From 1st July to 12th July, iCAHE hosted Prof. Narasimman Swaminathan, Professor & Head of Department of Physiotherapy at Father Muller Medical College in Mangalore, India.

While based in India, Prof. Narasimman Swaminathan had been actively engaging with iCAHE research products in his teaching and at his institution. Prof. Narasimman Swaminathan has keen interest in evidence-based practice (EBP) and, more broadly, was interested in the physiotherapy pedagogy in Australia. As part of its ongoing commitment to promote EBP in developing countries, iCAHE was delighted to be able to host Prof. Narasimman Swaminathan.

During his time at iCAHE, Prof. Narasimman Swaminathan engaged with iCAHE researchers and academics on a number of issues pertinent to evidence production (such as synthesizing evidence in the form of care protocols, clinical pathways and clinical practice guidelines), evidence implementation issues specific to developing countries (barriers and enablers to evidence-based practice, testing new means of evidence implementation and uptake), pedagogy of EBP (strategies to create an allied health workforce in India which is trained in EBP) and opportunities for higher degree research such as doctoral research, which can be undertaken jointly in Australia and India. Prof. Narasimman Swaminathan also discussed opportunities for UniSA and Department of Physiotherapy at Father Muller Medical College to provide mutually suitable student placements. He also met with individual iCAHE members, and external stakeholders, and identified a number of opportunities for collaboration in terms of teaching, research and promoting EBP in India.

As avid readers of the newsletter might know, iCAHE has extensive networks in many developing countries (such as Philippines, South Africa and Hong Kong, China) to increase awareness of, and access to, EBP resources. As part of this, iCAHE aims to increase its collaboration and partnerships in India through local champions such as Prof. Narasimman Swaminathan. Following his visit to iCAHE, Prof. Narasimman Swaminathan and iCAHE are currently discussing a number of exciting initiatives for 2013 and beyond. Further updates on these initiatives will be provided via the newsletter in the future.

Saravana Kumar

“My Health Rules – How science and research helps to improve your health”

As the Australian population ages, chronic illness such as diabetes, heart disease, cancer and arthritis are on the rise resulting in severe burdens on people and the health system overall. Chronic conditions are the leading cause of death in Australia and nearly all people aged 65 years and over have at least one long term chronic condition. So, come along to this two-hour session where you will interact with people with chronic conditions, health professionals and researchers and get hands-on experience on how science and research can help improve the health and well-being of people with chronic conditions. Based on science, you will learn about what works in helping people with chronic conditions, what doesn’t work and how you can be an informed consumer of science and research. For more information or tickets go to http://www.scienceweek.net.au/my-health-rules/

Saravana Kumar
I have recently begun my PhD candidature with iCAHE after completing my Honours last year with Dr Kobie Boshoff and Hugh Stewart from the Occupational Therapy program. We were fortunate enough to get our systematic review published on the effectiveness of the Wilbarger protocol with children (a sensory-based OT intervention for children who are hypersensitive to sensation). My Honours research conducted a pilot study to test the effectiveness of this intervention, which we are currently writing up for journal submission. Originally, my intentions for PhD were to roll over Honours into a larger scale study. However, the Wilbarger protocol is just one technique that sits under the umbrella of sensory-based interventions. Evidence for sensory-based interventions administered to children with autism is weak and inconclusive, in desperate need of robust testing and currently a very hot topic of debate inside and outside of the profession. I am currently writing my research proposal which is due this August, so not much to report at this stage. I hope to have a lot more on the next update! My aim for this PhD is to be able to place us in a position to be able to conduct an intervention trial with strong methodology for post-doctoral research.

I have been fortunate enough to have Professor Karen Grimmer agree to come on board as my principal supervisor and for Kobie and Hugh to continue their support as associate supervisors. I am starting to get to know a few new faces and look forward to meeting more of the team throughout the course of my candidature.

Scott Weeks

Lucylynn Lizarondo has been recently appointed research associate at the International Centre for Allied Health Evidence following completion of her PhD thesis. She is working on a project aimed at establishing a blueprint that will assist in building capacity and providing ongoing support to allied health clinicians in South Australia. This pilot project will produce novel outputs, resulting in a blueprint for policy-makers, administrators and clinicians in South Australia that will improve research capacity and understanding in allied health. It will assist in better on-the-ground evaluation of services and performance that will inform service purchasing decisions and service accountability. This project is funded by the Department of Health in South Australia, and is under the supervision of Prof Karen Grimmer and Dr Saravana Kumar.

