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Back row L to R: Alfred Deakin Prof Mari Botti, Clinical A/Prof Suzanne Metcalf, Prof Tracey Bucknall, Prof Elizabeth Manias, Prof Andrea Driscoll, Prof Alison Hutchinson, A/Prof Ana Hutchinson. Third row L to R: Prof Trisha Dunning, Ms Jodie Ashworth, Clinical A/Prof Katrina Nankervis, Prof Judy Currey, Prof Julie Considine. Second row L to R: Adjunct Prof David Plunkett, A/Prof Alex Cockram, Prof Bodil Rasmussen, Adjunct Prof Lucy Cuddihy. Front row L to R: Prof Trish Livingston, A/Prof Bernice Redley, Clinical A/Prof Denise Patterson, Alfred Deakin Prof Maxine Duke, Adjunct Prof Cheyne Chalmers, Adjunct Prof Sharon Donovan, Adjunct Prof Janet Weir-Phyland, Prof Megan-Jane Johnstone.

QPS RECENT SUCCESSES

DEAKIN’S HIGHEST HONOUR FOR QPS DIRECTOR

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ANNUAL PARTNERSHIP DINNER 2016

The Deakin Partners in Nursing and Midwifery held its annual partnership dinner at the Sofitel on July 19, 2016 (photo above). All partners were represented by their Senior leaders along with the professoriate of the School of Nursing and Midwifery and our Clinical Chairs and partnership researchers.

The dinner was again very successful with robust discussion with and between our partners and plans put in place for our future research collaborations.

DEAKIN’S HIGHEST HONOUR FOR QPS DIRECTOR

QPS Director Maxine Duke was recently recognised by Deakin University with the title of Alfred Deakin Professor. The title is the highest honour the University can bestow on a member of academic staff and is awarded to Professors in recognition of their outstanding and sustained contribution to furthering Deakin’s research or teaching and learning aims. Congratulations to Alfred Deakin Professor Maxine Duke on this well-deserved recognition and honour.
Nagle, C., Heartfield, M., McDonald, S., Morrow, J., Miles, M., Kruger, G., Kramer, R., Stelfox, S., Birks, M., Bryce, J., & Hartney, N.

Australia’s more than 30,000 midwives are set to gain an updated set of standards for contemporary practice, as a result of a major project led by QPS.

QPS researchers have been awarded a major contract by the Australian Health Practitioner Regulation Agency (AHPRA) to review and update the Nursing and Midwifery Board of Australia’s (NMBA) Midwife standards for practice.

Project leader, Associate Professor Cate Nagle, from Deakin’s School of Nursing and Midwifery and the QPS SRC, said that midwives’ “scope of practice” has changed over the past decade.

Today’s midwives are more likely to continue caring for women and their families from pregnancy, through to labour and birth, to postnatal care than was the case in the 80s and 90s.

“There is strong national and international evidence that continuity of care is achieving much better levels of satisfaction of care for women and is even making a difference to clinical outcomes, with decreased intervention and amount of pain relief required in labour,” she said.

“Today, women are more likely to be older when they give birth and they are more likely to enter pregnancy with complications, which means some women may require a higher level of care. When the pregnant woman has complex needs, the contemporary midwife needs to be an effective communicator and collaborator and work with a multidisciplinary team.”

Over the next 18 months, ten academics from five universities, and representatives from the Mercy Hospital for Women and the Australian Nurses’ and Midwifery Federation will review and upgrade the existing standards (published in 2006).

“The new standards will provide guidance on what is professional, legal, safe and evidence-based, as well as ethical midwifery practice,” Associate Professor Nagle said.

“Midwives practice in metropolitan, regional, rural and remote locations within different models of care; in areas ranging from clinical care, primary care or community-based settings, to private practice, management, public health, education, and research and policy development.”

A highly experienced midwife herself, Associate Prof Nagle has been at Deakin for eight years, coordinating the Nursing and Midwifery double degree from 2009-2015.

She will work part-time on the NMBA Midwife standards for practice project and will continue her research program within QPS and her research position at Western Health.

She noted that Deakin’s expertise and reputation in the field were probably important considerations in gaining the tender. In fact, Deakin offers one of Australia’s most respected nursing and midwifery research programs, gainimg a rating of “Well above World Standard” (4) in the Excellence in Research for Australia (ERA) 2015 ratings.

“We assembled a really strong team, including academics who teach in direct entry, double degree and postgraduate courses, and were able to demonstrate detailed knowledge of the existing competency standards. We also have an excellent track record of successfully engaging, motivating and communicating with a diverse range of stakeholders,” she said.

