



# CIAP Newsletter

**Upcoming:** Palliative Care Point of Care Resources  
Training Workshop  
**When:** 12 June 2025 08:30 - 12:30  
**Where:** ONLINE

Register

Program

See All CIAP Training Workshop Dates for 2025:

See Full Schedule

## The Updated User Guide Page on CIAP: Guided Demonstrations on Essential CIAP Resources & Databases



The CIAP User Guide Page includes written and video guides on CIAP site navigation and essential CIAP resources, tools, and databases.

Take a look at the newly updated page, with guides grouped by resource for quick and efficient resource guidance.

Learn how CIAP resources can fit into your daily practice with guided demonstrations:

TRAINING

User Guides & Videos

These user guides and instructional videos provide additional information on using key CIAP resources.

Please note: some of the links presented are to external sites.

CIAP Navigation

Resource Guides

Database Guides

Open/Close All

User Guides

CIAP Article Finder  
2 MB

CIAP Handbook  
2.5 MB

CIAP Personalised Profile  
600 KB

Videos

CIAP Guide to Resources  
13 mins

CIAP Guided Tour  
4 mins

Browse guidance on resources including MIMS, BMJ, UpToDate, Lippincott, Therapeutic Guidelines, and more, plus guidance on using citation databases.

See the [CIAP User Guide Page here](#).

## What's the Diagnosis?



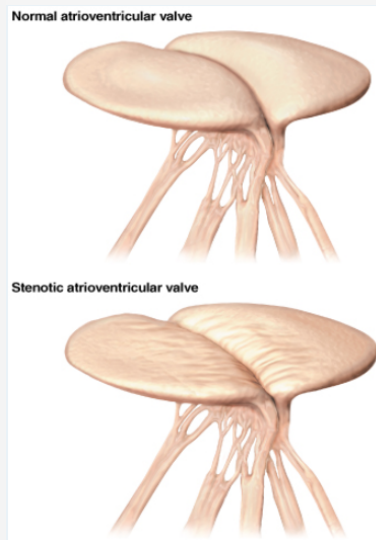
This condition is a valvular disease caused by narrowing of the mitral valve orifice, which is normally 4 to 6cm. The mitral valve is calcified, thickened, and contracted, obstructing normal blood flow in the heart. This condition has four stages of severity.

### Causes:

- Rheumatic fever (most common)
- Atrial myxoma
- Congenital anomalies
- Malignant carcinoid disease
- Systemic lupus erythematosus

### Risk Factors

- History of recurrent strep infections
- Radiation treatment involving the chest
- Endocarditis
- Use of certain medications, such as ergot preparations
- Rheumatoid arthritis



What's the diagnosis? Find out the answer [here](#) in Lippincott Advisor.

Access provided by CIAP.

## The First Live Term Birth Following Uterus Transplantation in Australia



Australian women with uterine factor infertility can currently become parents only through surrogacy or adoption. Barriers to these options include legal and religious restrictions, limited availability, and the prohibition of compensated surrogacy. Ethical concerns about transnational surrogacy include the possibility of exploitation and the risks of medical tourism.

One in 500 women of reproductive age have an absent or malfunctioning uterus which may be caused by the congenital absence of the uterus, Müllerian duct anomalies, or acquired conditions. Uterus transplantation (UTx) is a promising alternative for women with uterine factor infertility who wish to experience pregnancy and childbirth. More than 80 UTx procedures around the world, with living or deceased donors, have resulted in about 40 live births. In 2014, the first live birth following UTx took place in Sweden, after directed donation by a living donor.

The first live birth after UTx in Australia confirms that it could be a solution for women with uterine factor infertility who wish to have children with whom they are biologically related.

Read more of this study in the [Medical Journal of Australia](#).

Access provided by CIAP.

## Spiritual Competence in Nursing



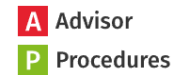
Spirituality is a complex construct that is related to all dimensions of being. It is defined as “a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence and experience relationship to self, family, others, community, society, nature, and the significant or sacred”. The construct of spirituality has been recognised as an essential aspect of human health and illness for decades.

Several professional nursing organisations have shared tenets about the importance of integrating spirituality into whole-person care. The American Holistic Nurses Association have proposed that spiritual integration should be an essential part of holistic person-centred care. The Hospice and Palliative Nurses Association provides guidelines for the integration of spiritual care into nursing practices devoted specifically to end-of-life contexts. A tenet of the American Association of Colleges of Nursing is that spiritual integration is an essential competency that should be cultivated in nursing education.

Read more of this study in the [Journal of Advanced Nursing](#).

Access provided by CIAP.

## Find Cultural & Spiritual Information on Lippincott Advisor



The Cultural Perspectives content set is a point-of-reference tool to help health care professionals provide culturally competent care to diverse patient populations. Each entry is group-specific, is highly referenced, and provides general information about:

- culture, ethnicity, and community orientation
- cultural values and beliefs
- religious and spiritual beliefs and practices
- communication and language considerations
- family and gender roles and relationships
- health and illness beliefs and practices
- special health/illness concerns
- activities of daily living
- food, nutrition, and dietary considerations
- birth and postpartum beliefs and concerns
- end-of-life care and concerns.

See [Lippincott Advisor Cultural Perspectives](#) for more.

Access provided by CIAP.

## Nurses' and Midwives' Experiences of Clinical Supervision in Practice



Clinical supervision is a formal process of professional support that aids nurses and midwives to develop professionally and learn from experience through structured reflection on their practice. Reflection on experiences from clinical practice is the foundation of clinical supervision, allowing professionals to review how they work, beneficial outcomes include greater self-awareness, professional self-confidence and enhanced awareness of their own competence. Furthermore, structured clinical supervision provides nurses and midwives the opportunity to reflect on their practice and learn from their experiences in a safe and supportive environment.

The adoption of clinical supervision as a support for nursing and midwifery practice has magnified in recent publications due to heightening awareness that this is a valuable support mechanism that has the potential to positively influence professional practice and advance professional development. The merits of clinical supervision for healthcare professionals have been widely reported. Clinical supervision has also been reported to reduce work related psychological burden and ultimately lead to greater fulfilment in professional roles. The former is particularly relevant in recent times, as the worldwide crisis resulting from the COVID-19 pandemic has highlighted awareness of the emotional impact of nursing and midwifery practice and the need for professional supports.

Read more about this study in [The Journal of Clinical Nursing](#).

Access provided by CIAP.

## Upcoming CIAP Events

### Palliative Care - Point of Care Resources Workshop

**12 June 2025** 08:30-12:30  
Virtual (Microsoft Teams)

[Register](#)

### Medicines - Point of Care Resources Workshop

**25 June 2025** 08:30-12:30  
Virtual (Microsoft Teams)

[Register](#)

Need help with CIAP?

Contact the CIAP [helpdesk](#) 24 hours, 7 days a week.

1300 28 55 33 or visit the CIAP [Support page](#).

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