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In the beautiful garden of Rural Health Graduate Research, there are so many wonderful achievements to be shared. There is no better place and time than the Symposium in November when spring is earnestly welcoming the arrival of glorious summer in its best appearance and our graduate research students are keen to share many stories of their research journeys. Yes, the symposium is the time to think, feel and reflect together.

One of the special features of our Rural Health Graduate Research Symposium is student-centeredness. In other words, students are key players in running this symposium from research presentations, session chairing, to symposium dinner with interesting intercultural activities, musical and dancing performances.

Apart from the common research-orientated activities during the day such as keynote speeches and individual presentations, a special feature of symposium this year is the Q&A style session conducted by A/Professor Dominic Geraghty, Associate Dean of Graduate Research.

Albert Einstein is often quoted saying that “anyone who has never made a mistake has never tried anything new” and Goodman looks at mistakes as “a window on the learning process.” It is expected that some mistakes will be made at this symposium because our students are very creative and active in learning and researching.

On behalf of the University Department of Rural Health and the Rural Clinical School, we would like to warmly welcome all participants to the Rural Health Graduate Research Symposium 2012.

Please enjoy the Symposium.

Dr Quynh Lê
Graduate Research Coordinator
Map and contacts

Venue: The Tramsheds, Inveresk Rail Yards, 4 Invermay Road, Launceston.

Directions: Travel north along Tamar Street and cross the bridge. The Tramsheds is located on the right-hand side near UTAS Inveresk site and the Queen Victoria Museum and Art Gallery.

Metered parking is available at the site.

UDRH Graduate Research contact

Kim Izard
Ph. 6324 4051
Email: Kim.Izard@utas.edu.au
# Symposium programme

<table>
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<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td><strong>8.30 – 9.30 am</strong></td>
<td>Registration and morning tea – Tram Room 28</td>
</tr>
<tr>
<td><strong>9.30 – 9.35 am</strong></td>
<td>Welcome and housekeeping</td>
</tr>
<tr>
<td>Tram Room 28</td>
<td>Dr Quynh Lê – Graduate Research Coordinator</td>
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<tr>
<td><strong>9.35 – 10.35 am</strong></td>
<td>Keynote presentations</td>
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<tr>
<td><strong>9.35 – 10.05 am</strong></td>
<td>Dr Sonia Allen</td>
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<tr>
<td>Tram Room 28</td>
<td>Topic: <em>What are the challenges in rural health research?</em></td>
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<tr>
<td><strong>9.35 – 10.35 am</strong></td>
<td>Professor Gerard Gill</td>
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<tr>
<td>Tram Room 28</td>
<td>Topic: <em>Is there an academic basis on which to base rural health workforce planning?</em></td>
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<tr>
<td><strong>10.35 – 12.40 pm</strong></td>
<td>Student presentations</td>
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<tr>
<td>Tram Room 28</td>
<td>10.35 – 11.00am</td>
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<tr>
<td>Chairperson:</td>
<td>Peter Mulholland</td>
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<tr>
<td>Dr Chona Hannah</td>
<td>Paramedic care and inter-professional learning</td>
</tr>
<tr>
<td>11.00am – 11.25am</td>
<td>Jessica Kawa</td>
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<tr>
<td>Genetic heart diseases in Tasmania: Why should we care?</td>
<td>11.25 – 11.50am</td>
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<tr>
<td>Helen Edwards</td>
<td>Someone like me: Understanding the experience of pregnancy and early motherhood for women with type 1 diabetes</td>
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<tr>
<td>11.50am – 12.15pm</td>
<td>Robyn Collins</td>
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<tr>
<td>Advocacy in rural residential aged care facilities</td>
<td>12.15 – 12.40pm</td>
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<tr>
<td>Julie Porter</td>
<td>The impact of mental health clinical training/education on consumer outcomes – An overview of the research</td>
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### 12.40pm – 1.30pm
Lunch – Room 28

