**EDITION 73**

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**iCAHE... Overseas......**

**EBP in Japan**

Professor Karen Grimmer was recently invited to travel to Japan, to give lectures on evidence based practice, and iCAHE activities, to the students and staff at Tokyo Metropolitan Institute of Gerontology, Tokyo Koka University and Heisei Teikyo University. Over the course of one month, Karen presented at these universities, and then travelled onto Manila, where she worked with UniSA alumni Dr Bebet Gonzalez-Suarez and Dr Janine Dizon on the next phase of the implementation program of Filipino contextualised guidelines for stroke and low back pain, including giving workshops, writing protocols and developing audit tools. Karen then travelled onto America, where she visited allied health schools at the Californian Baptist University in Riverside, Loma Linda University Ontario and the University of California (San Francisco campus) to discuss possibilities for linkages regarding allied health evidence-based practice and teaching.

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**EBP in India**

Dr Michelle McDonnell was invited to present on “Neuroplasticity and physiotherapy” at the first Neurological physiotherapy Conference held in Mangalore, India in November 2013. She was accompanied by Dr Susan Hillier who also presented on “Evidence-based Practice” and both presented a one day workshop on ‘Upper Limb Rehabilitation after Stroke’. Susan and Michelle reflected that “We were overwhelmed by Indian hospitality and were thoroughly spoilt throughout the stay. We were delighted to find an evidence-based practice convert in residence as the Head of the Physiotherapy Department at Father Muellers Medical College, the host institution for the conference.”

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Professor Narasimman Swaminathan has been Head for a few years and has been working with other evidence-based practice stalwarts across the globe including Cochrane review groups. He has already achieved a high level of understanding around EBP in Physiotherapy within his department. We are hoping to strengthen the ties between iCAHE and Mangalore in the future to support his work.

Once again it has been very rewarding for iCAHE members to travel and meet with like-minded people working in allied health – to find this common language around which to structure our work in bettering the health and well-being of our patients.

Any questions or interest in this please contact Michelle or Susan.

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**A patient doing Batik work at the Rehabilitation Centre**

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**Dr Michelle McDonnell with physiotherapist Vanita D’Souza**
It is an interesting exercise for me to look back on my journey through a PhD as it was a very positive time. I always thought that the journey would be at least as important for me as the end result, and that is how it has unfolded. It was such a privilege to have three years to focus specifically on the clinical area that is most dear to me – the care and management of people with stroke.

Perhaps the hardest aspect for me was getting scholarship entry into the PhD program. As a mature student (very mature), with two decades as a clinician and away from academic life, it was a challenge. After finally securing a place in 2009 there was a great sense of relief, and also bewilderment …what do I do now? As a PhD candidate you have a lot of autonomy which is great, but I quickly learned to take advantage of the guidance provided by structured university sessions and from my supervisors, other UniSA staff and PhD students. I had given a lot of thought to who I would like as supervisors, and all three were wonderful to work with, providing the right support, encouragement and vast knowledge. Karen Grimmer, Ian Edwards and Julie Bernhardt were a perfect blend of the backgrounds and skills I needed to guide my chosen research.

A PhD can open doors to so many new experiences, and bring you into contact with many wonderful new people. Over the time I was able to attend and present at seven conferences around Australia and in beautiful Germany. I have come to know researchers and clinicians working in my field in other states and overseas, many of whom I can now count as colleagues and friends.

Because I published much of my PhD research during candidature, I have had emails and follow-up conversations with clinicians from all over the world including Japan, Argentina, Canada which was exciting and very rewarding. Another consequence of the PhD has been invitations to join influential groups working to improve stroke services such as SA Health’s Statewide Stroke Clinical Network and the National Stroke Foundation’s guideline development group.

People frequently talk about the sheer hard work of a PhD, and it is a lot of work, but because it was all so interesting to me it didn’t feel bad. By setting strict PhD goals for weekday work hours, I rarely needed to take work home, was able to do some casual work, and still had a ‘life’.

As the thesis was sent off for examination, the reality of ‘what next’ hit me. Along with hundreds of other hopefuls with brand new PhDs, I had sent off applications for every post-doc funding opportunity, knowing there was very little chance. However I was one of the very lucky ones and was awarded an Australian Research Fellowship from the NHMRC which will enable me to continue part-time research into stroke management. This will be conducted through the Florey Neurosciences Institute at Melbourne University in conjunction with UniSA, and I will be researching the provision of stroke rehabilitation in acute hospital settings. I’m looking forward to the next part of the journey.

Dr Julie Luker
Congratulations to Dr Steve Milanese on winning the **Student Nominated Excellent Educator Award 2012** in the School of Health Sciences. The award was introduced in 2010 to give students the opportunity to nominate academic staff whom they thought demonstrated innovation in teaching, engagement with students and enhancement of the student learning experience. Steve received an overwhelming number of nominations from his students.

ICAHE would also like to congratulate Dr Janine Dizon, who was conferred a degree in Doctor of Philosophy in Health Sciences by the University of South Australia last year. Dr Dizon was in Australia for her graduation ceremony in December. We look forward to hearing of her continued work in evidence based practice in the Philippines.

