

ALLIED HEALTH  
RESEARCH NEWS

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## Congratulations to our recent PhD graduates!



### A Research Newsletter for Allied Health Clinicians

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**Want to learn more  
about the Allied  
Health Clinical  
Research Office?**

Visit our [EH Intranet Page](#)

Congratulations to our two recent graduates Dr Lyndon Hawke and Dr Made Rimayanti on the successful submission of their PhDs and attaining their Doctor of Philosophy degrees on the 15th May. Over the last 3 years, both Lyndon and Made have been an integral part of the AHCRO team, achieving work in the areas of 'Increasing physical activity after hip and knee arthroplasty' and 'Motivational Interviewing to Improve Mobility after Hip Fracture' respectively. **Read more about the skills and work achieved through their PhD journey and where they are now on Page 2.** —>



### NHMRC investigator grant success

Congratulations to Dr Amy Dennett who received a prestigious and highly competitive NHMRC Investigator Grant. Investigator Grants provide salary support and research funding over 5 years, which will enable Amy to continue her research on embedding exercise and cancer rehabilitation into standard care. This is a fantastic outcome for Amy, and will continue to place Eastern Health at the centre of world leading research in oncology rehabilitation.



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## Congratulations to our recent PhD graduates

### Dr Lyndon Hawke

Lyndon's PhD thesis is titled '**Increasing physical activity after hip and knee arthroplasty**'. His PhD was supported by the Centre of Research Excellence (CRE) in Total Joint Replacement located at St Vincent's Hospital. Lyndon investigated why physical activity remains low after hip or knee replacement, despite good surgical outcomes improving knee function. He found patients lack knowledge about physical activity and that rehabilitation programs focus on the impaired joint rather than rehabilitating the whole person. His thesis proposes a new model of rehabilitation to increase long-term physical activity and improve health

outcomes after joint replacement. Aspects of this model are currently being evaluated for effectiveness at Eastern Health. During his PhD, Lyndon won awards in the La Trobe University 3-Minute Thesis competition and for conference poster presentations.

Lyndon has used the research skills acquired during his PhD to further knowledge in several diverse and important areas. He has contributed to other research projects on motivational interviewing to improve health outcomes for people with metabolic syndrome, the effectiveness of a mentored gym program for autistic young adults, the frequency of BPPV in people attending falls clinics, physical



activity among Australian CALD communities, optimising the assessment of greater trochanteric pain syndrome and identifying gender differences affecting willingness to participate in clinical trials.

*Congratulations Lyndon!*

### Dr Made Rimayanti



Made's PhD thesis is titled '**Process Evaluation of a Randomised Controlled Trial using Motivational Interviewing to Improve Mobility after Hip Fracture**'.

After a hip fracture, many people don't walk as much as they used to, which could be caused by lack of confidence. Made's PhD is affiliated with a trial (MIHip) conducted at Eastern Health which explored whether a behaviour change intervention called motivational interviewing can improve walking after hip fracture. As part of her PhD, she evaluated how, for whom, and under what circumstances motivational interviewing can improve mobility after hip fracture. She found that therapeutic connection is vital to improve people's confidence to walk. Her research has pragmatic implications for motivational interviewing in clinical practice, particularly in addressing multi-

factorial aspect of hip fracture recovery.

During her PhD, Made has participated in several international conferences, such as the 6th International Conference on Motivational Interviewing and the Fragility Fracture Network Global Congress 2022. Made also won the 2021 award for 3-Minute Thesis at La Trobe University level. Currently, she's working on another Eastern Health project exploring the feasibility of implementing a psychosocial intervention to support community reintegration after a hip fracture, alongside her role as an addiction counsellor in a community health centre in Eastern Melbourne.

*Congratulations Made!*



# Eastern Health Allied Health shaping statewide policy in managing demand for community health services

**Active, data-driven, demand management is critical to ensure consumers get access to the right care at the right time.**

In May 2023 the Department of Health released the [Community Health Demand Management Toolkit](#) following consultation with the community health sector. The Toolkit is a practical and flexible resource designed to support Community Health services to deliver services effectively by considering access and demand management across the consumer journey.

