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Next edition: December

Welcome to Issue #14

from Dr Adam Semciw - Professor of Allied Health

Welcome to the September edition of the Allied Health Research Newsletter.

One of the things that stands out in this edition is the breadth of research activity happening across Allied Health at Northern Health. We are seeing clinicians presenting their work nationally and internationally, securing research funding, completing higher degrees (congratulations Dr Ed Leahy!), participating in our inaugural CARE Fellowship, and continuing to turn questions arising from everyday clinical practice into meaningful research.



For me, this is exactly what building research capacity should look like. Research does not always begin with a large study or an established research program. Often, it starts with someone asking a simple question: Could we be doing this better? Rachel Nolan's story in this edition is a great example. What began as a quality improvement project and a clinical question has developed into a funded research project involving a multidisciplinary team and a lived-experience co-investigator.

Importantly, we are also thinking about where we go next. In August, Allied Health leaders and the research team came together for our Research Strategy Planning Day, with a focus on the future of interprofessional research, knowledge translation and quality improvement. Our new Allied Health Research Strategic Plan is now being finalised and will be launched during Research Week.

I hope the stories in this edition encourage you to think about your own practice and the questions that arise from it. You do not need to have all the answers, or even know exactly where to start. Bring us the question. The Allied Health Research Team can help you work out what comes next.

Congratulations to everyone whose work is featured in this edition, and thank you to those supporting research across Allied Health.

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.



HOT OFF THE PRESS: Inaugural CARE Fellowship

Congratulations to the following clinicians on partaking in the inaugural **Clinical Audit for Research and Evidence (CARE) Fellowship** this year:

- **Gemma Monaghan** (Dietetics)
- **Andrew Morrison** (Aboriginal Support Services)
- **Bernadette Sweeney** (Support at Home program/Social Work)
- **Emily Davison** (Dietetics)
- **Eamonn McGrath-Lester** (Speech Pathology)
- **Claire Ackland** (Podiatry)

Please keep an eye out for any research presentations held during Research Week this year and show your support!

The Research Week timetable will be distributed in coming weeks.

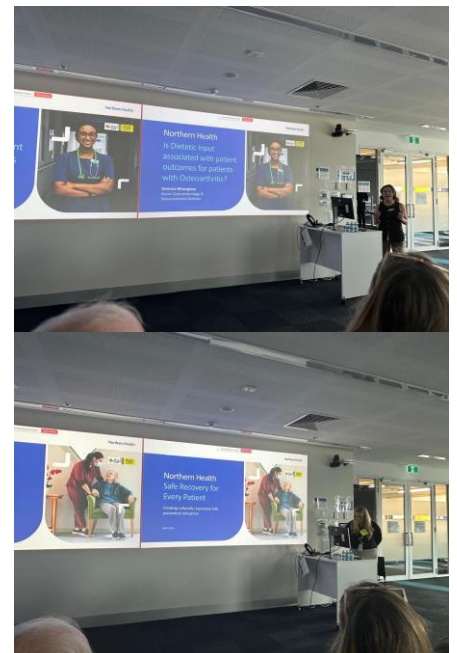


Grants awarded!

Congratulations to allied health staff on their success with Northern Health's internal grant scheme:

- **Narelle Frazer** (Physiotherapy) and **Lauren Trim** (Nursing) on their project titled "Safe Recovery for Every Patient: Creating Culturally Responsive Falls Prevention Education" who received a Grant in Aid for \$10,000
- **Gemma Monaghan** (Dietetics) on her project titled "Is Dietetic Input Associated with Patient Outcomes for Patients with Osteoarthritis" who also received a Grant in Aid for \$10,000

If you were unsuccessful on a grant application previously submitted and are seeking additional opportunities to apply for grant funding in the future, please reach out to the Allied Health Research Team for further guidance and support.



Powerful Presentations in Research PD

A two-part professional development session on delivering Powerful Presentations will be held again this year for allied health clinicians and allied health assistants planning to submit or present an abstract, poster and/or oral presentation at a future conference, including for research week.

Part 1 – Thursday 24th September 1-2.30pm (Teams)

The Theory, exploring principles, tips and tricks behind effective research presentations, including audience engagement, storytelling, slide design and communicating your research with clarity and impact.

Part 2 – Thursday 8th October 2.30--4.00pm (In-Person)

The Practice, putting these principles into action, with practical techniques to structure, deliver and refine your presentation with confidence. In this session, you will have the opportunity to practice your delivery as well as your presentation design, poster or storyboard to peers and receive feedback.

Register [here](#) on LMS to secure your spot! Note you do not need to complete part 1 to attend the practical session. Please seek approval from your manager prior to registering.

PhD completed!

Congratulations to **Ed Leahy** (Physiotherapy) on completing his PhD, titled “What is effective practice for physiotherapy professional development.”

