PARTNERING FOR BETTER HEALTH OUTCOMES

RESEARCH SNAPSHOTs
SCHOOL OF NURSING & MIDWIFERY
The advancement of nursing and midwifery through research is fundamental to the improvement of the quality of life.

Without a vigorous pursuit of evidence-based inquiry, challenges in understanding and explaining the complexities of health and wellbeing would not be met. The School of Nursing & Midwifery understands this. We have a commitment to research that makes a difference and that commitment is contributed to by six areas of specialisation:

- Health care for the older person
- Mental health
- Acute care and cardiovascular disease
- Primary health care
- Population health
- Educational scholarship

This publication serves to highlight outstanding elements of our collaborative research efforts in the past triennium. You will read, for example, of our progress in addressing health literacy and cultural teaching in indigenous communities; improvements to the planning and management of integrated primary health care for older people; a study of pain relief during childbirth; an article on dementia care; keeping our children safe during ‘schoolies’ events; and perspectives of family members in hospital settings wondering how to react to the deterioration of a relative.

We are seeking now to enhance our close engagement with industry, government and health care providers in the belief that there are mutual benefits in collaboration. I invite you to contact us if you can discern within any of the following articles the seeds of a collaborative venture with our School. We would very much like to hear from you.

This publication is but a showcase of many research projects under way. I would be happy to discuss with you ideas you may have for the development of further research in areas of interest to your own endeavours in which we might collaborate.

Thank you for your interest in our capabilities. Please feel free to share the enclosed information with whomever you feel may derive a benefit.

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A clinical mentoring program was introduced across a number of aged care service providers and evaluated. The resulting improvement in care staff skills and knowledge led to improved care for older people in residential and aged care.

PROJECT IMPACT
A clinical mentoring model for residential and community aged care services was implemented and evaluated for its effectiveness in bringing about workplace and practice change and improving clinical outcomes for older people.

SUMMARY
Clinical mentors were appointed by residential and community aged care services and coached by a clinical coach. Each participating organisation selected a clinically focused project to implement while testing the clinical mentoring model. These individual projects covered pain management, manual handling, dementia care and wound management.

Clinical Mentors focused on specific evidence-based clinical components, and used their mentoring skills and knowledge to influence staff practice, monitor outcomes and provide ongoing staff support.

During the project, three workshops were conducted to build the skills of the clinical mentors. The first established a strong foundation on the key skills involved in mentoring identified within current literature. The concept of what evidence is, and identifying how best practice guidelines are developed, were also introduced to ensure clinical mentors were able to determine best practice models for care.

The second workshop covered change management theory and offered a forum to discuss with other mentors the key barriers to implementing best practice, and to work at strategies to overcome these. The final workshop revisited the individual action plans and prioritised activities that could be implemented and evaluated within the project time frames.

The project demonstrated positive changes in practice that addressed gaps in daily care activities in the project areas. For example, in pain management for older people with dementia, wound care, dementia behavioural management and manual handling, there was evidence of improved care quality and improved clinical indicators in these areas. Surveys also showed that the changes in practice were recognised by clients and staff. The project also generated a positive impact on the clinical mentors and care staff.

The attributes of an effective clinical mentor have been recognised by care staff. It has implications for the selection and development of this clinical leadership group. The core attributes of clinical mentors include the ability to translate research evidence into practice, analyse educational needs for care staff and develop education/training activities to address these needs.

Care staff described improved competence and confidence by engaging in education/training activities. Approaching the mentor as a resource person helped care staff to apply knowledge and skills to practice and resolve problems in the project area. Care staff also described positive changes in the workplace including services and communication that improved their job satisfaction.

The major challenges and barriers both clinical mentors and care staff encountered were time constraints on interacting with residents/clients and peers and lack of encouragement to attend education/training activities. There was an expectation that care staff were to receive more support from facility managers and timely feedback from clinical mentors. It is anticipated that these challenges will be addressed through the established clinical mentoring model after this project.

RESEARCH TEAM
A/P Lily Xiao, Clinical Coach role: Ms Anne Davies, Mrs Lesley Habel, Mrs Jenny Verbeeck. Research Assistance: Mrs Jenny Verbeeck, Dr Valerie Adams.