### 1.30 – 3.10pm
Student presentations

- **Tram Room 28**
- **Chairperson:** Alexandra King

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<tr>
<th>Time</th>
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<tr>
<td>1.30 – 1.55pm</td>
<td><strong>Daniel Terry</strong></td>
<td>Food insecurity for older people in rural and regional Tasmania</td>
</tr>
<tr>
<td>1.55 – 2.20pm</td>
<td><strong>Joanne Yeoh</strong></td>
<td>Food security and cultural identity of migrants in Tasmania</td>
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<tr>
<td>2.20 – 2.45pm</td>
<td><strong>Thao Doan</strong></td>
<td>Health literacy for older people</td>
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<tr>
<td>2.45 – 3.10pm</td>
<td><strong>Rowena MacKean</strong></td>
<td>Staying connected: Peer-run community organisations and their contributions to older people’s perceived health and wellbeing</td>
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### 3.10 – 3.30 pm
Afternoon tea – Tram Room 28

### 3.30 – 4.20 pm
Student sessions

- **Tram Room 28**
- **Chairperson:** Deb Carnes

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<td>3.30 – 3.55pm</td>
<td><strong>Dr Ha Hoang</strong></td>
<td>Rural nurses’ views of error reporting/disclosure</td>
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<td>International medical graduates in Tasmania: Issues, integration and acculturation in the rural and remote context</td>
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### 4.20 – 4.50 pm
Q and A style

- **Tram Room 28**
- **Associate Dean of Graduate Research – A/Prof Dominic Geraghty**
- Latest Updates from GRO
7.00 pm  

**Symposium Dinner – Tram Room 29**

Symposium Dinner (Buffet style) will be held in Tram Room 29, The Tramsheds, Launceston

MC: Dr Chona Hannah, Daniel Terry and Michael Tran

- Photos and video: Darren Gratridge
- Music performance:
  - Mandolin – Thao
  - Vietnamese song – Ha, little Thao, Thuy, Michael, and Thao
  - Chinese song – Joanne and little Thao
  - Iranian song and dance – Maliheh & Rasool
  - Bagpipes – Melissa, Sally and Greg
- Intercultural humour – Thao
- DINNER TIME
- Intercultural body language stereotyping – Daniel and Sunny
- Korean music and group dancing with the audience – Sunny and Sam
- Monday night fever modern dancing and together with the audience – Thuy and Michael
- Closing: singing together Goodbye – Everyone
Keynote paper 1

Research: Change, innovation and further direction

Dr Sonia Allen

School of Nursing and Midwifery, Faculty of Medicine, Monash University

Biography

Sonia has a distinguished career in clinical nursing, management and education. Her publications and public speaking are both nationally and internationally acclaimed. Sonia joined Monash (Gippsland) in 2004 as a PhD Candidate and has progressed further studies since completion of her thesis ‘End-of-life and Palliative Care within a Multipurpose Service’ in 2008. Following co authorship of a book chapter, research grant collaborations and supervision of a PhD candidate, the University of Tasmania conferred an Honorary Associate position with the University Department of Rural Health. Sonia’s passions on life’s continuum have traversed from being a District Midwife, through governance and resource allocation to issues associated/concerning Older Persons and government policy. She provided submissions to the ‘Caring for Older Australians, Advanced Care Planning and the National evaluation of the Aged Care Innovative Pool Dementia Pilot. Sonia was Chair of Mackay District Health Council for six years, having input into Federal Government Senate Inquiries. Being a current Director of the Royal Freemasons is amongst her many voluntary roles for improving health and advocating for older persons and isolated and rural communities inclusive of indigenous persons. Sonia is a lecturer and TAFE Liaison Officer for the School of Nursing & Midwifery at Monash University Gippsland.

Abstract

Research is a way of acquiring knowledge in order to make sense of the world in which we live (Borbasi & Jackson, 2012). It is through research studies that continual improvement is generated. Research is conducted because we as human beings are curious and interested in solving problems. It is through continual questioning that changes evolve; therefore research is a process of questioning and searching for answers to elicit new knowledge that either adds to the existing body of knowledge, extends current knowledge or provides new insights into current phenomena.