Photo (below): Chief Investigator Sara Stelfox with Deakin Midwifery student Jess Schneider
Since joining Deakin University in late 2009, Associate Professor Natisha Sands (right) has led a sustained program of research focused on quality and safety in emergency mental health care. Her research has resulted in grant and consulting success, and publication in highly ranked mental health nursing journals. Natisha has established a reputation as a national and international expert in mental health triage, which has led to local and international research collaborations and industry consultancies that have made important contributions to policy and clinical practice. Natisha developed strong research partnerships with industry that helped build research capacity in mental health nursing. Natisha’s most significant recent career achievement is the impact of her research in the field of emergency mental health, where the mental health triage tool and technology she developed has been implemented into international and local mental health services.

In 2015 Natisha led a collaborative research project with England and Wales to develop the UK Mental Health Triage Scale. The project involved collaboration with Abertawe Bro Morgannwg University Health Board (Swansea, Wales), Bradford District Foundation Trust (Bradford, UK), and the Centre for Psychiatric Nursing, University of Melbourne, to test the interrater reliability of a mental health triage scale developed for use in UK mental health triage and crisis services. Mental health triage scales are clinical tools used at point of entry to specialist mental health services to provide a systematic way of categorizing the urgency of clinical presentations, and determining an appropriate service response and an optimal timeframe for intervention. A manuscript reporting this work was published in the International Journal of Mental Health Nursing in 2016. Since then permission has been granted for the UK Mental Health Triage Scale to be used in Brigend (Wales), Bradford (England), Cambridge (England) and Auckland (New Zealand). More recently permission was granted to the Queensland Chief Psychiatrist to use the scale state-wide in Queensland, where it will be incorporated into the state psychiatric database and documentation suite.

Building on previous research funded by Alfred Health that established the core competencies of telephone-based mental health triage, Natisha also developed novel technology for mental health tele-triage competency training and assessment. In a subsequent study funded by the Telematics Trust, the Mental Health Tele Triage Competency Assessment Tool (MHTT-CAT) was successfully trialled at two partner health services, Alfred Health and Barwon Health. The MHTT-CAT was successfully commercialised through Deakin Commercial with Deakin as the lead organisation. A product licence has been sold to Cambridge UK and the Queensland Department of Health, who recently implemented the tool state-wide. Several other health services have also expressed an interest in MHTT-CAT, and this commercialisation is ongoing.

Natisha’s research has also been used by the Victorian State Coroner as part of Expert Witness Testimony on two occasions, and the most recent Expert Witness Report was disseminated by the Coroner to key peak bodies in health such as Australian Nursing and Midwifery Council, Victorian Department of Health, Royal College of Psychiatrists, and Australian College of Mental Health Nurses. These findings have been used to influence practice in respect to initial psychiatric diagnosis and assessment by triage and crisis team clinicians. Natisha’s publications in mental health triage were also requested and used by the Welsh Government to inform the Mental Health Measure in 2011 on the proposed introduction and implementation of mental health triage services. Again in 2016, Madeline Moon (Welsh MP) requested the publication reporting the UK Scale research to inform discussions on implementing mental health telephone triage in Wales. More recently in 2014, Bradford Foundation Trust England used Natisha’s research to implement mental health triage systems for their First Response crisis service.

In addition to her research accomplishments, Natisha made a significant contribution to the School of Nursing and Midwifery through her teaching. Natisha taught a breadth of undergraduate and postgraduate nursing subjects and achieved sustained excellence in quality of teaching evaluations. Natisha introduced a number of innovative strategies and resources to address identified gaps. She also provided teaching mentorship and resources to assist staff to improve their teaching skills. Natisha’s teaching philosophy has been student-centred and underpinned by a deep appreciation and understanding of the unique potential of each individual. She has worked hard to engage students in the learning process by using a variety of approaches and mediums that cater to different learning styles, and by being a responsive teacher with an interest in, and commitment to student wellbeing. Natisha has held the view that teachers carry an important responsibility to not only to facilitate excellent scholarship, but also assist students to develop an appreciation and enjoyment of learning that will stimulate an interest in life-long learning.

In 2014 Natisha’s commitment and passion was rewarded with a Deakin Vice Chancellor’s Award in the ‘Values’ category for outstanding contribution to ‘building capital’. This award recognised her contribution to student and staff mental health and well-being at Deakin through a range of activities. Natisha developed the Code Grey Violence Prevention Program, an innovative web-based, interactive violence prevention program designed for nurses and healthcare workers. The program’s content was developed from funded research. Natisha led on identifying evidence-based risk factors for violence in health. The program uses video scenarios derived from actual episodes of violence in health, and interactive feedback screens. The storyboarding and filming of Code Grey was done in collaboration with the Barwon Health Code Grey Team. Code Grey has been embedded into the learning activities for HNN222 Mental Health and Illness, an undergraduate nursing subject, and it has been especially useful for supporting undergraduate nursing student nurse learning and skill development in violence risk assessment and management in preparation for clinical placement. Code Grey was shortlisted for the Barwon Health Quality Awards 2015.