ACKNOWLEDGEMENTS
Funding source
Funded by the Department of Health and Ageing 2012 (now the Department of Social Services)

Partner organisation
Resthaven Inc.
TOGETHER FOR THE MENTAL HEALTH OF OLDER PEOPLE: IMPROVING THE NETWORK PLANNING AND MANAGEMENT OF INTEGRATED PRIMARY HEALTH CARE FOR OLDER PEOPLE IN RURAL REGIONS

The project will test a network model to plan and manage integrated primary mental health care for rural older people, with the Fleurieu Peninsula Region in South Australia as a case study.

PROJECT IMPACT
Through the planning and management process that is being tested, better coordination between mental health, general health and other services should ensure that the care needs of older people with mental health problems are recognised more quickly and collaborative health care arrangements are put in place.

SUMMARY
There is an increase in the number of older people with mental health problems in rural communities, and often their needs for mental health care are not being met. Inadequate care may contribute to poor outcomes, including the need for crisis intervention and early entry to residential care. Barriers to effective service provision include delayed recognition of mental health problems by the individual, their relatives and health professionals as well as the poor availability and accessibility of services.

Australian national and state policies for mental health are making improved communication and partnership between services a priority. Regional Primary Health Care Organisations have been established to facilitate and manage collaboration between health and community services. However, how this collaborative process is initiated and maintained is unclear.

This project aims to tackle the problem by validating and testing the effectiveness of a model to improve integration and to support the development of sustainable integrated primary mental health care for older people in a rural region.

The research questions include:
- What organisational links currently exist in a rural region for the provision of mental health care for older people?
- What are the gaps, barriers and enablers in linking services, as perceived by key service stakeholders, older people and their carers?
- What is the role of policy in supporting the development of linked care for older people in a rural region?
- What links could be established between services for the mental health care of older people?
- How does the “model for integration” enable an informal network to plan and manage linked primary mental health care for older people in a rural region?

A participatory network analysis design has been established and workshops with key stakeholders have been held. Participants from health and community services working in mental health, primary care, aged care and community services in the Fleurieu Peninsula have been interviewed about the structure and function of links between services. Successful and unsuccessful care-seeking journeys have been documented by interviewing older people and their carers. Three workshops have been held over 12 months involving key health service providers from the region providing valuable input into decision-making and outcomes.

Outcomes
Project outcomes at the regional level should include the following:
- Better coordination of clinical and other supports to meet the mental health needs of older people.
- Collective ownership of innovative older persons’ mental health service solutions.
- Strengthened partnerships between mental health, primary care, aged care and community support services.
- Improved and agreed referral pathways and local protocols between services.

The broader outcome will be a network planning model that could be used by other organisations seeking to improve integrated care between acute care, primary care and community care providers.

RESEARCH TEAM
Prof Jeffrey Fuller, Prof Eimear Muir Cochrane, Assoc Prof Sharon Lawton, Prof Richard Reed, Ms Suzanne Dawson, Mrs Deb O’Kane, Dr Candice Oster, Dr Adam Gerace, Dr Julie Henderson.

ACKNOWLEDGEMENTS
The study is funded by the Australian Primary Health Care Research Institute and involves collaboration between the following organisations:
- Southern Adelaide-Fleurieu-Kangaroo Island Medicare Local
- Country Health SA Local Health Network Mental Health Services
- Southern Fleurieu and Kangaroo Island Positive Ageing Taskforce, City of Victor Harbor
- Flinders University School of Nursing & Midwifery
A comparison of the burdens experienced by dementia carers in China and Australia identified a number of issues associated with dementia care. In China a lack of support and education left carers struggling to meet care needs that can be better addressed in Australia because of more effective support systems.

PROJECT IMPACT
This research identified a need to introduce health and educational support to assist carers in China to enable them to adequately support people with dementia. The model of care and education that Australia has in place may be able to inform this process.

SUMMARY
The number of people with dementia is expected to increase in Australia and in China as the number of older people increases. In both countries family caregivers are the main carers for people with dementia. However, in Australia, there are a range of services that assist caregivers, whereas, in China, such services are undeveloped. This study sought to understand the types of burdens encountered by families who care for relatives with dementia in both countries. The information will help inform the type of social structures required to support carers to meet the needs of people with dementia.