The Toolkit moves away from the approach of its predecessor, the Victorian Community health Demand management Framework, which had a strong emphasis on triage tools as the primary control for accessing services. Instead, the new framework was designed using evidence-based strategies for managing health service demand across the continuum from referral to assessment, treatment and discharge. The framework particularly draws on the STAT Model developed by a research team led

by our very own **Katherine Harding, Nick Taylor and Annie Lewis.**

Subsequently, the Allied Health Clinical Research Office at Eastern Health was commissioned by the Department of Health to deliver training to assist Victorian community health services to develop strategies to address their waitlists aligned with the new Toolkit. They took on a project manager (Kellie Angel) and a project support officer (Rosie Harris) to help implement the project.

Five workshops have been delivered so far to over 120 people across 32 different community health services across Victoria. A new suite of online resources (see below) has been developed, including an online community of practice. The project also includes a “audit Assist” service, in which participating services can apply to have someone come and assist with waitlist audits as a strategy to help reduce existing backlogs in preparation for service redesign. Five of these services have taken up this opportunity to date.

Over the next 3 years, PhD student **Kate Noeske** will evaluate the impact of the project using the RE-AIM framework. She will lead a series of studies looking at the *reach* of the project, whether it has been *effective* reducing waiting lists, the processes, barriers and facilitators associated with *implementing* the strategies, the extent to which the strategies are *adopted* by community health services, and whether benefits can be *maintained* over time.

Opportunities to implement research findings at this scale, with an accompanying opportunity for rigorous evaluation are rare. This is a terrific outcome for a body of work that was initiated and developed at Eastern Health with La Trobe University as one of our key university partnerships. There is great satisfaction for the team in contributing to timely and equitable access to treatment for better health outcomes across the state.

## STAT

Specific Timely  
Assessment and  
Triage

User: Not logged in

Ask  
STAT Chat

Home

What is STAT?

STAT Handbook

The evidence

Attend a workshop

STAT stories

Community of practice

Contact us

## Reduce your health service waiting times



### The STAT Model

Health services have come a long way in the last century. We have all kinds of ways to treat an enormous array of conditions, and support people to live longer and healthier lives. Many of the services providing this care don't require an ambulance or a hospital bed, but can be provided in the community or through a visit to an outpatient department.

Unfortunately, many of these outpatient and community services are under constant pressure to meet the needs of their population. Long waiting lists lead to worsening of health conditions, disengagement with services, anxiety and reduced participation in the community.

New suite of online resources at  
[www.thestatmodel.com](http://www.thestatmodel.com)

# Allied Health researchers taking the plunge

## “Stepping into Research” Allied Health Research Training Scheme

**Congratulations to 2024’s incoming class of Stepping into Research.**

This program is a unique opportunity offered by the EH Allied Health Research Office where clinicians are provided with training and a mentor to write a systematic review. The program was developed at EH in 2009 and has seen 4 in 10 clinicians go on to publish their work, and 1 in 10 enrol in higher degrees. The program has been since developed as a “train the trainer” scheme with several Victorian health services now running the program. Welcome to following participants who are taking the plunge in this year’s program:

Participant	Discipline	Topic of interest
Kimberly Ang	Dietetics	Perioperative dietary intervention for colorectal surgical patients
Melissa Mason	Occupational therapy	Non-pharmacological interventions for UL tremor in Parkinson’s Disease
Carrie McCallum	Occupational therapy	Group-based intervention for occupational performance in multiple sclerosis
Sam Maleki	Pharmacy	Multi-disciplinary management and de-prescribing for older patients with cancer
Royston-Luke Huang	Podiatry	Interventions to enhance the care of patients with diabetic foot ulcers
Helena Ang	Physiotherapy	Outcomes of different intensity of training in community-dwelling stroke survivors
Judy Bottrell	Physiotherapy	Interventions for the management of lateral patella dislocations
Natole Jasonides	Physiotherapy	Effect of programs supporting Transition to Specialty Practice
Karen Teh	Radiography	Patient flow strategies to enhance timely access to medical imaging
Rosannah Garvie	Social Work	Reducing perpetration of family violence by adults with mental illness
Della O’Brien	Speech	Therapeutic oral trials in adults with oropharyngeal dysphagia

## Stepping into Research goes international

For the first time, the Stepping into Research Allied Health Training Scheme has been delivered internationally at Prince of Songkla University and Walailak University, Thailand.