Research initially was conducted through Quantitative studies which were scientifically evaluated. Qualitative studies were introduced when the scientific approach was not engaging with the phenomena under investigation (Humanities, Sociology, and the Arts). It is the research question that drives the methodology (theory) for the study; the method being the process by which the study is conducted and the data analysed. The findings are the discussion phase of the finished product that answers the question
which was posed in the initial phase of the inquiry. The conclusion forms the final statements of the study in a succinct explanation.

Change has evolved to accept that in some studies a single research methodology will not answer the question posed. Today, therefore a mixed methods (Quantitative and Qualitative) approach has become a popular consideration in conducting some studies. Adopting a mixed method approach provides flexibility for the researcher to illicit information that is pertinent to the study question that otherwise would not be available.

What might in the past have been considered novelty engagement in conducting research inquiries has now extended to the inclusion of art works, poetry, song and music to name just a few qualitative innovations that are gaining popularity and extending the boundaries of conducting research studies. Longitudinal studies conducted over many years have provided insight into how developmental studies can influence health care, scarce resourcing and economic situations.

The thesis itself has changed from being a single chapter by chapter to having a thesis by partial or wholly a thesis by publication. Publications may form part of a chapter or a number of publications together becoming the complete chapter. The advantages are that the publication has already been peer reviewed which builds the novice researchers confidence. The aim of any study is to provide ‘best practice guidelines’ through knowledge gained by conducting the study, publications disseminate the information to a very wide audience that provides the gold standard by which an organisation should strive to attain.

Research is exciting; it provides answers to posed questions in a succinct manner, it informs on best practice and the currency of organisational engagement and development. It is still evolving and changing and will continue to do so into the future. I commend research engagement in all aspects of everyday life to enrich our knowledge and understanding of human endeavours.

References

Keynote paper 2

Is there an academic basis on which to base rural health workforce planning?

Professor Gerard Gill

Alfred Felton Chair in General Practice in Rural and Regional Victoria at Deakin University

Biography

Gerard Gill is the Alfred Felton Professor of General Practice for Regional & Rural Victoria at Deakin University. Prior to this appointment Gerard spent 31 years as general practitioner in the same practice in Launceston, Tasmania. He also has public health physician qualifications. He is an Army Reservist and deployed to the Middle East in 2008. He has extensive experience in general practice in its entirety. Particular interests are the care of pregnant women, care of the elderly and veterans, immunisations, refugee health issues, and tobacco, alcohol and other drug problems.

Abstract: Since the 1980’s it has been obvious in Australia that there are significantly fewer health practitioners based in rural areas than in urban locations. Considerable efforts have been made to close this gap. Many of these measures adopted have limited evidence that they would assist in resolving the problem.

What I consider has been lacking has been any thinking about what is the nature of a rural health workforce, that is feasible to educate from the point of a tertiary educational body. Legislative requirements, professional silos and intraprofessional discipline groups inhibit multiskilling and multitasking and career paths. Equity in numbers of practitioners per 1000 head of population may not deliver the workforce to meet the addressable health needs of rural populations. Addressing the need for health care in some locations, particularly those with high deprivation or disease burden requires a larger health workforce.

This presentation will explore some of the identifiable gaps in workforce planning as it has been applied in Australia.
Rural nurses’ views of error reporting/disclosure

Deb Carnes

Aims: The objective of this presentation is to discuss rural nurses' views of reporting/disclosure of a hypothetical medication error. Reference will be made to preliminary results of data collected for a PhD study in this area.

Background: Nurses work at the front line of health services, often in situations where active error occurs. The knowledge of safety climate and views of reporting and disclosure of error amongst nurses working in rural clinical settings is limited.

Method: Data for the study was collected through inviting nurses working in rural worksites in Tasmania to complete an online survey. Worksites included hospitals, multipurpose services, residential aged care, community nursing, general practice and other areas such as mental health settings. Both statistical analysis and fuzzy set analysis of the data will be undertaken for this study. The survey questions combined the Safety Attitudes Questionnaire (SAQ) with a hypothetical medication error scenario with three levels of harm to the patient (severe, moderate and nil harm), as well as collecting some demographic information. The study received ethics approval from the Tasmanian Human Research Ethics Committee.