“To explore this topic, I completed a four-step process, which consisted of (1) a two-part systematic review (2) the development of a clinical mentoring framework (3) a feasibility study and (4) a mixed-methods randomised controlled trial (RCT).

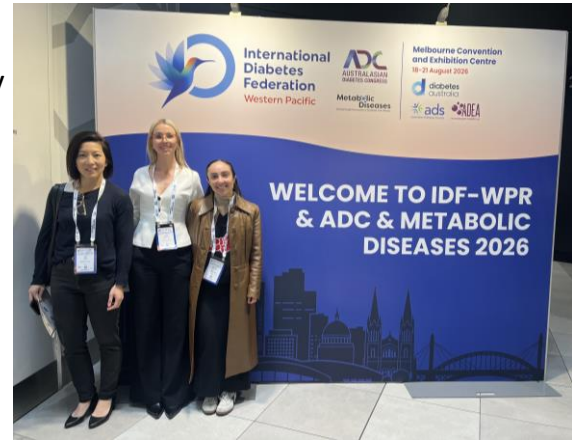
The systematic review took ~3 years (to publication) and synthesises the results from 24 RCTs and 43 qualitative methods studies. This provided valuable insights into how qualified physiotherapists learn and indicated that clinical mentoring was an educational intervention that ticked the boxes of all the requirements for an impactful learning experience.

I explored clinical mentoring in more depth and developed a clinical mentoring framework, then tested whether an online version of clinical mentoring was feasible in an Australian context. Fortunately, it was found to be feasible which gave me the confidence to conduct a RCT to test whether online clinical mentoring was effective at enhancing the clinical practice of physiotherapists. I managed to finish the RCT involving efforts from with 5 clinical mentors, 23 private practice physiotherapists, and 274 patients across 6 Australian states and territories of Australia. The RCT found that 6 sessions of online clinical mentoring were not sufficient to enhance physiotherapy practice as measured by patient outcomes. See details [here](#). These results can assist in the implementation of online clinical mentoring and future research.” See the full excerpt of Ed Leahy’s PhD journey in [Newsletter #10](#).



Conference news

Congratulations to **Laila Kähkönen** (Dietetics) who presented her poster titled “Evaluation of a Dietetic Diabetes in Pregnancy (DDIP) Clinic in Australia” (image to right) at the combined *International Diabetes Federation – Western Pacific Region (IDF-WPR) & Australasian Diabetes Congress (ADC) 2026* (Melbourne). The conference brought together health professionals, researchers and diabetes experts from across Australia, the Western Pacific and beyond. The conferences showcased the latest advances in care, research and education, with a strong focus on multidisciplinary practice, innovation and improving outcomes for people living with diabetes.

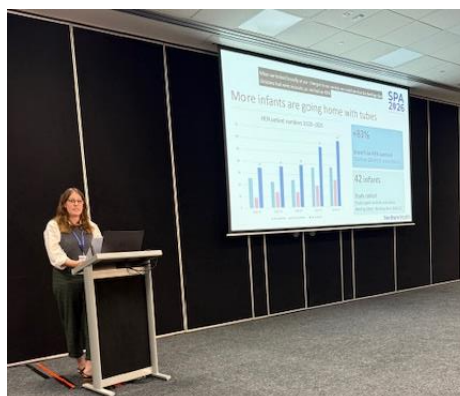


L-R: Caterina Hart, Laila Kähkönen and Ebony Gusman

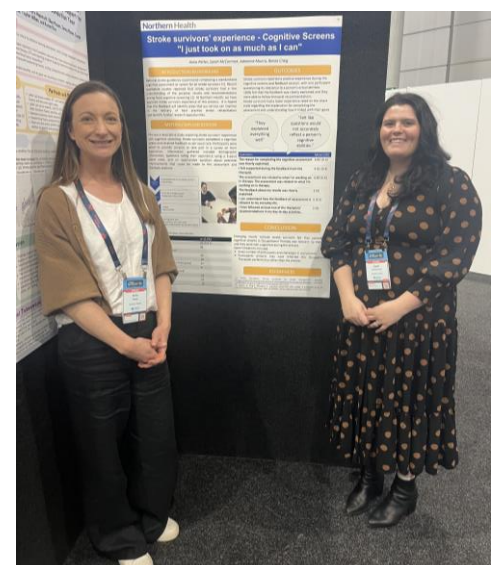
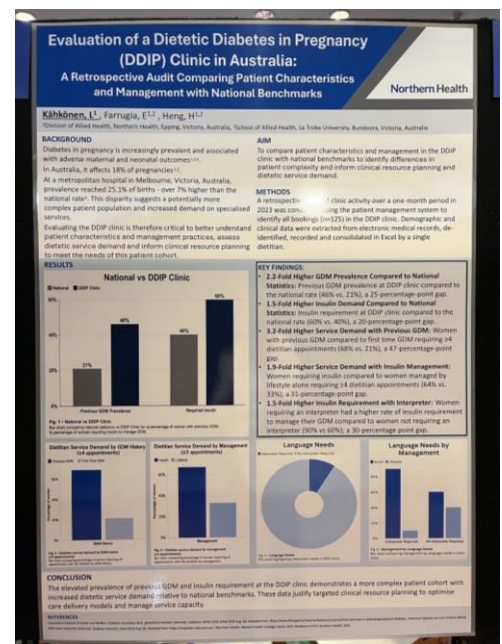
Congratulations to **Anna Potter** and **Sarah McCormick** (Occupational Therapy) who presented on “Stroke survivors’ experience – cognitive screens” at the OTX change in Brisbane in June with a focus on ‘Ideas to Impact’.

