES BY IMPROVING COMMUNICATION IN ACUTE TO PRIMARY TRANSITIONS OF CARE

Investigators: Professor Phillip Della, School of Nursing and Midwifery, Curtin University
Professor Diana Slade, Director, International Research Centre for Clinical Communication
Professor Dorothy Jones, Clinical Safety and Quality, Curtin University

Communication problems are a major contributor to poor outcomes for patients transferring from acute to primary care, accounting for 41% of preventable hospital readmissions. This project aims to identify risk factors for readmission and barriers to successful transitions of care for high-risk patient groups (including the elderly, paediatric and mental health patients) and to apply these findings to provide effective, measurable and cost-efficient protocols to improve discharge transition outcomes for patients, carers and health service providers. Our research outcomes will have generalisable relevance to Australian healthcare settings and include the development of “The Safe Transition Communications Tool” with resources for clinicians and patients. Our goal is to improve the quality and safety of care provided during and after hospital discharge for vulnerable patients who are at increased risk of preventable readmissions.
**DISRUPTIVE INNOVATION: ARE HEALTH EDUCATION CURRICULA READY TO INTEGRATE SIMULATION TRAINING?**

**Investigator:** Jacinta Berlingeri, School of Nursing and Midwifery, Curtin University  
**Course:** Doctors of Philosophy  
**Supervisor:** Professor Phillip Della, School of Nursing and Midwifery, Curtin University

**Purpose:** The purpose of this research is to investigate the factors which influence the successful embedding of high fidelity simulation into the curricula of health sciences pre-registration education.

**Method:** A mixed methods, sequential approach will be undertaken in order to provide a more broad-ranging investigation involving both statistical and narrative data. The first phase of the research will include an integrative literature review; the second phase a survey questionnaire and the third phase focus groups.

In the second phase the participants will be drawn from Curtin University students and associate academic staff, involved in simulation. Other Australian Universities will be invited to participate in the study. The student study participants will be asked questions related to their experiences, learning styles and preparedness with simulation. Academic staff members will be required to complete a questionnaire regarding simulation training, support and education practices. Quantitative data from the surveys will be analysed using the Statistical Package for Social Sciences version 21 (SPSS v21) computer software package. Free text will be coded and themes identified with NVivo version 10 software.

The third phase will involve focus groups and will be conducted after the questionnaire analysis with participants from both Curtin University (staff and students). The key questions will be developed from the objectives and from the analysis of the questionnaire results. Thematic analysis of focus group transcripts will assist with ongoing analysis of data.

This mixed method research will contribute to an understanding of the embedding of simulation into health sciences, pre-registration education and will inform the development of a simulation implementation framework. The developed theoretical framework will support future simulation implementation including the input-environment-outcome assessment indicators.
IMPROVING TRANSITIONS OF CARE AT DISCHARGE FOR PAEDIATRIC PATIENTS BY EMPHASIZING COMMUNICATION PRACTICE

Investigator: Huaqiong Zhou (Jo)
Course: Doctor of Philosophy
Supervisors: Professor Phillip Della, School of Nursing and Midwifery, Curtin University
Professor Satvinder S. Dhaliwal, School of Public Health, Curtin University
Dr Pamela Robert, School of Nursing and Midwifery, Curtin University

Background: Transitioning patients within and across health care facilities or from hospital to home has been recognized as a complex process. Recent evidences revealed that when poor communication occurs at points of care transition, patients are put at increased risk of adverse events. Paediatric patients are particularly at high risk as their transitions typically require family members/primary carers to negotiate post-transition care to hospital and/or the community on their behalf.

Aim: This sequential, mixed method project aims to improve transitions of care for paediatric patient at discharge from acute to primary sectors by analysing and then enhancing communication practices at Princess Margaret Hospital for Children (PMH), an acute tertiary hospital of Western Australia.

Data Collection: The data sources of this project will include PMH Hospital Data Collection Database, patients’ medical record, paediatric patients with selected surgical and medical conditions, primary carers of the patients, and staff who are primarily providing care for the patients. The data will be collected via audit of PMH database, review patients’ medical records, ethnographic observations, interviews, survey, and focus group discussions.

Data Analysis: Quantitative data will be analysed using SPSS Version 21 and p-values less than 5% will be considered as statistically significant. Chi-square test and multivariate logistic regression will be conducted for categorical variables and analysis of covariance for continuous variables. Effect sizes will be presented as odds-ratio and associated 95% confidence intervals. Qualitative data analysis will be conducted via Leximancer, a computer generated coding software that will provide triangulation and a verification of the results.