The burdens encountered by families who care for relatives with dementia in the two countries included physical, social, emotional, financial and time-intensive challenges. For example, people with dementia in China:

- are more dependent on their carers
- presented more challenging behaviours, and carers lacked knowledge about how to manage these behaviours
- required more medical treatment.

There exists also an inability of carers to meet the costs of treatment and an overall lack of information about dementia that is resulting in poorer outcomes.

In China, the high levels of care mean that carers are less able to attend to other needs and spend longer on caring duties. Challenging behaviours, such as aggression, are more likely to result in harm to the person, their carer and others. The lack of appropriate medical treatment is causing worse health outcomes and compounding problems. The lack of knowledge about dementia results in carers being unable to deal effectively with problems and increases their hardship.

In Australia, caring for older people is viewed as part of the social welfare system and is therefore supported by government funding through carer allowances, subsidised healthcare services, dementia education, and respite care, as well as organisations such as Alzheimer’s Australia which provide education and information. This allows people to be better informed, better able to manage difficult behaviours, and they can afford medication for treatment.

In China there is a lack of services to support dementia care. Caring for the older person is viewed as the family’s responsibility. However, rapid changes to social structures, such as the one-child policy; more people moving to different regions for work; and increasing numbers of women participating in the workforce; have resulted in a decreased capacity for this informal support system to continue to provide adequate care.

In China, the increasing need for dementia support services may best be met by developing dementia care services through the public healthcare system. The model of health service provision and education services provided in Australia may help inform the development of dementia services in China.

RESEARCH TEAM
Student: Ms Jing Wang
Principal Supervisor: A/P Lily Xiao.

ACKNOWLEDGEMENTS
Cotutelle PhD, awarded by the Flinders University of South Australia
HOW DOES THE LIVED EXPERIENCE OF OLDER PEOPLE INFLUENCE THEIR PREPAREDNESS FOR EMERGENCY EVENTS?

Interviews with older people explored their perceptions of what it meant to be prepared for an emergency event. Through life experience older people have developed a sense of their ability to cope which goes beyond tangible physical requirements.

PROJECT IMPACT

Understanding the views of older people informs how best to consider their needs in the development of policies and practices related to disaster risk reduction, resilience and preparation.

SUMMARY

Older people, who reside in their own homes, may be considered vulnerable when it comes to emergency events, however, relatively little research has been undertaken into their preparedness for emergency events. This study explored older persons’ perceptions of what it means to be prepared for an emergency event.

The results found that older people viewed being prepared as a mental state of being. They accepted that they were physically less able and they gained comfort in knowing that emergency events they had experienced had left them feeling strong enough mentally to deal with any potential future emergency.

Various different types of emergencies had been experienced, including natural hazard events, such as bushfire and flood; human-induced events, such as war; and (for the time in which they occurred) socially unacceptable events such as teenage pregnancies. The variety of events influenced behaviour and helped build feelings of preparedness.

The temporal and private nature of events was highlighted by the participants’ stories. For some, the event was internalised and less significant to, or noticed by, others. Importantly, an event may not have a clear beginning or end; and might continue to be a feature of every day experience, such as living without a loved one after their death, or giving up a child for adoption. There was also an incremental effect of events over a lifetime, with an accumulation of smaller experiences being as meaningful as a larger event, which also fostered a feeling of preparedness and ability to cope.

Thus, for older people, being prepared for an emergency may not be a one-off tangible activity; rather, preparedness may be a process that constituted a feeling of comfort and security in their world. This process was built upon over many years and, therefore, not necessarily a specific activity as such.

This research also highlighted that while older people might not define themselves as ‘being prepared’ in terms of traditional disaster management assessments, they do not feel vulnerable to disasters. They accept their limitations, but feel confident they can cope. Being prepared for an emergency was more than toolkits, checklists, and tangible items. While it might be important to them to have food in the home and petrol in the car, being mentally prepared, and mentally at peace (for example having insurance) was far more important.

Thus, older people, though they might have some specific needs, also have a wealth of positive attributes in terms of knowledge, experience and sense of community. While the older people in this study might not have defined themselves as being prepared, they certainly considered themselves to be resilient.

By developing a better insight into what influences older people living in the community to prepare for emergency events, and acknowledgement that their resilience is a strength they have developed over time, will contribute toward understanding how best to assist this group in emergency preparedness and in dealing with their needs. This research also has implications for the development of well informed disaster risk reduction, resilience and preparedness policy and practice.