“The opening key speaker was with Catherine Ball who discussed the imminent use of AI in medical care which sounded more like a foreshadowing of what may be in the future. There was plenty to see in the Expo Hall with new equipment on the market to designers and creators who have ideas to share with the wider OT family. An interesting Oration from Dave Jereb started day 2 who spoke about meaningful occupation for OTs and discussed a self-reflection tool he uses with his employers to help them guide them back to their ‘why’ of becoming an OT. The conference ended with an amazing key note speaker (Greg Santucci, USA) who also got us to reflect on our why for becoming an OT, how sometimes we lose that why and what we can do with the setting or environment we are working in. Plenty of amazing sessions on new research and quality projects from across the country that have got our brains thinking of ideas that could impact OT at Northern Health.”

Congratulations to **Monika Sekulov** (Speech Pathology) who also presented on ‘Going home with a tube: the changing profile of a multidisciplinary Home Enteral Nutrition (HEN) program’ at the *Speech Pathology Australia (SPA) National Conference*.



Well done!



Above L-R: Anna Potter and Sarah McCormick
Left: Monika Sekulov

Conference news

Congratulations **Deana Sikovska** on delivering an oral presentation on “Impact of ERAS+ on nutrition outcomes in patients undergoing major head and neck surgery” at *The 8th IFHNOS World Congress*.

“Malnutrition is highly prevalent in patients undergoing major head and neck (HN) surgery and is associated with adverse postoperative outcomes. The primary aim of this study was to determine whether a combined Enhanced Recovery After Surgery and prehabilitation (ERAS+) program reduced deterioration in malnutrition status in major HN surgery patients, using the Patient Generated Subjective Global Assessment (PG-SGA). Secondary aims assessed (1) impact on nutrition parameters such as oral intake commencement and NGT removal, and (2) discriminative validity of the Malnutrition Screening Tool (MST) at identifying patients at nutritional risk against the PG-SGA.

Consecutive patients undergoing major HN surgery with free flap reconstruction at the Royal Melbourne Hospital between January 2022 and August 2024 were included. In 172 patients (pre-ERAS+ n=76, ERAS+ n=96), the ERAS+ group had less deterioration in acute admission PG-SGA score (median $\Delta = 2$ vs 5; $p = 0.308$). Improvements were also seen in early post-operative intake with ERAS+, including energy ($p=0.003$) and protein intake ($p=0.001$) on day 1, shorter NGT duration (3 days; $p=0.003$), and earlier commencement of fluids (1 day; $p=0.142$) and diet (2 days; $p=0.004$). The MST demonstrated high specificity (92.7%) but poor sensitivity (31.8%), failing to identify risk in 68.2% of patients, who were malnourished by the PG-SGA on initial presentation. Overall, ERAS+ was associated with faster and more adequate early post-operative nutritional recovery. The poor sensitivity of the MST in identifying malnourished patients reinforces the importance of early dietetic assessment and intervention in this cohort.”

Congratulations to **Lauren Roberts** (previous SIR participant, Dietetics) and **Emily Farrugia** (Dietetics/AH Research) who attended and presented their posters at the *19th International Congress on Neuromuscular Diseases* in July in Florence. Lauren presented her poster titled “Risks and Benefits of Gastrostomy in Non-Motor Neurone Disease Progressive Neurological Diseases: A Systematic Review” whilst Emily presented on “Virtual Emergency Care Use in Neuromuscular Disease: Foundations for Multidisciplinary Support”. No published studies have examined virtual care use for patients with neuromuscular diseases in the emergency care setting. Understanding how patients with neuromuscular diseases use virtual health services is a critical first step to identifying gaps in service delivery, access and scope for advancing multidisciplinary support.

