

ALLIED HEALTH  
RESEARCH NEWS

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## A sneak peak at the upcoming 2020 Allied Health Research Report

### A Research Newsletter for Allied Health Clinicians

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Every year the Allied Health Clinical Research Office compiles a report of Allied Health research activity. The report for the 2020 calendar year will soon be released and made available for download from Allied health research page of the Eastern Health website.

Despite the challenges that were brought by the COVID-19 pandemic in 2020, Allied Health Research activity at Eastern Health was as strong as ever.

- **46 projects** approved by ethics and commenced in 2020.
- **64 publications** in peer-reviewed journals
- **14 presentations** at local, national or international conferences
- **21 students enrolled in research higher degrees**, with several of these completing their studies during the calendar year.

The number of publications from Allied Health at EH has continued the upward trajectory that we have observed over the last decade, although the number

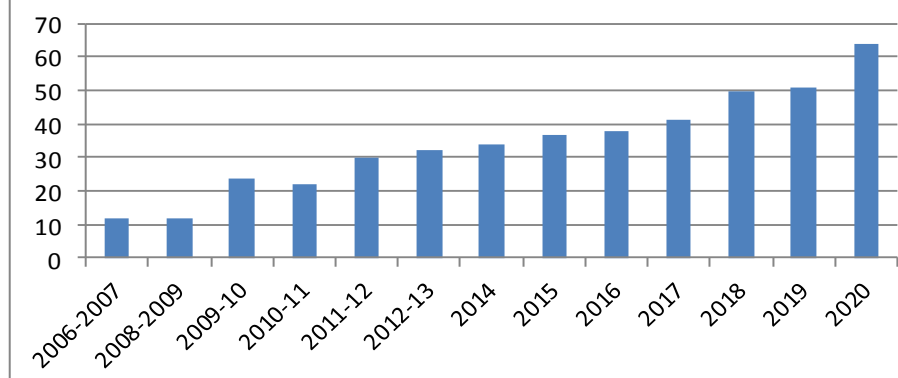
of projects underway has plateaued. Publications tend to be an indicator not just of quantity, but of quality of work completed and dissemination beyond the boundaries of Eastern Health. These findings suggest that our collective research energy is going into higher quality projects with more substantial outcomes.

The number of presentations at conferences took an understandable downturn in 2020 with so many conferences cancelled due to the pandemic. Some of our Allied Health clinicians were still able to take advantage of online conferences to present their work.

We continue to see growth in the number of higher degree research students, from 5 back in 2008 to 21 in the current report. This is a great sign for the future of research at Eastern Health.

Many thanks to everyone who contributed to the 2020 Allied Health Research Report.

**Number of publications from Allied Health Professional at Eastern Health annually since 2006**



# “Stepping into Research” is back!

## Allied Health Research Training Scheme

After suspending the Stepping into Research Training Scheme at Eastern Health for the first time since its launch in 2008, we are pleased to announce that the program is back in 2021! To guard against the possibility of further disruptions to the program and embrace our COVID-driven expertise in video conferencing, the program workshops will program will all be conducted using zoom.

**Applications now open for 2021!**

We hope that this will provide a bit more flexibility and reduce travel time, while still delivering a high quality experience for participants.

### What is “Stepping into Research?”

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.

### What’s Involved?

Successful applicants will be supported by their manager to spend one half day per week for twelve weeks to learn to conduct and write up a systematic review on a topic relevant to their work place. The program includes:

- 4 x 3 hr group training sessions (Thursday afternoons: 15th July, 5th August, 26th August, 23rd September delivered via zoom)
- A series of 1:1 meetings with an allocated mentor (time and location negotiable)
- Private study time
- A virtual presentation afternoon participants and mentors on Thursday 14th October.

### Expectations

At the conclusion of the program, participants are expected to have written a systematic review of the evidence for a clinical intervention of relevance to their workplace to a standard suitable for submission to a peer reviewed journal.

Participants are also expected to be available to present their findings at an appropriate Eastern Health forum, such as the annual Allied Health Research Forum.

To obtain an application form, contact Katherine Harding at the Allied Health Clinical Research Office. Further information is available from Nick Taylor (9091 8874) or Katherine Harding (9091 8880).

**Applications close Friday 1st June.**

**Places will be limited.**

**SYSTEMATIC REVIEW OF THE LITERATURE**  
A systematic search, appraisal and summary of the literature on a clinical question.  
Often the first step to a change in clinical practice.

## Amy Dennett wins Victorian Cancer Association Research Fellowship

We are excited to announce that physiotherapist and researcher Dr Amy Dennett has been awarded a highly competitive Victorian Cancer Agency Research Fellowship to continue to her pursue her research into rehabilitation to improving outcomes for people with cancer at Eastern Health.

Exercise is essential for optimising the health and wellbeing of cancer survivors and is promoted in national and international guidelines as best practice. Amy's previous research has demonstrated a large gap in the provision of exercise-based rehabilitation services, with only about 4% of Australian hospitals offering tailored cancer exercise programs. Her research has also revealed a number of reasons to why exercise-based cancer rehabilitation is not delivered more widely including resource and cost restraints, physical location and parking, and patient-related barriers such as fatigue and competing priorities.

