Northern Health

Allied Health Research Newsletter

Issue #4 February 2024

Allied Health Research News

Next edition: May 2024

Northern Health acknowledges Victoria's Aboriginal communities and their rich culture and pays respect to their Elders past, present and emerging. We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land (the Wurundjeri people) on which Northern Health's campuses are built.

We recognise and value the ongoing contribution of Aboriginal people and communities to our lives and we embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice.

Northern Health celebrates, values, and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

safekindtogether

Welcome to Issue #4 from Research Operations Manager Justine Ellis

I'm delighted to have the opportunity to welcome readers to the first Allied Health Research Newsletter for 2024. These newsletters do a terrific job of bringing together all the fantastic collective achievements of Northern Health Allied Health researchers on a regular basis.

For those I have not yet met, I commenced in my role as Research Operations Manager in July 2023. I have an academic research background, working for over 20 years in the fields of genomics and epidemiology, most recently as a Group Leader at Murdoch Children's Research Institute focusing on identifying risk factors for juvenile arthritis. In 2018, I jumped out of academia and moved into program management at the Victorian Comprehensive Cancer Centre (VCCC) Alliance, followed by my move last year to NH.

Over the last 6 months, the Research Office has had quite an inward-facing focus, with a number of key staffing and role changes, revisions to our project approval processes and pathways, and rebranding of the office to the *Research Development and Governance Unit* (RDGU). This year, Northern Health should see all of that successful internal work project outwards – in 2024 our focus will be on our services and relationships with our organization. We'll also have a strong focus on research development. We have lots planned that we are very excited about, including a website overhaul, a regular newsletter (using this newsletter as an exemplar!), researcher training workshops, and RDGU 'roadshows'. For our roadshows, we plan to visit the various NH Divisions to ensure they know who we are, what we do and why we do it. We also want to better understand how research is governed at the Divisional level, and what specific research development needs the Divisions have. Stay tuned!

In the meantime, please feel free to come and visit the RDGU team on Level 3 of the NCHER building to discuss how we can support your research. We look forward to seeing you!

Allied Health Research Clinic:

Do you:

- ✓ Have a burning research question?
- ✓ Need help with an ethics submission?
- ✓ Want to interpret statistics or a survey?

Contact our team for further advice 😊

HOT OFF THE PRESS

Congratulations to all those who have recently completed their PhD's:

Elaine Dos Santos – Senior Physiotherapist

Migrant mothers and health professionals' views and experiences of the Australian perinatal healthcare system and its influence on their mental health

My research analysed the views of migrant women living in Hamilton and Canberra that shaped their perinatal care experiences in Australia. It also explored the views of health professionals providing perinatal care and their diagnoses of migrant women with perinatal depression in Australia.

In a nutshell, participants in Hamilton had positive experiences with the perinatal care in Australia due to a combination of continuity of care and social support. Meanwhile, participants in Canberra had difficulty building rapport with health professionals due to the lack of continuity of care leading to the recommendation to expand access to Birthing Centers. Migrant women in Canberra reported of health professionals not being responsive to their needs, whilst also reporting their potential to mute their voices, and limit their visibility and representation in perinatal care. This also had the potential to diminish the meaning of their suffering and distress. While the explanations for the dissatisfaction in Canberra may be locale-specific, this study points to the need for communities of support for migrant mothers rather than focusing on medical programs alone. Moreover, this study highlights the importance of culturally safe health practices, and adoption of the routine use of the EPDS and interpreting services. It also recommends further studies with a larger number of participants.

Caitlin Farmer – Fracture Diversion Lead (Orthopaedics)

Optimising the request and reporting of imaging of the lumbar spine in people with low back pain.

Imaging for non-specific low back pain is not recommended in the absence of concerning features as it doesn't assist management, can create harm, and increase healthcare costs. Several strategies have been trialled to reduce imaging however most have little effect. This thesis aims to explore how we may best optimise the imaging report to reduce subsequent overtreatment.