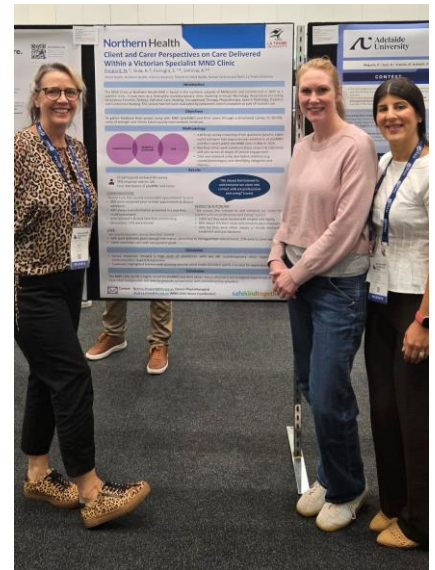


Conference news

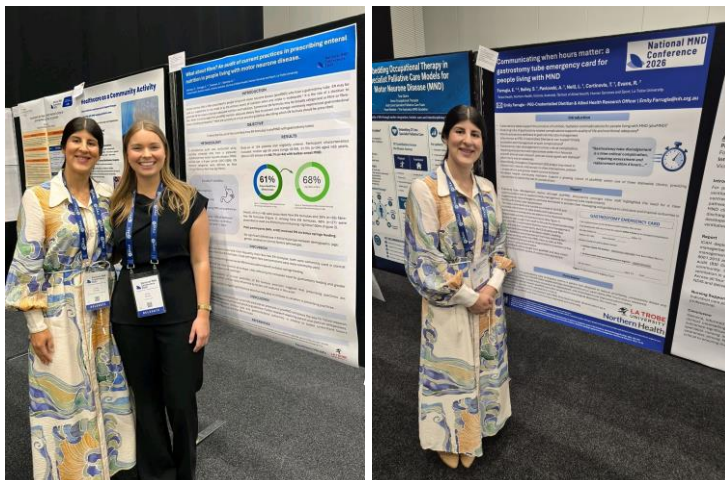
Congratulations to all Allied Health staff who presented at the recent *National MND Conference* held in Adelaide this year:

- **Andrea Gow** (Nursing) and **Nerissa Poupard** (Physiotherapy): Client and Carer Perspectives on Care Delivered Within a Victorian Specialist MND Clinic (*Poster Presentation*)
- **Emily Davison** (Dietetics): What about fibre? An audit of current practices in prescribing enteral nutrition in people living with Motor Neurone Disease (*Poster Presentation*)
- **Emily Farrugia** (Dietetics): Communicating when hours matter: a gastrostomy tube emergency card for people living with MND (*Poster Presentation*)
- **Emily Farrugia** (Dietetics): The Australian Motor Neurone Disease Dietetics Network: A collective voice (*Oral Presentation*)

L-R below: Emily Farrugia and Emily Davison (Dietetics)



L-R: Andrea Gow, Nerissa Poupard, Emily Farrugia



Other recent events this quarter

The **Northern Health AH Research Strategy Planning Day** was held on the 13th of August this year, led by an external facilitator Linda Betts. Several leaders across allied health and the allied health research team were in attendance to discuss future leadership in inter-professional research, knowledge translation and quality improvement.

A formal allied health strategic plan for research is currently being finalised and will be announced during research week this year. Keep your eyes peeled for the agenda (to be circulated shortly)!



Forecasting 2026 - 2027

As we look to 2026 and beyond, please see upcoming conferences listed below. If you would like advice on an abstract, oral or poster presentations or are curious about ethics approvals required prior to presenting, please reach out to the AH Research Team.

September - December	• Australian Physiotherapy Association FOCUS26 (Physiotherapy) – October • Australian Orthotic Prosthetic Association National Conference 2026 (Orthotics) – November • AuSPEN 2026 Conference (Dietetics) – November • IAHA National Conference 2026 (Allied Health) – December
2027 and beyond	• OT National Conference 2026 (Occupational Therapy) – June • PACTALS 2027 Congress (Allied Health) – July



Have you attended a conference recently or presenting in future?

Northern Health recommends staff who attend conferences share relevant knowledge and resources to their relevant teams when taking conference leave. If you have news to share, please use this platform and get in touch with Emily.farrugia@nh.org.au for the next edition.



Save the date - 2027 International Allied Health Conference!



The [2027 International Allied Health Conference](#) will be held in Canberra next year in August.

Join allied health professionals from across Australia and around the world for the opportunity to learn, connect and help shape the future of allied health.

The conference will showcase contemporary research, innovative practice, workforce development and interdisciplinary collaboration.

Abstracts open from Tuesday 22nd September - Wednesday 17th February 2027.

Drop-in sessions will be available on the following dates

with the AH Research Team to discuss an *existing* project, formulate an abstract or seek any further advice around your submission.

- Wednesday 18th of November
- Tuesday 24th November

Reach out to the AH Research Team to express your interest in securing an appointment!

Please speak with your manager and/or supervisor regarding any potential abstract submissions.