RESEARCH TEAM

Student: Ms Victoria Cornell, Principal Supervisor: Prof Paul Arbon.

ACKNOWLEDGEMENTS

This study was generously supported by a full time PhD scholarship from Resthaven Incorporated.
There is an identified need for standardised methods and measures of reporting across mass gathering events worldwide. A lack of common terminology and measures for data collection at mass gathering events has meant that this data cannot be collated or compared effectively across events. The development of data terminology and concepts agreed by consensus will create a common worldwide framework for standardised reporting of mass gatherings.

SUMMARY
Terminology and concepts related to mass gatherings and Mass Gathering Health have not been well defined. Nor have they been used in a consistent fashion. Mass gatherings are large (greater than 1000 persons) events that have been planned at a particular location for a specific purpose, such as music concerts or football games, and which occur frequently around the world. However, international variations in the way data is collected at these events makes comparisons across settings challenging. Data may not be comparable because of differences in the way concepts have been defined and results may not be applicable to other events. International consensus, particularly with respect to data gathering, is required to address this. Standardised data collection would create a robust evidence-base for governments, researchers, clinicians, and event planners.

Paul Arbon, Alison Hutton, Malinda Steenkamp and Olga Anikeeva, from the World Health Organisation (WHO) Collaborating Centre on Mass Gatherings and High Visibility/High Consequence Events within the School of Nursing & Midwifery, are working with other experts from Canberra, Canada and the UK to develop a recommended Mass Gathering Health Minimum Data Set and its accompanying data dictionary. The Minimum Data Set is being developed through an international Delphi process. The first Delphi round was in June 2014, and the aim is to complete at least two more rounds by March 2015.

The proposed Minimum Data Set documents will be used by public health professionals, researchers, event planners and response organisations to assemble the Mass Gathering Health data. The ultimate aim is to create a foundation for risk assessment, allow for the pooling of data for illness and injury prediction, and support methodology for evaluating health promotion, harm reduction, and clinical response interventions at mass gatherings.

RESEARCH TEAM
Prof Paul Arbon, Dr Malinda Steenkamp, Dr Olga Anikeeva, Dr Sheila Turris, Dr Adam Lund, Dr Alison Hutton, Dr Jamie Ranse, Ms Liz Ellerson.

ACKNOWLEDGEMENTS
This work forms a component of the designated WHO Work Plan for the Flinders University WHO Collaborating Centre for Mass Gatherings and High Consequence/High Visibility Events.
Heart failure patients have better outcomes when they learn key self-care skills to identify early symptoms and take preventive action. Patients who can learn to self-care have fewer hospitalisations and lower rates of death. This study will compare the use of a mobile computer application (App) using avatar technology to teach self-care compared with usual care.

PROJECT IMPACT

Individuals living in rural areas have an increased prevalence of cardiovascular disease when compared to urban areas and heart failure patients have higher rates of readmissions. The implementation of an innovative self-care teaching App will improve rural and remote heart failure patient outcomes and self-care behaviour. At the same time it should lead to the up-skilling of rural and remote community nurses to make a contribution to heart failure and chronic disease patient care within their community.

SUMMARY

The effectiveness of the program will be measured through improvement in self-care knowledge and behaviour, and reduced re-hospitalisation rates. Patients and nurses will also be invited to provide feedback on using the App.

Heart failure is the leading cause of hospitalisation and a significant burden on the health care systems in Australia and elsewhere. Fluid management has been shown to be a key component in symptom monitoring and management for heart failure patients. Telemonitoring data from Johns Hopkins University has shown that signs and symptoms of fluid overload begin around eight days prior to an emergency hospital admission for acute decompensated heart failure and pulmonary oedema, thus there is sufficient warning time for action to be taken to prevent serious and possibly deadly consequences. Preliminary studies by the team have indicated that patients do not interpret the signs and symptoms of fluid overload correctly, and so do not act quickly to prevent an exacerbation. This leads to repeated re-hospitalisation.

Individuals living in rural and remote regions of Australia have an increased prevalence of cardiovascular disease when compared to urban areas, and heart failure patients have higher rates of readmissions. Rural and remote areas have limited access to health care, a lack of specialist services, and the long distances make it difficult to travel to heart specialist clinics. Interventions for heart failure patients that have used information technology and telephone follow-up have shown improved outcomes such as reduced mortality and hospitalisation, increased heart failure knowledge, medication adherence and cost effectiveness.