Please see below thesis papers:

- Enhancing clinician and patient understanding of radiology reports: a scoping review of international guidelines; https://insightsimaging.springeropen.com/articles/10.1186/s13244-020-00864-9
- Consumer understanding of terms used in imaging reports for low back pain: a cross-sectional survey; https://bmjopen.bmj.com/content/11/9/e049938.abstract
- Can modifications to how medical imaging findings are reported improve quality of care? A systematic review; https://www.sciencedirect.com/science/article/abs/pii/S0009926022001192
- Clinician preferences for diagnostic imaging reports relevant to musculoskeletal conditions: a scoping review (under review)
- Are clinically unimportant findings qualified as benign in lumbar spine imaging reports? A content analysis of plain x-ray, CT and MRI reports (accepted for publication)

Research award – Engagement and Impact (December 2023)

Well done to the Northern Health team on receiving an award for Research Engagement and Impact, in support for the evaluation of the Victorian Virtual Emergency Department - a University wide award! Information may be helpful in future to advocate for Allied Health services based on the reach and uptake of virtual ED.

Left to right: Dr Loren Sher, Adam Semciw

Synopsis: In the midst of the COVID-19 pandemic, our team identified that some patients feared presenting to their local hospital emergency department (ED), even for potentially life-threatening conditions, like chest pain. Our community were fearful of presenting to ED at the risk of being exposed to COVID-19 or long delays in treatment. We needed an innovative solution to provide timely access to emergency care.

Dr Loren Sher, Paediatric Emergency Physician at Northern Health, pitched a virtual, telehealth-based ED service to her CEO at Northern Health, and the concept became reality in October of 2020. Dr Sher reached out to La Trobe researchers (Semciw, Boyd, Jessup) to develop an evaluation plan for this service. Our research informed the statewide expansion of the Northern Hospital Virtual ED in 2022, now known as the Victorian Virtual Emergency Department (VVED), with operational investment from the State Government of $21M.

The impact of the VVED is phenomenal. Since 2020, there have been over 150,000 emergency telehealth consultations across the entire state of Victoria. Over 80,000 people have avoided face to face ED presentations, saving approx. $54M in hospital ED costs alone. Dr Sher became the Director of the VVED and enrolled in a part time PhD with La Trobe in 2021. We have established a fantastic team to support the next generation clinician-researchers, including early career (Sher, Talevski, Hutton) and mid-career (Jessup) researchers. In 2023, we were successful in securing over $500,000 of external funding (administered by LTU) from the Digital Health CRC and Department of Health to continue our evaluation of the program.

Your Allied Health Research Committee

- Jeff Khoshaba (Pharmacy)
- Emily Farrugia (Dietetics)
- Belinda Baines (Podiatry)
- Rebecca Turnbull (Exercise Physiology)
- Adrienne Munro (Occupational Therapy)
- Luckshica De Silva (Physiotherapy)
- Brooke Froud Cummins (Psychology)
- Miyuki Watanabe (Speech Pathology)
- Yue Hu (TALS)
- Lilian Abbew (Social Work)

OTHER NEWS OFF THE PRESS!

Upcoming research workshops:

- *5th March: Getting Started with Quality Improvement Projects*
  This workshop is targeted at all allied health involved in Quality Improvement activities, particularly those new to project work.
- *2nd May: Turning a clinical question into a project*
  Further information to be released closer to the date – please keep an eye on out on the education calendar to book in.
- *20th June - Interpreting the evidence to inform practice*
  This education session will delve into basic statistics and how these can be used/interpreted in research.
  Stay tuned for further updates!

Introducing Rebecca Jessup – Staying Well

1. **Your career expands to around 20 years, starting in Podiatry and now research within the Staying Well team. How has your PhD and post-doctoral fellowship helped with your career to date?**

Left to right: Fan Hoak (Health Navigator Project Manager, with her son Robyn), Lubab Shwaita (Health Navigator), Rebecca Jessup and Lizcha Kaivaha (Health Navigator)

I am very lucky to have had many wonderful opportunities that have led to a diverse and interesting career over the past 20 years. My PhD in health literacy and subsequent post-doctoral fellowship significantly shaped my journey in the last 10 years, helping me to develop research skills and shaping my analytical thinking. These capabilities are really important in my current role as a Director of Research and Evaluation in the Staying Well team, where I design and conduct research, critically assess evidence, and contribute to decision-making processes. Having a clinical background means that I have been able to engage in both clinical and health services research, often collaborating with clinical and non-clinical staff from a variety of backgrounds within the health service. Overall, my academic experiences have been fundamental in providing the expertise needed for success in this role.

