

Queensland hospital and a smaller, remote facility in Far North Queensland. A convenience sample of surgical inpatients in each facility was invited to complete the questionnaire. **Results:** Forty-two of the 51 respondents (29 men, 22 women) were from the large hospital. The majority (n=42) were aware of the risk of hospital-acquired infections before their surgery and had adequate information (n=36) and understanding (n=41). Sources of their information were diverse, with doctors, the hospital and television most frequently being nominated, although many indicated that the media did not accurately portray hospital-acquired infections. Knowledge of specific bacteria was quite poor. Staff and visitors using alcoholic hand-rub and involving patients more in their own care were the most frequently offered options for preventing hospital-acquired infections. **Conclusion:** We plan to administer the questionnaire to a larger number of patients across more Australian facilities. Responses will inform interventions to further improve the knowledge and understanding of hospital-acquired infections of future patients.

Understanding positive health outcomes and unmet needs after traumatic brain injury in The Townsville Hospital and Health Service

Maria Hennessy^{1,2} and Eliza Birtles¹

¹Community Rehab nQ, Townsville, Townsville-Mackay Medicare Local, Townsville, Queensland

²Department of Psychology, College of Healthcare Sciences, James Cook University, Townsville, Queensland

Background/Aims: Previous research has suggested that individuals from regional areas have poorer health outcomes following a traumatic brain injury (TBI). The aim of our research was to use a positive health framework to investigate the long-term outcomes, unmet needs and obstacles to care for individuals with mild, moderate and severe traumatic brain injuries in the Townsville Hospital and Health Service area. **Methods:** Ninety individuals from north Queensland self-reported on several measures 6-18 months post-TBI including symptom experience, mental health, quality of life, community integration, perceived level of need, and obstacles to care. **Results:** There were no significant differences for rurality on any variables. Individuals with severe TBI reported significantly lower levels of community integration, higher levels of psychological distress, lower levels of psychological well-being, and higher levels of unmet need than individuals with mild or moderate injuries. TBI caused by assault was more likely to result in significantly higher psychological distress and significantly greater levels of unmet needs. Forty per cent (40%) of the sample reported unmet psychological and social needs. The primary obstacle to care was difficulty accessing treatment resources. **Conclusion:** Severity and cause of injury places individuals at risk for poorer outcomes post-TBI, rather than rurality. Future service provision should address the high levels of unmet psychological and social needs and obstacles to treatment resources in regional communities.

Information needs and priorities of parents of infants newly diagnosed with cystic fibrosis: a literature review

Danielle Edwards,^{1,2} Wendy Smyth,¹ Rhondda Jones,³ Claire Wainwright,⁴ Cindy Branch-Smith,^{5,6} Kristin Wicking,⁷ Tonia Douglas^{5,8,9} and Linda Shields^{1,6,10}

¹Tropical Health Research Unit for Nursing and Midwifery Practice, Townsville Hospital and Health Service and School of Nursing, Midwifery and Nutrition, James Cook University, Townsville, Queensland

²Children's Ward, The Townsville Hospital, Townsville, Queensland

³Faculty of Medicine, Health and Molecular Sciences, James Cook University, Townsville, Queensland

⁴Queensland Children's Medical Research Institute, University of Queensland, Royal Children's Hospital, Herston, Queensland

⁵School of Psychology and Social Science, Edith Cowan University, Western Australia

⁶Arest-CF, Telethon Institute for Child Health Research, Perth, Western Australia

⁷Nursing, Midwifery and Nutrition, College of Healthcare Sciences, James Cook University, Townsville, Queensland

⁸Royal Brisbane Children's Hospital, Queensland

⁹Schools of Medical Education, Psychology and Speech Therapy, Curtin University, Western Australia

¹⁰School of Medicine, University of Queensland, Brisbane, Queensland, Australia

Background/Aims: Initial diagnosis and education are landmark events for parents whose children have cystic fibrosis (CF). Education delivery and content exert powerful influences on parental adjustment to diagnosis and ongoing engagement with the CF team. Even with good intentions, current practices may fail to meet parents' information and care needs. **Methods:** A literature review of articles written in English and published between 2001 and April 2014 was undertaken. We searched CINAHL, MEDLINE, Cochrane Library, and Google Scholar using key words: cystic fibrosis, information needs, education*, parent*, chronic illness*, chronic disease*, infant diagnosis, newborn screening, quality of life, counselling, priorities*, communicat*, NICU, respiratory illness*, and family-centred care. **Results:** The literature review revealed a dearth of studies investigating education needs of parents during this pivotal period. The main findings include: need for information, timing and type of information required changes over time. Parents seek information from a variety of sources; effective communication when disclosing results is crucial; and knowledge gives parents a sense of control. **Conclusion:** There is a gap in research about information needs and priorities of this group of parents. Chronic illnesses such as CF have significant impacts on family functioning and overall health outcomes, calling for increased support and education. Parents turn to the Internet as an additional source of information to meet their needs, but this can have varying positive and negative outcomes. This literature review has informed an Honours project about information needs of parents of children recently diagnosed with CF.

Telesupervision: an exploration of the use of the Townsville Teleoncology model by junior doctors working in rural locations and their supervisors

Miriam Cameron,¹ Robin Ray,¹ and Sabe Sabesan^{1,2}

¹College of Medicine and Dentistry, James Cook University, Townsville, Queensland

²Townsville Cancer Centre, The Townsville Hospital and Health Service, Townsville Queensland

Background/Aims: Telemedicine has revolutionised the ability to provide care to patients, relieve professional isolation and provide guidance to junior doctors in rural areas. The prediction of an increased junior workforce in rural locations raises the issue of providing adequate supervision. Very few studies have explored the perspectives of rural physicians using videoconferencing for supervision, training and educational support. Therefore, this study evaluated the Townsville Teleoncology supervision model for the training of junior doctors in rural areas. **Methods:** Semi-structured interviews and observational field notes were used to collect data from ten junior doctors and ten senior doctors currently participating in the Townsville Teleoncology model. Descriptive template analysis was undertaken using NVivo data management software. **Results:** Five major themes (positive learning environment, beginning the learning relationship, stimulus for learning, costs, and practicalities of telesupervision) and several subthemes emerged from the data. While some of these themes were consistent with the current literature, new themes such as increased professional edge, recognising non-verbal cues and physical examination challenges, were developed. All participants expressed a positive attitude to adopting the telesupervision model with suggestions for future use. **Conclusions:** Telesupervision is an effective resource for alleviating the stress faced by junior doctors in rural areas. It provides professional support and guidance to ensure quality care. However, resources are required for up-skilling and training in the use of telesupervision. Other factors, such as administration issues and nursing support, as well as physical barriers to examinations, must be addressed prior to further implementation.