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SFT-18 Keynote **Presentations**

Workshops

Oral Presentations

Successful eHealth Coaching Requires an Empathic Relationship: Qualitative Interview Study

Carl BRANDT¹, Jane CLEMENSEN^{2,3,4,1}, Gabrielle Isidora SØGAARD¹, Jens SØNDERGAARD¹, Jesper BO NIELSEN¹

1. University of Southern Denmark, Funen, Denmark
2. Hans Christian Andersen Children's Hospital, Funen, Denmark
3. Centre for Innovative Medical Technology, Funen, Denmark
4. Odense University Hospital, Funen, Denmark

Background

Success with lifestyle change, such as weight loss, tobacco cessation, and increased activity level, using eHealth has been demonstrated in numerous studies. Recent studies indicate that weight loss can be achieved and maintained over 12 and 20 months in a primary care setting using a collaborative eHealth tool.

Aim

To analyse how healthcare professionals perceive eHealth coaching and to explore what influences successful long-term lifestyle change for patients undergoing hybrid eHealth coaching using a collaborative eHealth tool.

Methods

Ten female healthcare professionals were recruited by purposive sampling. They were aged 36 to 65 years with a mean age of 48 years, all had more than six months of experience providing eHealth lifestyle coaching using a combination of face-to-face meetings and asynchronous eHealth coaching. We performed individual, qualitative, semi-structured, in-depth interviews in their workplace about their experiences with health coaching in relation to lifestyle change, both for their patients and for themselves, and particularly how they perceived using a collaborative eHealth solution as a part of their work.

Results

The healthcare professionals all found establishing and maintaining an empathic relationship important and that asynchronous eHealth lifestyle coaching challenged this compared to face-to-face coaching. The major reason was that unlike typical in-person encounters in healthcare, they did not receive immediate feedback from the patients. We identified four themes important to the healthcare professionals in their asynchronous eHealth coaching: (1) Establishing an empathic relationship, (2) Reflection in asynchronous eHealth coaching, (3) Identifying realistic goals based on personal barriers, and (4) Staying connected in asynchronous coaching.

Conclusion

Establishing and maintaining an empathic relationship is probably the sole most important factor for successful subsequent eHealth coaching. Going forward, the quality of the patient-healthcare professional interaction will need attention if patients are to fully benefit from collaborative eHealth coaching.

Correspondence:

Carl Brandt
University of Southern Denmark, Funen, Denmark
cbrandt@health.sdu.dk

What Users Like and Dislike About Mobile Apps for Diabetes: a Qualitative Analysis of 5964 Reviews on 57 Android Mobile Apps

Farhad FATEHI¹, Jeremy FARR-WHARTON², Huong LY TONG³, David IRELAND², Victoria WADE⁴, Mohan KARUNANITHI²

1. The University of Queensland, Queensland, Australia
2. CSIRO, Canberra, Australia
3. Australian Institute of Health Innovation, New South Wales, Australia
4. The University of Adelaide, Adelaide, Australia

Aim

Diabetes is the leading target for mobile health app developers. Despite rapid advancement in mobile technology and vast proliferation of mobile apps, the uptake of mobile health apps remains low. To identify the potential reasons for low uptake of diabetes apps, we explored user reviews of the apps to investigate end-user experiences and understand what users benefited from mobile apps and where their concerns laid. The aim of our study was to determine the strengths and weaknesses of currently available Android mobile apps for diabetes from the users' perspective in order to produce key design and feature considerations for future diabetes apps.

Method

We searched the Google Play store for diabetes-related applications and retrieved their metadata including all available reviews left by the users for each app. A total number of 5964 user reviews from 57 apps were downloaded and exported to NVivo™ software. We conducted a qualitative thematic analysis of the reviews using grounded theory methodology.

Results

Six main themes emerged through qualitative analysis of the users' feedback for the diabetes-related Android apps: 1) User self-administered care management; 2) User data storage, sharing and privacy considerations; 3) App customisation, accessibility and user interface design; 4) Associated app costs; 5) Data augmentation; 6) Technical support and user feedback. Under each theme, several key design and feature considerations emerged that are fundamental to the success of future diabetes apps.