2. **Your current focus is health literacy and reducing health inequities. Please talk through the work you're currently doing and where you see room for improvement in the future.**

I am lucky enough to be working across a lot of different projects. Two of the key focus areas for me now are working with Professor Adam Semciw and Dr Loren Sher in evaluating the Victorian Virtual ED service, as well as leading several projects on the role of peer or lay health navigators in improving access to care for vulnerable populations. I could potentially talk for hours on both pieces of work but might just focus on our health navigator work.

In the Australian healthcare context, lay health navigators have the potential to play an important role in bridging gaps and enhancing accessibility to healthcare services. These individuals, often from the community that they serve, act as liaisons between healthcare providers and patients, offering support and guidance throughout the healthcare journey. Their roles may include helping individuals navigate complex health systems, providing information on available services, and offering emotional support.

In 2022, the WHO released a policy brief that identified that despite there being good evidence to support these roles there are notable research gaps, and that due to contextual differences the success of roles in one country can't always be applied to others. There is a need for comprehensive studies assessing the effectiveness and impact of lay health navigator programs in the Australian context. Research should focus on outcomes such as improved patient satisfaction, enhanced health literacy, and reduced healthcare disparities. Additionally, understanding the specific needs of diverse population groups and tailoring navigator programs accordingly is crucial to address healthcare inequities.

The work we are doing aims to fill some of these gaps in the Australian context, as well as identifying the training and support mechanisms required for lay health navigators. Examining the impact of standardised training programs, ongoing professional development, and supervision on the quality of navigation services is essential for ensuring the sustainability and effectiveness of these programs.
…. ***Stay tuned for part two in issue 5 of the newsletter (May 2024)***

Stepping Into Research Program Update

Our candidates completed presentations at the end of the program in December 2023. See below for some exciting updates on previous projects presented:

- **Vanessa Von Berg (Mental Health);** *Intensive/assertive community health intervention for people with severe mental illness.*
  Vanessa has completed all data collection and analysis and is currently completing her manuscript to be submitted for publication in future. She is aiming to submit an abstract to an international conference and has made enquiries with MHomentum24 (the new branding for the International Mental Health Conference) and also the MHS conference (a National Mental Health Conference).

- **Rebecca Turnbull (EP);** *Effectiveness, safety and feasibility of home-based high intensity interval training for patients with cardiac disease. A systematic review.*
  Rebecca has submitted an abstract for the ESSA Conference with plans to publish her paper in the future. She will also be presenting her research to the EP team in February.

- **Laura Mancini (Dietetics);** *Prevalence and risk factors of eating disorders in T1DM and T2DM: A systematic review.*
  Laura continues to with the full text screening process currently, a key step in the narrowing down relevant articles for a systematic review. She will look to publish this paper to a relevant journal in future.

- **Shalini Jayasekera (PT);** *Telehealth/digital based vestibular rehabilitation*
  Shalini is also currently writing her manuscript, having completed data collection and analysis for her systematic review. Shalini may also look to submit her abstract at a relevant conference in the next year.

Approved Allied Health research projects (last 6 months)

- ✓ Implementing cognitive intervention for older people in Memory Clinics: A pilot feasibility study **(Psychology)**
- ✓ Exploring the perceived impact of the COVID-19 pandemic on the clinical skill development of AH early career **(Allied Health Education)**
- ✓ Gastroenterology screening clinic evaluation – patient reported outcome measures **(Dietetics)**
- ✓ Establishing if a bespoke focused rigidity cast containing an air gap reduces pressure at the posterior heel **(Podiatry & Orthotics)**
- ✓ professionals and its implications for staff support and the wider AH workforce
- ✓ Anticoagulation Stewardship pharmacist **(Pharmacy)**
- ✓ Musculoskeletal Wellness Program Evaluation **(Orthopaedics, Physiotherapy & Staying Well)**
- ✓ Determining care outcomes of patients seen by podiatry during an admission after peripheral arterial disease is identified **(Podiatry & Orthotics)**

Upcoming research opportunities/project

Upcoming hospital accreditation

Everyone who conducts clinical trials at Northern Health will be required to adhere to the National Clinical Trials Governance Framework (NCTGF) standards. 24 of 79 trials are expected to be assessed at short notice. *Key details your team should know include:*

- Where site files are stored/accessing them
- Each role within the team and reporting lines
- Ensure your team are aware of their reporting lines and how to report research incidents, etc.

