



Reason

Research at the School of Nursing

June 2015 | Issue 9

Top Scholar

Dr Rachael Parke earns Vice Chancellor's best doctoral thesis award



 THE UNIVERSITY OF AUCKLAND
FACULTY OF MEDICAL AND HEALTH SCIENCES
School of Nursing



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Showcasing our students' research

by Professor Merryn Gott, Director of Research



We are happy to congratulate Dr Rachael Parke and her supervisors A/P Andrew Jull and A/P Robyn Dixon on earning the Vice Chancellor's

best doctoral thesis award. This is the first time a student from the School of Nursing has won this prestigious award and speaks to Rachael's dedication to scholarship and commitment to making a difference in the clinical environment through research.

It also indicates the strong research culture that has developed within the School, a culture which supports all our students. In this issue of *Reason* we display the diversity of research topics being explored by our post-graduate

students and demonstrate how many are completing practical projects that have immediate impact in health care.

For example, we highlight the work of Stella Black, who has been a valuable member of our mental health and end

"In this issue of Reason we showcase the diversity of research topics being explored by our post-graduate students."

of life research teams for a number of years and is now undertaking her PhD with Dr Katey Thom on the important issues of Māori youth courts.

Sheree East's master's research portfolio documented the usefulness of the Omaha System for including nursing data into patients' electronic health records, a helpful innovation for developing complete records.

Our six summer students, just beginning their journey into research, completed projects with a mental health or older persons focus. Tessa Morgan's summer project, a systematic review on how gender is discussed in palliative care, was one of four projects faculty-wide that earned a commendation in the Wallath Prizegiving in the Public Health category.

Yet it is not only our students we are proud of. We are also pleased to report that Dr Tony O'Brien has recently completed his PhD; he reports on some of his findings related to New Zealand's mental health legislation, particularly Community Treatment Orders. And, in what might be the closest we get to a sex education issue, Dr Terryann Clark and Dr Karen Hoare report on issues related to sexual health and adolescents.

Until next time,

Mauri ora

Latest



(Far left) Participants, kaumātua and researchers who took part in the digital storytelling workshop.

(Left) At the end of the workshop, whānau came to watch a screening of the videos.

Māori tell their stories to help whānau, nursing students and health professionals

What's it like to care for your kaumātua at the end of life? Eight Māori told us in a weekend workshop. As part of a project testing digital storytelling as a research method they created three-minute autobiographical stories. Their narratives shed light on Māori caregiving experiences and form the backbone of a new DVD teaching resource. Whānau, nursing students and health professional involved in palliative care for Māori will benefit from their stories.

"They gave their hearts to the project and it shows in their stories. They are very moving," said Dr Lisa Williams, who co-led the project with Dr Tess Moeke-Maxwell (Ngai Tai). Stella Black (Ngai Tuho), Dr Rosemary Frey, Tessa Morgan and Professor Merryn Gott were co-researchers on the project, which was a collaboration with A/P Shuchi Kothari, Dr Sarina Pearson, Peter Simpson and Julie Zhu from Media, Film and Television Studies.

Dr Rachael Parke earns Vice-Chancellor's Best Doctoral Thesis Award for 2015

Rachael's thesis was recognised by her examiners as being of unmatched quality and scope. She undertook an ambitious programme of research to investigate the effect of nasal high flow oxygen therapy on patients after cardiac surgery which involved four studies.

Her first three studies were presented at leading international conferences in her field which included The American Thoracic Society Meeting - one of the world's largest conferences with about 15,000 delegates.

The fourth study has been published in one of the top 20 journals within the discipline of Critical Care Medicine (impact factor 2.154) and overall she has five first author publications arising from her thesis.

Rachael's examiners have both submitted glowing letters of support for this nomination which included comments such as; "outstanding high level of critical understanding of the literature"; the design of her investigation ...was almost flawless"; "best PhD thesis I have had the pleasure to examine"; and "examining Rachael's work was a great pleasure and honour".

Rachael was considered by her supervisors (Associate Professors Dr Andrew Jull and Robyn Dixon) and Head of the School of Nursing, Associate Professor Judy Kilpatrick, to be an exceptional doctoral candidate and was rewarded with exceptional examination reports and placed on the Dean's List following award of the degree.

"Rachael was an outstanding student," says Associate Professor Jull. "I am very pleased her work has been recognised with this award. Her thesis was recognised as being of superb quality and scope by her examiners, both of whom were senior academics."

Her thesis is also being used by the Centre for Professional Development



as a model for developing supervisors and as an example for other schools with students pursuing a PhD with publication.

Rachael's thesis was one of five nominated doctoral candidates to take a VC's Best Doctoral Thesis Award this year and was among four submitted from FMHS. All were of exceptional quality and included submissions from Dr Paul Drury, Dr Francis Hunter and Dr Chez Viail.

The award examiners acknowledged the extremely high standard of all nominations received and in congratulating the nominees, said that to be nominated for this award was in itself an achievement.

Rachael is a Nurse Senior Research Fellow in the Cardiothoracic and Vascular Intensive Care Unit at Auckland City Hospital and chairs the Intensive Care Research Coordinators Interest Group.

HRC funds Pae Herenga whānau caregiving pilot

The Health Research Council New Zealand has awarded Dr Tess-Moeke Maxwell (Ngai Tai) a \$10,000 Nga Kanohi Kitea grant to explore the traditional care customs Māori whānau use when providing end of life care. Such customs are very important to help whānau sustain their kaha (strength) and resilience while caring over many weeks, months and sometimes, years.

The pilot study will gather information about these practices to help inform DHBs, hospices, Māori hauora and clinical practitioners as well as build whānau end of life caregiving capacity. A second purpose is to consult whānau on the best method to gather this information in a larger future study.

The structure of the research is unique in that it is driven by kaumātua community researchers from the Te Arai Kaumātua Advisory Roopu who will conduct the interviews with whānau, supported by Tess and Stella Black (Ngai Tuho). Five whānau representing five iwi will be involved from Nga Puhī, Ngati Whatua, Tainui, Te Arawa and Ngati Porou.

