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Save the date
Welcome to the first issue of JBI Matters for 2014. Let me firstly wish you all a great start to the new year. JBI has kicked off the year with all the fervour that we do each year.

I am pleased to announce that, from an impressive international field of candidates, we have appointed our new Executive Director (see page 4). We await his commencement in March with great anticipation.

The Joanna Briggs Collaboration continues to be a formidable driving force internationally and the finesse with which each centre runs their programs has secured us with an outstanding reputation on the world stage. Our International Colloquium will be hosted in Singapore in November this year (see page 4) and it is shaping up to be another vibrant event, followed by our Joanna Briggs Collaboration Committee of Directors face-to-face meeting. Singapore is said to be many things to many people, so please save the dates and don’t miss out on finding out what it is to you!

As always we will be running our Clinical Fellowship Program and Comprehensive Systematic Review Training over the course of this year. With limited intakes here in Adelaide in 2014 we encourage you to promote these to friends and colleagues you think may be interested.

Once again we will run the JBI National Australian Conference this year on 14–15 July, so save the date in your calendars and don’t miss out! This year will be a more intimate affair as we attempt to create a more personal and interactive environment for networking, learning, sharing and relationship building.

There is no rest for our postgraduate students who are working at various stages of their program with vigour, determination and enthusiasm, which can be hard to maintain sometimes in higher degree studies! It is a challenging and emotional roller coaster at times, but very rewarding. We will see several students graduate this year and we couldn’t be prouder. Don’t forget to make sure research school is in your diary!

The Institute and School are in a solid place and, while we are consolidating our programs, we are also seeking to continue to engage with and serve our members, students, alumni and collaborators in new and innovative ways. So, as always, we are keen to hear your ideas, thoughts and suggestions on how YOU would like to see us interact with you this year and what new tools and resources would help you to use evidence to improve outcomes at the point of care.

So, as you can see, there is plenty to look forward to this year! In addition to all of this, we hope to work on redeveloping some of our software, developing new software, releasing another instalment in our book series with Lippincott, Williams and Wilkins, and continuing to work on methodological development and other research. We are very excited about these projects and the year ahead, so stay connected with us on Facebook, keep an eye out for JBI Matters and other communications so we can share it with you as the year progresses.

Associate Professor Zoe Jordan
Acting Executive Director
Announcing the appointment of our new Executive Director

The Joanna Briggs Institute is pleased to announce the appointment of Prof Lyle Palmer as our new Executive Director, replacing Prof Alan Pearson who retired at the end of last year.

Originally from Perth, Australia, Prof Palmer has a background in genetic epidemiology and is currently the Executive Director of the Ontario Health Study in Canada.

He brings with him an impressive list of achievements and is keen to pursue his interest in promoting and supporting translational health science with the Joanna Briggs Institute and School of Translational Health Science.

We are all looking forward to having Prof Palmer join the team on 24 March.

In the interim, Assoc Prof Zoe Jordan is Acting Executive Director and Head of School until Prof Palmer commences his role.

Scaling new heights: challenging the status quo

The Joanna Briggs Institute’s three Collaborating Centres in Singapore have joined forces to bring you the 9th Biennial Joanna Briggs International Colloquium for 2014, themed, ‘Scaling new heights: challenging the status quo’. The Colloquium will be held on 10–12 Nov 2014.

The scientific program will be led by experts in evidence-based practice, research, clinical care and quality improvement. The topics of interest will focus on leadership management, evidence-based practice, quality improvement, research and education. Registrations and abstract submissions are now open. There is also a Facebook page on the Colloquium.

Foundation set for a new look

The Joanna Briggs Foundation (JBF) is gearing up for a new look.

Fundraising manager Sandy Davis and a small sub-committee of JBF Advisory Committee members have been working on the new look. Set to be launched in March, the new logo and website will aim to enhance its branding and generate wider corporate and public interest.