**“Innovate,
Integrate, Inspire:
The Next Era of
Allied Health”**

Library updates

Guest speaker

Choosing the right statistical test (online) – Dr Mani Suleiman

Dr Mani Suleiman is a Clinical Biostatistician at Northern Health since August 2023. With a background in research, data analytics and statistical consulting, he provides biostatistical support across a wide range of research activities at Northern Health.

Date: Wednesday, 30th September 2026

Time: 11.00am – 12.00pm

Choosing the right statistical methods can feel overwhelming when undertaking a research project. This introductory session provides an overview of common statistical tests and a simple approach to selecting the most appropriate one to use for your data and research question.

This session covers:

- Different types of variables and basic data exploration
- Commonly used tests in clinical and health research
- Choosing appropriate statistical methods

This session is suitable for anyone with little or no prior statistics experience. It will not turn you into a statistician, but it will help you feel more confident approaching and working with a statistician on your research project.

Please note that this session will not be recorded. More details and registration available [here](#).

Browzine

“You cannot take a computer terminal to a comfortable chair in the library and read it.” Or you couldn’t in 1999 when the eJournals were only available on computer terminals!

Now, with the Northern Health eLibrary, you can access your favourite journals anytime, anywhere with BrowZine. Use the app on your phone or tablet or click [here](#) to browse on your computer.

Create a free BrowZine account to save your favourite journals and articles and opt in for notifications when new issues are released, so you're always up to date in your field.

Missing the feeling of flipping through a print journal? BrowZine recreates that experience digitally, letting you explore the latest issues or delve into the archives.

Download the app, log in and enjoy eJournals in your pocket.

Need help getting started?

Email us at library@nh.org.au to book a training session—we’re happy to help!



Current approved Allied Health research projects

- ✓ Association between dietetic input and clinical outcomes (pain, physical function, and quality of life) in patients with hip or knee osteoarthritis **(Dietetics)**
- ✓ An audit of current practices in prescribing fibre vs fibre free feeds in enterally fed patients with Motor Neurone Disease **(Dietetics)**
- ✓ Advanced Practice Paediatric Dietitian (Nasogastric Tube Insertion and Management) Evaluation **(Dietetics)**
- ✓ Understanding determinants of a novel digital remote patient monitoring framework for people with Motor Neurone Disease; a mixed methods study **(Dietetics)**
- ✓ Review of Mental Health Clinicians perceptions of NWAMHS Dietitian service and Weight Bias **(Dietetics)**
- ✓ Evaluation of the reliability and validity of NutriMental as a targeted nutrition risk screening tool in mental health services (Northern Health) **(Dietetics)**
- ✓ Investigating Malnutrition Australian Diabetes High Risk in Victorian Cancer Services: Malnutrition Prevalence Study 2018 **(Dietetics)**
- ✓ Digital Remote Patient Monitoring for the Progressive Neurological Disorders Clinic at Northern Health **(Speech Pathology, Occupational Therapy & Community Therapy Services)**
- ✓ Measuring occupational therapy practice in acute and sub-acute inpatient healthcare settings **(Occupational Therapy and Hand Therapy)**
- ✓ Stroke survivors experience of feedback about their cognitive performance **(Occupational Therapy)**
- ✓ Are new stroke survivors at Northern Health being screened for communication deficits in line with Stroke Foundation clinical guidelines? **(Speech Pathology)**
- ✓ Evaluation post-stroke communication and swallowing care: is it feasible? **(Speech Pathology)**
- ✓ Investigating secretion management lived experience to improve care pathways in a specialist multidisciplinary MND clinic **(Speech Pathology)**
- ✓ 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)**
- ✓ Uptake of 3D scanned foot orthoses for high-risk foot management **(Podiatry)**
- ✓ Survival probabilities following first presentation for diabetes-related foot ulcer at 1, 5 and 10 years through the Foot Procedure Unit: A retrospective longitudinal cohort study at Northern Health **(Podiatry)**
- ✓ Australian Diabetes High Risk Foot Service Database **(Podiatry)**
- ✓ Improving telehealth capabilities when triaging diabetic foot ulcers and foot complaints with a newly developed digital clinical triage tool **(Podiatry)**
- ✓ Validation of the Diabetes Foot Ulcer-related Distress Thermometer - DFU-DT **(Podiatry)**
- ✓ Patients awaiting orthopaedic consultation for hallux valgus perceptions and experience **(Podiatry)**
- ✓ Comparison of transcutaneous oxygen pressure and first toe systolic pressures as a predictor for wound healing for patients with suspected peripheral arterial disease **(Podiatry)**
- ✓ Comparison of plantar foot pressures of three different orthotic devices off-loading plantar ulcerations at the first metatarsal phalangeal joint **(Podiatry)**