Conclusion

The results of this study revealed the most important features of diabetes-related mobile apps from the users' perspective. While a number of these features are specific to diabetes management, several features can be equally regarded as important in other chronic diseases. This will inform app developers on how to create and improve their apps and lead to higher uptake of mobile health apps.

Correspondence:

Farhad Fatehi
The University of Queensland, Queensland, Australia
f.fatehi@uq.edu.au

A Review of a Regional Respiratory Unit Use of Telehealth in a Metropolitan Thoracic Oncology Multidisciplinary Team Meeting in Improving Patient Co-ordination and Treatment

Wei-Sen LAM¹, May OO², Andrew KIBERU³, Chris DE CHANEET², Melissa PANUCCIO¹

1. WA Country Health Service, Western Australia, Australia
2. Bunbury Regional Hospital, Western Australia, Australia
3. Fiona Stanley Hospital, Western Australia, Australia

Aim

Cancer care is complex requiring a range of services and specialities including surgery, medical oncology, radiation oncology, nursing and allied health care. The complexity increases with rural and regional patients due to distance and the lack of medical resources in regional medical centres. The Fiona Stanley Hospital Thoracic Oncology Multidisciplinary team (MDT) meeting collaborates with Bunbury Regional Hospital to help coordinate the care of lung cancer patients in the country. This audit reviews time taken from MDT meeting to time to treatment or review and the recommendations from the MDT.

Method

Patient data was extracted from the SHaRE (Secure Health Record Exchange) database of all thoracic oncology patients from the Southwest Region from December 2016 – December 2017. Data collected from each patient included the date of MDT discussion, date to next treatment or review and the recommendation from the MDT meeting.

Results

There were 65 patients from the Southwest Region discussed at the MDT meetings during the audit period. 12 patients did not require involvement of Bunbury Regional Hospital.

The median time from MDT discussion to next specialist review or treatment was 12 days (range 0 – 29 days).

- Three patients required a biopsy, one required bronchial stenting and four required surgery at Fiona Stanley Hospital.
- Ten required palliative chemotherapy, 11 required definitive chemotherapy/radiotherapy, six required palliative radiotherapy and three required palliative care at Bunbury Regional Hospital.
- Two required referral to a non-thoracic service and surveillance was recommended for 11 patients. Two patients required further discussion with the patient.

Conclusion

The use of telehealth to allow a regional cancer centre to discuss a thoracic cancer patient in a main tertiary multidisciplinary team meeting allows expert specialist input and reduces delays to treatment.

Correspondence:

Wei-Sen Lam
WA Country Health Service, Western Australia, Australia
Wei-Sen.Lam@health.wa.gov.au

Perceptions of Prison Inmates and Officials of the Correctional and Health Departments of Sri Lanka on Telehealth

Buddhika SENANAYAKE¹, Sumudu WICKRAMASINGHE¹, Sisira EDIRIPPULIGE¹

1. Centre for Online Health, The University of Queensland, Queensland, Australia

Sri Lankan prisons are faced with challenges in providing appropriate and timely care for prisoners. On average, 19,108 prisoners occupy the prisons in Sri Lanka per day.

Aim

To understand the perceptions of prison inmates and officials of the correctional and health departments on the use of telehealth as an alternative method to optimize services.

Methods

A multi-centre descriptive qualitative study was conducted in three correctional facilities in Sri Lanka. Three focus group discussions (FGDs) with inmates and in-depth interviews with correctional and health department staff members were conducted. Participants were selected using convenient sampling. Interviews and discussions were audio-recorded and transcribed for content analysis.

Results

Eleven occupational categories in prison and health departments were interviewed; 48% (n=12) from the Department of Health and the rest (52%; n=13) represented Department of Prisons. Each FGD consisted of 10 prisoners and all thirty were males. Staff included superintendents of the prisons (n=3), chief jailors (n=2), rehabilitation officers (n=2), medical doctors (n=3), nursing officers (n=3) and other staff categories (n=12) of prison-health services. Analysis of content identified three themes. First was poor access to quality health services (unclean health units, low doctor-patient ratios, poor prescription services, medication errors). Second theme was related to telehealth. Participants viewed telehealth as an option for increased access to higher quality health services with reduced patient transfers and minimal security concerns. Third was identified enablers and barriers. Enablers were: positive attitudes of prison medical staff, senior prison officers, and specialists towards telehealth. Barriers identified were the weak legal framework, issues related to privacy and confidentiality and poor attitudes of non-clinical prison staff.