Results: As the severity of the error increased, so did the number of respondents who felt the error would be reported or disclosed. Whilst 80.2% indicated the severe outcome would ALWAYS be reported in their workplace only 53.4% indicated it would ALWAYS be acknowledged to the patients/clients or their family members. Less than half indicated that the moderate or nil harm outcomes would ALWAYS be disclosed.

Discussion/Conclusion: This study is a ‘work in progress’ and further analysis of data will be undertaken. It adds to knowledge in relation to how nurses view error reporting and disclosure. Whilst there has been a focus on increasing awareness of the importance of error reporting and disclosure the focus has been upon acute care settings. With many rural nurses viewing that this is not always occurring in their own workplaces there is a need for increasing education in this area as well as further research.

Advocacy in rural residential aged care facilities

Robyn Collins

Currently, approximately half of all Australians over 65 years of age require some form of assistance to manage their activities of daily living. It is estimated that around 5.3% of the Australian population receive care in one of approximately 3500 formal residential aged care facilities (RACF). Most of these residents (70%) are receiving high level care. While approximately 150,000 Australians currently reside in RACFs, this figure is expected to rise dramatically as the percentage of the population over 65 years is predicted to almost double by 2047.
Provision of future residential aged care services/programs will need to accommodate increasing community expectations to meet flexible, responsive and culturally diverse older persons’ needs. The proportion of Australia’s aged people from culturally and linguistically diverse (CALD) backgrounds is growing at a faster rate than the general Australian aged population. As these trends emerge, the importance of advocacy on behalf of those people in RACFs becomes increasingly more evident.

Formal advocacy services are largely absent in rural areas. In rural RACFs advocacy becomes the responsibility of families and significant others of residents. Advocacy provides residents, through their families and friends, with a voice that they otherwise might not have, ensuring that the services they receive are consumer-oriented and tailored to their individual needs. It is this advocacy that ensures appropriate attitudes to elders and their roles / status within their culture and community.

This paper discusses rural RACF advocacy and collaboration as perceived by family members and significant others of residents within rural settings (RACFs) of Gippsland, Victoria. The importance of this study is in its impact on the promotion of improved collaborative practice within RACFs generally.

**Health literacy for older people**

*Thao Doan*

**Introduction:** It is widely acknowledged that Australia like many developed countries has been facing rapid aging of the population. Such a phenomenon places considerable burden on the health system of the country. The modern health system can present many challenges for older adults whose needs are higher than the others due to multiple (co-morbid) and more complex health problems. Health literacy refers to the knowledge and skills needed to access, understand, and use information to support and promote physical, mental and social wellbeing. Although, the concept of health literacy is quite new, it attracts abundant interest from researchers due to its potential in reducing medical cost for individual as well as the whole community. This paper presents an investigation of the definitions and use of the term of ‘health literacy’ in research.

**Problem:** The growing body literature on health literacy embodies disagreements over its meaning. The definitions of health literacy are not always shared across groups, disciplines and fields of research. The meanings of this term seemingly keep evolving in response to on-going research and improvements in health care and public health service delivery. Therefore, there is a need to both conceptualize and operationalize the term for use in research with specific cohorts – such as older adults.

**Methods:** A literature search was conducted using keywords of health literacy, older Australian, vulnerable groups, health literacy and older adults, health communication, intervention and measurement. Databases such as Proquest, ERIC, PubMed, MEDLINE, Cumulative Index to Nursing and Allied Health (CINAHL), PsycInfo and Summon Search through the University of Tasmania’s library were used. Secondary manual search of the identified articles’ reference lists was also undertaken. The search was limited to papers published in English, from 1990 to 2012.
Results and discussion: The literature search captured 70 articles and reports which were screened for their content regarding health literacy. These articles and reports were then further reviewed with two following criteria: (1) giving the content with regard to the definition of health literacy and (2) concerned with health literacy for older people. The review resulted in 12 definitions of health literacy and 19 studies. The definitions could be grouped in 3 different perspectives. 19 studies on health literacy for older people were analysed to: (1) examine which measures were used in researching health literacy for older people; (2) investigate what aspects of health literacy in older people were explored and (3) how current studies define older people.