Current approved Allied Health research projects

- ✓ Improving 7-day flow across General Medicine at The Northern Hospital (**Physiotherapy**)
- ✓ Safe Recovery – Reducing Falls Injuries by Older people in Australian Hospitals (**Physiotherapy**)
- ✓ Falls and Body Schema Research Project (**Physiotherapy**)
- ✓ MRFF Safe Recovery Reducing Falls Injuries by Older People (Phase 1) (**Physiotherapy**)
- ✓ Understanding the feasibility of implementing an electronic Health Passport for people living with disability and/or complex needs accessing Victorian public healthcare organisations (**Physiotherapy**)
- ✓ HIPSTER: HIP fracture Supplemental Therapy to Enhance Recovery (**Physiotherapy and Orthopaedics**)
- ✓ Guardianship in Hospitals – A Health Services / OPA Hospital Pilot Program (**Social Work and Psychology**)
- ✓ Implementing cognitive intervention for older people in Memory Clinics: A pilot feasibility study (**Psychology**)
- ✓ Participation in the electronic Persistent Pain Outcomes Collaboration (ePPOC): An initiative to support continuous improvement in the quality and effectiveness of pain management in Australia (**Psychology**)
- ✓ Pathways Back to Hospital: Comparing Emergency Department Presentations Among Aboriginal and Torres Strait Islander Patients Who Attend and Do Not Attend Outpatient Appointments (**Allied Health**)
- ✓ Medtasker and Allied Health (**Allied Health, Informatics**)
- ✓ Factors associated with research interest, confidence and experience in allied health clinicians (**Allied Health**)
- ✓ Improving the efficiency and effectiveness of daily operational reporting for the Allied Health division to the organisation-wide Daily Safety Brief and within the department (**Allied Health**)
- ✓ Northern Health Spasticity Clinic Review and Recommendation for Redesign (**Allied Health**)
- ✓ Factors associated with research interest, confidence and experience in allied health clinicians (**Allied Health**)
- ✓ Evaluation of the Clinical Audits for Research and Evaluation Fellowship Program (**Allied Health**)
- ✓ Co-design, implementation and evaluation of an innovative digital care pathway for patients presenting to the Emergency Department with Back Pain (**Allied Health**)
- ✓ Improving accessibility to telehealth for people experiencing homelessness (**Allied Health**)
- ✓ Developing a virtual model of care for people at risk of falls: a mixed-methods approach (**Allied Health**)
- ✓ Optimising engagement in cardiac secondary prevention: A health literacy approach (**Allied Health**)
- ✓ Evaluating Virtual Back Pain Care in Emergency Settings (**Allied Health**)

Allied Health Research Clinic

Are you:

- ✓ Thinking of starting a research project or have a burning question you're not sure how to answer?
- ✓ Seeking help on an ethics application, whether that be non-HREC, HREC or a QA?
- ✓ Data collecting and wanting extra assistance with interpreting statistics?

The Allied Health Research Clinic is jointly funded by Northern Health and La Trobe University and aims to promote and support research at Northern Health by providing clinicians with the necessary information, education and often the starting point to commence or plan their research projects or ideas.



How to book?

Allied health clinicians can book an appointment via the link below. Registration is online and involves providing information about your (i) general and professional demographics; (ii) current research skill/capacity; (iii) specific research question or project (takes approximately 15 minutes).

What happens next?

Once completing your registration, the Allied Health Research Team will contact you via email to schedule an appointment which is approximately 50 minutes, in NCHER or via Teams. The appointment is with at least two experienced allied health researchers, including Associate Professor Adam Semciw. Additional members may include a biostatistician, allied health research lead and/or an ethics representative, depending on your research project requirements and phase. Contact our team if you would like any further information prior to scheduling an appointment 😊

<https://redcap.nh.org.au/surveys/?s=JN4RRT8MA4>

A summary of your research clinic appointment will also be sent to your director.

Your Allied Health Research Committee Representatives

- Belinda Baines (Podiatry)
- Rebecca Turnbull (Exercise Physiology)
- Emily Farrugia (Dietetics)
- Adrienne Munro (Occupational Therapy)
- Simone Cariss (Physiotherapy)
- Brooke Froud Cummins (Psychology)
- Alycea Formosa (Social Work)
- Carolyn Dun (Mental Health)
- Jack Yeung (Prosthetics and Orthotics)
- Yue Hu (TALS)
- Justine Slattery (AH Education)
- Awaiting new representative - Speech Pathology

Q&A: Rachel Nolan - Senior Speech Pathologist

1. Can you please tell us about the grant you were awarded and what initially sparked your interest in this research?

I was successful in receiving a FightMND CARE Research Grant, designed for clinicians working directly with people living with MND (plwMND) and is aimed at early career researchers. I was particularly drawn to the grant because it was designed for people who were relatively new to research, and the 12-month timeframe made it feel like a realistic project with achievable goals and a clear endpoint.