Award-winning graphic design and advertising company Slipperyfish have generously assisted with the new-look JBF and our thanks go to their Director, Leigh McMahon, for his support.

The foundation will be hosting two cocktail functions in the coming months, one to be held in Sydney and the second in Adelaide. The events will be attended by a targeted group of corporate business supporters.

The foundation’s efforts throughout 2014 will be raising much needed funding to support the JBI developing countries clinical fellowship program.
Pregnant and diabetic

Being pregnant in itself is an overwhelming experience. Throw into the mix a medical condition, health professionals who may be less than empathetic, easy access to a plethora of information on the internet, and the result could be detrimental for both mother-to-be and baby.

Lynn Costi’s systematic review illuminates the complexities behind the experiences of pregnant women with pre-existing or gestational diabetes, and how these experiences affect their responses to treatment and their continued health and perinatal outcomes.

‘Women often worry about the effects of drugs on their baby but rarely consider the effect of their condition on the pregnancy and baby,’ Lynn says.

As a pharmacist in the Women’s and Children’s Hospital in Adelaide, Lynn regularly hears the concerns of women who are pregnant or are contemplating pregnancy who are on medication. Insight into their predicament prompted her to choose her topic for her systematic review.

Titled ‘Women’s experience of diabetes and diabetes management in pregnancy’, published in the Vol 12, No 1 (2014) issue of the Joanna Briggs Institute Database of Systematic Reviews and Implementation Reports, Lynn’s systematic review of qualitative literature confirms the view that treating a pregnant woman with diabetes involves more than just dishing out prescriptions. It calls for a holistic and collaborative approach and treating the woman as an individual and not just a patient.

The findings highlight firstly the need for health professionals to be empathetic and to cooperate with health professionals from other specialities in a collaborative model of care. ‘It is often difficult for women to integrate sometimes conflicting advice from different health professionals who concentrate on their individual specialisations,’ Lynn says. ‘Also, women value being treated as an individual and not as a conglomerate of symptoms or “problems”.’

This lack of collaboration unfortunately is a reality for pregnant women with diabetes seeking treatment. Lynn sees this as a conflict between consumer expectations and the need to be valued and treated as an individual and the high expectations that society places on the technical and professional expertise of health professionals.
Among the issues alluded to in the systematic review are insufficient or culturally inappropriate information about diet and lifestyle factors related to treatment, the disjointed nature of appointments which frustrated women who found difficulty with the additional time demand in their already busy lives, some of them even holding down full time jobs, and some health professionals coming across as judgmental and dismissive of women’s prior knowledge of diabetes.

Medication non-compliance also features as an issue. Figures cited in Lynn’s systematic review paint a worrying picture: an Australian study found that nearly 60% attending a maternity outpatient service were non-complaint with their medications, and nearly 70% of women in a Norwegian study chose not to use a drug as they feared it was not safe. The second synthesized finding hence stresses that women with a low compliance to medical treatment need time to adjust and the necessary education on treatment.

‘From my day-to-day work, it is obvious that women make treatment and lifestyle decisions based on information from a range of sources. I think health professionals need to understand and address both the positive and negative aspects of this both valuable and troublesome resource,’ Lynn adds.

The upshot of the systematic review is that the medical condition and pregnancy of pregnant women with diabetes are only part of these women’s complex lives and treatment regimens should accommodate this. Treatment of the pregnant diabetic should involve various health professionals working in synchrony, as well as oral and written education for the women. The goal – helping these women adjust to and manage their condition which for many is a life-changing circumstance.

Lynn Costi is a candidate of the Master of Clinical Science at the School of Translational and Health Science.

CREATE news and update

CREATE (the Centre for Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange) started the year with plenty of activity, including the formation of a Leadership Group and the conduct of two overviews of systematic reviews which got off the ground last year.

The team are working on the development of a comprehensive engagement strategy and evidence synthesis methodology that incorporates Aboriginal knowledge and wisdom. The recruitment of additional staff and students is progressing well, and positions will be filled in the coming weeks.