The avatar teaching App is expected to be more effective than printed materials in providing self-care education because it provides instructions verbally which might assist patients with low literacy skills or vision impairment. The App uses avatars (animated cartoon-like figures that represent a participant in the App). The use of avatars has been shown to stimulate greater interest and improve comprehension, thus improving outcomes of the education.

The intervention will engage practice nurses in using the App to teach patients daily weighing, self-assessment and responses to signs and symptoms with early action. This will allow practice or community healthcare nurses to up-skill and enable them to make a positive contribution to heart failure and chronic disease patients within their community.

RESEARCH TEAM

Prof Robyn Clark, A/P Jill Howie-Esquivel, Prof Kathy Dracup, Prof Bronwyn Fredericks, Prof Mick Adams, A/P John Atherton Dr, Dr Huiyun Du, Dr Narelle Berry.

ACKNOWLEDGEMENTS

Partner organisations

Central Queensland University (CQU) 
Kambu Medical Centre 
Bidgerdi Community Health Service 
The Australian Institute of Aboriginal and Torres Strait Islander Studies (AUATSIS) 
University of California San Francisco (UCSF) 
Queensland University of Technology (QUT) 
Integrated Cardiac Clinical Network Country Health South Australia (iCCnet CHSA) 
Te Whare Wānanga o Awanuiārangi Indigenous University 
University of Queensland 
The Prince Charles Hospital Indigenous Cardiac Outreach Unit 
Ipswich Hospital Department of Cardiology and Heart Failure Specialist Services

Funding sources

CQU Research Development and Incentives Program (2012) 
University of California San Francisco Pacific Rim Grant (2012) 
QUT Post Graduate PhD Scholarship Awards (2011) 
QUT IHBI Collaborative Grant (2011) 
QUT Professorial Start-up Grant (2011) 
Atlantic Philanthropic UCSF/QUT Partnership Grants (2010)
Patients’, family members’ and carers’ views on involvement in recognising and responding to patient deterioration through the rapid response/medical emergency team system

To obtain patients’, family members’ and carers’ perspectives on what knowledge/education might be required that would enable them to recognise that a patient is deteriorating and to activate escalation of care in a hospital environment.

PROJECT IMPACT

Involving health consumers in being able to identify clinical deterioration in a patient and initiate escalation of care will reduce the number of adverse outcomes and deaths that occur in these circumstances.

SUMMARY

In Australian hospitals, clinical deterioration may occur rapidly, with adverse outcomes such as longer hospital stays, time in an Intensive Care Unit or death of the patient. Rapid response to the deteriorating patient in hospital and early treatment is therefore a critical issue. Many Australian hospitals have a system in place to initiate rapid and intensive medical intervention and care for the deteriorating patient: the rapid response team or Medical Emergency Team program. However, there is evidence to indicate detection of early physical changes does not always occur and escalation of care to the rapid response team may occur late or not at all. The tragic and preventable loss of life during hospitalisation is unacceptable and such cases have resulted in a series of investigations by coroners’ courts across Australia.

Concern over unexpected deaths in healthcare has resulted in the Australian Commission on Safety and Quality in Healthcare (the Commission) including effective detection and intervention for patients showing signs of clinical deterioration in its 10 National Safety Standards (Standard 9). In conjunction with this, engagement and partnering with consumers (Standard 2), the Standards seek to make the detection and response to patient deterioration a collaboration that engages health professionals and health consumers.

This study aimed to explore patients’, family members’ and carers’ views on potential involvement in detection of clinical deterioration and subsequent escalation of care through rapid response systems of hospitals. The study drew on the participants’ previous experiences to identify:

- What information is required to assist their recognition of the deterioration of a patient and their ability to activate escalation of care through the hospital system
- When should information/education be provided to assist in this
- Who should provide this information/education
- What is the best way to deliver this information.

The outcomes will be used to make recommendations on new strategies for consumer-led call activation programs aimed at rapid escalation of care for deteriorating patients in hospitals. This project is one of a series of research studies seeking to identify and provide clear and useful information to teach the recognition of clinical deterioration and associated escalation of care to patients, family members and carers within the hospital environment. The goal will be to provide consumers of health – patients, family members and carers – and their health professionals with collaborative strategies designed to provide deteriorating patients with rapid medical intervention when they are most vulnerable during their stay in hospital.

RESEARCH TEAM

Dr Lindy King, Mr Guy Peacock, Prof Robyn Clark.

ACKNOWLEDGEMENTS

Partner organisations
Southern Area Local Health Network (SALHN).

The Health Consumer Alliance of SA and allied health consumer and carer organisations have partnered with the research team to recruit participants into the study.

Funding sources
2013 Flinders University Faculty of Medicine, Nursing & Health Sciences Competitive Seeding grant
This study will investigate the use of student nurses (called Assistants in Nursing [AINs]) to supervise psychiatric patients in an emergency department.

PROJECT IMPACT

This project has the potential to improve the patient experience of being in the emergency department (including decreased length of hospitalisation and the health economic costs associated with this). Further, this research will ensure patients are provided with evidence-based and contemporary care.

SUMMARY

Emergency departments are frequently the first contact that a person with a mental illness has with the health system. Presentation to an emergency department may be a stressful time for those requiring access to mental health care. Following assessment, patients who are held involuntarily under health legislation order often require supervision (to reduce agitation or emotional distress, prevent them leaving without permission or coming to harm), while waiting for admission and referral to specific mental health services.

Lyell McEwin Hospital has taken an innovative approach to the care of psychiatric patients in the emergency department who require closer supervision with the use of the Additional Patient Supervision model. Nursing students (years 1-3 of their undergraduate degree) who have completed additional training are employed as AINs to supervise psychiatric patients on treatment orders.

The purpose of this study is to investigate the use of AINs and to examine ways in which the experience of psychiatric patients in the emergency department could be improved. The project will also involve a cost-benefit analysis of the use of AINs in the emergency department, and examination of the characteristics of patients who were supervised by an AIN such as their presenting issues and subsequent pathway through care.

The Northern Adelaide Local Health Network, as a partner in this project, identified a need for a comprehensive examination of the use of AINs for psychiatric patients in the Lyell McEwin Hospital emergency department and the benefits as perceived by AINs, consumers and medical and allied health staff working in the emergency department.

The research team has a research background in examining practices in psychiatric care (restraint, seclusion, medication) and consumer experiences of hospitalisation (empathy between consumers and nurses, the process of risk assessment), and has been working in strong collaboration with mental health service providers across South Australia for the past six years. This latest initiative research is an exemplar of the team’s commitment to research translation to shape contemporary and consumer-driven mental health care.

RESEARCH TEAM

Prof Eimear Muir-Cochrane, Dr Adam Gerace, Mrs Deb O’Kane, Mrs Allison Roderick, Ms Leah Couzner, Dr Christine Palmer.

ACKNOWLEDGEMENTS

Partner organisations

Ms Karleen Thornton Nursing Director, Nursing & Midwifery Education, Research and Practice Development, Northern Adelaide Local Health Network.

Funding sources

Flinders University.
Northern Adelaide Local Health Network Strategic Partnership Grant.
INTERDISCIPLINARY EDUCATION AND COMMUNICATION FOR THE EARLY YEARS; SHARING COMMON GOALS

1. A national interdisciplinary educational framework to prepare professionals for working with children from birth to five years and their families
2. A common language for interdisciplinary professionals currently working with children from birth to five years and their families in South Australia

Study 1: In collaboration with partners from Western Australia, Queensland and New South Wales, a national interdisciplinary learning and teaching framework will be developed to inform higher education curriculum for preparing early years professionals across various disciplines. This project is funded by the Office of Learning and Teaching.

Study 2: During the 'Common Language' project we will research with a range of professionals who currently work with children from birth to five years and their families. This project is jointly funded by the Department of Education and Child Development and Flinders University Faculty of Medicine, Nursing and Health Sciences.

PROJECT IMPACT

Jointly these research projects will provide an evidence base to improve curriculum and practice for professionals working in the early years. The ultimate goal is improved outcomes for children and their families who are in need of health, welfare and education services. Project outcomes include:

- A statement of universal essential elements (knowledge, skills and attributes) required for working with children from birth to five years of age.
- A set of project resources based on outcomes 1, 2 and 3, that can be embedded into the delivery of existing curriculum and can inform future curriculum development for early years’ professionals involved in interdisciplinary work.
- A common language resource for use in existing multidisciplinary early years’ workplaces.