Over the next few months, Prof Nick Taylor will be conducting a series of online workshops to 4 pairs of clinical researchers with the aim of supporting allied health professionals in Thailand to conduct and write up a systematic review. Each participant has been working with a colleague, providing each other with peer mentoring. The program is now well underway, with 3 out of 4 workshops completed.



## Researcher Spotlight: Liz Wintle

Liz Wintle is a senior clinician physiotherapist who works in the Community Rehabilitation Program across Peter James Centre and Wantirna Health. She is currently mid-way through her Masters by Research with La Trobe University, exploring **physiotherapist-delivered motivational interviewing (MI) to enhance goal setting in community rehabilitation.**

After working in rehabilitation with predominantly older adults with multiple medical comorbidities, a common challenge has been engaging patients to take an active role in their recovery and rehabilitation. Traditional advice giving and education simply wasn't enough to evoke meaningful engagement and positive behaviour change often required for patients to make a full recovery. This was when she developed an interest in exploring evidence-based behaviour change approaches that could be integrated within physiotherapy to facilitate positive health behaviours.

After some initial exploration of the literature on motivational interviewing and health related behaviour change, Liz identified that although MI has effectively been

applied in settings and clinical populations frequently managed by physiotherapists (e.g. chronic diseases groups, older community dwelling inactive adults), it was often investigated as an adjunct to physiotherapy, delivered by other trained health professionals rather than the treating physiotherapist. However, it is widely acknowledged that the efficacy of MI is not related to the professional background of the therapist, rather on achieving the minimal required training requirements. This led to the question... **can physiotherapists integrate MI into routine practice towards improved patient health outcomes?**

A systematic review of the available literature completed by Liz suggests that **Physiotherapists can effectively implement MI with relatively modest training and support, both in person and remote (via telephone).** Furthermore, existing evidence suggests that this intervention is likely to be most valuable in the absence of other robust physiotherapy intervention. For example, once patients have been discharged from physical rehabilitation, or for patients unable to access rehabilitation programs.



After evaluating the effect of physiotherapist-delivered MI, **a next important step is to evaluate if this intervention can be implemented within clinical practice.** She is currently conducting a feasibility study to explore whether integrating MI within physiotherapy goal setting is accepted by the clients and physiotherapists, can be implemented in a sustainable manner and whether clients participating in goal setting conversations using MI make meaningful changes in their client-centred goals.

Stay tuned for further updates on Liz's work!

## Important Dates

### Good Clinical Practice Training

2nd August, 10am-2pm

Wantirna Health Board Room

Good Clinical Practice (GCP) is internationally accepted standard for designing, conducting, recording and reporting research. The Eastern Health Ethics Committee encourages all researchers to undertake this training.

This free GCP training program is presented by La Trobe University and tailored to Allied Health research. Participants will attain a Certificate of GCP. Please contact [annie.lewis@easternhealth.org.au](mailto:annie.lewis@easternhealth.org.au) for more details



### 2024 EH Allied Health Research Forum

16th October, 1-4pm

Wantirna Health Lecture Theatre

Stay tuned for further information!



# How to: Get started with Co-design

Patients or consumers are at the heart of every allied health research project we conduct at Eastern Health. Increasingly, grant bodies and journals are requesting evidence of consumer input into research projects to reduce research waste and ensure results are meaningful to end-users. One way to engage consumers in projects is using co-design methodology.

Co-design simply means including end-users (whether these be patients, clinicians, hospital administrators) in research to understand how people experience processes or services. While the effectiveness of co-designed interventions is unclear, it is thought interventions that are codesigned can facilitate research translation. Other benefits of co-design include research questions and design of materials that are more applicable and acceptable to research end-users. Co-design approaches also elicit positive emotions. For example, patients participating in this type of research report a sense of pride and accomplishment and researchers benefit from fostering stronger links with their community.

