# Allied Health Research News**Issue 62, March 2023**

## The results are in: How did we do in 2022?

Every year the Allied Health Clinical Research Office team compile a report of research activity for the calendar year. Our 2022 report has just been released, demonstrating that our research programs continue to go from strength to strength.

Over the year we were involved in several large funded projects, but also saw a huge amount of clinician lead research coming through from across all disciplines and programs. Total publications continues to increase every year, as does the number of clinicians enrolled in higher degrees by research. It was also really pleasing to see 20 new projects led by allied health staff approved by the HREC, and 43 presentations at conferences, indicating that these activities are bouncing back after Covid disruptions. The full report is available on the [Eastern Health website](https://www.easternhealth.org.au/research-ethics/research-programs/allied-health/reports-and-newsletters). Thanks to everyone who contributed to this important record of achievement.

## “Stepping into Research” is back! Allied Health Research Training Scheme

The Stepping into Research Training Scheme at Eastern Health is back in 2023 and we are looking for enthusiastic clinicians with a burning clinical question and passion to improve practice to join the program!

This program introduces allied health clinicians to the process of conducting and writing up a systematic review of the literature. No previous research experience is required, a demonstrated interest and enthusiasm for finding the answers to an important
clinical question. Participants will have the opportunity to present at an appropriate Eastern Health Forum, and are expected to work towards the goal of submitting their work to a peer reviewed journal.

To obtain an application form, contact Katherine Harding at the Allied Health Clinical Research Office. Further information is available from Annie Lewis (9091 8874). **Applications close Friday 2nd June. Places will be limited.**

## “I just need a plan”: Consumer perceptions of waiting for healthcare

Waiting lists are common in healthcare. Our services are in high demand and capacity is limited. Despite these challenges, there are strategies that can be used to maximise the benefit of available resources and reduce the likelihood of long waiting lists developing with the inevitable result being that some people will never see the front of the queue.

At Eastern Health we have been conducting a world-leading program of research into evidence based methods to improve patient flow through outpatient and community services and reduce waiting lists. But how much does it matter if people have to wait for these services?

In a project conducted by Katherine Harding, Annie Lewis and Nick Taylor with funding from La Trobe University, focus groups were conducted with consumers (n=14) who had experience of being on waiting lists for a broad range of services, such as medical outpatients, cardiac rehabilitation, paediatric community health, and mental health services. The researchers aimed to explore the experiences of these consumers and to understand the impact of delays in access to services on people's lives.

Data from the three focus groups clearly showed that waiting for healthcare has detrimental impacts on health and well-being. People talked about feelings of stress and anxiety, deterioration in their health conditions, fear and frustration. Consumers on wait lists want their health needs addressed, but they also want the ability to plan, clear communication and to feel like someone cares. Instead, they talked about feeling forgotten by impersonal and inflexible systems, often with very little communication. There were frequent stories of emergency departments and general practitioners left to fill in the gaps.

Findings suggest that more consumer-centred approaches are needed for access systems for outpatient and community services, featuring honesty about what services can realistically be provided, early access to initial assessment and information and clear lines of communication.

Thanks to the clinicians across Eastern Health who assisted with recruitment to this trial. The findings have been published in the Journal of Evaluation in Clinical Practice.

## PhD Spotlight: Anna Joy

Anna Joy is known to may in allied health at Eastern Health, and is currently a clinical grade 4 in occupational therapy. She is currently a PhD candidate at La Trobe University, conducting research into the use of online learning strategies to facilitate knowledge translation among allied health professionals.

Throughout Anna’s career working with stroke survivors, she developed an interest as to why some clients received evidence-based care, while others did not. She began to investigate innovative ways of increasing the translation of research evidence into practice through a Masters’ research thesis investigating clinical supervision as a platform for knowledge translation.

An example of evidence-based practice endeavour with a structured program targeting clinicians is the SENSE implement and SENSE partnership work led by Professor Leanne Carey (La Trobe University) that intends to improve the quality of somatosensory rehabilitation for stroke survivors. Existing SENSE training is provided mainly through face to face workshops, creating access barriers due to geography, cost and time required to attend courses. Anna’s research program is looking at whether online courses can be used as an effective alternative for knowledge translation initiatives, using SENSE as a case study.