Conclusions

Perceptions of officials (health and prison) in Sri Lanka on using telehealth seem to be positive. However, prior to implementation, long-term sustainability of the system (cost, personnel availability) need to be assessed accurately.

Correspondence:

Buddhika Senanayake
Centre for Online Health, The University of Queensland, Queensland, Australia
buddhikaoffice@gmail.com

Consumer Preferences for Skin Cancer Detection - Probability of Teledermoscopy Service Uptake and Willingness-to-Pay

Centaine SNOSWELL¹, Jennifer WHITTY², Liam CAFFERY³, Lois LOESCHER⁴, Nicole GILLESPIE⁵, Dimitrios VAGENAS⁶, Peter SOYER⁷, Monika JANDA⁸

1. The University of Queensland, Queensland, Australia
2. University of East Anglia, Norwich, England
3. Centre for Online Health, The University of Queensland, Queensland, Australia
4. College of Nursing, University of Arizona, Tucson, Arizona
5. Business School, The University of Queensland, Queensland, Australia
6. Institute of Health and Biomedical Innovation, Queensland University of Technology, Queensland, Australia
7. Dermatology Research Centre, The University of Queensland, Queensland, Australia
8. Centre for Health Services Research, The University of Queensland, Queensland, Australia

Aim

To determine consumer willingness-to-pay for teledermoscopy screening services and probability of service uptake.

Methods

113 participants in a randomised controlled trial comparing self-skin examination and mobile teledermoscopy completed a discrete choice experiment (DCE) question set about skin cancer screening services. The DCE question set comprised 24 questions, divided into two blocks. For each question, respondents were asked to make discrete choices between two opt-out choices and two skin cancer screening service options described by 7 attributes. A mixed logit model was used to estimate preferences for skin cancer screening services, marginal willingness-to-pay for a teledermoscopy service, and probability of service uptake. To estimate the marginal willingness-to-pay and service uptake it was assumed that only three service models were available before teledermoscopy was added; self-skin examination, visiting a GP, and visiting specialised GPs at a skin cancer clinic.

Results

Results were driven by the consumers' preference for dermatologist involvement in their diagnosis, increased accuracy, and reduced excisions, all of which were statistically significant in driving choice between service models. Probability of uptake for the current services assuming realistic service attributes were estimated at 0.18, 0.45, and 0.37 for skin self-examination, visiting a GP, or visiting a skin cancer clinic respectively. If consumer-driven teledermoscopy became available the uptake probabilities were estimated to change to 0.02, 0.06, 0.05 respectively with 0.87 probability of uptake for teledermoscopy. Consumers would be willing to pay AU\$115 to move from the current three service models to a situation where a teledermoscopy was available.

Conclusion

Skin cancer screening services which are delivered by health professionals (rather than self-examination), especially dermatologists, are preferred by consumers. The probabilities of teledermoscopy service uptake were high and consumers were willing to pay for their preferred skin cancer screening method, especially if a dermatologist was involved.

Correspondence:

Centaine Snoswell
The University of Queensland, Queensland, Australia
centaine.snoswell@uqconnect.edu.au

Oral Poster Presentations

Literacy Assessment via Telepractice for Children with Reading Difficulties Living in Rural Australia

Rebecca SUTHERLAND¹, Antoinette HODGE¹

1. Children's Hospital at Westmead, New South Wales, Australia

Aim

Literacy difficulties have significant long-term impacts on individuals' educational, employment and health outcomes. Therefore early and appropriate identification and intervention is critical. This is especially apparent in children living in rural and remote areas with the 2017 Australian National Assessment Program Literacy and Numeracy report indicating the highest percentage of children performing below the national standard for reading, attended schools in these locations. Access to experienced professionals who conduct standardised literacy assessments with children is limited in rural and remote areas. The emerging literature supports the potential feasibility of using telepractice to overcome barriers of accessing specialist literacy assessment. The current study aimed to determine the feasibility and reliability of telepractice assessments in children with reading difficulties using consumer-grade technology.

