International visitors and collaborators
Leigh Blizzard, a senior biostatistician with the Menzies Institute in Hobart and an Adjunct Professor with the University of South Australia, will be visiting with iCAHE on the 30th of May. To make an appointment with Leigh to discuss any statistical needs please contact Olivia Thorpe at Olivia.Thorpe@unisa.edu.au or on extension 22099.

Dr Janine Dizon is currently visiting with iCAHE for one month to work with Professor Karen Grimmer and Dr Saravana Kumar to develop a book proposal from her PhD last year. The book aims to present a background of the history and practices of physiotherapy in the Philippines and to link this to how evidence-based practice can be implemented and integrated into undergraduate levels of clinical practice.

iCAHE website
Check out the new iCAHE webpage ‘Extended/Advanced allied health projects” at http://www.unisa.edu.au/Research/Sansom-Institute-for-Health-Research/Research-at-the-Sansom/Research-Concentrations/Allied-Health-Evidence/Resources/KT/

This page is a collaboration between ACT health Directorate and iCAHE as a means of sharing our learning in introducing extended scope allied health roles. The underpinning principles of this work are evidence-based practice, change management principles, policy work, human resource principles, training, education, legislative/legal principles, research and evaluation. The intention of this resource is to act as a guide to healthcare providers and managers considering introducing allied health extended scope practice roles. Whilst the starter packs (available in the physiotherapy chapter) are based on our experiences in extended scope physiotherapy roles, the majority of this work is relevant across disciplines and in multiple clinical settings. The ESP webpage will be activated very soon! Keep an eye out for it......

Recent Publications


Michelle is nearing the end of her doctoral research project, focused on improving the discharge process for older individuals crossing the hospital-community interface. Throughout the course of her research, Michelle has undertaken numerous interviews with community service providers, hospital staff and older individuals. These interviews have provided considerable insight into current discharge processes, enablers and barriers to engaging community services in discharge and potential strategies for improvement. These findings, in addition to current discharge literature, have been used to inform the development of guiding principles. These guiding principles, aimed at improving the planned and concerted involvement of community services in the discharge of older individuals, are the first of their kind to be developed which consider all key stakeholders’ needs and the entirety of the discharge process across the hospital-community interface. Michelle is planned to show-case her research findings and guiding principles in an upcoming event planned for the middle of the year. Stay tuned for more details.

Michelle Guerin
Post-Hospital Syndrome: A New Construct?

Dr Harlan Krumholz (2013) in The New England Journal of Medicine recently proposed a new construct which he has called the Post-Hospital Syndrome. He describes this syndrome as an ‘acquired, transient period of vulnerability’ experienced by individuals following acute illness and a period of hospitalisations. Dr Krumholz argues that during hospitalisation individuals are not only enduring an acute illness, which affects their physiological systems, but they are also experiencing considerable stress. In hospital, individuals commonly experience changes in medication regimes which can influence their cognitive and physical functioning, sleep disturbances, poor nutrition, increased pain and discomfort, inactivity contributing to deconditioning and a range of mentally challenging situations. Each of these stressors can adversely affect health and contribute to impairments during early recovery at home, reduced immunity increasing susceptibility to disease and increased likelihood of mental error. Recognition of the post-hospital syndrome encourages healthcare professionals and organisations to expand their thinking in order to promote recovery and a safe discharge home. While this theory acknowledges the importance of ensuring the acute medical condition an individual was admitted with is treated, it also calls for a focus on addressing the stressors during hospitalisation and in the immediate discharge period, in order to increase the quality of discharge from hospital to home.

Reference:

Outcome Measure Corner: Arthritis Self Efficacy Scale

Scale: Arthritis Self Efficacy Scale
- Self-administered, disease-specific scale
- Requires less than 10 minutes to administer
- Has acceptable reliability and validity

What it measures
The Arthritis Self-efficacy Scale (ASES) is an instrument used to measure patients’ arthritis-specific self-efficacy or patients’ beliefs that they could perform specific tasks or behaviours to cope with the consequences of arthritis. It contains 5 items concerning pain, 9 items on function, and 6 items concerning other symptoms related to rheumatoid arthritis. Items are designed to capture how certain the individual is that they can perform a specific activity or achieve a result.

How it is scored and what the score means
Each item on the questionnaire represents a question on which the patient may agree or disagree. Questions are answered using a 10cm-scale ranging from not at all certain (1) to totally certain (10). If two consecutive numbers are chosen for a single item, the lower number (less self-efficacy) is recorded. If the numbers are not consecutive, the item is not scored. If more than 25% of the items are missing, the scale is not scored.

The subscales can be summed and reported separately, and an overall average score can be calculated by summing the subtotals and dividing by the number of subscales.

Higher scores indicate greater confidence or self-efficacy.

References:

Please refer to page 73 of the Chronic Disease Outcomes Calculator user manual for a copy of the ASES.