This work seeks to influence the care provided to stroke survivors with somatosensory changes after a stroke. Sensory changes are known to have a significant impact on the daily activities that stroke survivors are able to complete, so we hope to improve this component of clinical care to match the good work that Eastern Health therapists do to improve motor function following a stroke.

Annie’s work began with a systematic review into the effectiveness of online training for knowledge translation, which suggested that these programs increase knowledge and skills, but there is little evidence available to say whether they are effective in changing behaviour; changing knowledge doesn’t always equate to changing practice. She went on to explore current practice in somatosensory assessment and rehabilitation at Eastern Health, and conducted focus groups with clinicians to discuss feasibility of delivering professional education through online courses.

She is now working with a team to finalise a prototype of the first online SENSE training course, which she will pilot with a group of neurological Occupational Therapists in private practice, before rolling out in a larger implementation trial at Eastern Health. This final study will consider both knowledge and behaviour change outcomes, addressing an important gap in current knowledge.

## Euan’s Musings

***Euan Donley works with the Psychiatric and Emergency Response Team and is a regular columnist for Allied Health Research News.***

Distractions can be hard to deal with and…. Ooooh look, a bird.

Anyway, as a researcher distractions can be self-imposed or from other sources.  So this issue I thought I’d discuss… hang on, a text message, probably something important…

..Nope, need to get milk on the way home.

So anyway, distractions can easily be managed by switching off… hang on, the phone is ringing.  I am sure it will be important this time...

…Nope, someone calling to offer me solar.  I said no yesterday.

Anyway, sometimes.. Just a sec…someone at my office door and probably urgent….

….Nope.  Apparently Brad is leaving and now I just gave away my last $10 cash for a guy I met once during his 5-months here to give a handover to.  Yes, I did an ISOBAR.  Someone should come up with a matrix as to how long people should be here comparable with how nice they are and how much, if any, money we should donate.

I guess to get straight to the point, distrac….  Eeep, and e-mail marked urgent.  Just a sec…..

….nope, apparently there is an unplanned outage for some IT system I am yet to hear of and can’t help but think they send messages out with made up names just to laugh at us.

Well, I’m at my word limit.  I hope you are inspired.  You’re welcome.

## Allied Health Research Paper of the Year: Ali Gibbs

Each year at Eastern Health, an award is granted to the Allied Health Research Paper of the Year. A short list is nominated by the Professor of Allied Health Nick Taylor from all of the papers included in the research report. These papers are reviewed by an independent judge who selects a winner.

This year’s winning paper was led by Ali Gibbs from physiotherapy. Ali’s study explored factors influencing guideline-based care from the perspectives of physiotherapists working in specialised osteoarthritis services.

The judge commented on the quality of the short-listed papers singling out the paper by Lina Briek “Micronutrient intake from enteral nutrition in critically ill adult patients: A retrospective observational study” for a special mention.

## Allied Health Researcher of the Year: Sarah Osiurak

The Allied Health Researcher of the Year award recognises the outstanding contribution of clinicians undertaking research embedded within their clinical role at Eastern Health to the generation and application of research evidence in practice, educational programs, workforce and policy development.

For 2022, the award was received by Sarah Osiurak for her contribution to improving the effectiveness of clinical supervision practices at Eastern Health. Sarah conducted a literature review on effective clinical learning environments and clinical supervision through her Masters of Healthcare Leadership in 2020 and conducted a randomised controlled trial in 2021/22 evaluating an interactive workshop series on effective clinical supervision of physiotherapists. The trial found a notable improvement in the effectiveness of clinical supervision and a clinically significant reduction in burnout for participants compared to the control. Sarah also completed a comprehensive qualitative study exploring barriers to participation in effective clinical supervision that will shape the structures and processes enabling effective practice over coming years.

## The Lived Experience Workforce: Partners in practice and research

**Who are the Lived Experience Workforce?**

**Katherine Dowson**
**Associate Program Director for Lived Experience**

The Lived Experience Work-force is integral to the Mental Health and Wellbeing program at Eastern Health. These workers play a key role in the design, development and delivery of mental health service provision, either through direct support to consumers through peer support or advocacy, or indirectly through leadership, system advocacy, education, and research.