Conclusion: There is an immediate need for a comprehensive discourse on the concept of health literacy and how it can be employed to ensure that the health need of older people is reasonably met. Important also is a need for harmonization of the differing positions assumed by researchers on this subject matter; and how this can be achieved.

Someone like me: Understanding the experience of pregnancy and early motherhood for women with type 1 diabetes

Helen Edwards

Introduction: This PhD Research is interested in understanding the experience of pregnancy and early motherhood for women with type 1 diabetes and in particular, diabetes specific distress and depression. Diabetes is one of the most common pre-existing medical conditions complicating pregnancy, with potentially adverse outcomes for both mother and child. The pregnancy and motherhood experience is entwined with management of diabetes and interactions with health care professionals. Although preconception care reduces congenital malformations in the babies of mothers with diabetes, many women do not discuss preconception care with diabetes health care professionals when planning their pregnancies. In addition we know that depression risk for people in the background diabetes community are increased which may lead to increased risk of post natal depression for women with type 1 diabetes yet there is very little prior research considering these aspects.

Aim: The first study is examining records of online counselling from the web based service Diabetes Counselling Online (DCO). This was initially thought to be a preliminary study but with 92 individual participants being identified, it has evolved as a more major piece of work. The Aim is to gain understanding about experiences for women with type 1 diabetes during their journey into pregnancy and early motherhood through their contacts with DCO and in particular, any diabetes specific distress, how this may vary across time phases and between individual women.

Methodology: Thematic Analysis is occurring across the data from the 92 participants offering a unique window from which to view the thoughts, feelings, realities and experiences of these women, at the time they sought help. In particular it gives opportunity to consider the pregnancy contemplation and pregnancy planning phases which are often difficult to capture.

Discussion and current results: A coding framework is currently being developed with two types of coding emerging: 1) the journey of “becoming and being a mother”, which includes 8 phases - contemplating pregnancy; pre-pregnancy planning and trying to
conceive; difficulty trying to conceive; pregnancy –planned; pregnancy-unplanned; pregnancy loss; birth and delivery; and post natal/becoming a mother; and 2) four key Themes: Beliefs and Knowledge about Diabetes and Pregnancy; Diabetes Control; Wellbeing and Mental Health; and Relationships and Support. Various sub-themes have been identified under each of these 4 major themes and a dictionary defining each is currently being developed. A table is being created which will show phase/s each participant contacted DCO in, how many contacts she had with the service, and where available, demographics including length of time with diabetes and age. Coding of the data will consider each of the 4 themes as well as the phase/s for each woman. Consistency across the coding framework will be ascertained with 3 other researchers considering the identified themes in relation to some of the richer pieces of data prior to NVivo being used by the primary researcher to code all data across the 92 participants.

**Genetic heart diseases in Tasmania: Why should we care?**

*Jess Kawa*

The term ‘genetic heart disease’ is used to define a group of important, but scarce, heart conditions that are passed on from one family generation to the next. These conditions are often associated with sudden cardiac death. People with genetic heart disease are also often unaware of their condition, and thus have limited knowledge and awareness of these risks. However, if someone knows they have the condition, we are often able to offer a medical intervention to lessen the chance of sudden death occurring. Personal and professional experience interacting with patients through their enrollment onto the National Genetic Heart Disease Registry – a resource designed to help provide education and support for these families – has enabled me to gain further insight into the knowledge possessed by these patients. It has become apparent that not all patients understand the potential gravity of their diagnosis, nor do they see it as important to tell their family members. Why this is the case is not clear, but it can potentially have a very profound effect on a family when someone dies suddenly and this could have been prevented.

It is important that we investigate from a Tasmanian perspective: what knowledge is possessed by our local health care professionals; what resources are available for patients with genetic heart conditions; and how we can improve our services to better support these patients. A mixed methodological approach using surveys and semi-structured interviews is proposed to adequately address these questions. The anticipated outcomes of this research include not only an understanding of Tasmanian genetic heart disease issues, but an indication of any knowledge deficits in our local medical profession, and the potential to improve care for this specific group of patients and other genetic diagnoses.