The use of co-design is not just limited to research. Its origins arise from service improvement and therefore can be used for any activity related to improving the quality of healthcare services from creating patient handouts and websites to designing new service models of care.

## How it works

There are many different methodologies available for co-design. Typically a mixed-methods approach using a range of data collection methods (e.g. surveys, workshops, data audits) is used. This is a flexible and iterative approach to research so there are no hard and fast rules to its completion which can be advantageous for novice researchers. At Eastern Health one approach we have found useful is the Point of Care Foundation toolkit which comprises 6 key steps.



### Step 1. Setting the plan

In this step, the research team +/- consumers, defines the problem, challenges and opportunities for improvement for a health related question

### Step 2 Engaging with people

Consumers are invited to participate in co-designing a solution to the problem defined in the project. In this step, prompts such as short videos, might be shared at the start of workshops to provoke thoughts, feelings and discussion about an issue that needs solving



### Step 3 Capturing the experience



Consumers participate in a series of workshops to provide their views and perspectives about the defined problem. Clinicians might also be included, either separately or alongside consumers to gain different views of a problem. Initial workshops

aim to brainstorm ideas, and not necessarily come up with the solution straight away.

### Step 4 Understanding the experience

The project team organizes learning and insights in the form of an experience map. This requires linking of emotions (highs and lows) experienced through the participant journey (e.g. confident or scared), to the point where it occurred (e.g. receiving a cancer diagnosis).

### Step 5 Improving the experience

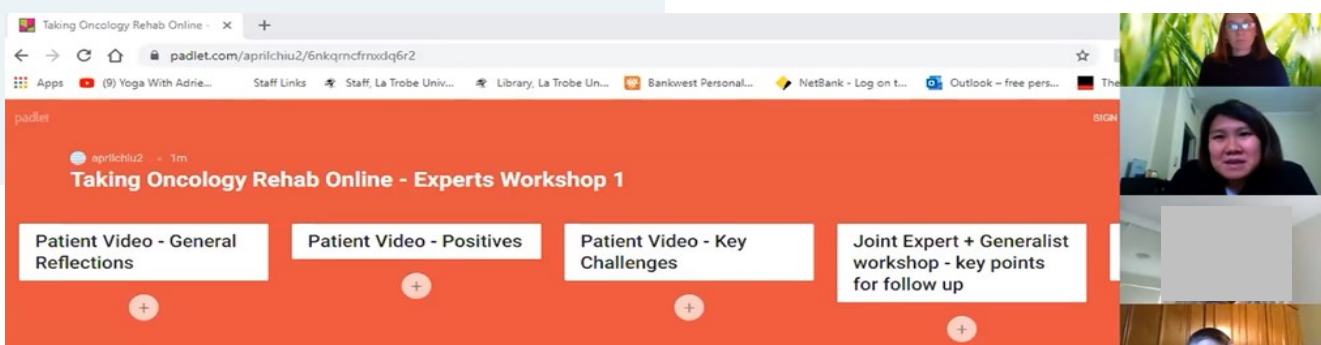
Consumers +/- clinicians are brought together in subsequent workshop/s to brainstorm health solutions and/or build prototypes (e.g. an example pamphlet)

### Step 6 Measuring the experience

Use a variety of data sources (e.g. surveys, audit data, web-data, patient outcome measures) to evaluate the effectiveness of your solution over time.