Natisha has been an outstanding contributor to the teaching and learning and research success of the School of Nursing and Midwifery and the Centre for Quality and Patient Safety Research (QPS). Natisha has raised the profile of mental health nursing in the School and Centre as well as in the wider community. She has created a culture of inclusiveness and scholarly endeavour on the Waterfront campus and in the School more generally. Her research has international reach and she is one of the first of our staff to commercialise her intellectual property, paving the way for others. Natisha has been the most exemplary of colleagues and she will be sadly missed.

QPS SEEDING GRANTS - ROUND 1, 2016-18

QPS seed funding was recently awarded to three QPS researchers for projects in line with the QPS research pillars.

Dr Melissa Bloomer and her team received funding for their study Understanding End-of-Life Care in the Subacute Setting (full story pg 5).

Dr Stéphane Bouchoucha and his team received funding for their study Patient Participation in Infection Prevention and Control: A Systematic Review (full story pg 4).

Professor Elizabeth Manias, Dr Simone Taylor, Professor David Taylor, Andrew Harding & Dr Emily Tomlinson received funding for their study Development and validation of screening tools for medicine-related problems at patient presentation and after discharge from the emergency department.

Another round of QPS seed funding applications will be conducted in the coming months, to give more QPS researchers the opportunity to conduct pilot work with the aim of leading to a major Category 1 grant.
PATIENT PARTICIPATION IN INFECTION PREVENTION AND CONTROL

Bouchoucha, S., Bucknall, T., Hutchinson, A., & Russo, P.

A QPS team led by Dr Stéphane Bouchoucha (left) has been awarded $25,000 in QPS seed funding. This grant will enable Dr Bouchoucha, Professor Bucknall, Professor Hutchinson and Dr Russo to conduct a systematic review of the literature on patient participation in infection prevention and control.

With up to 16.6% of hospitalised patients in Australia experiencing an adverse event during the course of their hospital stay (Sandars, 2009; Wilson, Harrison, Gibberd, & Hamilton, 1999), patient safety is a major concern as these adverse events are largely preventable and increase morbidity and mortality. Healthcare Associated Infections (HAI) are such preventable adverse events and they pose a great threat to patients (WHO, 2011). Facilitating better health for all Australians is a government priority and in keeping with Standard 2 and Standard 3 of the National Safety and Quality Health Service Standards, there is a need for patient participation in all areas of healthcare and also a need to prevent infection in healthcare settings.

The aim in this study is to systematically review research literature reporting on the effect of hospitalised patient participation in Infection Prevention and Control. Any deficiencies identified in the research evidence will inform the development of a future research agenda.

This research is closely aligned with the QPS research pillars as it is directly relevant to the promotion of quality and safety in healthcare. Specifically, evidence regarding patient involvement contributes to furthering understanding of the issues consumers face and establishes the consumer and families as safety experts in the receipt and delivery of healthcare.

For further information contact Dr Stéphane Bouchoucha, s.bouchoucha@deakin.edu.au

References


MEDIA REPRESENTATION OF ANTIMICROBIAL RESISTANCE

Bouchoucha, S. & Johnstone, M-J.

Dr Stéphane Bouchoucha has been awarded an Australasian College of Infection Prevention and Control (ACIPC) early career research grant. The ACIPC is the peak body for Infection Prevention and Control in the Australasian region, and the College supports researchers through early career and seed grants in order to improve knowledge, evidence based education and practice outcomes in the field of Infection Prevention and Control. The award of this grant was formally announced at the 5th International ACIPC annual conference which took place from 20-23rd September in Melbourne.

The grant will enable Dr Bouchoucha and Professor Megan-Jane Johnstone to investigate the media representation of antimicrobial resistance. A recent report published in the UK estimates that antimicrobial resistance could kill as many as 10 million people by year 2050 (http://amr-review.org/), more than the number of people killed by cancer. Mass circulation media have a long history of shaping the public’s perceptions, understandings and responses to public health threats. This research will enable development of strategies to inform organisations and media outlets to help changing human behaviours.