**Food insecurity for older people in rural and regional Tasmania**

*Alexandra King*

Recent research has identified a significant prevalence of malnutrition amongst community-dwelling older Australians. Food insecurity and inadequate nutrition contribute to reduced quality of life and a range of adverse health consequences for older people. An in-depth understanding of the etiology and experience of food security
and insecurity for older adults is warranted to inform the development and implementation of effective policies, programs and advocacy activities to address these concerns. Although food insecurity in older adults is consistently considered to be worthy of closer attention, few in-depth qualitative studies have been conducted in Australia. As well, current frameworks and tools to assess food insecurity in Australia and elsewhere often focus on economic, geographic and nutritional factors that can be quantified. These approaches do not adequately examine the important personal, social and place-based dimensions of food, meals and eating for older people.

This paper will detail the methodological framework and early progress of current PhD research which builds on previous research undertaken by Dr Peter Orpin and Ms Kim Boyer to explore the social and place-based dimensions of food security and insecurity for community-dwelling older people in rural Tasmania. This research takes a qualitative approach which is informed by the methodological traditions of interpretive phenomenology and ethnography. The research employs several methods, including multiple in-depth interviews with older people in their homes, informal observation and a mobile methodology (‘walking interviews’). This paper will provide a briefing on progress to date, present some qualitative data from in-progress fieldwork and make some preliminary observations about emerging issues and themes.

Staying connected: Peer-run community organisations and their contributions to older people’s perceived health and wellbeing

Rowena MacKean

The ageing of the population has led to increased interest in preventive health strategies and the role of service providers in promoting them. This study aims to explore the role played by older people’s community organisations in contributing to the perceived health and wellbeing of their participants. The study is in four parts: a questionnaire survey of community organisations; interviews with current and past members; interviews with policy makers and service providers; and study of documents on Positive Ageing policy.

This paper presents preliminary findings from the first part of the research: a survey of older people’s community organisations in the chosen research area. It aimed to identify some salient characteristics through a series of closed choice and open questions seeking quantitative and qualitative responses. Questions covered membership, the activities they offer their participants, when and where they meet, and how they are financed. Organisations were also asked whether they were willing to forward an invitation to their members to take part in an interview. Sixty four questionnaires were returned, a response rate of 82%.

The findings reveal that a majority (86%) of the participating groups were made up wholly or predominantly of older people, and that most (89%) of these groups were run by their members as volunteers. The groups offered a wide variety of activities: sport, hobbies and crafts, seniors groups, support groups and volunteering. An unexpected finding was that in addition to the main activity every respondent organisation offered social activities as a regular part of their program, Questions on the organisations’ relations with other service providers, particularly on the support they received, gave one side of the picture; the views of service providers and policy makers will be explored
in later stages of this study. These and other findings shed light on an under-researched topic, and give directions to the next stages of the study.

**Paramedic care and inter-professional learning**

*Peter Mulholland*

Little is known of the learning interactions and processes between paramedics, health care professionals and others in the provision of patient care. This project, based in Tasmania, explores inter-professional learning in rural paramedic practice. Objectives are:

- To describe the ways by which paramedics are involved in inter-professional learning;
- to interpret how workers from different professional backgrounds understand the inter-professional relationships involved in paramedic care;
- to identify the influence of and ways in which culture, identity and power facilitate and/or impede inter-professional relationships formed around paramedic care;
- to determine the degree of influence that leadership, organisational support and power have on inter-professional learning involving paramedic care; and
- to propose key ways forward for implementing and sustaining inter-professional education, practice, and learning in the rural setting.

Use of Grounded Theory methodology will facilitate the development of theory around this little known area. Participants will be paramedics, health professionals and others from various sites across Tasmania. In interviews, participants be asked to describe situations where they have undertaken collaboration with each other. Participants will be asked to elaborate on effective and non-effective aspects of this collaboration. This research project will present a significant examination of inter-professional learning occurring in paramedic practice. The project will describe “best practice” in terms of learning outcomes and patient benefit, and develop recommendations for inter-professional learning that can contribute to improvements in paramedic practice and service delivery.