Cleveland Fagan, Chief Executive Officer, Apunipima Cape York Health Council, and Matthew Cooke, Deputy Chair of National Aboriginal Community Controlled Health Organisation (NACCHO), have joined the Leadership Group and will be attending the upcoming inaugural Leadership Group meeting.

CREATE was established last year from a $2.48 million grant from the National Health and Medical Research Council (NHMRC).
Chiang Mai Train-the-Trainer incorporates a farewell twist

Prof Alan Pearson, former Executive Director, and Assoc Prof Zoe Jordan, Acting Executive Director, travelled to Chiang Mai, Thailand, to run the Comprehensive Systematic Review Train-the-Trainer program on 5–8 February.

The training included 11 participants from the Thailand Centre for Evidence Based Nursing, Midwifery and Health Science. Two participants from Myanmar were unable to attend. The week was hosted in the Faculty of Nursing at Chiang Mai University and ran very smoothly with all participants doing very well.

New appointment

Jasmine Wan, formerly Administration Assistant in Communication Science, is now the new Training and Events Coordinator.

With a BA (Hons) in Financial Services and a Certificate in Higher Education in Chinese and Japanese Studies, Jasmine brings to the role valuable expertise acquired in the United Kingdom.

As Management Trainee with HSBC Bank plc in England for three years, she gained a strong grounding in customer service, administration, quality improvement, and sales and marketing.

She also spent seven years as founding Senior Administrator with Education Development International plc, a for-profit Vocational Education Awarding Body in the UK. This was her first introduction to the education sector.

It was the last Train-the-Trainer program for Prof Pearson, who also enjoyed a farewell party thrown for him by the Thailand Centre.

The fond farewell included traditional Thai dances, a tribute video presentation, speeches, gift presentation and a traditional Thai song sung by the entire group!
Twenty minutes of your time could help change the world

Your feedback could make a huge difference to the way doctors, nurses, pharmacists, radiologists and health professionals across the world deliver the best available care to their patients.

A new Best Practice Information Sheet (BPIS) draft on heart failure is available on the JBI website for public and stakeholder feedback until 21 February 2014.

By sparing about 20 minutes of your time to comment, based on your knowledge and experience in this particular topic, you could help ensure the BPIS is relevant and ‘in tune’ with what patients and stakeholders want and require.

This heart failure BPIS presents the best available evidence on the effectiveness of group visits for patients with heart failure on knowledge, quality of life, self-care behaviours and hospitalisations.

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

If you are not able to meet the 21 Feb deadline, please check our website regularly as we will be posting a series of BPISs on a range of topics for feedback for the rest of the year.

At JBI we are committed to delivering the best quality information, so we need your guidance and assistance to help us improve global health.

A big thank you in advance!

Project at field observation and audit phase

Data is currently being collected as part of Phase 2 of the ‘Use of surgical and radiology checklists in Australian hospitals’ project, one of the two Hospital Contributions Fund (HCF) funded research projects being undertaken by the Joanna Briggs Institute.

The project involves assessing the use of safety checklists in surgical and interventional radiology settings across Australia.
Phase 1 included a nationwide survey investigating use of checklists, Phase 2 involves field observations and an audit on how checklists are used, whilst Phase 3 involves focus groups discussing the use of checklists.

Synthesis Science Research Fellow Kristy Hodgson is currently visiting hospitals in Sydney to implement Phase 2. Over the next few months, she will visit a total of 15 hospitals in New South Wales, South Australia, Victoria and Queensland as part of her audit.

In December last year, Synthesis Science Research Fellow Dr Zachary Munn ran a focus group with surgeons at the Queen Elizabeth Hospital (QEH) in Adelaide to discuss checklist use. The findings provided clues to the facilitators and barriers to the use of checklists amongst surgeons.