And congratulations to Namita Mehta, who has been awarded an F1000Prime associate faculty member travel grant, to enable her to attend a scientific conference of her choice. The travel grant scheme was established by F1000 as a thank you for those who contribute six or more published evaluations to the F1000. In 2012 the F1000 Editorial Directors selected the winners from eligible AFMs based on the evaluations they judge to be most noteworthy.

Coralie English has been invited to be the keynote speaker at the South Australian Rehabilitation Research Forum, Friday March 15th, Adelaide (sponsored by SA Health Statewide Rehabilitation Clinical Network), and the National Keynote speaker at the Australian Physiotherapy Association Conference Week (Neurology Stream), October 17-19, Melbourne. In addition to this she has also been invited to contribute to a workshop at Smartstrokes 2013 (22-23 August, Brisbane).

ICAHE members were awarded a School of Health Sciences Conference Scholarship to present at the Australian Society of Performing Arts Healthcare Conferences, in December 2012, in Sydney. Stanhope, J, Milanese, S & Grimmer, K ‘Investigation of the beliefs of university woodwind students regarding playing-related musculoskeletal disorders, using the Health Belief Model’, Australian Society of Performing Arts Healthcare Conferences, Dec 1-2, Sydney.


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**Recent Publications**


As regular readers of the iCAHE newsletter would know, in addition to the iCAHE website, which hosts a number of useful resources, there is a dedicated website for resources on evidence implementation. This website is Implementation Central (www.implementationcentral.com). The Implementation Central website was developed in 2009 as part of Dr. Saravana Kumar’s NHMRC NICS MAC Fellowship and since then has grown to include a number of resources for those who are interested in evidence-based practice, more broadly, and evidence implementation, more specifically. For example, it contains a list of clearinghouses for clinical practice guidelines, relevant websites for evidence implementation and tools which can assist in the process of evidence implementation. Over the years, Implementation Central website has been periodically updated with new resources and we have big plans for this website in 2013.

In addition to ongoing updates, we plan to incorporate multi-media resources (such as podcasts and videos) and feature a regular blog/discussion forum hosted and moderated by iCAHE researchers. We also plan to invite key researchers from around the world, who are interested in evidence-based practice and evidence implementation to contribute to this website. We also anticipate being able to provide a “Q&A” section where interested stakeholders may pose questions or queries which can be directed to, and addressed by, by iCAHE researchers.

So, we invite you to visit www.implementationcentral.com for all your evidence implementation needs.

This month’s featured guideline was developed by the Clinical Guidelines sub-committee of the Endocrine Society. It focuses on the management of osteoporosis in men.

Osteoporosis affects the strength of bone, increases the risk of fractures and causes significant morbidity. The World Health Organisation (WHO) defines osteoporosis as a bone mineral density (BMD) assessment “that lies 2.5 standard deviations or more below the average value for young healthy women (a T-score of <−2.5 SD).” A fracture of the vertebrae or hip (neck of femur) without an incident of trauma is a hallmark of the condition.

Although osteoporosis in women is common, it also occurs in men and may be under-recognised. The Endocrine Society’s osteoporosis guideline summarises the risk factors for osteoporosis in men. These include a history of fracture after the age of 50, delayed puberty, hypogonadism, hyperparathyroidism, hyperthyroidism, smoking and chronic obstructive lung disease. The long list of consequences of osteoporosis gives strong justification for the development of this guideline.

The guideline is easy to navigate and provides a clear summary of its recommendations and references. This is important for busy clinicians and other target users. However, some information regarding the method of development of the guideline is lacking. No information was provided on the search strategy used to located underlying evidence and the dates for when literature was included. This information is important to reduce the risk of selection bias in the formulation of recommendations.
Outcome Measure Corner: Perceived Health Competence Scale

Scale: Perceived Health Competence Scale

- Predicts health behaviour in adults
- Domain-specific scale of efficacy
- Has acceptable reliability and validity

**What it measures**

The Perceived Health Competence Scale (PHCS) measures the degree to which an individual feels capable of effectively managing his or her health outcomes; it is a domain-specific clinical measure of health competence (Smith 1995). The PHCS was developed based on the idea that perceived health competence and health behaviours are correlated and therefore health-promoting behaviours will be evident in individuals who value their health and perceive themselves as competent within the health domain.

The PHCS has been used to predict health behaviours in older adults, psychosocial health outcomes in women with breast cancer and adherence in renal dialysis (Dempster & Donnelly 2008). It has also been used to compare health related self-efficacy between people with chronic pulmonary disease and chronic heart failure (Dempster & Donnelly 2008).

**How it is scored and what the score means**

The PHCS is an 8-item 5-point Likert scale, with 1 as “strongly disagree” and 5 with “strongly agree.” Items 1, 2, 6, & 7 need to be reverse scored (i.e., 1=5, 2=4, etc.) before summing across all eight items. The score can be calculated as the sum of the responses to all items.

Higher scores indicate higher perceived health competence.

**References:**


*Please refer to page 69 of the Chronic Disease Outcomes Calculator user manual for a copy of the PHCS.*