



The Pacific Health Dialog

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The BRRACAP Study - Building Reproductive Health Research Capacity and Activity in the Pacific Islands

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Pacific Society for Reproductive Health



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Literature review research capacity building

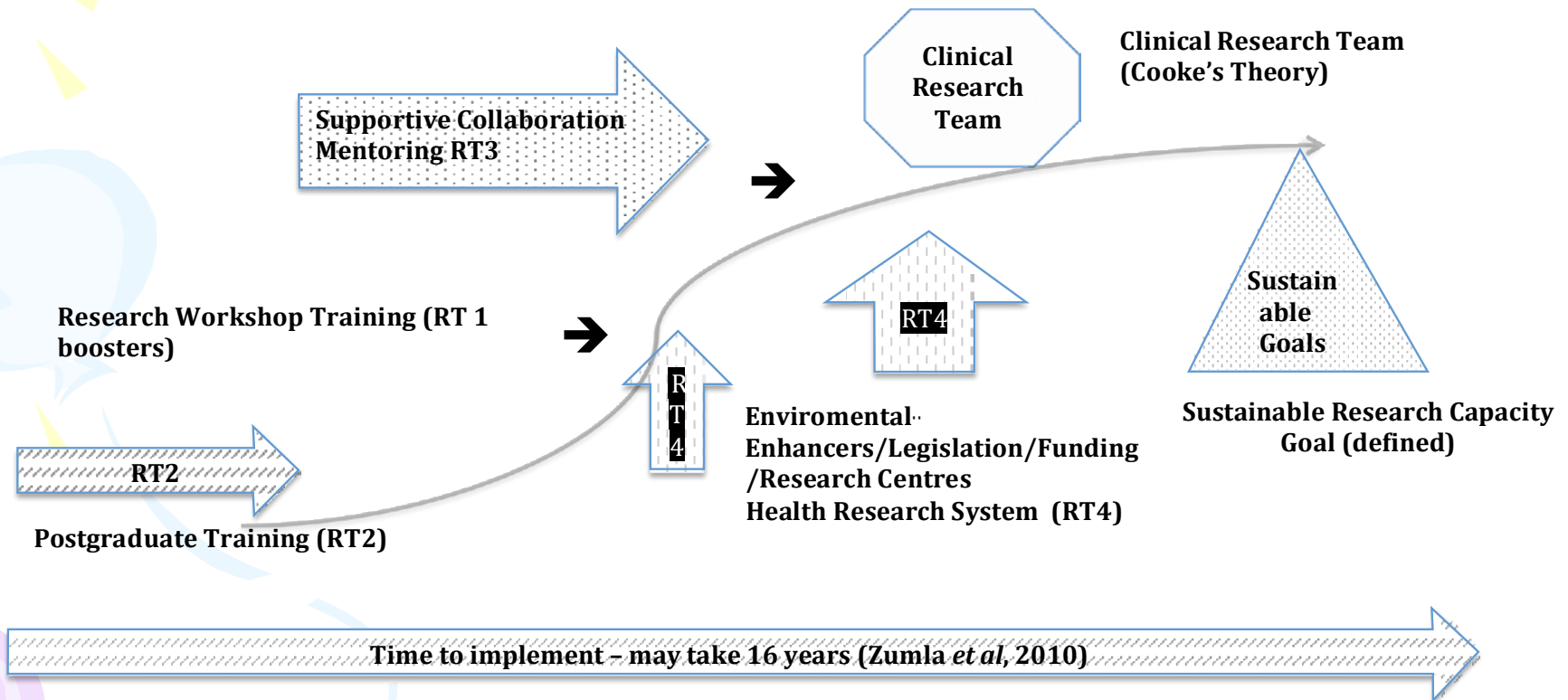


Figure 2: Theoretical Framework linking interventions to successful research capacity building for clinicians in low and middle income countries

Elements of clinical research capacity building

- Adequate Health Workforce
- Functioning Health System
- Health research system (HRS) development
 - Components - 8 Ps: power, policy, process, priority, property, practice, people, partners
 - Top down - leaders who enable research
 - Bottom up - clinicians who agitate for research



SHORT REPORT

OPEN ACCESS

Who are the successful reproductive health clinician-researchers?