The Te Arai kaumātua called for this study, Tess said, "because they are concerned that urbanisation and western influences have eroded the maintenance of traditional end of life care customs for some Māori whānau. These are needed to sustain whānau over the caregiving trajectory from the time of diagnosis until the ill person crosses te ārai (the veil) from this world to the next."

‘Clinical colonisation’, risks, rights and mental health laws on the agenda for symposium by Katey Thom

The Centre for Mental Health Research’s two-day symposium in February created a supportive environment for mental health service users, advocates, clinicians and researchers to collaborate in constructive conversations about mental health social justice issues. The second symposium of its kind hosted by the Centre, it attracted a rave review from the event’s distinguished guest, Professor Bernadette McSherry of The University of Melbourne’s Social Equity Institute.

In the opening keynote, Anne Helm, consumer consultant, activist, educator and tireless worker for social justice, addressed the ‘clinical colonisation’ of the concept of recovery. She asserted its meaning has shifted significantly from its service user origins emphasising a person-centred journey to clinical practices

constrained by organisational risk.

Topics by delegates centred on the themes of risk, human rights, mental health law and cultural competence. Dr Hinemoa Elder, Associate Professor of Te Whare Wananga o Awanuiarangi and child and adolescent psychiatrist, emphasised the disproportionate use of seclusion and restraint amongst Māori. Dr Elder’s keynote took delegates on a journey into the Māori world. She emphasised how services could create better outcomes for Māori service users if they stepped outside western frameworks and realised the potential to consider mental distress from a Māori world view.

Professor McSherry’s public address offered the wider community an opportunity to gain insights from the symposium. She discussed the idea of

moving mental health services from a focus of coercion to choice, a process she argued is possible if the preventative mechanisms of the United Nations Convention for the Rights of Persons with Disabilities is realised in this context.

Conveners invited delegates to consider the idea of using the momentum created by conversations at the symposium to facilitate a national mental health and social justice network. Such a network would allow a collective to produce agendas for research, policy and service change. Drs Katey Thom and Jacquie Kidd, co-directors of the Centre, look forward to being a part of this new venture and seeing similar symposiums developed in Aotearoa New Zealand. To join the conversations look for us on Facebook: Mental-Health-Social-Justice-in Aotearoa.



AOTEAROA CONFERENCE ON THERAPEUTIC JURISPRUDENCE
Weaving Strands : Ngā Whenu Rāranga



Weaving strands in Aotearoa New Zealand: Call for papers and registrations

We invite you to the Fourth International Conference on Therapeutic Jurisprudence being held on the 3rd-4th of September 2015 at The University of Auckland

Building on the success of three previous forums of this kind held in England (1998), America (2001), and Australia (2006), the 2015 conference will foster an inter-disciplinary and collegial environment to discuss and constructively debate the place of therapeutic jurisprudence in a variety of contexts.

The theme of the conference ‘Weaving Strands: Raranga nga whenu’ signifies the unique interlacing of cultural, legal, psychological and social practice and philosophy in Aotearoa New Zealand to the international concept of therapeutic jurisprudence. Already the conference has an impressive line-up of international keynote speakers, including Professors David Wexler, Michael Perlin, Ian Freckelton, and from Aotearoa New Zealand, Ms Khlyee Quince, Judge Lisa Tremewan and Professor Chris Marshall.

Further announcements will also be made shortly on additional speakers at the conference who will officially open and close the event, and take part in interactive panels.

www.tj.aotearoa.org.nz read more on the keynotes, view call for papers, submit an abstract, register your attendance – we would love to see you on the shores of Aotearoa!

Co-chairs Katey Thom and Warren Brookbanks, University of Auckland.



News

Is it time for a new Community Treatment Order model in New Zealand?

Depending on which DHB you live in, your chances of being subject to a Community Treatment Order (CTO) will vary by a factor of five. Dr Tony O'Brien explored CTOs in his just completed PhD thesis: *Variation in the use of mental health legislation in New Zealand*.

CTOs, an aspect of the 1992 Mental Health Act, legally compel people to receive treatment for mental health issues. Once someone is under the Act, he or she receives extended services in the community and is made a priority for treatment. Non-compliance may result in confinement to hospital. CTOs are renewed every six months, and for some service users are indefinite.

Tony isn't certain why the disparity across DHBs exists. In the international literature a variety of reasons are given, but some, such as differences in legislation, are clearly not applicable in New Zealand. As part of his PhD research, he surveyed clinicians from the different DHBs to determine if they understood or applied the Act differently. The results indicated they didn't. At least in theory, their views were the same about when they would issue a CTO. Another finding, that there is a statistically significant association between level of social deprivation and CTOs.

What Tony is certain about is that Maori are 2.9 times more likely than non-Maori to be under CTOs. In addition, he says, "New Zealand has a very high rate of CTOs compared to usage internationally. Since 2009 the growth in their use across all DHBs has been significant." Currently, NZ has around 4600 people subject to the Mental Health Act. "For a country our size, that's a lot of people." Tony finds it "hard to believe the high usage is helping people get better."

International research indicates a division regarding the value of CTOs. Some studies indicate people subject to them like the degree of protection they offer. They know they will be made a priority for care. Others, however, indicate they find CTOs a hindrance to recovery. They resent the stigma and being subject to a legal regime. In the middle are those who see good as well as bad in them.

Tony questions whether New Zealand still needs CTOs. "Everybody has got used to them. They're not seen as out of the ordinary, not particularly invasive in terms of people's rights. But they've forgotten the intrusive part, how they affect your life and that once you have one, they're not that easy to get rid of." Although no hard data exists, anecdotal evidence indicates that some people have been subject to CTOs for 10 years or more.



