

nurses to be directly involved in educating patients about transmission-based precautions. Consequently, the patient information brochures have been amended and the infection control nurses deliver and discuss these with the patients on their daily ward rounds.

Development and review of an interprofessional clinical placement evaluation tool

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Background/Aims: Evaluation of undergraduate student clinical placements is important as the results inform practice and improve the quality of future placement experiences. Community Rehab nQ (CRnQ) offers interprofessional clinical placements to students from several health and social care disciplines. An apparent lack of validated interprofessional placement evaluation tools led to the development of an in-house questionnaire. The aim of this project was to evaluate the results of the piloted evaluation tool and plan the next phase of its development. **Methods:** The Interprofessional Clinical Placement Evaluation Tool assessed student satisfaction with pre-placement preparation, placement experience, clinical supervisors and interprofessional experience. A combination of quantitative and qualitative data was collected. **Results:** Overall, 26 students completed the evaluation tool and the results suggest high levels of satisfaction with the clinical placement experience and the clinical supervisors at CRnQ. Working in an interprofessional team was rated as a positive and beneficial aspect of the clinical placement. Completion rates of the placement evaluation tool were poor, posing a challenge to be resolved in the next phase of tool development. Professional growth and increase in clinical knowledge over the duration of placement were not measured. Several key topics were identified as needing more in-depth evaluation based on the results obtained and these will be heavily considered in future tool development. **Conclusion:** The results of this project will contribute to the further development and refinement of the Interprofessional Clinical Placement Evaluation Tool. This tool, when validated, may be utilised by other clinical placement sites offering an interprofessional learning experience.

POSTER ABSTRACTS

Adherence to haemodialysis regimens: how big is the problem and what can we do to make it easier?

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Background/Aims: Patients who require haemodialysis for end-stage renal disease are advised to make substantial lifestyle modifications. These include attending the renal unit for dialysis, usually three times per week, and minimising weight gain associated with fluid allowances between dialysis sessions. The aim of this study is to measure adherence to haemodialysis regimens as measured by attendance at scheduled sessions and average weight gain between dialysis sessions. **Methods:** Retrospective chart audit of a cohort of patients (n=72) attending an in-centre North Queensland renal unit having dialysis via an arteriovenous fistula, graft or central venous

catheter over a 12-week period in 2013. **Results:** Ninety per cent (90%) of the 2405 scheduled sessions were attended: 41 (56.9%) patients attended all their scheduled sessions. The median number of missed sessions was 6.5. Non-Aboriginal and/or non-Torres Strait Islander people, those who did not have to relocate to the regional city, older people and those on a twice-weekly schedule were more likely to attend. The mean daily weight gain was 0.885 kg. The largest mean daily weight gain, over the period, was 1.017 kg/day. Patients 60 years or older were more likely to comply with fluid restrictions. **Conclusion:** Non-attendance at this unit is much higher than noted in the international literature. If a patient is not attending all scheduled dialysis sessions, their poor health status may deteriorate further. The renal service is considering additional strategies that will assist patients to adhere to their regimens. In doing so, they will improve outcomes for individual patients and better manage healthcare resources.

An automated assay for the measurement of CSF bilirubin

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Background/Aims: Subarachnoid haemorrhage (SAH) is a life-threatening condition, the successful management of which is dependent on accurate and rapid diagnosis. Laboratory detection of bilirubin in the cerebrospinal fluid (CSF) using a scanning spectrophotometer is the recommended method for laboratory assessment of SAH. However, this method is technologically challenging and a lack of after-hours expertise often results in the use of subjective visual inspection. We evaluate a modified Jendrassick Grof method for an automated clinical biochemistry analyser and compare the results with those from the gold standard scanning spectrophotometric method. The aim of this study is to validate a newly-developed automated assay for the analysis of CSF bilirubin in an effort to improve service delivery for clinicians diagnosing SAH in rural and remote areas.

Methods: Mock CSF samples containing increasing amounts of red cells, bilirubin and protein were evaluated for bilirubin, oxyhaemoglobin and methaemoglobin using a scanning spectrophotometer. These results were then compared with results from the same samples using an automated method for CSF bilirubin (Beckman AU480) to assess interference. **Results:** The automated (AU480) method showed a 99% correlation when compared to the gold standard method. Furthermore, the new method demonstrated a reduced susceptibility to common pre-analytical interferents. **Conclusion:** Automating CSF bilirubin measurement will allow for SAH screening in rural and remote areas and improve after-hours service provision in more urban areas.

Autoimmune hypophysitis as a result of cancer treatment: a case series at The Townsville Hospital

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Background/Aims: Iatrogenic hypophysitis (IAH) is an immune-related adverse event observed amongst advanced-stage cancer patients on immunomodulation therapy with the anti-cytotoxic T-cell antigen 4 (anti-CTLA-4) biological agent, Ipilimumab. IAH usually presents with subtle symptoms and a pituitary mass, however due to its fatal potential, a high index of clinical suspicion is important amongst cancer patients on anti-CTLA-4 therapy. The Townsville Hospital (TTH) has recently observed