Method

Thirty-seven children, aged between 8 and 12 years, with reading difficulties, attended a multidisciplinary reading clinic. Children completed a large suite of literacy assessments including single word reading, reading comprehension, and spelling. This was delivered via a web-based application by a remotely located Research Assistant. A teacher was located with the child to support their engagement and participation. They also co-scored the assessments. Scores and qualitative observations of the two assessors were compared.

Results

Spearman's correlation analyses revealed strong agreement between telepractice and face-to-face rated scores (.79 to .99). Bland-Altman plots indicated excellent agreement between derived scores. Parents reported a high degree of comfort with the telepractice assessments. Clinicians reported the audio and video quality was sound in most cases.

Conclusion

Web-based technology can enable remote delivery of literacy assessments. This has the potential to increase the availability of assessments to meet the significant needs of children who live remotely, in a timely manner and at their family's convenience.

Correspondence:

Rebecca Sutherland
Children's Hospital at Westmead, New South Wales, Australia
rebecca.sutherland@health.nsw.gov.au

Poster Presentations

A Structured Review of Factors Affecting Clinician Use of SMS to Support Healthcare Delivery in the Developing World

Michael ADDOTEY-DELOVE¹, Maurice MARS¹, Richard SCOTT^{2,3}

1. University of KwaZulu-Natal, Durban, South Africa
2. NT Consulting – Global e-Health Inc., Calgary, Alberta, Canada
3. University of Calgary, Calgary, Alberta, Canada

Background

Currently, clinicians in the developing world are using emerging information and communications technology (ICT) platforms to support equitable healthcare access through outreach to patients in underserved regions. This largely uses short message services (SMS) through formal or informal administrative structures. This approach has demonstrated capacity to extend access and support provision of quality care, but to increase adoption difficulties that clinicians encounter using SMS must be addressed.

Aim

To identify factors that affect clinician adoption of SMS as a supporting platform for healthcare delivery in the developing world.

Method

PubMed and Scopus were searched for resources reporting issues affecting clinician use of SMS to support healthcare in the developing world. The search found 586 unique studies published in English between 2000 and 2017. After initial screening (title and abstract) followed by review of full text papers, 26 met the inclusion criterion.

Results

The selected papers used quantitative (n=16), qualitative (n=9), and mixed (n=1) methods. SMS was found to have been used for the following: collection of patient data (n=7), general communication (n= 6), malaria reporting (n= 4), maternal health management (n= 4), HIV/AIDS management (n=3), and TB management (n=2). The most frequently reported issues affecting adoption were: available technology (n=12), cost and ownership of phones (n=8), training and education (n=7), and device friendliness (n=7). Other less frequently noted issues were: privacy and confidentiality (n=4), multi sectorial engagement (n = 4), receiving technical service (n= 3), and clinicians' motivation (n =2).

Conclusions

These findings will help inform policy and future SMS use to facilitate healthcare delivery by clinicians in the developing world.

Correspondence:

Michael Addotey-Delove
University of KwaZulu-Natal, Durban, South Africa
michael_delove@yahoo.com

SMS-Based mHealth Adoption Issues for Patients in the Developing World: A Structured Review.

Michael ADDOTEY-DELOVE¹, Maurice MARS¹, Richard SCOTT^{2,3}

1. University of KwaZulu-Natal, Durban, South Africa
2. NT Consulting – Global e-Health Inc., Calgary, Alberta, Canada
3. University of Calgary, Calgary, Alberta, Canada

Background

SMS-based mHealth applications are regarded as the commonest way of providing affordable mobile healthcare services to patients in resource limited communities. In spite of the benefits SMS-based mHealth brings, other issues arise in its use by patients in developing countries that must be addressed if increased adoption is to be realized.

Aim

To identify issues that affect (challenge or promote) patient adoption of SMS-based mHealth in the developing world.

Methods

A structured search and review of the literature was completed using PubMed and Scopus in December 2017. The inclusion criterion was to identify resources presenting issues affecting the adoption of SMS-based mHealth by patients in the developing world. The searches produced 571 resources, 556 unique papers after removal of duplicates, published between 2000 and February, 2018. All authors screened titles and abstracts using the inclusion criterion, with discrepancies agreed by consensus, leaving 25 resources. Full-text articles of these resources were retrieved, and screened a second time by all authors. Of these, 20 papers met the inclusion criterion and were analyzed. Each paper was reviewed by the authors individually, and findings discussed and agreed by consensus.

Results

The papers used quantitative (n=11), qualitative (n= 6), and mixed methods (n = 3). During analysis the papers were grouped as follows; supporting antiretroviral therapy (ART) in HIV/AIDS (n= 11), supporting ART in TB (n= 3), treatment adherence in children with complicated malaria (n= 2), assessing depressive symptoms (n= 1), blood pressure management (n=1), and supporting women during medical abortion (n=1). The most reported issues (in ten or more resources) were: privacy and confidentiality (n=11), cost and phone ownership (n=11), user characteristics (n=10), and availability of appropriate and effective technology (n=10). The less reported issue was language and literacy (n=5).

Conclusions

These findings will inform developers, corporate policy, and governments for future successful implementation of SMS-based mHealth in the developing world for patients.

Correspondence:

Michael Addotey-Delove
University of KwaZulu-Natal, Durban, South Africa
michael_delove@yahoo.com

A Comprehensive Review of Tele-Nursing in Japan

Tadahiro NISHIYAMA¹, Kuniko ISHII¹, Takako SAGINO¹, Sisira EDIRIPPULIGE²

1. Hyogo University, Hyogo, Japan
2. The University of Queensland, Queensland, Australia

Aim

The study aims to explore current study and trend of tele-nursing in Japan by conducting a comprehensive review of tele-nursing in the past one decade.

Methods

We searched IGAKU-CHUOU-ZASSHI database (The most popular database of Japanese medical articles) for original peer-reviewed studies on implemented eHealth tools that reported nursing activities. We used the keywords “tele-medicine” (“ENKAKU-IRYO” in Japanese) and “nursing” (“KANGO” in Japanese). We conducted the systematic review by following an outcome framework, with two of the authors independently reviewing the articles written in Japanese.

Results

Of 397 primary identified articles, 67 articles were reviewed. Randomized studies were only one article. Case studies were three articles. Among the included studies, 17 studies about developing tele-nursing systems and 25 studies about verified the effectiveness of developed tele-nursing systems were reported. As a remote nursing care system, systems such as automatic monitoring of medical equipment, support for the patient at home, watch over the elderly living alone, and information supply between multiple occupations were developed. 11 studies about nursing practice by tele-nursing system were reported. Nursing practices by tele-nursing system were reported for self-management of type 2 diabetes and for watch over the elderly. Other cases reported that health guidance by tele-nursing was effective in improving the health of the elderly.

Conclusion

Current studies about tele-nursing in Japan were often targeted at the elderly at home. The reason may be caused by Japan's rapid falling birth rate and aging population. However, it was confirmed that tele-nursing in Japan is at the stage of developing the system, and it has not reached the evaluation of the contents of nursing practice. In addition, there were very few studies about mental health or psychiatric nursing practice by tele-nursing.

Correspondence:

Tadahiro Nishiyama
Hyogo University, Hyogo, Japan
t-nishi@hyogo-dai.ac.jp

Use of Telehealth for Delivering Health Care Within Correctional Settings: A Scoping Review

Buddhika SENANAYAKE¹, Sumudu WICKRAMASINGHE², Lars ERIKSSON¹, Sisira EDIRIPPULIGE²

1. The University of Queensland, Queensland, Australia
2. Centre for Online Health, The University of Queensland, Queensland, Australia

Prisoners are an underprivileged community with poor accessibility for health service due to complex socio-cultural, institutional and personal factors.

Aim

To examine the use of telehealth to deliver health care services at correctional settings.