The project started much smaller. Within my Speech Pathology role, we completed a quality improvement project looking at secretion management. Following that project, I reached out to a colleague at La Trobe University for some mentoring and to talk through where we could go with the findings. In reflecting back, I connected with her through one of the Allied Health Research Roadshows, where I saw from a list of La Trobe Researchers and recognised a colleague I had met prior who also had an interest in neurological conditions. We identified that there was a lot of potential in asking plwMND directly about their experiences with secretion issues. It started with a simple clinical question and a desire to better understand what our patients were experiencing, and it gradually developed into a research project.

2. How did you go about turning that initial idea into a grant-funded research project, and what support did you receive along the way?

After talking with a colleague at La Trobe University, I shared the idea with the Allied Health Research Team. They were really supportive and helped me recognise that there was potential for a research project and a grant application. Having people with research experience look at the idea and say, "Yes, there's something here," was a really important confidence boost for me.

The project then grew as I started bringing in people alongside the allied health research team with different areas of expertise. I involved Speech Pathology to make sure the project was supported. A physiotherapy colleague from the University of Melbourne joined the team, and our respiratory consultant from the MND clinic also provided his expertise and became part of the project team. It sort of snowballed from there, and we ended up with a really strong multidisciplinary team with experience in secretion management and MND.

The grant application itself was a big learning curve. It was my first application, so I was very new to the detail and complexity involved. Having experienced people on the project team who could review, edit and share advice made a huge difference. I think one of the biggest things I've learnt is that you don't have to know everything yourself. Finding the right people and being willing to ask for their support can really help you move an idea forward.

3. You've been conducting qualitative interviews as part of the project. How did you build your confidence in qualitative research when you hadn't done it before?

There is a lot of preparation that goes into research, particularly around ethics and governance which the Northern Health Research Team were available to provide support. The process really made me think through the study in detail before I started, including developing the qualitative interview guide and study materials. So, in a way, a lot of the thinking had already been done before I started recruiting. Once we had ethics approval, I still needed to develop my confidence and practical skills in qualitative research. I had the opportunity to practise interviewing with Tina, our lived experience co-investigator. Steve (AH Research Team) attended my first two interviews, and was really helpful in debriefing afterwards about how the interview flowed, the data I was collecting and my communication techniques. That gave me the confidence to keep going independently, and I'm now working through interviews and beginning the analysis.

Q&A: Rachel Nolan - Senior Speech Pathologist**3. You've been conducting qualitative interviews as part of the project. How did you build your confidence in qualitative research when you hadn't done it before?**

I am currently working two days a week, with grant funding enabling backfill of my role. A lot of my time is spent screening and recruiting participants through our MND clinic, conducting interviews, reviewing transcripts and beginning analysis. We are aiming to interview 15 people and have completed 9 interviews so far. It's busy, but I'm really enjoying having dedicated time to immerse myself in the research process.

4. Involving a person with lived experience as a co-investigator isn't something we always see in research. How did you go about involving Tina, and what has that experience been like for you?

I think as a researcher, knowing that you have someone with lived experience involved is a bit of a weight off your shoulders. I obviously believe that the work is meaningful from a clinician's point of view, but having someone with lived experience there gives you that extra reassurance that what you're doing is actually going to be meaningful to people.

Tina attends our meetings and provides that lived experience perspective. She might say, "Yes, I agree with that," or suggest another way of wording something. She can also say, "I found this really complicated when I was dealing with this symptom with my sister – how can we word it differently?" I think that is really valuable. It helps make sure the research is patient-centred and that, when we eventually translate the evidence into practice, it has real-world meaning.

Once we received the grant and went through the Northern Health ethics process, the ethics team encouraged us to formally onboard Tina as a Northern Health consumer. It was time-consuming, but actually quite straightforward. We have a wonderful consumer representative at Northern Health who provided Tina and I with all the forms and helped us work through the process.

5. What have been your biggest learnings so far from leading your first research project?

The biggest thing I've learnt is that research takes time and that whatever timeline you set, you should probably add extra days or weeks because there are always things outside of your control. The grant application took a lot of time, including hours outside of work, and the ethics application was much more detailed than I anticipated. But I was passionate about the project and motivated to get it done!

I've also learnt how important it is to have a motivated team around you who believe in the project and are in your corner. Most importantly, I've learnt to back myself. Even though you have a team supporting you, you're still the person driving the project, so you need to understand the aims, ask questions and take ownership. Learning to trust myself and my own judgement has probably been one of the biggest confidence-building parts of the whole experience.

6. What does the future hold for you and your research journey?

I'm still at the beginning of my research journey, but I'm hoping this project will lead to more questions, future grants and opportunities to collaborate. I'd love to see more clinician researchers within the MND clinic and more allied health clinicians working together to build the clinic's research profile. There's a real opportunity for allied health to contribute to practical, functional research in MND.

