The Australian Universities Radiation Therapy Student Clinical Assessment Form Project

ICAHE staff were instrumental in the development and implementation of a national approach to clinical assessment in radiation therapy as part of a federally funded 2 phase project from 2008-2011.

Radiation therapy (RT) undergraduate and postgraduate programs are conducted at six Australian universities. Not all states have a Radiation Therapy program, and RT students from each university often travel interstate for clinical placements. This is a process that has been supported by the Department of Health and Ageing in recent years as a means of providing future staff to these centres. When interstate centres received students from different universities they had to use a different placement assessment tool. This was so often confusing for clinical supervisors at these centres, with the need to constantly adjust to the different assessment forms and requirements of each university.

A degree of commonality was identified by the RT program coordinators group in clinical assessment forms that were in use by each of the universities. It was felt that sufficient commonality existed amongst the clinical assessment forms to develop a nationally standardised assessment form.

It was therefore proposed by this group that a nationally standardised clinical assessment form be developed for use by all Australian RT students during clinical placement. An external contractor (ICAHE) was sought to collate the forms currently in use, further identify commonality between each universities assessment tools and assist in the development of a standardised clinical assessment tool. Further to this ICAHE assisted with piloting the new assessment form and it was successfully implemented nationally in 2011.

Eileen Giles

ACT Health extended scope physiotherapy: “perspectives matter” what our stakeholders really think...

ICAHE, ACT health and the University of Canberra have developed a poster for display at the International Allied Health Conference in Edinburgh, Scotland.

The poster is about the perspectives of seven key stakeholders (the Government allied health advisor; a Physiotherapy department manager; an Orthopaedic surgeon and Rheumatologist; the Chief Pharmacist; the Professor of the University physiotherapy school; a Pharmacology lecturer; and the ESP physiotherapist-in-training) of the ACT Health Extended Scope Physiotherapy project.

We asked them the same core questions:

1. What are your perspectives on the initiative?
2. What were/are the main barriers you experienced in your role as a project stakeholder and ways to overcome them?
3. What issues occurred that you did not anticipate?

Additional specific role/task questions were then asked to better understand each stakeholder’s specific involvement in, and concerns about, the workforce initiative. We then thematically analysed the information we received for common themes. Commonality across themes was

Continued page 2...
mapped, and contextual differences in common themes explored. Over-time changes in the workforce initiative, how initial concerns had been addressed over time, and new concerns arising were also considered. Challenges for the future were identified.

Jo Morris

Oct 2013 Bulletin from Chief Allied & Scientific Health Advisor Catherine Turnbull

South Australian Allied Health

Although it has been several years since we have contributed to the iCAHE newsletter, we are very pleased to say that the ongoing partnership and relationship between iCAHE and SA Health has flourished.

During this time we are thrilled to see the establishment of over 43 allied health journal clubs attended by 400 AHPs across SA Health. A journal club consists of a group of allied health professionals who meet regularly to discuss and critically evaluate research articles and then relate relevance and appropriateness for their clinical practice. With iCAHE training, guidance and ongoing support allied health professionals have been assisted with the development of appropriate PICO or PECOT questions, data-base searching and critical appraisal of research articles against the NHMRC hierarchy of evidence.

This partnership has given SA Health AHPs a chance to undertake a workplace based clinical audit process on behalf of their department, clinical service or advisory group with research support. AHPs have been provided with opportunities to extend their skills through access to the iCAHE website and Clinical Guideline Clearing House, training in evidence based practice, journal club participation, Master classes and mentoring for staff publications. This approach supports our highly skilled clinicians to move into research and publication arenas to influence service delivery design, along with assessment and treatment tools.

However more still needs to be done. It is more crucial than ever to ensure that our clinical practice is based on the best available evidence and that the clinical effectiveness of allied health services is measured and evaluated. The recent SA Government McCann Review (2012) which evaluated non-hospital based services for effectiveness and efficiency highlighted that services that were unable to measure and demonstrate clinical effectiveness were placed in a compromising position.

In my experience iCAHE is keen to work broadly and with all professions including those such as Social Work, Speech Pathology, Audiology, Exercise Physiology, Psychology, and Orthotics and Prosthetics who fall outside UniSA Division of Health Sciences. I would strongly encourage any allied health professions or professionals who are daunted by evidence based practice to make contact with iCAHE to assist in starting this wonderful journey. Until next time....

Catherine Turnbull

Clinical practice guidelines are valuable tools that can help inform clinical practice and improve quality of care. Developing high-quality guidelines requires a stringent and structured systematic approach. Dissemination of new clinical guidelines can be problematic due to lack of acknowledgment of their existence by their intended users e.g. healthcare professionals. The iCAHE guidelines corner aims to bring new guidelines to the attention of their intended users.

This month’s featured guideline is titled ‘Clinical Practice Guidelines for the Management of Rotator Cuff Syndrome in the Workplace’. Shoulder injuries within the workplace are common and often require a long period of rehabilitation. The costs of rehabilitation are compounded by a significant loss of work time and productivity.

The guidelines scored 13 out of 14 on the iCAHE guideline quality checklist. These high-quality clinical guidelines are an important resource for those involved in the assessment and treatment of shoulder injuries in the workplace. The guideline’s evidence-based recommendations and easy to follow flowcharts enhance clinical decision-making and may assist with quicker return to work. For a detailed checklist score and information on where to download these guidelines, visit the iCAHE Guideline clearinghouse page http://www.unisa.edu.au/Research/Sansom-Institute-for-Health-Research/Research-at-the-Sansom/Research-Concentrations/Allied-Health-Evidence/Resources/GuidelineCH/Featured-Guideline/
Before I started the PhD journey, I asked people around about how it would be to do a PhD and they said different things – many thought it was challenging, others said they hated it, and quite a few felt that doing a PhD was one of the best decisions they ever made. A friend of mine told me that I would never understand what it is like until I do it. Now that I have completed my PhD I realised I would never have comprehended what it would feel like without going through the experience firsthand.