Dr Tony O'Brien

Research is inconclusive whether CTOs require a legal framework to be effective. "If a package of support is available anyway, then treatment could occur without legal compulsion," Tony says. He's interested in exploring alternatives, such as the Advance Directive model and care contracts that place an obligation on services to provide for unmet social need, including housing support and employment. Currently, the CTO model emphasises legal constraints on service users, but not the reciprocal obligations on service providers.

He also advocates a review of the entire Mental Health Act. "It's 23 years old and times have changed. The legislation emphasises risk and is stigmatising. People don't want their lives scrutinised."

Inaugural Te Ārai research group hui

The Te Ārai: Palliative Care and End of Life research group met with the Te Ārai roopu at Waipapa marae (the University of Auckland's marae). The meeting allowed the researchers to experience a formal powhiri (formal welcome), which reflects the group's new research framework that outlines a bi-cultural context for their research.



Ageing well team studying restricted weightbearing for lower limb fracture fractures in frail older adults

A lower limb fracture is bad news for anyone, but for very frail older people, it can have a catastrophic impact on survival and independence. Sometimes after a fracture the patient is told to restrict the weight they put through their leg for up to six weeks to allow the broken bone to begin mending. However for older people with poor balance, low levels of muscle strength and low levels of fitness, even if they manage to follow such orders, it is highly likely that they'll lose significant function and, as a result, require more health services.

To investigate the effect of restricted weightbearing on this cohort, Dr John Parsons, Professor Matthew Parsons,



Principal investigator
John Parsons

Sean Mathieson and Christine Smith have begun an ACC-funded study across the Waikato and Canterbury DHBs. Their observational study involves 80 older people across the two regions and aims to provide data to support the development of alternative pathways for older people on restricted or non-weightbearing regimens. It will also look at the group's function, morbidity and mortality experienced as a result of the fractures. Participants will wear footwear developed by the team and collaborators at the School of Engineering to record the weight transmitted through the foot of the injured / operated leg.

Specifically the study will:

- Identify the level of adherence of restricted weight bearing amongst older people following lower limb fracture;
- Draw associations, where they may exist between level of weight

bearing and key demographic parameters, namely, gender, age, ethnicity, living situation (alone or with others), co-morbidities and acuity;

- Assess the impact of restricted weight bearing on the wellbeing of informal carers;
- Identify the impact of restricted weight bearing on function, survival and living status over one year (home or residential aged care).

Providing appropriate care following lower limb fracture among older people is a major challenge for the NZ Health System," says John Parsons, principal investigator. "This is compounded by the effects of restricted weight bearing."

Goals of the study are to "influence health service usage, service delivery and associated costs for this at risk group of people."

ADVANCE YOUR NURSING CAREER with POSTGRADUATE STUDY

As a nursing professional, understanding the latest advances in your field is essential for the health of both your patients and your career. Postgraduate study at the School of Nursing is a great way to achieve this, with qualifications ranging from postgraduate certificates through to doctoral degrees.

Programme structures are intended to be flexible, providing opportunities to design a programme of study that is appropriate for the learning goals you wish to achieve, and that is relevant to your practice area.



Master of Nursing student, Pauline Fakalata, balances her work as a women's health nurse manager with her postgraduate research into Tongan women's health literacy and contraceptive use.

"I have found postgraduate study at the University of Auckland both refreshing and rewarding. It has given me the opportunity to meet other nurses and others doing the same courses. Talking to other like-minded people, sharing experiences and building professional relationships and links have been hugely rewarding for me as an adult student."

For more information contact:

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Cognitive Impairment Pathway intervention improves care

Intervention informs four-year Perpetual Guardian Trust project

In 2013, Waitemata District Health Board formed a collaboration of primary healthcare providers, Older Adult specialists and Alzheimer's Auckland to develop the Cognitive Impairment Pathway (CIP). The pathway promotes early identification and intervention and encourages collaboration with specialist services to support cognitive impairment diagnosis and treatment by GP teams.

Senior Lecturer Michal Boyd and a team from the DHB conducted a pilot intervention with GPs and RNs to test the CIPs effectiveness. Divided into two groups, the comparison group did not have access to CIP education or materials.

The results showed that following the intervention both GPs and RNs in the CIP group were significantly more confident to care for behavioural and psychological issues, provide advice and offer support to people with dementia.

They also demonstrated improved dementia care knowledge following the intervention. The comparison group of GPs and RNs showed no difference in confidence or knowledge after the intervention period. "The CIP intervention improved the PHC team's confidence and knowledge," Michal said, "and could potentially improve PHC diagnosis and support for those with dementia."

Sixty-one people with cognitive impairment and 60 of their carers were enrolled in the CIP intervention. The CIP pilot was recently recognised for outstanding integration across services during the Waitemata DHB Health Excellence awards in April.

Perpetual Guardian Awards Dementia Pathways project four-year grant

Over the next four years, Perpetual Guardian Trust will fund the Dementia Pathways project, two research streams that will focus on both early stage and end of life dementia care.

"The care of people with neurological conditions such as dementia is one of the most costly and difficult problems currently facing New Zealand's healthcare system," says Principal Investigator, Dr Michal Boyd, "one that will become increasingly critical as the population ages."

The urgency for the research arises out of the magnitude of the issue.

Michal also indicated that Dementia Pathways will provide "baseline measurement about the current aged population in residential care for future improvements in end of life care."

Description of the projects - Early stage dementia care:

This two-year study will fund an evaluation of the expansion of the Cognitive Impairment Pathway (CIP) developed through Waitemata DHB (WDHB). The CIP offers education and support for early diagnosis and evidence-based care for people with dementia. GP practice-based education sessions are supplemented by computer-based resources to aid GPs in diagnosis and management of dementia. The trial will compare usual care with an intervention group.

The study has implications for Maori, who make up seven percent of WDHB's population, a figure expected to more than double by 2026.

Maori have higher rates of risk factors for dementia such as cardiovascular risk, depression, head trauma and substance use issues.



(From left) Merryn Gott, Jackie Robinson, Rosemary Frey and Michal Boyd, will work together on the end of life dementia care project that gathers evidence about the nature of dying in residential care due to dementia from the staff's perspective.