One way of overcoming these issues could be by increasing rehabilitation opportunities available using telehealth. Telehealth comprises many different delivery modes including videoconferencing, telephone and mobile applications. Tele-rehabilitation is a subfield of telehealth applied to rehabilitation at a distance. Previous research has shown that tele-rehabilitation can improve patient outcomes compared to not receiving rehabilitation and is comparable to in-person rehabilitation in a variety of chronic disease contexts including cardiac, pulmonary and musculoskeletal conditions. A wide variety of other benefits are associated with telehealth including ease of use, low cost, improved communication, increased self-awareness and patient self-

management, reduced wait-times and fewer readmissions.

Tele-rehabilitation is an attractive solution to improving cancer supportive care. There is potential for broader reach of services and potential cost savings to both patients and health services due to the flexibility and portability of the intervention. Trials have demonstrated that digital interventions that may be included in tele-rehabilitation can change exercise behaviour. However, the true potential of telehealth for delivering care for cancer survivors has yet to be realised, particularly in the context of exercise and cancer rehabilitation, with few trials to test its efficacy in this setting completed to date. There is an urgent need to complete robust tele-rehabilitation trials pragmatic health service settings to see these digital interventions translated to clinical practice to enhance access to exercise for cancer survivors.

Amy's research program aims to reshape the perception cancer rehabilitation and trial new ways of delivering of exercise-rehabilitation services through telehealth.

"At Eastern Health, we have successfully implemented face to face and tele-rehabilitation models of cancer rehabilitation to determine their feasibility." Amy says. "The next step is to extend upon this work by rigorously testing these models to determine the most effective and cost-effective model of care to be delivered in hospital settings. We will compare tele-rehabilitation and traditional face to face rehabilitation within a health service setting, and undertake a mixed-methods approach that considers the needs of consumers and health services in the development and evaluation of a comprehensive, sustainable tele-rehabilitation model



that has the potential to vastly improve access to cancer rehabilitation services."

Amy will be based full time with the Allied Health Clinical Research Office for the course of the three year fellowship, while maintaining a strong relationship with clinical cancer rehabilitation services at Eastern Health.

Having our Eastern Health researchers achieve success in for highly competitive research grants and fellowships is a fantastic outcome for Eastern Health. It brings resources into the health service to enhance the care that our patients receive, and puts us at the cutting edge of evidence-based care.

Amy's success in being awarded this grant is testament to the high standing of her research, and recognition at a national and international scale. We look forward to reporting on the outcomes of Amy's work over the coming years.

## Eastern Health CYMHS researchers published in the Lancet

Over the past two years, Child Youth Mental Health Services have been contributing to an international consensus on an outcomes framework for child and youth depression and anxiety disorders. The framework will provide guidance to services and researchers in Australia wishing to extend their existing routine outcomes collection, and will support an increase in international benchmarking opportunities.

Both CYMHS social work (Evie Thomas, coordinator of CYMHS Child, Youth and Family/Carer Participation) and Psychology (Peter Brann) participated, and we are excited to report that the study has just been published in *The Lancet Psychiatry*.

Publication in journals like *The Lancet* is a huge achievement and a great outcome for Eastern Health. Congratulations to all involved!



### International consensus on a standard set of outcome measures for child and youth anxiety, depression, obsessive-compulsive disorder, and post-traumatic stress disorder

Karolin R Krause, Sophie Chung, Abiodun O Adewuya, Anne Marie Albano, Rochelle Babins-Wagner, Laura Birkinshaw, Peter Brann, Cathy Creswell, Kathleen Delaney, Bruno Falissard, Christopher B Forest, Jennifer L Hudson, Shin-ichi Ishikawa, Meghna Khatwani, Christian Kieling, Judi Krause, Kanika Malik, Vania Martinez, Faraz Mughal, Thomas H Ollendick, Say How Ong, George C Patton, Ulrike Ravens-Sieberer, Peter Szatmari, Evie Thomas, Lucas Walters, Bryan Young, Yue Zhao, Miranda Wolpert