Lucylynn Lizarondo (Research Associate, iCAHE) has been successful in securing funding from the Experience Plus Grants Program and School of Health Sciences to develop an online evidence-based practice (EBP) module and networking site for health science students. This website was developed as an additional resource for students enrolled in the EBP course. It is also open to all allied health practitioners who wish to learn about EBP.

The ‘EBP Online’ contains educational resources, links to freely available e-articles, and activities for practicing, learning and teaching EBP. Online forums have been created to provide students with valuable opportunities to network and be mentored by experienced clinicians in their field of study. By being involved in this online module/networking site, students can gain valuable skills and experience through participation in a scholarly discussion outside of their classrooms. It will also help students engage and connect with people (i.e.

Continued page 3...
In 2010 I was awarded an NHMRC Training Fellowship to continue work into issues of physical inactivity for people who have had a stroke. We’ve known for a long time that being sufficiently physically active is important for both stroke prevention, and for reducing the risk of repeat stroke. We also know that it is very hard for stroke survivors to meet the guidelines of at least 30 minutes a day of moderate to vigorous physical activity. How many of you are meeting this guideline on a regular basis? Now imagine you have weakness in your legs, difficulty keeping your balance, and maybe need to use a walking stick or frame. We now know that sitting for long periods at a time is also bad for cardiovascular health, but this is reduced by breaking up sitting time with short periods of standing and walking around. This got me excited – what if we could help reduce the risk of recurrent stroke by helping stroke survivors to “sit less and move more” during the day? In 2011 I was awarded two National Stroke Foundation Grants to start investigating the issue of sitting time in stroke survivors. These grants have helped to support an observational study and a pilot randomised controlled trial. In both of these studies we are using a combination of wearable activity monitors that provide detailed information on activity patterns, as well as self-report “use-of-time” measures that allow us to examine the context in which physical activity and sitting time occur. The Fellowship has led to many networking opportunities, including an invitation to contribute to a World Stroke Academy online educational module on Exercise After Stroke with Professor Gillian Mead (University of Edinburgh, UK) and A/Prof Julie Bernhardt (FNI, Melbourne), and an invitation to guest edit a special edition of the journal ‘Stroke Research and Treatment’ with A/Prof Trish Manns (University of Edmonton, Canada). I have also been invited to talk about sedentary time after stroke work at the APA Conference Week in Melbourne in October. No time to sit around doing nothing....

We are currently still looking for volunteers (stroke survivors) for these studies, so if you can help out or know anyone who may be interested, please contact Coralie (Coralie.english@unisa.edu.au) or 0412 948 099

Coralie English

Link to the ‘EBP Online’ website: http://implementationcentral.com/ebponline/
Check out the Implementation Central website for the new feature article and read the blogs on the latest evidence. People looking for information on knowledge translation into the workforce should check out the new article in our resource page talking about the perspectives of individuals at the frontlines of policy implementation. It explores the collective experiences of the front line staff and makes recommendations for successful implementation of any intervention. Have a look at the implementing change in research section to peruse through the list of recently completed programs and trials aimed to help implement research into practice in a simple and efficient manner. Finally our eighth blog looks into the conflicting world of food fads and explores the evidence behind the proposed benefits of skim milk.

Also a new section showcasing the work of our students has been added to the resources page of iCentral. It is called “Students’ Space”, which provides an opportunity to feature the wonderful work of our students. Check it out now!

To see these new editions, or to satisfy all your evidence implementation needs, visit www.implementationcentral.com

Outcome Measure Corner: Chronic Disease Self Efficacy Scale

Scale: Chronic Disease Self Efficacy Scale

◊ Self-administered, disease-specific scale
◊ Requires less than 10 minutes to administer
◊ Has acceptable reliability and validity

What it measures

The Chronic Disease Self-efficacy Scale (CDSES) measures an individual’s belief that they can manage their chronic condition. It is a 32-item scale that covers several domains that are common across many chronic diseases: symptom control, role function, emotional functioning and communicating with physicians.

How it is scored and what the score means

The CDSES is a self-administered questionnaire where a patient rates their confidence in doing certain activities, on a 10-point scale (1-10), with 1 as “not at all confident” and 10 with “totally confident.” The score for each item is the number circled. If two consecutive numbers are circled, the lower number is coded (less self-efficacy). If the numbers are not consecutive, the item is not scored. The score for each scale is the mean of the items. The following guidelines in scoring are observed if there are missing items:

For scales with 1-2 items, not scored if any item is missing
For scales with 3-4 items, not scored if more one item is missing
For scales with 5-6 items, not scored if more than 2 items are missing

Higher scores indicate greater self-efficacy.

References:


Please refer to page 62 of the Chronic Disease Outcomes Calculator user manual for a copy of the CDSES.