The CIP approach integrates primary care and dementia care with social services and includes a tool kit of dementia resources. Professor Ngaire Kerse from the School of Population Health and Professor Martin Connolly from the School of Medicine will act as consultants.

End of life dementia care

The aim of this project is to gather evidence about the nature of dying in residential aged care due to dementia from the staff's perspective. The health status, quality of dying and advanced care planning prior to death of residential aged care residents with dementia. Thirty representative facilities in Auckland, Wellington and Christchurch will take part.

The second strand will explore the dementia/stroke dying experience from the family's perspective and how it correlates to aged care and hospital records of end of life care. Strand three will involve a collaboration with Hospice New Zealand.

The goal will be to improve end of life care through individualised 'best practice' interventions for those with end stage dementia and stroke. Professor Merryn Gott, Dr Rosemary Frey, Jackie Robinson and Professor Martin Connolly will consult on the project.

Youth '12: Sexual and reproductive health findings will have to be two lines and a little bit here

Contrary to popular belief, most young people in secondary schools are not sexually active, reports Dr Terryann Clark, principal investigator for the Youth '12 National Health and Wellbeing Survey.

Results from the survey indicate that nearly 75% of young people in 2012 in NZ secondary schools have not had sex.

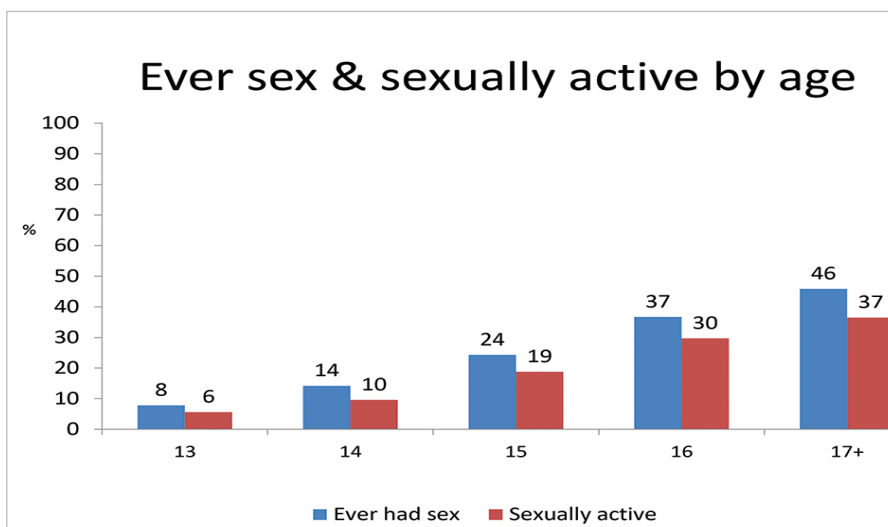
There is an even gender split of those who have ever had sex, with a larger proportion live in rural areas (28.6% compared to urban ones 23.6%) and report a higher level of deprivation (27.4% high, 23.7% medium and 22.1% low). "As you would expect, as students get older they are more likely to be sexually active," Terryann says. For the 17+ age group 37% were sexually active.

Little improvement in sexual health

However, the findings indicate that the use of condoms and contraception have not improved over time. "It remains remarkably similar over the past 10 years, says Terryann. "This suggests we haven't made improvements in access to contraception or condoms among sexually active young people."

Eighty-two percent of sexually active students have used condoms at least once while 53% used a condom to prevent STIs last time they had sex. Forty-six percent said they always use condoms to prevent STIs. There was no difference in condom usage according to deprivation, age or urban/rural setting.

Difficulty accessing sexual health care across ethnicities averaged out to 3.7% but when ethnicity was taken into account, Māori at 6% were significantly less likely to be able to access sexual

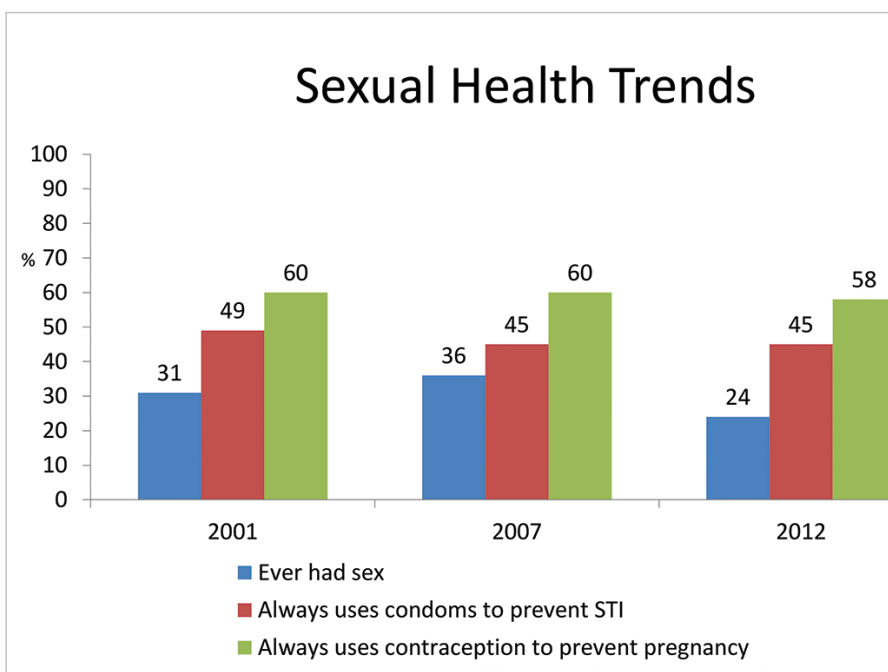


Eighty-two percent of sexually active students have used condoms at least once while 53% used a condom to prevent STIs last time they had sex.

health care at 6%. Pacific youth were next with 4%, NZ European and 'Other' at 3% and Asian students reported 1%. Terryann says "In general, many young

people are choosing to delay sexual activity, but for those who are sexually active there are significant gaps in accessible and appropriate healthcare to reduce unintended pregnancy and sexually transmitted infections."