Workbooks are available – please contact us at AH.Research@nh.org.au for further information. A drop-in session will also be held in coming months. Stay tuned!

Update: Paediatric Nasogastric Tube Insertion Project

The Dietetics team successfully obtained a Department of Health Allied Health Advanced Practice Grant to develop an Advanced Practice Dietitian role. Nasogastric tubes (NGT) require frequent replacement with patients presenting to the NH Emergency Department (ED) and Children's ward for planned and unplanned tube insertions. The number of presentations for insertions has increased due to more paediatric patients requiring NGT feeding at home. With current processes, there are often delays in NGT insertion and hydration assessments resulting in an increased risk of dehydration for patients and delay in receiving enteral nutrition, negatively impacting wellbeing and growth.

Delivering a new and innovative Dietitian-led NGT and hydration assessment service will allow for improved co-ordination of care and access to NGT management and replacement alongside reducing: the administration time to arrange procedures, associated costs required to be carried out in ED and Children Inpatient Unit, ED presentations and the burden on medical and nursing staff. A more streamlined service is anticipated to improve patient and parent/carer experience.

Tarryn (Advanced Practice Dietitian)

Cartoon Of The Quarter

Careers in research – The Hipster Trial

Left to right: Shapin Sayeed, Rachel Ellis, Ellen Healy, Jennifer Vo

Rachel Ellis – Clinical Leader (Physiotherapy)

1. What initially led you to completing a systematic review and what was your role at the time?

I was inpatient senior clinician at the time and previously had worked as the Heart failure rehabilitation and Cardiac inpatient physiotherapist and was asked about conducting a trial in our department for a new mode of exercise for heart failure patients.

In order to understand the effects of eccentric exercise our heart failure population I first needed to understand what was already known in not only heart failure patients but also other comparable chronic disease cohorts due to the limited body of evidence at the time.

2. What ultimately led you to choosing a Professional Doctorate Degree in 2017? Were there any other alternate career pathways you considered at the time such as a PhD?

In 2017 I was 3 years in to my Masters by Research and realised that I was running out of time to complete my RCT which has been slower to recruit to than expected. I had 3 options as discussed with my primary supervisor:

a) Complete my thesis without a complete RCT and hope that it was a sufficient body of work with my other 2 studies to be successful. Then continue the RCT separately to my studies and re-write again at time of eventual completion (stopping the trial just because my studies were finished was never an option)

b) Continue with the trial and the studies by converting to a PhD- this would have required further research to build my body of work for a PhD consideration

c) Continue with the trial and my studies by converting to a Professional Doctorate. This is a doctoral program with coursework included. This was the right option for me as it allowed by studies to include theory subjects related to my now clinical leader role and resulted in me completed a Graduate Certificate in Health Service Management

3. You previously completed a Randomised Controlled Trial (RCT) at Northern Health. Can you provide details of the trial, your role and any relevant findings/changes to practice?

My RCT looked at the effect of an eccentrically biased exercise program in people with chronic Heart failure. Eccentric muscle contraction is the lengthening phase of muscle contraction and occurs when you say lower a weight or walk downstairs. Previous research has shown that you can build strength during this phase of muscle contraction as much as during the concentric phase but in usual activities you don't get one without the other i.e. You can't repeatedly lower a weight without lifting it. This study isolated eccentric contractions by mimicking walking downhill on a specialised piece of equipment. In our population, results showed it was equivalent to usual care and could be used in this population. We also recognised that the specialised piece of equipment for comparable results was a barrier to uptake of this exercise.

Throughout the process I was the primary investigator so was responsible for data collection and subsequent write up but I had support from the physiotherapy team who were my intervention therapist, recruitment team and blinded assessors. I also had the support of my supervisory team for the initial set-up of the trial, ethics applications and eventual write-up for both publication and doctoral thesis.

Careers in research – The Hipster Trial

4. Can you tell us some 'highs and lows' of your journey and how you overcame these?

I think the most obvious high's were when my studies for accepted for publication and I was awarded my doctorate. I had three studies published and so there were many revisions of those studies over time and when you get that email saying your study has been accepted for publication it is truly rewarding!