The EH Lived Experience Workforce comprises a large and diverse team that spans across community, inpatient and residential settings and across age ranges from perinatal work, children through to older adults.  Key positions include:

· Associate Program Director Lived Experience;

· Consumer & Carer Consultants;

· Consumer & Carer Peer Support roles;

· Manager Lived Experience Workforce Adult and Older Adult;

· Manager Lived Experience Workforce ICYMHS (Infant, Child, Youth);

· Team Leaders & Practice Supervisors;

· Casual Lived Experience Worker role;

· Aboriginal Lived Experience Peer Support Worker;

· HOPE (Hospital Outreach Post-Suicidal Engagement);

· ICYMHS Lived Experience Workforce;

· Training & Education

**Peer workers enhancing research at Turning Point**

**Baden Hicks, Peer Worker, Turning Point**

I work as a pharmacotherapy peer worker at Turning point Richmond on the pharmacotherapy team where I support people in relation to pharm-acotherapy treatment programs, and providing harm reduction education around using drugs.

I also have an important role supporting research projects at Turning Point. I am involved in a lot of research projects, including as a co-investigator. For example, I am currently a researcher on an application for a $180,000 ADRIA grant on supporting people with education and support groups with pharmacotherapy. Another project I am involved in is developing guide-lines and best practice in supporting the lived and living experience work-force for the department of health.

I have also been on research projects to do with the medically supervised injecting rooms, a contingency management project to support people with problematic methamphetamine use and also a co-design project to support AOD treatment in inpatient psychiatric units, to name a few.

I have also done a lot of public speaking and advocacy work. I have presented at a Thought Leadership event held by Firststep in St Kilda, presented on a panel at the rethink addiction convention, and the International medicine in addiction convention. I have also spoken at Parliament house about the need for decriminalization, been in Insight on SBS, and appeared on the ABC news and the Project on channel 10 where I have spoken about drug use and addiction. My role has also given me a lot of opportunities to do educational talks to students about drug use and peer work.

There’s a saying ‘nothing about us without us’ I think people with lived and living experience can have a more insightful lens than people without lived or living experience when it comes to research. I think if you’re doing a research project on people with experience around drugs and alcohol then its common sense to involve them on the research project.

**Benefits of including people with lived experience in research**

**Peter Brann, Director of Research and Evaluation in the Infant, Child and Youth Mental Health Service**

 The high quality research at Eastern Health can be further improved by ensuring that the perspective and expertise of those with relevant lived experience is incorporated from the design phase onwards.  Engaging consumers and carers as ‘co-collaborators’ , rather than ‘subjects’ can enhance the questions, methods, results and implications
of our research.

For example, in a current study investigating how young people and their families view the relationship between Mental Health Services and the Emergency Department, a Consumer Consultant, Carer Consultant, Academic Psychiatrist and Clinical Psychologist were all involved from the outset. They helped to refine our questions, debate presumptions, develop the recruitment method, write interview questions, and design the safety net for participants.  We decided that a young person and a carer should take the lead in the interviews. The themes that emerge from this study will be checked by all of us to ensure that everyone’s experiences are included.  It is a longer process but one that we believe has respected the commitment to ‘nothing about us, without us’.

## Social work in alcohol and other drug service navigation: supporting social complexity in dual diagnosis

Many people with dual diagnosis present with social complexity that impedes service access. The role of social work support in such service navigation is poorly understood. In a study led by Sally Thomas, social worker at Turning Point, Eastern Health, researchers aimed to characterise client presentations to an Australian telephone-based social work alcohol and other drug (AOD) service navigation and linkage program.

The study was conducted in AOD Pathways, a publicly funded service comprising of social workers and operates Victoria-wide assisting to support clients, assisting with Alcohol and other Drug (AOD) issues. The team focuses on AOD sector service navigation, advocacy, support and referral for complex and high risk AOD clients who may have a co-occurring mental health diagnosis or presentation.