For more information about the study or to review the Youth' 12 reports published to date, visit the Adolescent Health Research webpage: www.youthresearch.auckland.ac.nz



'Teabags' teach sex education to teens

Though it's not one you'd want to drop into your morning cuppa, this 'teabag' has proved vital to health literacy in a South Auckland High School.

The folded up pamphlet contains a condom and valuable sex education information for teens about safe sex, where to get the morning after pill and the truth about sex myths. In 2012, three School of Nursing nursing students, Laken Rowley, Gemma Veale and Manisha Singh, came up with idea of distributing them when 12 young women returned to school pregnant after the summer break. Now, three years later the school reported no pregnancies after the holidays – good news for New Zealand which has the second highest teen pregnancy rate in the developed world.

Dr Karen Hoare conducted research on the effectiveness of the 'teabag' in her study: *Evaluation of a health education leaflet for young people*. School nurses approached students who had received the teabag, seeking to interview them about it. "The school nurses were popular points of contact for these young people on a variety of health issues including sexual health," says Karen. A group of 17 high school students, mainly Māori and Pacific Island students, agreed to be interviewed as part of the project.

"Under Article 12 of the United Nations Convention on the Rights of Children, young people have the right to have a say in matters that affect them," says Karen who is a researcher in the School of Nursing and Department of General Practice and Primary Health Care. She is also a Nurse Practitioner working with school nurses in South Auckland high schools.

"The students' feedback shows us that the 'teabag' was an acceptable and appropriate sex education tool to disseminate information to this age group," she says. "The research also shows us that comprehensive primary health care where school nurses

have been linked with primary care practitioners in Manurewa (either Nurse Practitioners or General Practitioners), resulted in a 66 percent reduction in teenage pregnancies over three years," Karen says. "This is along with the great work that schools and teachers do for pastoral care."

"Students saw the 'teabag' information as both helpful and culturally appropriate," says Karen. "It was culturally appropriate in terms of being small, easy to conceal and therefore, confidential as well as containing reference to the Maori model of health and wellness."

"A number of students discussed how situations may arise when they needed contraception and the teabag reminded them to think about the consequences of unsafe sex." The teabag was an attractive package that catalysed conversations and became a talking point among students. They described the leaflet that formed the packaging as useful and easy to read. Some kept it to refer to at a later date.

"Participants viewed it as a positive initiative and said they didn't have access to information on contraception, or were too shy to get the information themselves, but that it was helpful and would be for the future too," says Dr Hoare.

"There is scarce information available about sex education from young people's

perspectives, and a strength of this study was that the intervention was designed by young people for young people," she says. "The researcher who investigated the students' views was a young person and the 'teabag' was designed by three student nurses."

Karen says that the group of students interviewed for their opinions were able to consent to the study without their parent's permission, but they were invited to tell their parents if they wanted to. "Providing information to young people is central to their informed decision-making. Sexuality education and youth friendly services should help young people explore, experience and express their sexuality in positive safe ways."

"Young people have a right to interventions (such as the teabag health promotion) that protect their fertility and sexual health."

Summer Essentials

For the girls....

Prevent pregnancy with contraception
There is no minimum age for contraception.

Jadelle (The Rod)

- Small rods inserted into your arm
- Easy! There's nothing you have to do or remember once it's in
- Lasts three to five years
- More than 99% effective at preventing pregnancy
- Takes 10 days to heal
- It can cause irregular bleeding in the first six months

Depo Provera (The Jab)

- Injection given every 12 weeks
- No one else needs to know you're taking it
- More than 99% effective
- You need to wait seven days after your first injection to be protected
- It can cause irregular bleeding but it will improve with time

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- Are free for under 22's
- Drop-in clinic on Tuesdays
- Are confidential
- Give out free condoms and advice

For more information head to: greenstoneclinic.co.nz or visit the school nurses

© Gemma Veale, Manisha Singh and Laken Rowley, University of Auckland, Nursing Students 2012

For the guys....

Condoms = no babies*
*condoms are 98% effective when used correctly

Condoms make an erection last longer. They are available in flavoured, textured, and different sizes so you can get the best fit.

You can get **144** condoms for \$3 with a prescription from family planning. Greenstone clinic and school nurses give them out **FREE**.

Water based **LUBRICANTS** such as KY Jelly, make it easy to slide in and out during sex. Not enough may cause the condom to break.

Condoms protect you both from STI's
STI's are infections which can be passed on by having unprotected sex. Bacteria and viruses cannot pass through an unbroken condom.

Herpes is an STI. If you catch it, it's with you for life.

How do I keep myself safe this summer?

**KIA KAHA girls
Boys keep your MANA**

Everything you tell your health provider is confidential. That means it's YOUR CHOICE if you tell your parents or not.

CONFIDENTIAL

Ngā Rangatahi Kōti: A Site of Limitless Potential

Stella Black's doctoral thesis examines rangatahi and whānau experiences of Māori youth courts

Since 2008, New Zealand has operated ngā Kōti Rangatahi (Kōti), marae-based youth courts, to serve as an alternative to their mainstream counterpart. Kōti are a response to disproportionate numbers of Māori rangatahi (youth) represented in crime statistics. They comprise 52% of police apprehensions, 54% of Youth Court appearances and 65% of supervision with residence orders.

Broader social research has also highlighted the lack of consideration in the criminal justice system towards social factors such as poverty, housing, unemployment, education that may contribute to youth offending. Also ignored has been the historical impacts

It is the incorporation of tikangā (Māori laws, values, and principles) and the marae setting that makes New Zealand's version unique.

of colonisation on rangatahi, land and resource alienation, the breakdown of tribal and whānau social structures, erosion of tikangā practices, and loss of cultural and spiritual cohesion. The Kōti represents an attempt to find some way to addressing these concerns with the rangatahi and their whanau.

While various cultural approaches to youth offending are being applied in other countries such as Australia, Canada and the United States, it is the incorporation of tikangā (Māori laws, values, and principles) and the marae setting that makes New Zealand's version unique. They allow for the application of a holistic approach to resolving disputes and restoring balance and well-being for rangatahi (youth), whānau and the wider community.

Stella's PhD will address a gap in knowledge about Kōti and their effect

on the wellbeing of rangatahi and whanau. Existing research is limited to one Ministry of Justice implementation evaluation and a 2012 Master's thesis, leaving some of the criticisms unanswered about the adoption of tikangā Māori in this marae based Kōti that still remains largely shaped by British law.

As part of a wider study with colleagues across the country funded by the University of Auckland Strategic Initiative Fund and Marsden Fund, Stella will explore the tikangā of Kōti in four settings in Auckland and the Bay of Plenty. Her project will also test the usefulness of a uniquely designed kaupapa Māori approach for ongoing use in the Kōti setting.

She plans to draw upon creative qualitative methods for her PhD research and "work in with established programmes that are helping rangatahi," and she wants to find ways for them to tell their stories about their journey through the Kōti process. Such methods might incorporate creative writing, kapa haka, or PhotoVoice, she says.

Stella hopes to follow rangatahi from their first family group conference that involves whānau, police, victims and social workers. The goal of the meeting



Stella Black
(Ngai Tuhoē)

is to develop a plan to address the offending and make amends. Rangatahi who choose the Kōti pathway rather than the mainstream Youth Court have their plans overseen on the marae.

First implemented at Te Poho-o-Rawiri marae, Gisborne, by Judge Taumaunu, there are now 13 Kōti around the country. Principal Youth Court judge, Judge Andrew Becroft, describes Kōti as a way of harnessing the "power of the marae and Māori culture" to change the patterns of Māori offending.

BUMPER CROP OF TOP MARKS FOR MASTER'S STUDENTS

Some postgraduate students complete their Masters of Nursing with a 60 point dissertation in the form of an integrative literature review. Seven students who submitted such dissertations in November 2014 achieved in the A grade range – an excellent achievement.

Congratulations to Wendy Dragt (Supervisor Karen Scott); Bridget Maley (Supervisor Robyn Dixon); Rebecca Porton-Whitworth (Supervisor Lesley Doughty); Robyn Sharp (Supervisor Katey Thom); Jacqueline Stone (Cathleen Aspinall); Ching Jie Yeh (Supervisor John Parsons) and Mi Yeong You (Supervisor Reena Patel).

Data Driven

Sheree East demonstrates the usefulness of the Omaha System for nursing health records

Sheree East's Master's research portfolio outlines one New Zealand community organisation's developmental journey towards enabling nursing data to be included in the electronic health record (EHR) by implementing a standardised nursing language - the Omaha System - in its clinical documentation. The Omaha System is a practice and documentation standardized taxonomy designed to describe client care.

The need for her research arose out of the limited electronic information systems incorporating nursing terminology in community clinical practice and the complete lack in District Nursing services. The strategy for the development of a universal EHR in New Zealand provides an opportunity for nursing to contribute their patient data so that a complete record is available, promoting safe and effective care. Furthermore, enabling the capture of nursing data in an electronic

system using a standardised nursing language enables nursing to measure the outcomes of care and make nursing more visible within the health care environment.

Through her research, Sheree demonstrated that the Omaha System was a standardised nursing language well understood and acceptable to New Zealand based District Nurses. The system captured the work of District Nursing in a structured format that could be used to enable data capture in an electronic format. Her results challenge the theory that NZ nursing needs to undertake significant levels of research, investment and development in order to create its own national standardised nursing language.

Sheree became interested in the Omaha System for a number of reasons, one being her organisation's desire to move from unstructured, non-standardised narrative paper-based records to



Sheree is Director of Nursing at Nurse Maude in Christchurch. Dr Michelle Honey was her Master's supervisor.

structured documentation on a point of care electronic record. Another motivation was developments in the wider health sector where "there is a huge push toward integration and the ability to share patient information," she said. The particular appeal of the Omaha System for Sheree was "its ability to provide the data that demonstrates the impact of care on clinical outcomes for the individual, family and community."

Summer student research focuses on mental health and older adults

Maria Ji worked with Dr Tony O'Brien to explore the use of restrictive practices in inpatient mental health services. For Dr Katey Thom, Rebecca Scoggins looked into the therapeutic practices of legal, health and social care professionals while Laura Maskill completed a systematic literature review of integrated care collaborations.

What are the stumbling blocks for older people during cancer treatment? is the question Olivia Hawke tackled for Dr Kathy Peri. Tessa Morgan undertook a systematic review about the relationship of gender to end of life caregiving for older adults for Dr Lisa Williams. Finally, Htein Aung researched older people in the digital age for Dr Michelle Honey and Susan Waterworth.



2014-2015 School of Nursing summer students: Back row: Maria Ji and Olivia Hawke. Front row: Laura Maskill, Tessa Morgan, Rebecca Scoggins and Htein Aung.

First past the post with first class honours for Waikato nurses

The inaugural members of the School of Nursing's Waikato DHB Bachelor of Nursing (Honours) programme will graduate with first class honours this year. Tori Prendergast, Michelle Cameron, Sara Hablous and Kim McAuley all received top marks for their theses. They completed the course over 18 months while employed as nurses in Waikato DHB.

"The Honours programme targets high achieving nursing undergrads, like Sara, Kim, Tori and Michelle, who have the potential to carry out quality health service delivery and innovation," said Professor Matthew Parsons. "What we're trying to do is make sure young, capable nurses stay in New Zealand and later take on senior leadership roles."

To be selected, students must have completed their undergraduate

"What we're trying to do is make sure young, capable nurses stay in New Zealand and later take on senior leadership roles."

– Professor Matthew Parsons

nursing training, be working as a nurse and have finished the NetP (New Graduate Nursing Programme). Along with research supervision, they receive leadership education. This dual approach is the result of a collaborative strategy between the University of Auckland and the involved DHBs, which now include Waikato, Counties-Manukau and Auckland. Research topics are chosen by the DHB. "This ensures from the outset nurses are contributing to real health service improvement, and in turn DHBs are receiving quality improvement gains," Dr Stephen Jacobs said.

"At the same time, nurses who participate benefit because they're



Dr Stephen Jacobs (left) co-ordinates the Waikato Honours programme and Professor Matthew Parsons acts as a supervisor.

developing competency in evidence-based practice. They also have commitment from the DHB to support their development as researchers and leaders," said Matthew. Currently there are 14 nurses participating.



What they researched

Tori Prendergast explored whether screening and brief intervention encourages changes in behavioural drinking beliefs and patterns in young people attending the Waikato Hospital Emergency Department (ED) with an alcohol related injury.

Michelle Cameron investigated how the Waikato ED nurse role might be developed to meet the growing demands on ED as well as examined the perspectives of ED staff in relation to the activities that are currently undertaken by an ED doctor that could be transferred to a nurse.

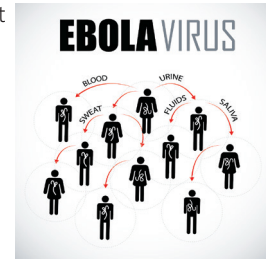
Sara Hablous' research involved gaining insight into the acute surgical experience from admission to discharge – how healthcare professionals enhance the process and in which areas quality care is lacking.

Kim McAuley explored the views and attitudes of healthcare professionals towards perioperative patient harm in the operating theatre setting at Waikato Hospital.

Tori Prendergast: PhD Fast track

Ebola & influenza: is NZ vulnerable?

Another benefit of the Honours programme is that it can accelerate students' PhD journey. Tori Prendergast



is starting hers this year and will be researching the spread of infectious diseases, such as ebola and influenza.

New Zealand's numerous international transit access points – five international ports and seven international airports – put the population at a relatively high risk of infectious disease transmission.

The health system demonstrates effective infectious disease containment through the use of personal protective equipment (PPE), hand hygiene and strict infectious disease control precautions such as isolation. However, every procedure carries the risk of human error and thus the spread of any infectious disease is inevitable.

The current outbreak of Ebola, for example, which started in West Africa, demonstrates the danger of disease transmission, with Western countries such as America, Spain and England now reporting cases of Ebola Virus Disease (EVD).

To help address these issues, Tori will employ computer modelling to explore the spread of ebola and influenza across New Zealand and consult with experts around New Zealand to identify how best to reduce the risk of spread.

Postgraduate

Master's graduates

By thesis, research portfolio and dissertation, our students contributed to health care scholarship. These are our graduates from the past year, including May 2015

Thesis

Dharminder Bhardwaj

Supervisor: Tony O'Brien

Retrospective analysis of an intervention to reduce the use of seclusion

Jane Hannah

Supervisor: Robyn Dixon

The use of a continuous subcutaneous infusion of Frusemide (CSI-F) in patients with decompensated heart failure : a feasibility study

Markus Lang

Supervisor: Susan Waterworth, Tony O'Brien

What are the factors that influence the delivery of smoking cessation advice in critical care environments?

Michele Lowe

Supervisor: Robyn Dixon

Barriers to annual cervical screening for women living with HIV infection in the Auckland/Northland region

George McNally

Supervisor: Rosemary Frey

Nurse manager and student nurse perceptions of the use of personal smartphones or tablets and the adjunct applications as an educational tool in clinical settings.

Dayle Pearman

Supervisor: Andrew Jull

Medication Safety: User-applied labelling of syringes

Janine Rouse

Supervisor: Stephen Jacobs

Improving patient flow from the Department of Critical Care Medicine at Auckland City Hospital to general medical and surgical wards

Joanna Smith

Supervisor: Kate Prebble

The Impact of Alternative Education on Wellbeing and Life Course: Former Alternative Education Student Perspectives

Louise Sue

Supervisor, Robyn Dixon

The sexual health concerns and sexual health education needs of adolescents with cancer

Research Portfolio

Sheree East

Supervisor: Michelle Honey

Changing the way nurses document care : implementing the Omaha System in a New Zealand community nursing organisation

Dale Garton

Supervisor: Deb Rowe

The role of providing developmental care for the babies born less than 30 weeks gestation in the new born intensive care unit: A material and nursing perspective

Anne Goddard

Supervisors: Susan Waterworth, Gigi Lim

Safe practice in medication administration

Catherine Lambe

Supervisor: Karen Hoare

Skin infections in young people (14-18 years)

Shivika Singh

Supervisor: Helen Hamer

The Attitudes and Beliefs of Mental Health Nurses Towards Metabolic Screening

Hannah Walker

Supervisor: Susan Waterworth

Spiritual Care of the Dying in the Land of the Long White Cloud

Zoe Williamson

Supervisor: Michelle Honey

The barriers to participating in simulation training for undergraduate nursing students in a New Zealand setting : a qualitative descriptive study

Melissa Zoing

Supervisor: Lisa Stewart

The impact of fentanyl and other contributing risk factors on the incidence of PONV, and management of post-operative complications in children undergoing myringotomy

Dissertation

Elizabeth Allen

Supervisor: Ann McKillop

The Benefits of Applying a Practice Development Model of Care to a Diabetes Young Adult Service

Wendy Dragt

Supervisor: Karen Scott

The use of Wound Assessment and Diagnostic Tools in Improving Chronic Wound Healing Outcomes: An Intergrative Review

Rekha Devi

Supervisor: Kathy Peri

Does a caregiver's burden of care lessen following the permanent

placement of a Family Member with Dementia in a Unit

Christina Edmonds

Supervisor: Nicolette Sheridan

The role of a Head and Neck Cancer Clinical Nurse Specialist in Northland

Kathryn Erai

Supervisor: Michael Crossan

Effective communication within the acute health care setting

Asa Evans

Supervisor: Joanne Agnew

What is the best Practice for Dealing with Women who Miacary Prior to 20 weeks of pregnancy?

Safaatoa Fereti

Supervisor: Stephen Jacobs

The Impact of Samoan Cultural Values on a mainstream senior nursing leadership role within a District Health Board: A Samoan Nurse Leaders Perspective

Deirdre Gordon

Supervisor: Ann McKillop

Factors that affect the development of Expert Nursing Practice

Kamini Ghosh

Supervisor: Dianne Marshall

Implications of Same-day Discharge Percutaneous Coronary Intervention

Theresa Hayes

Supervisor: Ann McKillop

The factors that influence the implementation and intergration of the nurse practitioner into primary health care

Amanda Holmwood

Supervisor: Sandy Oster

How do we care? Identifying registered nurse behaviour that convey compassion and caring in the general hospital inpatient setting

Selani Ioelu

Supervisor: Lesley Doughty

Barriers preventing minorities from accessing cardiac rehabilitation programmes in the community

Sheeja Kaniyamparambu

Supervisor: Deb Somerville

Role of hygiene in the prevention of ventilator associated pneumonia in orally intubated mechanically ventilated adult critical care patients

Kritika Lal

Supervisor: Stephen Jacobs

Why do bedside nurses need to be clinical leaders in an acute setting

Joanna Laws

Supervisor: Susan Waterworth

Nurses Clinical Decision Making in Palliative Care Hospice

Bridget Maley

Supervisor: Gemma Aburn, Robyn Dixon

Subcutaneous and intravenous drug administration in breast cancer: A review of patient experiences and clinical resource use

Alan Milliken

Supervisor: Jacquie Kidd

Seclusion elimination in acute adult mental health units in New Zealand: What will it take? A literature review

Meenakshi Narang

Supervisor: Sandy Oster

What influence parent-adolescent communication has on sexual behaviour and knowledge of adolescents?

Sally Newell

Supervisor: Kathy Shaw

An Exploration of the Reasons for Non-adherence to Asthma Medication in New Zealand Adults

Karen Nixey

Supervisor: Kathy Shaw

Minimising pain at dressing changes reduces the need for theatre time

Ann Pidgeon

Supervisor: Kathy Peri

Nurses as Case Managers for Community Dwelling Frail Older People

Rebecca Porton-Whitworth

Supervisor: Lesley Doughty

The Registered Nurse working as a surgical nurse assistant and the impact on the New Zealand Healthcare System

Sibi Roy

John Parsons

The effect of early mobilization following stroke on physical functional outcome after one year and the nurses' role in early mobilization post stroke

Deborah Sharma

Supervisor: Rosemary Frey

The cultural issues that relate to end-of-life decision-making for migrant Indian populations

Robyn Sharp

Supervisor: Katey Thom

Positive Development of Young People in a Youth Justice environment The Role of the Nurse

Rekha Singh

Supervisor: John Parsons

Does a caregiver's burden of care lessen following the permanent placement of a family member with dementia in a dementia Unit

Jacquie Stone

Supervisor: Cathleen Aspinall

Transition of the adolescent with

inflammatory bowel disease to adult care. An integrative review of the literature

Rachel Teulon

Supervisor: Cathleen Aspinall

Influences on Parental Decision Making in Paediatric Palliative Care

Omana Thomas

Supervisor: Susan Waterworth

A review of the Literature: What is the clinical evidence for exercise in patients with heart failure following discharge?

Alison Turner

Supervisor: John Parsons

Interpreting in Palliative Care: Do we use family and official interpreters appropriately in palliative care and what support do they require?

Elsbeth Witton

Supervisor: Ann McKillop

Why are school aged males in New

Zealand not included in the Ministry of Health funded Human Papillomavirus Vaccination Programme for school aged girls?

Ching Jie Yeh

Supervisor: John Parsons

The discharge planning checklist for hospitalized older adults with hip fractures in New Zealand

Mi Yeong You

Supervisor: Reena Patel

A review of service models for age-related macular degeneration

Li Zhao, Dissertation

Supervisor: Deb Rowe

Internationally qualified nurses' experiences of intergration in New Zealand: a literature review

PRIORITIES FOR PALLIATIVE AND END OF LIFE CARE
 Inaugural one-day conference to learn about and shape palliative care research priorities

Nau mai, haere mai
 Come hear about the latest findings from the School of Nursing's Te Ārai Palliative Care and End of Life Research Group. The conference marks the launch of Te Ārai's bi-cultural palliative care and end of life research group and will feature sessions on the group's latest research topics including:

- * Culturally appropriate palliative care for Māori
- * Palliative care in aged residential care
- * Palliative care in hospitals

The afternoon sessions will explore the palliative care sector's research needs (bring your questions, answers and ideas) as well as suggestions for New Zealand's research priorities.
 The day will be a great opportunity for networking, collaborating with colleagues, and exploring research opportunities.

SPEAKERS:

- * Rawiri Wharemate
 Kaumātua, Te Ārai Palliative Care and End of Life Research Group
- * Professor Merryn Gott
 Director, Te Ārai Palliative Care and End of Life Research Group
- * Jackie Robinson
 ADHB Palliative Care Nurse Practitioner; Professional Teaching Fellow
- * Dr Tess Moeke-Maxwell
 Research Fellow, Te Ārai Palliative Care and End of Life Research Group
- * Dr Michal Boyd
 Nurse Practitioner, Older Adults, Waitemata DHB; Senior Lecturer

25 June 2015
9am-4pm (doors open at 8.30 am)
Tāmaki Innovation Campus, the University of Auckland

There is no cost but spaces are limited. Registration closes 18 June. Inquiries and RSVP to Tessa Morgan: t.morgan@auckland.ac.nz

Sponsored by the Te Ārai Palliative Care and End of Life Research Group

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