International Centre for Allied Health Evidence

University of South Australia

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iCAHE

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*i*CAHE JC Critical Appraisal Summary

Journal Club Details

Journal Club location	**FMC – Occupational Therapy**
JC Facilitator	**Emily Downie**
JC Discipline	**Occupational Therapy**
CAT completed by:	**MC**

Question

Not included

Review Question/PICO/PACO

P:

I:

O:

Article/Paper

Howlett, O., McKinstry, C. and Lannin, N.A., 2018. Using functional electrical stimulation with stroke survivors: A survey of Victorian occupational therapists and physiotherapists. *Australian occupational therapy journal*, *65*(4), pp.306-313.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the DOHSA librarian.

Article Methodology:

Cross-sectional cohort study

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Ques No.	Yes	Can't Tell	No	Comments
1	✓			**Did the study address a clearly focused issue?** The purpose of this study was to understand the use of FES in clinical practice. Reasons for the use of FES and potential variables that influence decision-making were also investigated. *Worthwhile to note that the authors did not specifically identify a population in their aim. Although focused on patients in stroke rehab, the question did not specify stage of rehab.*
2	✓			**Did the authors use an appropriate method to answer their question?** Cross-sectional study of Victorian allied health clinicians, using a snowball recruitment method. Ninetyseven eligible therapists completed the anonymous online survey. Data were analysed using frequency distributions. *Cross-sectional study will only give specific, environmental perspective of use of FES. This method is incapable of giving a larger perspective of use of FES within OT and physiotherapy.* **Is it worth continuing?** Yes
3	✓			**Was the cohort recruited in an acceptable way?** Occupational therapists and physiotherapists were recruited by post, email and social media. The postal addresses of health services were obtained from the Victorian Department of Human Services and the Australian Medical Association's web sites (Australian Medical Association, 2016; Victorian State Government, 2014a,b).
4	✓			**Was the exposure accurately measured to minimize bias?** The mean years of working with stroke survivors was of 6.4 with a range of 0.5–30 years. Of the ninety-seven participants, 80 (82%) had undertaken some form of education to learn to use FES, with 51 being occupational therapists, 27 physiotherapists and two allied health assistants. *I.E. what effect does experience or training in FES have on the use of FES by physios or OTs? Table 2 details use of FES and years of experience with stroke survivors.*
5	✓			**Was the outcome accurately measured to minimize bias?** To validate the overall survey and individual survey questions, the survey was piloted with six clinicians through an iterative process of survey completion and cognitive interviewing. Full details of the designing and piloting of the survey is published elsewhere (Howlett, McKinstry & Lannin, 2018). *The above mentioned article has not been reviewed but reference to it does demonstrate that the authors of this article (the article reviewed for this journal club) have considered the need for the survey to accurately obtain the use of FES by OTs and physiotherapists.*

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6	✓			**Have the authors identified all important confounding factors?** To better understand why there is variability in use of FES between different therapists, future implementation studies should explore the effect of clinician clinical experience and undergraduate training on FES use. **Have they taken account of the confounding factors in the design and/or analysis?** Yes, the discussion section identifies the role experience and training, geographical location and exposure to evidence has on the prevalence of FES use within OTs and physios.
7		N/A		**Was the follow up of subjects complete enough?**
8				**What are the results of this study?** We identified that Victorian clinicians are using FES in practice although its use varies depending on the healthcare setting, geographical location, professional discipline, clinical experience and prior access to education. Future research needs to identify and understand the factors that enable and impede the use of FES in clinical practice. Due to the differences in uptake of FES use between occupational therapists and physiotherapists, identification of barriers and enablers relating to the use of FES in practice for each professional group is recommended. Although clinical guidelines encourage the use of FES, the study findings indicate that the intervention is not necessarily being widely practised. The reasons for the non-implementation of the guidelines are not fully understood. *Of note, the authors do not look to make an overarching summary of FES use (as had been indicated by the study's research aim), but instead only refers to Victorian clinicians. Appropriately, the authors acknowledge this limitation of their survey.*
9		N/A		**How precise are the results?** N/A
10				**Do you believe the results?**
11				**Can the results be applied to the local population? Choose relevant context issues. The following are only suggestions to prompt discussion.** **CONTEXT ASSESSMENT** – *Infrastructure* – *Available workforce (? Need for substitute workforce?)* – *Patient characteristics* – *Training and upskilling, accreditation, recognition* – *Ready access to information sources* – *Legislative, financial & systems support* – *Health service system, referral processes and decision-makers* – *Communication* – *Best ways of presenting information to different end-users* – *Availability of relevant equipment* – *Cultural acceptability of recommendations* – *Others*

Journal Club to discuss

12		**Were all important outcomes considered?**
13		**Are the benefits worth the harms and costs?**
14		**What do the study findings mean to practice (i.e. clinical practice, systems or processes)?**
15		**What are your next steps?** ***ADOPT, CONTEXTUALISE, ADAPT*** **And then (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.)**
16		**What is required to implement these next steps?**

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