I think the hardest part about a research degree for me was being in charge of your own timelines and the lack of deadlines. When studying coursework, you are always working to someone else's deadline and then when you reach it you feel like you have a 'well deserved break'. For eight years there was always some research activity that you could be doing so you had to build in your own timelines/deadlines (like you have to get XX done before baby arrives – there were three of them during my studies) and your own break periods.

5. How has completing a Professional Doctorate shaped your career? Do you use skills from your Professional Doctorate and research in your current role now as a Clinical Leader?

I think the completion of a combined research and coursework degree for me was the perfect choice. While it didn't necessarily change the direction of my career, it fulfils the requirements for a variety of role applications and has provided me with practical insights and valuable knowledge that I use in both my Clinical leader and Allied Health Quality role.

6. What are the key necessities to have when completing any kind of research project?

a) A research question that you're passionate about to keeps you engaged along the journey

b) Patience to manage a prolonged project that may take longer than you initially anticipate

c) A support team that you can bounce ideas off, vent to and celebrate the wins with

Shapin Sayeed – Allied Health Assistant (AHA) *Bio to be continued in next edition*

1. Please talk us through your role in the trial and how you ensured double blinding.

I joined the trial soon after submitting my PhD thesis and though I was involved in other methodological studies, this was my first trial in understanding the double blinding process.

HIPSTER Clinical Trial is a multi-site double blinded study from Monash University recruiting participants within Australian hospitals including Northern Health, with Rachel Ellis; Principal Investigator, Jennifer Vo; Physiotherapist, Ellen Healy; Intervention Physiotherapist and myself; the intervention AHA. There are also two physiotherapy (PT) blinded assessors and one blinded follow-up assessor helping us with the study.

We recruited patients by screening neck of femur fracture patients pre-operatively and gaining consent with further information. Once patients were unrestricted for weight bearing post-operatively, randomization occurred – this was only completed by myself and Jennifer to maintain blinding to everyone else involved in the patient care. Two additional PT sessions were provided to intervention group patients along with their usual care up to 7 days post-procedure. Demographic, baseline and acute care data was also collected for both intervention and usual care group patients. On day 7, a blinded assessor completes an assessment and questionnaire along with a 1-year post-surgery follow up, with the data also blinded before reaching the research team. Though blinding can be challenging, limiting people to unblind in the intervention group and reviewing patients at separate times has helped! We have almost reached our recruitment target and hope to finish recruitment by December this year.

Conference news

SHPA Medicines Management National Conference 2023

An impressive number of Pharmacy staff submitted abstracts and attended to gather knowledge and share innovative ideas from hospital pharmacists and pharmacy technicians across the country.

Well done to all those who showcased research projects, pharmacy services and quality improvement activities at Northern Health.

Oral presentation:
Aaron Hoey: Home is Where the Heart is – Does a Virtual Ward Improve Prescribing Practices?

Poster presentations:
Cynthia Donarelli: MedPass – a ticket to dietitian prescribing oral nutritional supplements.
Danni Miatke: 'Off-Sides': Management of complex Non-Tuberculosis Mycobacterial infections in an 'Aminoglycoside free' hospital.
Emma Burnet: Should we risk it? A VTE Risk Screening and Anticoagulation Prescribing Audit.
Gina Georges: Slipping Up on Sliding Scales.
Nikayla Van Krieken: Allergy Alert! Evaluation of the communication of new allergies post-discharge.
Andrew Leake: Spinning Silver into Gold: An Evaluation of an IBD Pharmacy Technician-Led Subcutaneous Biologic Delivery Service.
Nivein Yenis: Right under your nose. Pharmacy support in the implementation of a novel randomised controlled trial.
Angela Given: Old tools - new tricks? iGuidance as a decision support tool in prescribing COVID-19 antivirals.
Jeff Khoshaba: Shining the research idea light brighter.
Alexandra Brown: The Virtual Reality of Medication Error Reduction Through Multidisciplinary Teamwork.
Alexandra Brown: A Virtual Patient Experience.

Image above: Jeff Khoshaba

Image above: Aaron Hoey

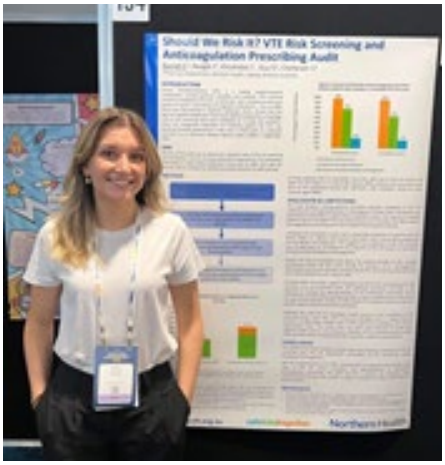

Image above: Emma Burnet

Australian Physiotherapy Association 'Ignite 2023' Conference 2023

Stephen Quick (Allied Health Education Team) attended and presented two pieces of work:

1. What is excellence in physiotherapy dementia care and how do we achieve it: A qualitative study.
2. Physiotherapy students are overwhelmed and underprepared to work with people living with dementia: a qualitative study.

Image above: Stephen Quick

There were only three presentations on dementia for the entirety of the conference, and Stephen was able to present two of them, of which form part of his PhD, looking at physiotherapy and the care of people living with dementia.

10th Biennial Australia and New Zealand Falls Prevention Society (ANZFPS) Conference

Hazel Heng (Allied Health Research Lead) presented at the conference, on her paper "Qualitative insights into healthcare professionals' views on falls prevention education".

Image above: Hazel Heng

Her research looked at what barriers and enablers health professionals face when delivering falls prevention education in hospital, and what future falls prevention trials should consider when designing and implementing falls education interventions.

Upcoming allied health conferences in 2024

March	*April*	*May*	*June and beyond*
• Child and Adolescent Mental Health Conference 2024	• National Allied Health Virtual Research Forum 2024	• Dietitians Unite 2024 • The Sound Exchange 2024 - Audiology In Action • Speech Pathology Australia 2024 Conference	• OT Exchange 2024 (June) • 16th National Allied Health conference 2025 (August)

Have you attended a conference recently or presenting in future?
Northern Health recommends staff attending conferences to share relevant knowledge and resources when taking conference leave. If you have news to share, please use this platform and get in touch with AH.Research@nh.org.au for the next edition.

Allied health research achievements/milestones

Iryoung Fan – Senior Physiotherapist, Stepping Into Research Participant (2021)

Congratulations to Ernie, with his systematic review recently accepted in *Osteoarthritis and Cartilage*, the top 2nd ranked journal in Orthopaedics, with high relevance for the MSK program.

Title: How effective are exercises delivered digitally (requiring internet), amongst patients with hip or knee osteoarthritis? A systematic review and meta-analysis.

This study aims to describe the effects of digitally delivered exercises on pain, physical function and quality of life (QoL) in patients with hip or knee OA. Digital exercises must require internet and comparators found included usual care, face-to-face, no comparison, GP management or delivery by paper. There was very low to low level quality of evidence suggesting digitally delivered exercises are comparable to face-to-face delivery for pain, QoL and physical function, and clinicians should offer the choice of face-to-face or digitally delivered exercises.

Adrienne Munro – Associate Director: Occupational Therapy and Hand Therapy

Congratulations Adrienne, a paper you have co-authored has also been accepted for publication in the *Australian Occupational Therapy Journal*. We hope this will assist with current work underway of a similar nature to these outcome measures at Northern Health.

Title: Testing feasibility of relevant outcome measures in an inpatient setting to demonstrate the value of occupational therapy.
This mixed-methods study aimed to:

1) Investigate which of three Standardised Occupational Therapy outcome measures - the Home Support Needs Assessment, the Personal Care Participation Assessment and Resource Tool, and the Functional Autonomy Measurement System, best identifies meaningful changes in participation restrictions in daily life occupations in hospital inpatients, required for community life.

2) Investigate acceptability, usefulness, and feasibility of each measure to support inpatient practice.

Anna Connolly – Clinical Leader Occupational Therapy: Community Therapy Services

Congratulations to Principal Investigator Anna Connolly, Shanelle Bailey, Rebecca Lamont and April Tu, all previously servicing the Progressive Neurological Disease clinic, on publishing your research in *Disability and rehabilitation: Assistive Technology*.

Title: How effective are exercises delivered digitally (requiring internet), amongst patients with hip or knee osteoarthritis? A systematic review and meta-analysis.

The risk of delaying assistive technology (AT) prescription and implementation has significant implications on the safety and quality of life of people with Motor Neurone Disease (PwMND). This study aimed to explore the barriers and enablers of AT prescription and implementation identified by PwMND and clinicians, through semi-structured focus groups with clinicians and in-depth interviews with PwMND. This study identified themes that clinicians could have an impact on, such as providing interactive education, engaging PwMND and their support network, and ongoing upskilling of clinicians working in this field. Themes identified that were beyond the control of clinicians were personal characteristics, acceptance and support networks. It highlights the importance for clinicians to be flexible with their communication approach to accommodate the needs of PwMND in the acceptance of AT.

Selected publications of 2023

1. **Sayeed, M.S.I**., Oakman, J., Stuckey, R. (2023). Rehabilitation professionals' perspectives of factors influencing return to occupation for people with lower limb amputation in East, South, and Southeast Asian developing countries: A qualitative study. Frontiers in Public Health, 11.
2. Shaw, L., Kiegaldie, D., **Heng, H**., Morris, M.E. (2023). Interprofessional education to implement patient falls education in hospitals: Lessons learned. Nursing Open, 10(1);36-47.
3. **Sayeed, M.S.I**., Oakman, J., Stuckey, R. (2023). Factors influencing access to and participation in rehabilitation for people with lower limb amputation in East, South, and Southeast Asian developing countries: the perspective of rehabilitation professionals–a qualitative study. Disability and Rehabilitation.
4. Donovan, J., **De Silva, L**., Cox, H., Palmer, G., **Semciw, A.I.** (2023). Vestibular dysfunction in people who fall: A systematic review and meta-analysis of prevalence and associated factors. Clinical Rehabilitation.
5. **Jessup, R.L., Bramston, C.**, Putrik, P. Haywood, C., Tacey, M., Copnell, B., **Cvetanovska, N.**, Cao, Y., Gust, A., Campbell, D., Oldenburg, B., Mehdi, H., Kirk, M., Zucchi, E., **Semciw, A.I.**, Beauchamp, A. (2023). Frequent hospital presenters' use of health information during COVID-19: results of a cross-sectional survey. BMC Health Services Research, 23(1).
6. **Farrugia, E., Semciw, A.I., Bailey, S.,** Cooke, Z., Tuck, C. (2023). Proportion of unplanned tube replacements and complications following gastrostomy: A systematic review and meta-analysis. Nutrition and Dietetics.
7. O'Brien, M.J.M., **Semciw, A.I.,** Mechlenburg, I., Tønning, L.C.U., Stewart, C.J.W, Kemp, J.L. (2023). Pain, function and quality of life are impaired in adults undergoing periacetabular osteotomy (PAO) for hip dysplasia: a systematic review and meta-analysis. HIP International.
8. **Fan, I.**, Govil, D., King, M.G., Scholes, M.J., **Semciw, A.I.** (2023). How effective are exercises delivered digitally (requiring internet), amongst patients with hip or knee osteoarthritis? A systematic review and meta-analysis. Osteoarthritis and Cartilage.

Selected publications for 2024 (January-February)

9. **Quick, S.M.**, Lawler, K., Shannon, M.M., Soh, S.-E., McGinley, J.L., Peiris, C.L., Snowdon, D.A., Callisaya, M.L. (2024). Physiotherapy students are underprepared to work with people living with dementia: a qualitative study. Physiotherapy.
10. Morris, M.E., Thwaites, C., Lui, R., McPhail, S.M., Haines, T., Kiegaldie, D., **Heng, H.,** Shaw, L., Hammond, S., McKercher, J.P., Knight, M., Carey, L.M., Gray, R., Shorr, R., Hill, A.-M. (2024). Preventing hospital falls: feasibility of care workforce redesign to optimise patient falls education. Age and Ageing.

Congratulations to all published authors at Northern Health!

Have a story for the next Allied Health Research Newsletter?

Published recently but don't see your name here?

Get in touch with our team: AH.Research@nh.org.au