7. What advice would you give a colleague with a research question but not sure where to start?

If you have a question or a feeling that something could be improved, that's a great place to start. You don't need to begin with a huge project — my project started with a small question about what our patients thought about secretion issues. Reach out to your Allied Health Research Team, talk through your idea and look for funding opportunities that can create some time to do the work. Start with a small idea. You never know where it's going to lead.

PROUDLY SUPPORTED BY
FIGHT MNDHealth Evidence Synthesis,
Recommendations and
Impact
Trustworthy evidence for impact

Evaluation survey of Motor Neurone Disease (MND) Care Practices in Australia

The Health Evidence Synthesis, Recommendations and Impact (HESRI), Adelaide University is conducting a national survey exploring knowledge, attitudes and behaviours of healthcare professionals providing Motor Neurone Disease care practices in Australia.

Are you a healthcare professional providing care to people living with MND in Australia?

We are inviting healthcare professionals in Australia who currently provide, or have recently provided, care for people living with MND to take part in a research study.

This study aims to assess the knowledge, attitudes, and behaviours of healthcare professionals involved in MND care in Australia prior to the implementation of Australia's first MND Care Guideline. It will also identify the barriers and facilitators that influence current MND care practices.

How can I participate?

Participation involves completing an anonymous online survey. The survey will take approximately 10-15 minutes to complete. Participation is voluntary, and you may withdraw at any time before submitting your responses.

Why does your participation matter?

Your input will help the development of targeted implementation strategies for the Australian MND Care Guideline as well as provide a reference point to inform future evaluation activities.

TAKE PART IN THE SURVEY



Please complete the survey by 4 October 2026 before it closes.

What happens next?

The survey findings will be analysed and used to inform the strategies to implement Australia's first MND Care Guideline. The results may also be published in peer-reviewed journal articles and presented at conferences and stakeholder meetings.

This study has been approved by Iris Ethics Human Research Ethics Committee.
The HREC Approval Number is **AU5819**.

For questions or concerns? Contact: zachary.munn@adelaide.edu.au | sophiya.dulal@adelaide.edu.au

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Allied Health publications to date

1. Shwaita, L., Said, S., Whicker, S.D... **Jessup, R.L.** (2026). Co-Designing a Peer Navigator Role to Improve Equity in Healthcare Access for Pacific Islander, Māori and Arabic Communities in Australia. *Health Expectations*, 29(1).
2. **Jessup, R.L.**, Stockman, K., Haywood, C. et al. (2026). Impact of Clinician-Supported Peer Health Navigation on Hospital Resource Utilisation amongst High Risk Adults: A Pragmatic Propensity-Score Matching Study. *International Journal of Integrated Care*, 26(1).
3. **Quick, S.M., Sharma, B., Wotherspoon, S.B... Jessup, R.L.** (2026). Family Violence Presentations to a Metropolitan Emergency Department During COVID-19: A Retrospective Audit. *Australian Social Work*, 79(2) 177-185.
4. **Frescos, N.**, Kaminski, M.R. (2026). Cost and Resource Utilisation for Management of Diabetes-Related Foot Disease in Australia: An Economic Evaluation. *International Wound Journal*, 23(3).
5. Taylor, N.F., Rimayanti, M.U., Shields, N... **Semciw, A.I.**, et al. (2026). Psychosocial Factors Are Rarely the Focus of Rehabilitation After Hip Fracture: A Short Report of Routinely Collected Health Data. *Physiotherapy Research International*, 31(1).
6. Osborne, J.W.A., Menz, H.B., Landorf, K.B... **Cotchett, M.**, et al. (2026). The influence of body posture and added mass on intrinsic and extrinsic foot muscle activation and force output during common foot strengthening exercises. *Journal of Sport and Health Science*, 15.
7. Crossley, K.M., Lin, Y.-C., Schache, A.G. **Semciw, A.I.**, et al. (2026). Hip Joint Loading During Walking Is Associated With Cartilage Defect Severity in Young Adult Football Players With Hip/Groin Pain. *Journal of Orthopaedic Research*, 44(5).
8. Watson, I., Nicholson, L., Fahroedin, D., **Morris, E.M.J.** (2026). Contextual behavioral supervision: A Delphi study. *Journal of Contextual Behavioral Science*, 40.
9. Menz, H.B., **Cotchett, M.**, Munteanu, S.E. Guyton, G.P. (2026). Surgical management of first metatarsophalangeal joint osteoarthritis: The rise and fall of the Cartiva® synthetic cartilage implant. *Osteoarthritis and Cartilage*, 34(7), 993-996.
10. **Jessup, R.L.**, Stockman, K., Nguyen, D. et al. (2026). Implementation of a peer health navigator program for patients at risk of frequent hospitalisation. *BMC Geriatrics*, 26(1).
11. Morris, M.E., Raghunathan, K., