 Winners of the 2013 ACT Quality in Healthcare Awards

iCAHE wins ACT Quality in Healthcare Awards, for the innovation section and the overall award. iCAHE researchers have been working with the Officer for the Allied Health Adviser in the ACT since 2008 to underpin the Extended Scope of Allied Health Practice project. Most current iCAHE staff had a role in conducting systematic reviews of the literature, and/or evaluating project pilot data. The ACT Health team (including Karen Murphy, Jo Morris, Lisa Gilmore, Katie Vine and Gordon Waddington) and the iCAHE team won these ACT quality awards not only for the workforce innovation of the extended scope practice project, but also for the significant impact this project had on patient flow, costs and health outcomes.

The International Centre for Allied Health Evidence (iCAHE), in partnership with Stellenbosch University and the South African Cochrane Centre and Health Systems Research Unit, has been awarded a prestigious South African Medical Research Council (MRC) Flagship Grant (2014-2017) to undertake Project SAGE: South African Guidelines Excellence. Project SAGE will ‘provide an innovative leadership plan to apply relevant clinical practice guidelines efficiently and effectively, to improve outcomes within primary health care’. The Project SAGE team will produce a model of clinical guidelines development, implementation and capacity building that can be applied in South Africa and globally, with priority given to addressing the needs of developing countries.

The International Centre for Allied Health Evidence (iCAHE) last month signed an agreement with the Health Consumers Alliance of South Australia (HCA) ‘to work together to promote and support the engagement of consumers in research and dissemination of research evidence for the best benefit of consumers and the wider community. The agreement states, in part: ‘HCA and iCAHE agree that consumers should be at the heart of health care. This means consumers should also be integral to the design, conduct and recommendations of health care research and the translation of best practice into evidence’. For this reason, HCA and iCAHE have committed to work together in the areas of research; education; information dissemination; advocacy; and partnerships. This partnership reflects the critical role of consumers in the design, implementation an evaluation of evidence-based health care.

Karen Grimmer

In November 2013, Steve Milanese was invited by Professor Narasimman Swaminathan to the Father Muller Medical College, Mangalore, India to present a three day workshop on the Maitland approach to manual therapy. The workshop was attended by 32 delegates, including local postgraduate students, faculty staff, students from a Malaysian university and faculty members from other local university programs. During this visit he also took the opportunity to present lectures on the use of electro-physical agents and Evidence based practice for third and fourth year physiotherapy students, and assessed and treated patients with the postgraduate musculoskeletal physiotherapy students. The Father Muller Medical College is as-
Dec 2013 Bulletin from Chief Allied & Scientific Health Advisor, Catherine Turnbull

South Australian Allied Health.

Well it’s hard to believe that we are nearing the end of another year that once again, has been very productive.

Allied health professions (AHP) in SA Health have continued to be provided support to undertake professional development through the AHP+ program. AHPs have also enrolled in the SA Health AHP Clinical Audit program with 10 clinicians receiving the opportunity to undertake a project supported by iCAHE to enable publication of project outcomes next year.

The electronic health record for SA Health, EPAS, has started up in five sites with Port Augusta Health Services going live on 15 December 2013 and others then rolling out in 2014. AHPs have been involved in the development of the structured note for patient progress note entry. This development has included examining the recording and measuring of client goals and outcomes, entering AH clinical activity data at the point of progress note entry and finally the reporting requirements for AH data sets. ICAHE is doing further work in 2014 on process and outcome measures to inform linkages through EPAS to clinical decision making.

ASHO is also leading and AHPs are participating in the development of SA Health’s Clinical Placement Framework which aims to enhance processes and partnerships between health care organisations and tertiary sectors to ensure the ongoing training for our future workforce.

We have recently celebrated the inaugural signing of the Health Consumers Alliance agreement with iCAHE, which further aims to identify and embed the benefit and models of consumer participation as a critical component to evidence based allied health practice. It is wonderful to see the culmination of the commitment and hard work of all to improve health care services and health outcomes for consumers and this, in-conjunction with other joint SA Health and iCAHE initiatives, demonstrates a level of maturity of our successful partnership. Looking forward to 2014, we are very excited to be working jointly with iCAHE on a range of programs and research to assist AH clinicians, managers, policy makers and consumer representatives in the application of EBP and to develop the body of evidence for allied health practice.

Projects include:

◊ Further develop and tailor EBP training programs using iCAHE’s recently completed research findings to learn about, debate, contribute and apply research evidence to relevant allied health practice. This includes continuing to improve and support the EBP Journal Clubs throughout SA Health.

◊ Provide opportunities to learn skills, as relevant, in research methodologies, health economics, data analysis, systematic reviewing and outcome measuring through ongoing commitment to the Masterclass series.

◊ Provide clinicians with comprehensive updated, freely available resources to Clinical Guidelines Clearing House and outcome measures including psychometric properties, scoring, clinical significance and clinical application through the use of the iCAHE Outcomes Calculator.

◊ Develop and evaluate a model for performance evaluation of allied health clinical services across South Australia (SA). This project will establish a blueprint that will assist in building capacity in, and providing ongoing support to, SA Health AHPs to allow them to understand their interventions, outcomes and client goals against service plans, aims and capacity.

So again it is looking like a busy exciting year ahead.

Wishing you all a very happy and safe festive period. Until 2014.....

Catherine Turnbull.

Dr Julie Walters on her successful winning of an HWA fellowship grant “Expanding private practice clinical placement opportunities in physiotherapy.” Synopsis: In order to ensure work-ready graduates, challenging and robust placements...

Continued page 3.....
are needed throughout a health professionals’ training. Over the past decade, the number of allied health students has exploded, and as a result, providing sufficient, high-quality clinical placement opportunities is becoming increasingly difficult. In addition to providing sufficient placement time to ensure clinical competency, educational institutions also need to consider work-readiness of graduates relative to their likely place of employment following graduation. There has been, and continues to be, an increasing shift in employment profile of physiotherapists from the public to the private sector, but the clinical placement profile of physiotherapy students has not shifted in line with this trend. Therefore, the current state of affairs suggests that not only are educational institutions struggling to provide adequate placement time but also that the location of those placement hours may not accurately reflect the physiotherapy workforce. This research aims to rectify that imbalance and tap into a largely unexploited avenue for clinical placements by determining why private practitioners have, thus far, largely failed to engage in the provision of student placements.

**Helen Banwell** won the best researcher paper for her conference presentation on “*The prescription of custom foot orthoses for adults with symptomatic flexible pes planus. A Delphi survey.*”

At the same conference **Dr Sara Jones** was inducted into the podiatry hall of fame for her work in education and indigenous health.

**Dr Julie Luker** won a University of Melbourne grant to commence work on research “Evidence-based interventions to implement early rehabilitation after acute stroke”.

Bachelor of Physiotherapy student **Minakshi Sharma** has been awarded a Sansom Institute Vacation Scholarship to work with **Dr Steve Milanese** on a project titled “Returning to work after childbirth: From the perspective of women working at an Australian University”.

**Phoebe Steinfeld** who has just completed the University of South Australia’s Bachelor of Physiotherapy (Honours) degree has been awarded a Sansom Institute Vacation Scholarship to work with **Dr Maureen McEvoy** on a project titled “Changes in evidence-based practice (EBP) profile and actual knowledge after three evidence-based practice courses in entry level physiotherapy students”.

**iCAHE…. Our people….**

**Dr Kylie Johnston** travelled to India in October and spent 3 days at the Father Muller Medical Centre (FMMC) in Mangalore at the invitation of Narasimman Swaminathan (Vice Dean of FMMC and Head of Physiotherapy), meeting with physiotherapy staff and teaching faculty, undergraduate and post graduate students of FMMC. Kylie and Narasimman then travelled to Chennai for the STRIDE 2013 physiotherapy conference organised by Saveetha University, Chennai, where they led a one day pre-conference workshop and gave invited presentations at the meeting.

**Dr Saravana Kumar** travelled to Toowoomba this week to undertake training with allied health and other health professionals.

**Dr Saravana Kumar** presented at the Health Workforce Australia (HWA) 2013 Conference in Adelaide on 18 November on the topic of “Are assistants a solution to our workforce shortages?”

**iCAHE Director Professor Karen Grimmer** and Research Associate **Ms Debra Kay** are travelling to South Africa this week to continue iCAHE’s involvement in South African guideline development and implementation.

Two iCAHE staff, **Julie Luker** and **Angela Berndt**, attended the first Optimising Health Environments Forum run by the Florey Neurosciences Institutes in Melbourne. This multi-disciplinary event brought together individuals interested in the study and practice of improving health environments including health researchers, rehabilitation clinicians, architects, interior designers and behavioural scientists. This inspiring event presented recent work on enriching environments to promote neuroplasticity and functional rehabilitation, designing health-promoting hospitals, good design to promote way-finding in complex hospital buildings, and changing clinicians’ behaviours through environmental change. The program included generous discussion time and helped people to connect with others working on the same health issues but for another perspective. Further forums on this theme are planned for the future.

**Ryan Causby** recently presented a poster at the World Podiatry Congress in Italy titled ‘Self-Efficacy, Motivation and Anxiety in Novice Podiatry Students’.

**Ryan Causby** also gave an oral presentation titled ‘Teaching Psychomotor Skills to Podiatry Students’.
In 2007, iCAHE in collaboration with the South Australian Department of Health, commenced the organisation of structured journal clubs (JC) across selected metropolitan and country allied health-care sites in South Australia. The aim was to provide a sustainable way of keeping allied health practitioners informed of the current best evidence, and to ultimately promote the uptake of research evidence into clinical practice.

What started as an experiment, with six pilot groups—a mix of multidisciplinary and discipline-specific, has now grown into over 30 journal clubs in South Australia, including clubs which commenced following the recent workshop held on the 29th November 2013. The recently held training day was a great success, providing valuable feedback for the Journal Clubs future directions.