As one of my supervisors had told me, PhD is not about obtaining the outcome but it is the process of getting there. It is much more than academic learning and acquiring the technical skills in your area of interest. For me PhD was about gaining a sense of confidence and creativity, experiencing problems and then solving them, and rising above frustrations and disappointments. It completely changed the way I think and process information, and allowed me to grow more than I ever thought possible. The path to a successful PhD completion was not always smooth but the journey was definitely one of my best experiences in life. It was truly a rewarding experience!

Thanks to my excellent supervisory team – Prof Karen Grimmer, Dr Saravana Kumar and Prof Alan Crockett – for making it an invaluable and enjoyable experience.

Let me share to you a glimpse of my research...

**Background and objective:** Despite the recognition that evidence-based practice (EBP) is important the uptake of research evidence into clinical practice remains to be an ongoing challenge for many allied health practitioners (AHPs). The studies which investigated the effectiveness of strategies to promote EBP in allied health have shown either modest or no effects. One of the many reasons for this could be the failure to systematically account for factors that influence individual AHPs’ uptake of research evidence. The use journal clubs (JCs) has been widely reported as a popular approach to facilitating EBP. The objective of this research was to explore the individual determinants of evidence uptake in allied health using a structured journal club (iCAHE JC) as a medium.

**Methods:** This research was undertaken in two phases – phase one consisted of a qualitative descriptive study and a systematic review, which informed the implementation of iCAHE JC, and data collection and analysis in phase two, a pre-post study. **Results:** The qualitative descriptive study indicated that AHPs perceived JCs as a useful venue for keeping up-to-date with research evidence, reflective practice and learning of critical appraisal. A structured model such as iCAHE model was acceptable to AHPs; however, opportunities for its refinement were identified which then shaped the implementation of iCAHE JC in the pre-post study. The systematic review found that academic qualification, involvement in research/EBP-related activities, and practitioners’ attitudes are significant predictors of individual EBP uptake. The pre-post study revealed variability in EBP knowledge, attitude and uptake across allied health disciplines following iCAHE JC exposure. None of the individual practitioner characteristics determined the improvement in objective knowledge. The change in self-reported knowledge, attitude and evidence uptake, however, was influenced by the individual’s discipline, academic background, previous EBP training and research involvement, and JC attendance. **Conclusion:** The findings highlight the importance of examining the individual characteristics of AHPs along with organisational and contextual factors when designing EBP interventions. An EBP intervention is likely to be successful if a systematic assessment of the barriers at different levels (i.e. individual, organisational, contextual level) informs the choice of evidence implementation strategy. When lack of knowledge and skills, and limited access to evidence sources are reported as barriers to evidence uptake, they can be effectively addressed by running a structured JC such as the iCAHE model. In instances when barriers other than lack of knowledge exist, more than one approach may be required. Future research should examine the impact of integrating the iCAHE JC with other approaches targeted at different levels in promoting evidence uptake.

Dr Lucyllynn Lizarondo


Guerin, M., Grimmer, K., Kumar, S. Community services’ involvement in the discharge of older adults from hospital into the community. *International Journal of Integrated Care*, North America, 13, Sep. 2013. [Link](http://www.ijic.org/)

Two students from the University of South Australia Masters of Musculoskeletal and Sports Physiotherapy summer school class (Allied Health Evidence Based theory and Practice) have recently received acceptance for their final project; a systematic review. While all students are expected to submit a systematic review to a journal, not all of these are accepted, and many are not accepted by their first choice. So congratulations are indeed in order for Natalie Tyson and Jeroen Peters, for achieving their publication goals so quickly!


**What’s happening in the world of AH**

Health Workforce Australia’s 2013 conference, *Skilled and Flexible – The health workforce for Australia’s future*. This year’s conference explores new and exciting opportunities for reform, bringing together local and international leaders sharing their best practices, knowledge and expertise in workforce innovation. For more information and to register, go to: [Link](http://www.cvent.com/events/health-workforce-australia-2013-conference/event-summary-030743f1b38b47d4b3ff8eeec9b6fb937.aspx)

The 2013 World Congress on Integrated Care (WCIC 2013) will feature an array of keynote and plenary speakers who will address the urgency of care integration as a means to transform healthcare systems to better deliver cost-effective health care. For information on the conference, go to: [Link](http://www.integratedcareconference.sg/programme-glance/)
Outcome Measure Corner: Pain Self-efficacy Questionnaire

Scale: Pain Self-efficacy Questionnaire

◊ Self-administered
◊ Measures self-efficacy beliefs in people with chronic pain
◊ Has acceptable reliability and validity

What it measures

The Pain Self-efficacy Questionnaire (PSEQ) is a 10-item Likert-type questionnaire, designed specifically for chronic pain, where patients are asked to rate their confidence in performing activities despite the presence of pain.

How it is scored and what the score means

The patient rates the 10-item scale with scoring options from 0 (not at all) to 6 (extremely/could not have been worse). The score is calculated by summing the scores for each of the 10 items. PSEQ produces a total score ranging from 0-60. There is directional scoring – the higher the scores, the stronger self-efficacy beliefs.

References:


Please refer to page 77 of the Chronic Disease Outcomes Calculator user manual for a copy of the PSEQ.