In February, Dr Munn ran a similar focus group with nurses at the Western Hospital, and another at QEH, but with nurses. More focus groups have been lined up for the rest of the year.

The project is done in collaboration with Australian Patient Safety Foundation members: Prof Bill Runciman, Dr Tim Shchultz and Anita Deakin. External experts include Prof Guy Maddern and Dr Catherine Mandel.

The project is due to be completed in June.

Brand new Reviewers Manual

The new 2014 Edition of the Joanna Briggs Institute Reviewers Manual is now available. Hot off the press, the manual boasts enhanced and updated content, and a fresh red cover, and is punctuated with cartoons to provide light relief. See example on the right.

Central Adelaide Local Health Network established

A Central Adelaide Local Health Network has been established, extending the Joanna Briggs Institute’s impact at the community level.

Dr Zachary Munn, Research Fellow Synthesis Science, attended the first meeting of network on 22 January. The group, comprising mainly staff from the Royal Adelaide Hospital (RAH), discussed ways to use JBI resources at the RAH and throughout the network.
Comprehensive Systematic Review Training Programs 2014

The Joanna Briggs Institute Comprehensive Systematic Review Training Programs (CSRTPs) are designed to prepare researchers and clinicians to develop, conduct and report comprehensive systematic reviews of evidence using the Joanna Briggs Institute System for the Unified Management, Assessment and Review of Information (SUMARI) software.

The 2014 program is listed here. For more information or to register your interest, email: jbieducation@adelaide.edu.au

Full Program (consisting of modules 0001, 0002 and 0003)
(Five days)
3–7 March | 5–9 May | 21–25 July | 8–12 September

Individual CSRTP modules

CSR Module 0001:
Introduction to Evidence-Based Healthcare and the Systematic Review of Evidence
(One day)
3 March | 5 May | 21 July | 8 September

CSR Module 0002:
The Systematic Review of Evidence Generated through Quantitative Research
(Two days)
4–5 March | 6–7 May | 22–23 July | 9–10 September

CSR Module 0003:
The Systematic Review of Evidence Generated by Qualitative Research, Narrative and Text
(Two days)
6–7 March | 8–9 May | 24–25 July | 11–12 September
Welcome back JBC!

A big welcome back to all Collaborating Centres! We hope you have all had a great holiday and are looking forward to an exciting and productive 2014! There is a lot happening already...

49th meeting of the Committee of Directors

Centre Directors, it is time to start thinking about our first teleconference for the year. This will be your first opportunity for many of you to meet with our new Executive Director (see page 4). The meetings will be held on 2–4 April, and Adriana Turner will send out an email with times and a request for contact phone numbers very soon.

JBI COnNECT+ app

The JBI COnNECT+ app is now available for both Apple and Android products. Download it for FREE by visiting the JBI homepage and clicking on the link under JBI Apps.

CSR training for 2014

We are running the first of four Comprehensive Systematic Review Training Programs (CRSTPs), to be held at JBI offices in Adelaide beginning March 2014.

Adelaide dates for CRSTPs:
- 3–7 March (registration closes 14 February)
- 5–9 May (registration closes 21 March)

Contact: email jbleducation@adelaide.edu.au to register, or for more information.

The University of West London will be conducting CRSTPs:

Venue: Brentford Campus, Paragon House, Brentford, Middlesex.

Dates: 28 April – 2 May

Cost: £850

Contact: if you are in Europe please contact Meg for more information, meg.morse@uwl.ac.uk, +44 (0)208 209 4145

Six-monthly update

Dr Cindy Stern and Dr Karolina Lisy are currently compiling data for the 2013/2014 six-monthly update. This document provides a snapshot of your centre’s output from 1 July 2013 to date, and outlines output targets to be met for centre status and funding. Please note that this document is meant to serve as a guide only.

Submissions and peer review for the JBI Library

We would like to remind Centres that the lead up to the Annual Review is underway as we approach 31 June. We encourage all evidence review Centres to submit their systematic reviews well in advance of this date to allow sufficient time for thorough peer review.