Methods

A scoping review was conducted using the JBI protocol. A comprehensive search of the databases for peer-reviewed studies from the PubMed, Embase, CINAHL, Informat, Cochrane Central Register of Controlled Trials, PsycINFO and Scopus was conducted between January 2000 and April 2018. The review included prisoners of any age in any clinical condition (physical/mental) using any type of telehealth intervention for clinical support/ services in correctional settings. Studies directed to assess technical feasibility, studies related to education and training and review papers were excluded from this review.

Results

Of the 1143 articles identified via the initial search, title search resulted in 153 articles. Seventy-four articles were included in the final review and were analysed. Thirty-five of them (47.3%) were review articles or perspective pieces related to prison telehealth. The rest (n=39; 52.7%) were original research articles. Most of them were published during 2010-2018 period (n=21; 53.8%) and most were conducted in USA (n=26; 66.6%) followed by France (15.4%) and Australia (10.2%). There were seven (18%) interventional studies. Others were descriptive studies (n=23), costing studies (n=6), mixed method (n=2) and qualitative studies (n=1). Six out of seven intervention studies were focused on psychiatric interventions and the remaining one on tele-dentistry. Common health problems addressed by telehealth were psychiatric disorders (tele-psychiatry=13) and eye problems (tele-ophthalmology=4). The commonest telemedicine intervention was synchronous videoconferencing (n=21) while 9 of them (23%) have used asynchronous interventions. Telehealth was identified as a cost saving intervention within prison setting.

Conclusion

There is gradual increase of information about healthcare service delivery within correctional facilities using telehealth for the last two decades.

Correspondence:

Buddhika Senanayake
The University of Queensland, Queensland, Australia
buddhikaoffice@gmail.com

VCCC Tele-trials Program: Barriers and Enablers to the Implementation of Tele-trials Across Victoria

Anne WOOLETT¹, Hannah CROSS¹, Craig UNDERHILL², Ian COLLINS³, Sabe SABESAN⁴, Dishan HERATH⁵, Clare SCOTT⁶

1. Victorian Comprehensive Cancer Centre, Victoria, Australia
2. Border Medical Oncology Research Unit, New South Wales, Australia
3. South West Regional Cancer Centre, Victoria, Australia
4. Townsville Cancer Centre, Queensland, Australia
5. Western Health, Royal Melbourne Hospital & The Peter MacCallum Cancer Centre, Victoria, Australia
6. Walter and Eliza Hall Institute of Medical Research, Victoria, Australia

Aim

The VCCC Teletrials Program aims to increase access to cancer clinical trials for regional Victorians by reducing the burden to participation. The program will test the feasibility and acceptability of a teletrials model across metropolitan and regional Victoria.

Methods

The VCCC defines a tele-trial as: 'a clinical trial made available and accessible to Regional and Rural locations through technology and the development of an appropriate model of care'. VCCC Regional Oncology Leads were appointed to champion the Teletrials program. The VCCC Teletrials Program will endeavour to implement a tele-trial across a number of different scenarios, including:

- Pharmaceutical trial, Metro site to Regional site;
- Investigator initiated trial, Metro site to Regional site;

The program will utilise the COSA Australasian Teletrial Model. Each scenario will evaluate acceptability of the model regarding: disease and phase of trial; delegated roles and responsibilities; governance and regulatory arrangements; transfer of source documentation; shipment and prescribing of investigational product; and reporting of serious adverse events.

Results

The VCCC Teletrials Program is initially implementing an Investigator Initiated Trial where Peter Mac will be the Primary Site and Border Medical Oncology and Bendigo Health will be the Satellite Sites. Barriers to implementing teletrials exist at all levels of the health system, including regulatory and governance processes, and concerns by clinicians about devolving responsibilities to satellite sites. Key enablers to the program have been 1. Clearly defining roles and responsibilities in a Supervision Plan 2. Establishing robust regulatory agreements and SOPs 3. A simplified trial design, which will allow key issues to be addressed before more complex trials are implemented.

Conclusion

The VCCC Teletrials program will implement a tele-trial across a number of different scenarios leading to the establishment of an acceptable model for improving regional access to clinical trials.

Correspondence:

Anne Woollett
Victorian Comprehensive Cancer Centre, Victoria, Australia
anne.woollett@unimelb.edu.au

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