A retrospective audit was conducted of routinely collected clinical information from a six-month period, selected to capture the social and health challenges experienced during the mid-pandemic period (mid-2021) in Victoria, Australia, during which a number of lockdowns resulted in a reliance on telephone-based services. The audit focused on client and presentation characteristics, and compared clients with and without a history of co-occurring mental health and AOD concerns.

Three in four people accessing the service presented with dual diagnosis. These individuals required more support compared to those without a co-occurring mental health disorder; but overall, were just as likely to achieve a successful linkage to services, when offered holistic, long-term social work support.

This study highlights the challenges in operationalising social complexity factors alongside clinical mental health and AOD diagnoses, and points to the need for further research to guide future service development for this vulnerable client group.

## Have you done your Good Clinical Practice Training?

Good clinical practice (GCP) training aims to educate healthcare professionals, research staff, and clinical trial sponsors on the ethical, legal, and regulatory requirements for conducting clinical research.

GCP training is designed to ensure that clinical trials are conducted in a safe, ethical, and scientifically valid manner, by ensuring that everyone involved in the clinical trial process is aware of the requirements and able to adhere to them.

GCP Training is highly recommended for anyone involved in research, and mandatory for some research funding bodies or research institutions. The training typically covers topics such as:

· Origins, rationale and principles of good clinical practice

· Responsibilities of individuals involved in research

· Record keeping and accountability

· The role of ethical committees and regulatory bodies

· Monitoring, reporting and closing projects

GCP training can be completed through real time courses (online or face to face) or as online modules. Some courses are free and others provided for a small fee. Some options for completing GCP Training include:

· [**Monash Partners**](https://monashpartners.org.au/research-facilitation/good-clinical-practice/)**:** 6 hours face to face full training, or a 2 hour refresher course (free to Eastern Health staff)

· [**RET Program**](https://retprogram.org/training/ich-good-clinical-practice-gcp-certificate/): Online self paced modules, approx. 4.5 hours. ($40 for EH staff)

· [**Genesis Research Services**](https://genesisresearchservices.com/product/good-clinical-practice-ich-gcp-course/): 2-4 hours, self paced modules. ($10 course fee including downloadable study guide)

## Allied Health Research Achievements

**Publications**

Harding KE, Lewis AK, Taylor NF. (2023) 'I just need a plan': Consumer perceptions of waiting for healthcare. J Eval Clin Pract. (Epub ahead of print)

Thomas S, Cotroneo S, Pham D, Kalogeropoulos R, Tyler J and Arunogiri S. (2023), Social work in alcohol and other drug service navigation: supporting social complexity in dual diagnosis, Advances in Dual Diagnosis, (Epub ahed of print)

Collins, J, Porter, J. (2023) Quantifying waste and its costs in hospital food services. Nutrition & Dietetics.  (Epub ahead of print)

Benjamin DR, Frawley HJ, Shields N, Peiris CL, van de Water ATM, Bruder AM, Taylor NF. Conservative interventions may have little effect on reducing diastasis of the rectus abdominus in postntatal women: A systematic review and meta-analysis. Physiotherapy. 119: June, 54-71

Janice (Jaz) Chisholm & Melissa Petrakis (2023) Peer Worker Perspectives on Barriers and Facilitators: Implementation of Recovery-Oriented Practice in a Public Mental Health Service, Journal of Evidence-Based Social Work, 20:1, 84-97

Lewandowski PA, Barker L, Howard, A, Collins J. (2023) Packaged hospital food appears safe and feasible to reuse. Nut Diet. (Epub ahed of print)

Peiris CL, Gallagher A, Taylor NF, McLean S. Behavior change techniques improve adherence to physical activity recommendations for adults with metabolic syndrome: a systematic review. Patient Preference and Adherence (in press)

## Conference Presentations

##

Cook N, Parra D, Theil C, Collins J. How to design, conduct and analyse a food waste audit. CleanMed 2023, May 23-35, Pittsburg, USA.

Harding KE. What are we waiting for? A new approach to managing demand for outpatient and community services. 12th Australia Healthcare Week, Sydney, 15-16th March 2023 (invited presentation)