We also ask that all members of the JBC respond to requests to peer review in a timely manner to avoid delays in the process for their colleagues.
Expanded Mental Health node brings you better resources

The Mental Health node is a unique mental health-specific web based facility that provides online resources and tools to mental health clinicians, patients and their families to utilise evidence-based information in clinical decision making processes.

The wide range of resources for facilitating effective and appropriate evidence-based mental health is available via JBI CONNNECT+ or OvidSP to subscribers of JBI content.

The user-friendly collection of online resources have been designed to inform and assist:

- Users of mental health services (consumers)
- Service providers (managers of mental health facilities)
- Health care professionals (nurses, medical practitioners and allied health professionals).

JBI has a well-established reputation in the area of evidence-based clinical decision support and clinical practice improvement and has provided a resource which assists users to summarise, disseminate and utilise the best evidence available. In the last year JBI expanded the number of available Evidence Summaries in mental health which was represented a 100% increase in just a year.

There are currently 252 Evidence Summaries and with a wide range of diverse topics covering areas such as alcohol disorders, depression, schizophrenia and dementia. Evidence Summaries cover different diagnostic, preventive and treatment approaches (pharmacological but also non-pharmacological) for children and adolescents, adults and older adults.

The resources address aspects of clinical care relevant to the care of patients in mental health facilities. The resources enhance the ability of mental health workers to provide consistent and appropriate care, while reducing the risk of clinical adverse events. The resources also facilitate staff training and continuous improvement within the mental health sector.

Dr Catalin Tufanaru, Research Fellow, Implementation Science, is the scientific administrator of the Mental Health node, which is a collection of point-of-care evidence.
for practice. Dr Catalin has previously worked as general practitioner, public health specialist and researcher. He has been widely involved with multi-disciplinary and inter-disciplinary working in the fields of evidence-based health care, health policy analysis, clinical practice guidelines development, health promotion and social marketing.

An Expert Reference Group (ERG) has been appointed to assist with the strategic directions for the development of the node. The Chair of the ERG is Celeste Johnson, Director, Nurse Excellence and Education, Green Oaks Hospital, Dallas, Texas, USA.

The ERG benefits from invaluable input from the passionate and informed Consumer Representative Roslyn Udy (also affiliated with Mental Health Consumer Advisory Council, Adelaide, South Australia, Australia).

The development and revision of the content is informed by the current versions of international classification systems such as the International Statistical Classification of Diseases and Related Health Problems 10th Revision and the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Priorities for development of new content are based on the ‘burden of disease’ approach, the Chair’s expert opinion, ERG members’ expert opinion, scientific literature trends and subscribers/customers’ direct requests.

The following aspects/ issues are considered in the development and revision of the JBI Mental Health node content:

- Life-span approach
- Clients/consumers with specific characteristics (e.g. pregnant women; lesbian, gay, bisexual, and transgender (LGBT); military staff; prisoners and immigrants)
- The entire prevention, screening, diagnostic, treatment, rehabilitation spectrum
- The entire spectrum of different types of pharmacological and non-pharmacological interventions, including complementary and alternative approaches
- Different levels of interventions, from individual person, family, groups, community to health care systems
- Different care settings (e.g. hospital, home, community centre)
- Different categories of care providers (e.g. nurses, physicians, psychologists, social workers, occupational therapists, lay persons, and family members)
- Stages of care (e.g. emergency, acute, chronic, long-term care)
- Optimal mix of different mental health services (consider low versus high quantity of services needed, costs and frequency of need) e.g. self-care, informal community care, mental health services through primary care, community mental.

Macro priorities for development of new JBI Mental Health node content for the time period June 2013 to December 2014 (based on burden of disease approach) are:

- Unipolar depressive disorders
- Alzheimer’s and other dementias
- Alcohol-use disorders
- Drug-use disorders
- Schizophrenia
- Bipolar affective disorder
- Panic disorder
- Insomnia (primary)
- Obsessive-compulsive disorder
- Post-traumatic stress disorder.
As a JBI subscriber/member please feel free to contact support@ovid.com if you would like to know more about our Mental Health node or need assistance to access our specialised content.

If you are unable to find information that covers any particular topic then please feel free to send in a request at jbi@adelaide.edu.au.

We endeavour to bring you the best available evidence to help you in your efforts to achieve better healthcare outcomes.
Commencement of new HDR cohort for 2014

On 10 February the School of Translational Health Science welcomed its latest group of HDR students, the first to commence studies in our new premises!

The first compulsory week of program progressed as scheduled and the new cohort performed exceptionally well. Students were engaged, and appeared capable and committed to getting the most out of our Masters by Research program.

The new group met with their allocated supervisors and some have already received preliminary feedback on their research proposals. All have started to gauge the fundamentals of JBI research methodologies and appear to understand the expectations on them. It is a long road ahead and we wish them great success.

QUOTE

‘To do successful research, you don’t need to know everything, you just need to know one thing that isn’t known.’

~ Arthur Schawlow

Tips for successful thesis writing

Highly effective writers learn to focus on words the way a laser beam focuses on light.

When commencing thesis writing, students need to have a clear understanding of their focus, content and objective. What is the purpose of the study? Who are you writing for and is the information communicated most effectively for that group? Make sure that the message is the right message for the right audience. Try not to let unnecessary ideas cloud the principal message. To quote Professor William Strunk Jr, a renowned authority on English language usage:

‘A sentence should contain no unnecessary words, paragraphs or sentences, for the same reason that a drawing should have no unnecessary lines and a machine no unnecessary parts.’

Your writing must have focus and organisation. A good piece of writing flows like a symphony. Organise your material so that each topic flows easily and naturally into the next. Don’t hide ambiguous thinking by burying it under a mass of words. To have impact, ideas must be expressed precisely and concisely.

Further, and take comfort in this, perfection rarely emerges from a first draft. Be your own toughest editor, but don’t stop there. Let others read what you have written before you submit it to your audience. You know what you meant, but you can’t know how others might interpret it until others have read it.

Finally, focus on your results. Unless results are built in, they don’t just happen. Good writing does four things:

1. It creates a feeling.
2. It gives an idea.
3. It gives the reader a benefit.
4. It produces a desired response.
Be clear, be confident and get each draft out to your supervisors ASAP. Inevitably it will need to be rewritten, possibly several times, but that’s all part of the growth process as a Masters student. Don’t take it personally! A Masters program is no place for an easily bruised ego.

Completion of HDR Major Reviews

By now all HDR students required to complete their Major Review have sat for this assessment, and the HDR team is pleased to confirm 100% satisfactory completions of this very significant milestone.

The Major Review is an important point in candidature, when the school assesses whether a student has the skills, aptitude and ability to complete their degree and within the expected timeframe. The outcome of this assessment can have a major effect on how a student progresses with their candidature. We congratulate those HDR students on their successful completion of this milestone.

‘Two babies and a funeral’: a major review of progress of my Masters by Research

by Christine Hunt

2013 was a busy year for me, so it’s not surprising the Major Review process came up unexpectedly! The ‘Major Review of Progress of Masters by Research’ is a process by which the work of research students is reviewed 12 months into their candidature to determine if the student is on track to complete their research and submit their thesis within the agreed timeframe. The actual process consists of the completion of a form and a meeting with key staff, including your principal supervisor.

The form itself is straight-forward and self-explanatory. The student completes the personal details section and must also provide a one-page written report, detailing their progress thus far. This can also include reasons for not meeting milestones, explanations of delays and what strategies are in place to ensure the timely completion of any outstanding work. The principal supervisor also provides a report and a recommendation is made after a meeting with the student. The candidate’s progress is assessed and where appropriate, they are provided with constructive feedback.