**The impact of mental health clinical training/education on consumer outcomes – An overview of the research**

*Julie Porter*

This paper summarizes research development towards a tool to measure ‘Return on Investment in Staff Development’ and the impact of training on clinicians, consumers and key stakeholders within a state service body in Australia.

**Aim:** The research extends Evidence Based Practice (EBP) frameworks by examining the relationship between clinical education, clinical practice, and Return on Investment of training within consumer outcomes, whilst acknowledging the limits of EBP and scarce resources. The aim of the study is to examine the extent to which treatment has been
enhanced as a result of access to evidence based training using competency based training and development.

**Background:** Continuous review using available resources, with and for the mental health consumer, assists in the determination of how we as clinicians assist consumers towards recovery. EBP is considered as guidelines for practice that must be regularly informed by repeated, real-time examination of outcomes, which then must be used to guide further refinement and improvement (Rosenberg, 2010). It then balances the journey from theory to real world (applied) practice for the clinician.

Examining the impact of training, including within Consumer Outcomes Measures, with the analysis of the impact of training on outcomes in the “real” (clinical) world provides a measure of the effectiveness of training in transforming systems to best meet consumer needs.

**Method:** Tasmanian Mental Health Service is the identified setting for the research. Training effectiveness for clinicians will impact on the contemporary service delivery within best practice models, clinical competence, and relevance of the treatment options for and with consumers.

An opportunity exists for examination of training impact with generalist health professionals (for example generalist nurses) in remote Tasmanian locations where there are no dedicated mental health practitioners. The sample size will be determined by clinician participation in training over a period of twelve months. A tool will be developed that measures Return on Investment of training of the three variables: clinicians training attendance and impact of training, consumer health outcomes and health training. A mixed method approach will incorporate interviews with clinicians supplemented with Training Evaluations, Consumer Outcome Information and by mapping clinician training with consumer outcomes. The perceived confounding variables arising from using EBP with restrictions of resource availability and allocations in clinical application is addressed through the mixed method.

**Outcome:** Mental health training programs built to National Standards for Mental Health emphasises the importance of ‘recovery’ as a guiding philosophy. The contribution to knowledge is primarily a new tool (Training Triangle) measuring Return on Investment of training.

**International medical graduates in Tasmania: Issues, integration and acculturation in the rural and remote context**

**Daniel Terry**

**Introduction:** Australia, like many other developed countries, has trained insufficient doctors in the past. This has led to the immigration of International Medical Graduates (IMG) to fill this gap, particularly in rural and remote areas. International and Australian research has previously focussed on training, support needs and improving orientation to improve acculturation and retention. There is very little research regarding the quality of life and social needs of IMGs and their families.

**Objective:** This study explores, from the perspective of IMGs and those who assist IMGs, the experiences and challenges of living and working in rural and remote Tasmania and how this informs the acculturation process.
**Methods:** The study gathered data from one hundred-and-five IMG questionnaires, while forty-five interviews were conducted with participants who were recruited through purposive snowball sampling.

**Results:** The findings indicate three quarters of IMGs are satisfied with their current employment however, encounter both professional and social challenges. Amid these challenges, retention was related to professional support, the work engaged in and the friendliness of patients and local community. Having access to a cultural community and resources; and social activities such as sports and other community participation activities was also vital.

**Food security and cultural identity of migrants in Tasmania**

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Food security indicates the ability of individuals, households and communities to acquire food that is healthy, sustainable, affordable, appropriated and accessible. Despite Australia’s current ability to produce enough food to feed a population larger than its current population, there has been substantial evidence over the last decades to demonstrate many Australians still struggle to feed themselves including those from a cultural and linguistically diverse (CALD) background. This study investigates migrants’ perceptions and experiences of food security in Tasmania and their strategies to deal with food security. A mixed methods approach using survey questionnaire and semi-structured interviews with migrants living in Tasmania will be adopted. The findings are expected to provide insights about food security not only for migrants in Tasmania, but also for various private organisations and government to formulate effective support for the Australian migrant population.