For further information contact Dr Stéphane Bouchoucha, s.bouchoucha@deakin.edu.au
The Australian population is ageing and chronic illness is now the leading cause of death. These changes mean that the demand for end-of-life care is increasing rapidly. This study will investigate end-of-life care provision for older people in subacute care. The findings of this study will inform health service delivery frameworks and policy, inform recommendations to improve end-of-life care delivery and decision-making; and identify the specific need for comprehensive end-of-life education for clinicians working in subacute care.

A QPS team led by Dr Melissa Bloomer (below right) has been awarded $40,690 in QPS seed funding to conduct a study investigating end-of-life care (EOLC) provision for older people in subacute care.

Advances in health care mean that people are living longer than ever before (Economist Intelligence Unit, 2010). Australians are living longer and have one of the longest life expectancies in the world. Currently, life expectancy at birth is 82.5 years for men and 84.6 years for women (Commonwealth of Australia, 2015). These changes in life expectancy have contributed to changing population distribution. Recent projections indicate that the proportion of the Australian population aged over 65 years is projected to increase from 14% in 2012 to 22% by 2061 (Australian Bureau of Statistics [ABS], 2013).

These population changes mean that the demand for EOLC is rising rapidly (Economist Intelligence Unit, 2010). Dying has become institutionalised. Rising numbers of old people are dying in hospital (Zhao et al., 2010) with recent statistics showing that approximately 70% of all deaths occur within institutions (Trankle, 2014). Despite the existence of hospice and palliative care services integrated in to Australian health care services, it is estimated that less than 8% of the population who need this type of care are able to access it (Praill & Pahl, 2007). As a result, there is a significant mismatch between what care people most often say they want as they approach death and the care they actually receive (Bartel, 2016).

Acute health services are focused on providing treatment and cure — increasing survival and reducing mortality (Bartel, 2016). Evidence indicates that an urgent re-thinking of service provision for older patients is needed as current services do not meet older patient needs (Zhao et al., 2010). Despite the goals of subacute care to optimise patient functioning, many patients will die whilst an inpatient in a subacute care facility. Statistics from 2010-11 demonstrate that more than 5% of patients admitted to subacute care across Australia died whilst receiving inpatient care in a subacute facility (Australian Institute of Health and Welfare, 2012).

Given the complex care needs of Australia’s rapidly ageing population, there is an urgent need for more research work focussing on the provision of EOLC in subacute care. The aim of the current study is to investigate EOLC provision for older people within this setting. This work will inform health service delivery frameworks and policy, make recommendations to improve EOLC delivery and decision-making; and inform the need for comprehensive EOLC education for clinicians working in subacute care.

The aim of this study is to investigate end of life care provision for older people in subacute care. In order to address the aim, a multi-method approach will be used, including a retrospective organisation health service record audit, conducted in two parts, and exploratory interviews. An audit of all admissions in a 12 month period will be undertaken to enable a clear description of service delivery and the typical patient population receiving care in a subacute setting. Subsequent to this, the medical records of all inpatients who died, during the same time period will undergo further auditing to elicit detail on the decision-making, management and care provided leading up to the patient death. Audit data will be initially analysed showing that approximately 70% of all deaths occur within institutions (Trankle, 2014). Despite the existence of hospice and palliative care services integrated in to Australian health care services, it is estimated that less than 8% of the population who need this type of care are able to access it (Praill & Pahl, 2007). As a result, there is a significant mismatch between what care people most often say they want as they approach death and the care they actually receive (Bartel, 2016).

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Finally, focus group and individual semi-structured interviews will be conducted with nursing and allied health clinicians who provide care to patients who die in subacute care to seek clarification and gain a greater understanding of the findings of the audit. Individual semi-structured interviews will also be conducted with nursing and allied health ward and facility managers, bed managers and members of the subacute care executive to gain an understanding of the decision-making associated with transferring dying patients out of subacute care and referrals.

**References**

HONOURS STUDENTS PRESENT RESEARCH AT ISQUA CONFERENCE IN JAPAN

Three Bachelor of Nursing (Honours) students from the Deakin QPS - Epworth HealthCare Partnership presented their research at the ISQuA 33rd International Scientific Meeting on Quality and Safety in Health Care in Tokyo, Japan, on October 16 - 19, 2016. The three students commenced the Clinical Honours program at Deakin University during their graduate year at Epworth HealthCare. Each works in a different clinical area across the health service and this is reflected in their research topics. The students’ research addresses important quality and safety issues.