I work full time in aged care and have an interest in infection prevention and control, so naturally my research is related to both these clinical areas. Unfortunately, the progress of my research has been a little slower than I first anticipated, and I had to make several adjustments to my Gantt chart and timelines throughout the year. Now it was time to complete the Major Review form I found myself asking: ‘What have you been doing all year?’

When I took the time to reflect I realised that since commencing my studies in February 2013 I had:

- attended the two compulsory study weeks, plus the three-day Research School
- attended several JBI Graduate Research Seminars and the JBI international conference
- successfully defended my systematic review protocol at Panel, and after minor amendments my protocol was published in the JBI library
- completed all the necessary components to confirm candidature of the Adelaide Graduate Centre Induction Program and the Core Component of the Structured Program.
- developed search logic grids (with much-appreciated assistance from Maureen Bell in the Library) and conducted a comprehensive search of the literature. My literature search...
identified 1116 articles and 86 of those require review of the full text (I am currently in the process of working through this step, albeit slowly)

- met regularly with my supervisors who have provided me with invaluable assistance (thanks David and Jared). In between these meetings I have kept in regular contact with them via email, or in person when working on my study at the lovely new JBI offices
- presented an overview of my systematic review at the Adelaide Better Practice Conference held by the Aged Care Standards and Accreditation Agency; I took this opportunity to promote both the subject and the JBI/University of Adelaide Translational Health Program
- been invited to talk about my study, and how to apply evidence into practice, at the Flinders University Infection Control Course to be run in February 2014.

Seems a lot, but still slow progress as far as I’m concerned. As well as the above, I also remembered that 2013 was the year I first became a nanna to my son and daughter-in-law’s beautiful little baby girl. Shortly afterwards I also learned that my daughter and her husband were expecting their first baby! On a sad note, my uncle became very unwell in late 2013. I was his guardian and legal administrator, and one of only two surviving relatives in Australia, so this meant that much of the study time I had allocated myself went completely out the window. After several trips in and out of hospital my uncle died in his own home in late December, at age 90; we held his funeral on Christmas Eve.

All this, and working full time, have made for a happy/sad/challenging/rewarding 12 months. The Major Review of Progress process was quite straightforward, and not at all difficult. It has allowed me the time to reflect and take stock of what’s been achieved, what’s still left to do, and how I’m going to do it. With the support of my supervisors I believe successful completion is definitely achievable; but I have had to revise my Gantt chart (again)...

‘Did everyone notice how quickly 2013 passed?’

by Heather J Glaser

As I prepared for my Major Review and looked back on all the milestones achieved, the posters, seminars, protocol, presentations, and the fabulous JBI Convention, I was glad I had kept a diary, and as I added them one by one to the student report, it triggered a little trip down memory lane.

February 2013, the excitement of meeting JBI staff, other students from all walks of life, wrestling with a laptop, mountains of paper work, reviewers manual, the SUMARI ‘bible’ all topped off with presenting a PICO and that was just week one.

For me, it was the start of fulfilling a lifelong dream of achieving a postgraduate qualification. This opportunity was only going to come around once. ‘When opportunity knocks, don’t complain about the noise’ (anonymous). I made a commitment to doing something each day towards my progress, maybe just reading one paper, or adding a reference to my Endnote library, but always doing it, no matter how tired or what else was happening in the house. Don’t get your violins/guitars out!

The most important component has been (and will continue to be) regular meetings with my
supervisors. Initially, I was only free one day a week or after work, but with some juggling of work hours I was able to come up with times that suited. To maximise the time we have, I email 'stuff' for feedback or discussion prior to the meeting, I also keep a notebook to jot down extra minor things I need to discuss.

