Introduction
The MClinSc/PhD program leads to the award of a higher degree by research. Accordingly, applicants are required to write a short proposal to indicate their area of interest and the type of systematic review they intend to conduct in the MClinSc core program. This assists the University and the Joanna Briggs Institute in deciding if the applicant’s interests coincide with the Institute’s interests and to identify appropriate supervisors. The proposal should be brief (about 1 page). Note, there is no required format but a useful guide is:

- **Title of proposed review**
- The **Review Question** (including Population of interest, Intervention or phenomenon of interest, where appropriate, comparators of interest and, where appropriate, outcomes of interest [PICO])
- Why this topic is important and why it interests you.

Examples of recent proposal are below.

**Example 1:**
I am a Clinical Fellow of the Joanna Briggs Evidence Based program. My research project for six months was Pressure Ulcer Management in residential care. This project had positive results for the clinical management of pressure ulcer treatment at St Annes nursing home. I prepared the paperwork for Sisters of St Joseph Aged Care Services for JBI Endorsement program which was granted. The first clinical cycle project is Management of Urinary Continence in the Older Person. I have drawn up a Gantt Chart, formed a Project Team, had two meetings, and included community care in the project. I have performed the first clinical audit using the PACES programs and the audit criteria. I am now working on the implementation phase of the project.

My area of interest is Pressure Ulcer Management in Aged Care Residential Facilities. I would like to explore further this topic performing a systematic review to better enhance the quality of life and outcomes for residents in Aged Care Residential Facilities.
Example 2:

My systematic review will focus on best practice of alcohol interventions for indigenous Australians in clinical practice. The purpose of this systematic review aims to identify the most effective alcohol interventions for this specific group. The population of interest is adult indigenous Australians. The interventions of interest are alcohol interventions such as family intervention and motivational interviewing. The outcome measure will be measuring the amount of alcohol consumption and the behaviour and attitude of indigenous Australians of the use of alcohol. This systematic review will review all alcohol interventions within the network of following: alcohol and drug treatment services, rural and remote mental health services, community mental health teams, and other relevant health settings in Australia.
Example 3:

Umbilical cord blood, that which remains after child birth, can be a safe, less-costly and real alternative source of blood for transfusion in blood-scarce settings (Bhattacharya 2006). Umbilical cord blood collection is highly established in the developed countries and is usually used for stem cell transplantation (Hassall, Bedu-Addo et al. 2003). Cord blood transplants are also used in people with various disease conditions such as thalassemia, sickle cell disease, acute leukaemia and chronic anaemia (Chaudhuri, Hollands et al. 2007).

Millions of patients requiring blood transfusion in resource poor settings die annually due to lack of timely access to safe blood. These settings experience huge shortages of blood, and only 45% of the global 81 million units is collected from developing countries especially sub Saharan Africa (WHO 2009). Part of the reason for such shortages is the association of blood with mythical and spiritual meaning especially in Sub Saharan Africa. Such cultural attachments negatively affect attitudes towards blood donation, (Klein 2000; Hassall, Bedu-Addo et al. 2003), and voluntary blood donation is usually left to high school students, paid donors and family or replacement donors (Hassall, Bedu-Addo et al. 2003; WHO 2009). Consequently, there are frequent blood stock outs in the national blood banks, posing a great danger to those requiring emergency transfusion especially among pregnant women and children who are also at a high risk of malaria-related anemia. The WHO approximates that more than 536 000 women die every year during pregnancy or childbirth and 44% of these deaths are associated with hemorrhages (WHO 2009).

Blood substitutes such as erythropoietin therapy are very expensive and are not an alternative in resource poor settings. In addition, they are also associated with various complications that may be difficult to handle especially within resource settings (Bhattacharya 2006). The amount of blood collected from the cord and the placenta ranges from 54-146mls depending on the age of the baby (Bhattacharya 2004) and this is sufficient for transfusion.

The use and acceptability of cord blood among donors and potential recipients is however not known in sub Saharan Africa.

The proposed review aims to gather evidence on use of cord blood for transfusion in Sub Saharan Africa.