### For more information and resources check out:

- Point of Care Foundation co-design [toolkit](#)
- [ACI Focus group guide](#)



## Allied Health Research Achievements

### Publications

**Allchin B**, and Sophie I. (2024) Re-imagining the vulnerability and risk framing of parents with mental illness and their children. *Frontiers in Public Health* 12 : <https://doi.org/10.3389/fpubh.2024.1373603>

**Bolt GL**, Piercy H, Bradshaw J, Manning V. (2024) Smartphone-delivered approach bias modification for reducing harmful drinking amongst middle–older age adults: Secondary analyses of a single-arm pilot study. *Drug Alcohol Rev.* <https://doi.org/10.1111/dar.13827>

Considine J, Berry D, Mullen M, Chisango E, **Webb-St Mart M**, Michell P, Darzins P, Boyd L. Nurses' experiences of using falls alarms in subacute care: A qualitative study. *PLoS One.* 22;18(6):e0287537. [doi:10.1371/journal.pone.0287537](https://doi.org/10.1371/journal.pone.0287537).

**Frank HE**, Munro PE, Clark IN, Lee, AL. (2024) Background and Self-selected Music Listening in Pulmonary and Cardiac Rehabilitation Programs. *Cardiopulmonary Physical Therapy Journal.* [DOI: 10.1097/CPT.0000000000000252](https://doi.org/10.1097/CPT.0000000000000252)

**Gould D, Taylor NF** (in press). Do occupational therapy and/or physiotherapy interventions improve activity and participation function for children and adolescents with functional neurological disorder? A systematic review. *International Journal of Therapy and Rehabilitation.* (Accepted 26 February 2024)

Goh, S. L., **Harding, K. E., Lewis, A. K., Taylor, N. F., & Carney, P. W.** (2024). Self-management strategies for people with epilepsy: An overview of reviews. *Epilepsy & Behavior*, 150, 109569. <https://doi.org/10.1016/j.yebeh.2023.109569>

**Hyland S, Hawke LJ, Taylor NF.** Benign paroxysmal positional vertigo without dizziness is common in people presenting to falls clinics. *Disability and Rehabilitation* <https://doi.org/10.1080/09638288.2024.2320271>

### Presentations

McLean G, **Lewis A.** Building research capacity in ultrasound departments. *Sonography.* 2024. <https://doi.org/10.1002/sono.12407>

**Lee C.** Caffeine consumed prior to cardiac stress testing may affect diagnostic accuracy of nuclear medicine myocardial imaging of myocardial ischemia: a systematic review and meta-analysis. Oral Presentation, 54th Annual Scientific Meeting of the Australian and New Zealand Society of Nuclear Medicine 26th – 28th April 2024, Christchurch, New Zealand.

## Allied Health Research Committee

Nick Taylor  
Katherine Harding  
Amy Dennett  
Annie Lewis  
Anne Thompson (L&T)  
Benjamin Munt (Pod)  
CK Yao (Dietetics)  
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Kate Morris (SP)  
Sofie Hatzipashalis (SW)  
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### Euan's Musings: Celebrating Research

So celebrations are a thing. Apparently they have been a thing for a while but when you are a social geek with young children who demand time it is easy to think that celebrations are a mythical entities like unicorns or protected time to complete statistics. Still, as Star Wars Celebration held around the world every second year has taught me it is important to set aside time to celebrate things that are important to us in our lives. Celebrating wonderful things such as; lightsabres, video games, watching the cricket, honey and soy flavours crisps, and children. In that order.

June is an amazing month full of special celebrations close to my heart. Such as International bath day, world bicycle day and World Tapas day. Sadly, these are all very inconvenient celebrations as they are hard to relate to research, although I reckon there is a tapas / mixed methods research analogy in there somewhere. Given the is the research news, I did look for any world celebration for research days, in which google automatically took me to various 'get a life' and 'how to make friends' websites. Most of which I have now bookmarked.

Down on the google search 'page 2' icon, which must be a button that has less clicks than this article, is a 'research appreciation day' on July 5<sup>th</sup>. So I know I have been suggesting that people celebrate things, but apparently all research can muster up is that we ask people to appreciate it. Just like I appreciate my dentist, that I have to pay taxes, and that I cannot fly. So on July 5<sup>th</sup> I am asking everyone to take a moment on this special day and contain any resemblance to excitement and get mildly enthused about research everywhere.

Otherwise, if you happen to do something good in research, then celebrate or acknowledge it.

*Euan is happy to celebrate with you that you only have to worry about this article every three months.*