Like all relationships, there is give and take, and as the student, my role is to 'give' my work and 'take' the guidance given, be it a plus or a minus ('If life hands you a bag of lemons, make lemonade' – quote from my mum) and come back to the next meeting all the wiser. To date I have found not only supervisors, but everyone I asked for help with different 'problems', very willing to assist... so long as I have done my homework first.

The Major Review is a time to put what you have achieved so far down on paper. A time to reflect in an honest and meaningful way where you are, your relationship with your supervisors, how you plan to get to the finish line, how long this will take (Gantt chart) and what tools (training) you might need to finish the job. In the end, it's your parchment and the question is... What are you going to put in to reach your goal?...

If I fail in my journey, I will know in my heart I have given it my best shot, and as my brother recently told me, as a teacher, ‘You can’t put in what God left out.’

Best wishes to all my 2013 colleagues and a warm welcome to the 2014 cohort.

The lighter side of HDR

<table>
<thead>
<tr>
<th>Phrase</th>
<th>Translation</th>
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<tbody>
<tr>
<td>It has been long known</td>
<td>I haven’t bothered to check the references</td>
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<tr>
<td>It is known</td>
<td>I believe</td>
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<tr>
<td>It is believed</td>
<td>I think</td>
</tr>
<tr>
<td>It is generally believed</td>
<td>My colleagues and I think</td>
</tr>
<tr>
<td>There has been some discussion</td>
<td>Nobody agrees with me</td>
</tr>
<tr>
<td>It can be shown</td>
<td>Take my word for it</td>
</tr>
<tr>
<td>It is proven</td>
<td>It agrees with something mathematical</td>
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<tr>
<td>Of great theoretical importance</td>
<td>I find it interesting</td>
</tr>
<tr>
<td>Of great practical importance</td>
<td>This justifies my employment</td>
</tr>
<tr>
<td>Some samples were</td>
<td>The others didn’t make</td>
</tr>
</tbody>
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chosen for study
Typical results are shown
Correct within order of magnitude
The values were obtained empirically
The results are inconclusive
Additional work is required
It might be argued that

sense
The best results are shown
Wrong
The values were obtained by accident
The results seem to disprove my hypothesis
Someone else can work out the details
I have a good answer to this objection

School blog

Don’t forget to visit the School of Translational Health Science blog to read the latest news, events and important information. Note that the blog does not replace the current HDR Facebook page, which is a ‘closed group’ to active students and supervisors.
A word from the President

Welcome to 2014!
I hope that you all enjoyed a fantastic holiday break and that you’ve enjoyed a good start to this new year.

Firstly, I would like to put out a reminder that Trish McReynolds (Vice president) and I are interested in finding out some information about the alumni members so that we can use it to create an improved web portal and page interface for alumni members to interact with each other. The JBI alumni web portal will hopefully be a place for us to see the work that is being done globally in clinical leadership as you all will have the opportunity to submit abstracts and outlines on projects you are working on.

Click here to access the survey.

Secondly, I am chasing some information that is very important to me, my clients and colleagues. I hope some of our speech pathologists can assist. I am looking for clear definition on:

- What is the best practice recommendation for assisting a person with dysphagia or swallowing problems that place them at risk of aspiration and choking?
- My reason for inquiry is the increasing numbers of vitamised diets with thickened fluids being ordered and administered to frail and elderly patients without best practice guidelines, etc.
- Providing the service of assisting with the feed, what skill set is needed
- Choice and decision making to ignore the care directive from the specialist.

I am keen to see your response! I am keen to see what motivates alumni to fulfil your core role.

Hope 2014 is full of promise, opportunity and excitement for you all.

Drew Dwyer

Best Practice Information Sheets

Calling all interested parties! A new Best Practice Information Sheet is open for your feedback. If you have something to say regarding group visits for patients with heart failure, click on this link or see page 8 for the full story. We’d love to hear from you!

Save the date

It’s never too early to start thinking about the JBI Conference, hosted in Singapore this year. Will you be joining in? See the full story on page 4.