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¹Department of Obstetrics and Gynaecology, ²Department of Primary and Integrated Care, ³World Health Organization, Papua New Guinea, ⁴ Department of Surgery, ⁵ University of Auckland, South Auckland Campus, New Zealand.

ABSTRACT:

Health research output from the Pacific Islands is low. Improving clinicians important role in generating and utilizing research evidence to improve patient care has been the aim of research collaborations, governments and funding agencies. Twenty-eight reproductive health clinicians from six Pacific countries participated in a research workshop and were provided mentors to complete identified research projects. Completion of research tasks were assessed 18 months later using a tool co-produced by a panel of research experts. Those with academic and specialist appointments did better than other medical officers and nurses/midwives.

Key words: Pacific Island, clinician research, building research capacity, nurse research, midwife research

Pacific Health Dialog

- First issue 1994
- Scope - all the major health professional groups.... agriculture, economics, and other disciplines involved in the health of the people of the Pacific.
- Last issue 2014



New Team, New Technology New Look, Same Message



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Our NEW HOME has the following features:

1. We are OPEN ACCESS.
2. We aim to SHARE OUR PACIFIC HEALTH STORIES
3. We welcome suggestions as to how to make the Journal and Website more informative and exciting.

The Pacific Health Dialog (PHD) is the Journal of Pacific Research for the Pacific region. It is the only Medline listed medical and public health journal published specifically for Pacific Island countries. We promote all research pertaining to the Pacific region with a particular focus on Community Health and Clinical Medicine. Although the initial focus of the journal has been community health and clinical medicine, we have published across a broad range of topics including Pacific Island economic development, education, employment, social services and politics.

Reviewing the archives will reveal the very broad extent of the contributions by many authors over many years. Pacific Island people continue to make a significant contribution to the ongoing development of

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A decorative graphic on the left side of the slide featuring three balloons in light green, light blue, and light purple, with yellow streamers and triangular flags trailing from them.

Aims of New Technology

- House Journal
- Assist editorial staff
- Support researchers
- Access from different electronic platforms
- Saves costs – electronic automation



OPEN ACCESS MODEL

- Readers have free access
 - Need to register
- A fee to publish
- Electronic
- Websites can still publish adverts



Open Journal Systems

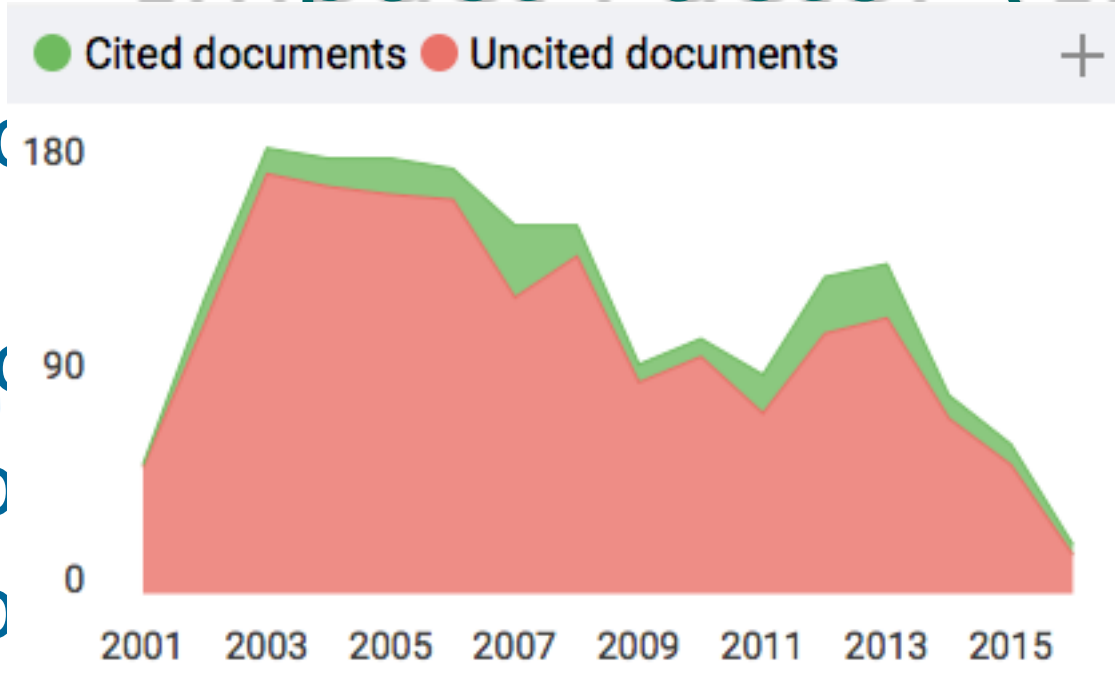
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Multimedia

- Dissemination through social media
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- Assistance and collaborations
 - DropBox, Mendeley
 - Wifi-based e.g. Zoom

Impact Factor (IF)



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- Increase in submissions

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(2010)

We don't have to wait for a full issue

Rural and Remote Health - Article Alert



ejrh@rrh.org.au

Tuesday, 19 September 2017 at 17:28

To: aekeroma@gmail.com

A new article has been published in *Rural and Remote Health*:

'Speech-language pathology telehealth in rural and remote schools: the experience of school executive and therapy assistants'

Difficulties in accessing allied health services, especially in rural and remote areas appears to be driving the use of telehealth services to children in schools. This study investigated the experiences and views of school executive staff and therapy assistants regarding the feasibility and acceptability of a speech-language pathology telehealth program for children attending schools in rural and remote New South Wales, Australia.

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=4225>

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Original Research

Speech-language pathology telehealth in rural and remote schools: the experience of school executive and therapy assistants

Submitted: 29 September 2016

Revised: 10 March 2017

Accepted: 28 March 2017

Published: 17 September 2017

Full text: You can [view the full article](#), OR [view a printable version](#).

Comments: ([login](#) to access the comments on this article)

Author(s) : [Fairweather GC](#), [Lincoln MA](#), [Ramsden R](#).



Glenn Fairweather



Michelle Lincoln



Robyn Ramsden

Citation: Fairweather GC, Lincoln MA, Ramsden R. Speech-language pathology telehealth in rural and remote schools: the experience of school executive and therapy assistants. *Rural and Remote Health* (Internet) 2017; **17**: 4225. Available: <http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=4225> (Accessed 19 September 2017)

ABSTRACT

Introduction: Difficulties in accessing allied health services, especially in rural and remote areas, appear to be driving the use of telehealth services to children in schools. The objectives of this study were to investigate the experiences and views of school executive staff and therapy assistants regarding the feasibility and acceptability of a speech-language pathology telehealth program for children attending schools in rural and remote New South Wales, Australia. The program, called Come N See, provided therapy interventions remotely via low-bandwidth videoconferencing, with email follow-up. Over a 12-week period, children were offered therapy blocks of six fortnightly sessions, each lasting a maximum of 30 minutes.

Methods: School executives ($n=5$) and therapy assistants ($n=6$) described factors that promoted or threatened the program's feasibility and acceptability, during semistructured interviews. Thematic content analysis with constant comparison was applied to the transcribed interviews to identify relationships in the data.

Results: Emergent themes related to (a) unmet speech pathology needs, (b) building relationships, (c) telehealth's advantages, (d) telehealth's disadvantages, (e) anxiety replaced by joy and confidence in growing skills, and (f) supports.

Conclusions: School executive staff and therapy assistants verified that the delivery of the school-based telehealth service was feasible and acceptable.



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Aiono Dr Alec Ekeroma

Editor in Chief at Pacific Journal of Reproductive Health

OWNER

... 2y

Research Pearl 2. Ioanna has seen in her clinic her 5th case of cervical cancer in one week and was now wondering whether its a major problem in Kiribati.

Research Pearl 2.

Ioanna has seen in her clinic her 5th case of cervical cancer in one week and was now wondering whether its a major problem in Kiribati. How will she investigate whether this is a problem or not

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SWITZERLAND



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- Terms of reference in place
- Determine issue themes
- Come back issue – Feb 2018
 - Pacific Health Realities and Our Cultures

Let's Get This Research
Building Waka Sailing Again

Vinaka vaka levu, Malo 'aupito, Fa'afetai tele lava,
Meitaki maata, Fakaau'e lahi, Faka fetai,
Kam rabwa, Namaste and Many thanks



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