Rachael Waugh (below) works in the operating theatre and presented an oral paper on the findings of her study, titled: An observation audit tool for nurse-to-nurse bedside clinical handover. She examined the reliability and validity of a tool to support quality improvement of nurse bedside handover. Leigh McNicol who is working in an acute cardiology ward also presented an oral paper on her research, titled: An exploration of patients' experiences of the use of point-of-care health information technology in acute care. Eirene Blatsis is working in Epworth rehabilitation and presented a poster of her research, titled: An evaluation of the predictive accuracy and usability of a rehabilitation-specific falls risk assessment tool. All students completed their Honours degrees in 2016.
ENGAGING PATIENTS IN THEIR RECOVERY

McDonall, J., Botti, M., Hutchinson, A., de Steiger, R., & Steen, K.

Orthopaedic surgery requires patients to get up and moving as soon as possible after their procedure. However patients who are not fully informed about how to manage their pain, rehabilitation schedules or without clear goals can experience delays in their recovery.

“It is really important for patients to be informed about, and take part in, their recovery after total knee replacement surgery” Deakin QPS - Epworth HealthCare Partnership researcher, Jo McDonall says.

“There are studies that say providing patients with brochures or other written information materials doesn’t actually make any real difference to their recovery, that is why we needed to think outside the box, be different”

A recent research project that was conducted at the Deakin QPS - Epworth HealthCare Partnership that examined links between patient participation and improved rehabilitation using a multimedia intervention program provided patients with a framework to help them make sense of their recovery pathway.

Professor Richard de Steiger and team, developed a multimedia intervention for patients post total knee replacement surgery, together with PhD candidate Jo, led by Professor Mari Botti, they conducted a cluster randomised trial involving 240 patients, examining how this multimedia intervention could improve patients’ ability to participate in their recovery and how this may benefit their health outcomes.

“We provided evidence that, if patients were given information about what to expect each day – from the first day after surgery through to the day of discharge, the patients were more informed, knew what their goals were and participated in their recovery. It was a really exciting finding,” Jo says.

“Patients who had access to the MyStay TKR intervention stayed a day less in hospital, had less pain and were more satisfied with their treatment than those who weren’t receiving the intervention”.

In 2016, Jo received the Epworth Research Institute Brian Buxton Strategic Research Grant valued at $100,000 together with Professor Mari Botti, Professor Richard de Steiger, Associate Professor Ana Hutchinson and Ms Kate Steen. The team will use the funds to initiate the next phase of the trial; tailoring the program for patients undergoing hip surgery.

“We are very grateful to have receive this funding from the Research Institute, the money will be used to improve patients’ experiences of care here at Epworth” Jo says.

The MyStay THR program allows easy access to information on daily goals of care, exercise and medication routines, pain management and other key recovery information.

“The MyStay program uses multimedia; text, voice, animations, it actually engages all the senses. It even benefits patients who may not have good eyesight or are hearing impaired; and age has not proven to be a barrier. We had a 95 year-old gentleman in our previous study who was getting his granddaughter to buy him an iPad, because he loved it so much.”

“The MyStay THR intervention will be designed to be nurse-led, so the patients actually navigate the program with their nurses and engage with them as part of their care. The nurses are crucial in this process, they are the link. We really want to embed this type of intervention as a new process of care that will foster a partnership between nurses and patients”.

![Image of Jo McDonall and Professor Mari Botti with MyStay THR program certification](image-url)
A team from QPS, led by Associate Professor Helen Forbes, has collaborated with the School of Engineering to develop a ‘first of its kind’ task trainer for palpation of labour contractions. The team has developed low-cost, robust haptic technology allowing palpation of the fundus of the ‘woman’ to feel simulated contractions. Using cutting edge Virtual Reality (VR) and 3D printing technologies, engineers have constructed the form of a pregnant female figure, from realistic skin membrane.

VeRITy (Virtual Reality Intra-partum Touch-trainer) combined with VR capabilities provides an immersive ‘birthing suite’ hospital surrounding that allows for problem-focused learning. VR graphics establish an authentic maternity environment, presenting students with varying scenarios, exposing them to the woman, her partner, the birthing setting and environmental distractors.

QPS has provided funding to assess the feasibility and reliability of the prototype with undergraduate and post-graduate midwifery students. Feedback from midwifery students, indicate that the simulated contractions feel ‘real’, and that is ‘exciting’ and ‘more realistic than current teaching approaches’. Medical and midwifery representatives (SESAM 2016 meeting in Lisbon), and technicians (Laerdal Norway) indicate that the touch trainer combined with virtual reality has great commercial potential. Negotiations are underway with a number of commercial companies.

School of Nursing & Midwifery team: Associate Professor Helen Forbes, Professor Tracey Bucknall, Associate Professor Diane Phillips and Associate Professor Cate Nagle.

School of Engineering team: Dr Ben Horan and Professor Ian Gibson.

Deakin Research Commercial: Dr David Woollard and Ms Gabrielle Nagle.