SUMMARY

Australia has a strong tradition of providing early childhood and family health care, in addition to welfare support services (Moore & Skinner 2010). Recent changes in the policy and practice environment of care provision for children in the early years (birth to five years) have led to health, welfare and education professionals being asked to work in collaborations that have not previously been conceptualised or experienced. This has raised significant challenges around setting common goals for early childhood care and education, communication, and collaborative multidisciplinary work. These challenges have created barriers that have prevented children receiving streamlined and consistent care across the domains of health, education and welfare. These two studies will collaboratively develop a common language tool for professionals working in the early years (birth to five years).

In Study 1, the team will use a combination of desktop research and modified Delphi rounds to engage broadly with the interdisciplinary early childhood workforce and the workforce who have responsibility for educating early childhood professionals. Through this we will develop a set of tangible resources and evaluation tools for use in the education sector.

In Study 2, the team is working with a range of interdisciplinary professionals who work in children’s centres across South Australia. Through workshop-based focus groups we will deconstruct the nature of childhood and working with children through various disciplinary lenses and rebuild a common language of childhood for immediate professional use.

RESEARCH TEAM

Dr Julian Grant, Dr Yvonne Parry, Dr Sally Brinkman, Prof Jennifer Sumison, Ms Kaye Colmer, A/P Kerryann Walsh, Dr Keith Miller, Dr Jessie Jovanovic, Ms Christine Gibson.

ACKNOWLEDGEMENTS

Office of Learning and Teaching – project partners include: Dr Sally Brinkman, Telethon Institute; Professor Jennifer Sumison, Charles Sturt University; Ms Kaye Colmer, Gowrie SA; A/P Kerryann Walsh, Queensland University of Technology; Dr Keith Miller, Flinders University Social Work and Social Planning; Dr Jessie Jovanovic, Flinders University, School of Education; Ms Christine Gibson, Australian Centre for Child Protection.

Department of Education and Child Development facilitated through Ms Trish Strachan and Marina Elliot.
This Leadership program provided inter-professional capacity building in research and clinical education to improve maternal, neonatal and child health outcomes in Indonesia.

PROJECT IMPACT
Twenty five senior Indonesian academic nurses, doctors, allied health and health service managers attended a two-week research and education program at Flinders University under Australia Awards Fellowships funded by the Australian Government Department of Foreign Affairs and Trade. The Fellows were staff from Universitas Airlangga, MH Thamrin University, PolyTeknik Kesehatan Kemenkes Kupang, Moluccan Christian University, Universitas Cenderawasih and Dr Soetomo Hospital. A further three participants were funded by their institutions to attend the program. During the program Fellows individually and with colleagues, developed a draft research idea or proposal to complete on their return to Indonesia.

SUMMARY
The program drew on expertise from across Flinders University to introduce participants to the different frameworks for designing and implementing research, seeking funding and disseminating findings, as well as tools to evaluate research findings for the incorporation of evidence-based practices. Inter-professional collaboration was emphasised including strategies to build teams between disciplines and across organisations.

The staff expertise and the clinical laboratory facilities of the Flinders School of Nursing & Midwifery were used in the second week to expose Fellows to the management of clinical education using low and high fidelity simulation. This included clinical simulation exercises to support inter-professional education and practices, different student clinical assessment models and evaluation of learning outcomes.

At the end of the program participants applied the knowledge that they had gained in research and clinical education techniques to a change proposal that they took back to Indonesia to build further capacity for evidence-based practice in maternal and neonatal and child health.

During the program, some Fellows met with Flinders University academics with similar research interests to enhance future collaborations.

RESEARCH TEAM
Ms Kristen Graham, supported by the coordination group including A/P Linda Sweet, Dr Trudi Mannix and Prof Jeff Fuller. The overall program was collaboratively delivered by the midwifery teaching team and staff across the Faculty of Medicine, Nursing and Health Science with extensive administrative support from the School of Nursing & Midwifery.

ACKNOWLEDGEMENTS
This program was supported by an Australian Awards Fellowship funded by the Australian Government Department of Foreign Affairs and Trade.
Fentanyl delivered by intranasal and subcutaneous routes was compared to pethidine delivered intramuscularly for pain relief during childbirth. Fentanyl was as effective as pethidine for pain relief, but fentanyl had fewer adverse effects compared to pethidine.