*Lancet Psychiatry* 2021; 8: 76-86

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A major barrier to improving care effectiveness for mental health is a lack of consensus on outcomes measurement. The International Consortium for Health Outcomes Measurement (ICHOM) has already developed a consensus-based standard set of outcomes for anxiety and depression in adults (including the Patient Health Questionnaire-9, the Generalised Anxiety Disorder 7-item Scale, and the WHO Disability Schedule). This Position Paper reports on recommendations specifically for anxiety, depression, obsessive-compulsive disorder, and post-traumatic stress disorder in children and young people aged between 6 and 24 years. An international ICHOM working group of 27 clinical, research, and lived experience experts formed a consensus through teleconferences, an exercise using an adapted Delphi technique (a method for reaching group consensus), and iterative anonymous voting, supported by sequential research inputs. A systematic scoping review identified 70 possible outcomes and 107 relevant measurement instruments. Measures were appraised for their feasibility in routine practice (ie, brevity, free availability, validation in children and young people, and language translation) and psychometric performance (ie, validity, reliability, and sensitivity to change). The final standard set recommends tracking symptoms, suicidal thoughts and behaviour, and functioning as a minimum through seven primarily patient-reported outcome measures: the Revised Children's Anxiety and Depression Scale, the Obsessive Compulsive Inventory for Children, the Children's Revised Impact of Events Scale, the Columbia Suicide Severity Rating Scale, the KIDSCREEN-10, the Children's Global Assessment Scale, and the Child Anxiety Life Interference Scale. The set's recommendations were validated through a feedback survey involving 487 participants across 45 countries. The set should be used alongside the anxiety and depression standard set for adults with clinicians selecting age-appropriate measures.

#### Introduction

Depression and anxiety affect an estimated 4.4% and 3.6% of the world's population, and rank as the first and sixth largest contributor to health-related disability, respectively.<sup>1</sup> These disorders frequently emerge in childhood and adolescence and, unless treated early and effectively, commonly adversely affect mental health and psychosocial outcomes across the life course.<sup>2,4</sup> Despite an increase in mental health-care provision, service systems have failed to reduce the prevalence of these disorders in

outcomes, instruments, and assessment timepoints; a review published in 2019 recorded 15 different measures used to assess primary outcomes across 19 studies of routine treatment for anxiety and depression in young people.<sup>3</sup> Resulting data gaps and inconsistencies severely limit the potential for comparing different models of clinical care, identifying good practice, and informing quality improvement efforts.

This initiative aimed to address this challenge by devising a standard set, that is, a consensus-based



### Euan's Musings

*Euan Donley works with the Psychiatric and Emergency Response Team and is a regular columnist for Allied Health Research News. His views are entirely his own and should not be considered high level evidence.*

#### RESEARCHING ONLINE...OR NOT

So I miss wearing cargos during work time. They have so many pockets, you can wear them baggy, and I just generally feel more comfortable in them. However, now that I am in the workplace again it means I wear chinos. Even saying the word 'chinos' makes me feel like a great-grandfather. I used to be a DJ, now I wear chinos (a great name for my new autobiography BTW which is a nice change from the original title, 'I am sorry everyone.')

So it is with great relief that I see so many research designs have adapted to allow for more remote means of completing research and collating data. Rather than going out of my door I can now stay at home when it is too hot or too cold or too just right or if the traffic is busy or if I want to save on petrol or

my pants need washing or my uber meal is just about to arrive or I hate public toilets or I don't feel like smiling at strangers in the hallway or my glasses fog up with masks or something. Now I can do my surveys online rather than in person. Now I can use zoom to run focus groups or break out rooms. And wear cargos.

That's nice. But I have been thinking about what is better for the research I am doing. To paraphrase the famous philosopher, Ian Malcolm (look him up), "Just because we can, doesn't mean we should." He also famously stated, "Are there actual dinosaurs on your dinosaur tour?" He is a wise man and go watch Jurassic Park.

Some participants are better face to face such as vulnerable populations. Others studies may

result in greater participation rates if you are there in person. I am currently doing a study where I had the option of doing an online survey, or meeting people in the tearoom. I chose the latter and waited 7 months until I could be there in person. As a result I am was fortunate to have collected enough data in one week. This was preferred to sending multiple e-mails and relying on busy people to read them and click a link. But I did have to wear chinos. It was just one of the many sacrifices I have made in the name of science. You're welcome.

So think about if your research can wait, if it will be considerably better if you go online or do it in person. Or if in doubt just weigh up how much you really hate wearing chinos.

## Allied Health Research Achievements

### Publications

Tran MM, Haley MN. Does exercise improve healing of diabetic foot ulcers? A systematic review. *J Foot Ankle Res.* 2021;14(1):19

Rele S, Shadbolt C, Schilling C, Taylor NF, Dowsey MM, Choong PFM. The Impact of Enhanced Recovery After Surgery on Total Joint Arthroplasty: Protocol for a Systematic Review and Meta-analysis. *JMIR Res Protoc.* 2021;10(3):e25581.

Farrell CM, Pinson JA, Dennett AM. CT Attenuation correction and its impact on image quality of myocardial perfusion imaging in coronary artery disease: A systematic review. *Asia Ocean J Nucl Med Biol.* 2021;9(1):31-38.

Harding KE., Lewis AK., Snowdon DA., Kent B, Taylor NF. A Multi-Faceted Strategy for Evidence Translation Reduces Healthcare Waiting Time: A Mixed Methods Study Using the RE-AIM Framework *Frontiers in Rehabilitation Sciences* 2021; 2

Gamble, K, Chiu A and Peiris C. Core stability exercises in addition to usual care physiotherapy to improve stability and balance after stroke. A systematic review and meta-analysis. *Archives of physical medicine and rehabilitation.* 2021. 102(4): 762-775.

### Allied Health Research Committee

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Judy Bottrell (PT)

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