The current iCAHE clubs have been involved from as recent as November, with some running for up to six years. These clubs involve physiotherapy, occupational therapy, speech therapy, social work, psychology, podiatry, pharmacy, nutrition/dietetics, radiation therapy and audiology groups. With a growing number of JCs, the collection of critically appraised papers on a wide range of topics that are freely accessible on the iCAHE website are increasing, please take a look at the iCAHE critical appraisal library.

Continued page 5....
Positions available for new Journal Clubs in 2014!!!

It is proposed that in early 2014 facilitator training workshops will be held to support new Journal Clubs. Please keep checking the iCAHE webpage for details and contact Olivia Thorpe if you are interested in starting a Journal Club in 2014 and would like to attend the workshop.

Olivia Thorpe

**iCAHE...Guidelines corner...**

Allied health professionals encounter a diverse spectrum of clinical conditions. Some conditions are relatively easy to recognise and treat and others are more pervasive. Chronic fatigue syndrome, also known as myalgic encephalomyelitis, is a relatively common condition that is difficult to diagnose and treat. It is characterised by debilitating fatigue that can be triggered by minimal activity. The symptoms of chronic fatigue syndrome vary between individuals and can include fatigue, malaise, headaches, sleep disturbances, difficulties with concentration and muscle pain. Intensity and severity often fluctuate. These unusual symptoms can affect many aspects of a patient’s life and in some cases can be debilitating. Therefore it is important that patients and clinicians are aware of the latest research and recommendations for this condition.

To help clinicians and patients understand and manage chronic fatigue syndrome, iCAHE has appraised the methodological quality of three clinical guidelines that relate to the assessment and management of this condition. The developers of these guidelines are the Royal Australasian College of Physicians, National Collaborating Centre for Primary Care, and the International Association for Chronic Fatigue Syndrome/Myalgic Encephalomyelitis. The iCAHE clinical guideline checklist score is designed to be quickly administered by clinicians, patients or researchers. The score provides an indication of the underlying scientific processes that underpin the guideline’s recommendations. The iCAHE checklist scores for each guideline were 8/14, 13/14 and 5/14 respectively. We encourage all readers with a clinical or personal interest in this condition to download these guidelines, along with the iCAHE checklist from the iCAHE website.

**iCAHE...Training Workshops....**

In late November 2013, I travelled to Toowoomba (also called “The Garden City”) in South-East Queensland to undertake two training workshops. Toowoomba is a lovely city, with many beautiful and lush gardens, and is the provincial capital of the Darling Downs. The workshops were organised by the Cunningham Centre, which is Queensland Health’s largest and most established Registered Training Organisation (http://www.health.qld.gov.au/cunninghamcentre/).

iCAHE has a long and well established relationship with Queensland Health stakeholders, having undertaken a number of evaluation and systematic review initiatives.

The first workshop was “Writing for Publication” which focused on developing the knowledge and skills in order to be an effective and efficient communicator of the written word. In this interactive workshop, participants engaged with me on the structures and processes that are required to convert an idea into a publication. Participants drew from their personal experiences, such as undertaking higher degree studies to conducting and reporting on program evaluations, and the perils and pitfalls on poorly planned publications. There were mutual sharing of stories about “interesting” reviewers comments and how best to respond (or not) to these comments.

The second workshop was titled “Evaluation” which focused on developing knowledge and skills to recognise, plan, develop and implement bespoke evaluations. In this interactive workshop, I introduced the complexity of health service projects and a step by step guide to best practice evaluation. Participants reflected on their own experiences of what worked, what didn’t work and key learnings were discussed. Given the significant amount of work being undertaken as part of program evaluations, I encouraged participants to disseminate these findings broadly through diverse means (websites, conference presentations, publications etc).

Undertaking these workshops highlighted the wealth of high quality health services research currently being undertaken at many local health services. These initiatives are driven by passionate and committed individuals who need ongoing assistance and support, and iCAHE will continue to work closely with the Cunningham Centre moving forward.

If you and/or your organisation have any specific training needs, please do not hesitate to contact iCAHE, or me directly. (Saravana.Kumar@unisa.edu.au)

Saravana Kumar
Outcome Measure Corner: Community Integration Measure

Scale:
- Community Integration Measure
  - Self-administered
  - Measures community integration
  - Has acceptable reliability and validity

How it is scored and what the score means:
Clients are asked to indicate whether or not they agree to the statements, using a 5 point scale with 1 = “always disagree” and 5 = “always agree.” The single summary score is the unweighted sum of the 10 items, ranging from 10-50.

What it measures:
The Community Integration Measure (CIM) is a 10-item client-centered measure of community integration that uses the words of the participants themselves, and makes no assumptions about the relative importance of particular activities or relationships. It requires basic literacy level and can be easily administered in 3-5 minutes.

References:

Please refer to page 74 of the Neurological Conditions Outcomes Calculator user manual for a copy of the CIM.