PROJECT IMPACT

The use of fentanyl delivered by intranasal and subcutaneous routes for pain relief during labour would be easier, and reduce the number of adverse side effects. It would require fewer specialist services than pethidine, allowing it to be used across a wider range of health services, which is especially beneficial for remote areas.

SUMMARY

An important consideration for women in labour is pain management. For women who are unable or unwilling to use an epidural, pharmacological options are limited. Pethidine is the most commonly administered opioid for labour pain, but has slow onset of action and potential for adverse effects. Other opioids have been used in childbirth with varying success, for example fentanyl, but because of its product licensing, fentanyl is predominately administered intravenously. When compared to pethidine, intravenous fentanyl has been shown to produce fewer adverse effects in the mother and baby, but this route of administration restricts the woman’s ability to mobilise and requires additional resources.

Research in other clinical settings has shown fentanyl to be safe and effective when administered by intranasal and subcutaneous routes, but the efficacy of these routes has not been examined during childbirth. This randomised controlled trial (RCT) was the first to examine the clinical effectiveness of fentanyl administered via the intranasal or subcutaneous route compared with intramuscular pethidine in labouring women requesting analgesia.

Results from the study suggested that fentanyl administered via the intranasal and subcutaneous routes are as efficacious in relieving labour pain as intramuscular pethidine and resulted in greater maternal satisfaction, less sedation, less anti-emetic use, shorter labour, fewer neonatal admissions to nursery and fewer difficulties in the establishment of breastfeeding.

This project has provided evidence that will enable a change in clinical practice from the use of intramuscular pethidine when providing parenteral pain relief to labouring women. In addition, facilities with limited resources and/or in rural and remote areas also may benefit with the potential to utilise fewer specialist services and neonatal transfers.

RESEARCH TEAM

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Partner Organisations
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This study was supported by the Flinders University Student Research Maintenance fund.
This research investigated young peoples’ perceptions on how they might stay safe and healthy while attending the Schoolies Festival at Victor Harbor in Adelaide, which is South Australia’s largest and safest school leavers management response.

PROJECT IMPACT
Identifying the support sought by young people at festivals has contributed to a better understanding of what young people need when they are out celebrating at events such as Schoolies.

SUMMARY
Schoolies Festival is coordinated by Encounter Youth and is a community-management strategy formed in response to the mass gatherings of school leavers. The main risks associated with non-official school leaver events are the consumption of excessive alcohol, drug use and violence.

This research focused on how young people perceive risks and the strategies they use to protect themselves at these events. Gaining a greater understanding of perceived risks could inform future event management, guide pre-event preventive strategies, and provide a safer environment for participants.

Research literature and experiences of providing emergency health care services at youth mass gatherings identified the need to develop underpinning knowledge about potential risks and strategies that address these, to inform best practices in pre-event prevention and in event management. This would ensure that these events provide a safer and more supportive environment for young people.

The benefits of this project were to:

- Lead to a better understanding of what is important to young people in staying safe and healthy at Schoolies Festival.
- Inform safe partying harm minimisation strategies that help to provide a supportive environment, where risks could be reduced, and young people feel safe to seek support.
- Provide outcomes that have broad application to other mass gatherings and to the planning of public spaces utilised for mass-gatherings (such as school leaver events). For example, the project specifically identified changes in preventive strategies that can be used as a component of pre-event advertising and at entry points to the event.

The way that Schoolies Festival is organised does mitigate injury occurrence. Encounter Youth, who are the main event coordinators, work towards minimising harm for young people at this event.

Outcomes from this research indicated that young people were educated and aware of potential risks, and therefore interventions may not need to focus on additional educational health messages. Young people want events that provide safe havens within the environment, so that attendees can seek out safe zones if required. The provision of dry zones with first aid available, supportive volunteers, free food and pastoral care were all considered beneficial to celebrating safely.

This research has influenced some changes to assist in improving safety at the Schoolies Festival. The results have provided evidence that young people have valid health concerns and that by understanding these concerns, event organisers can create safer environments for young people. These results may be applicable nationally as they identify new strategies that help young people to stay safe and healthy at mass gathering events.

RESEARCH TEAM
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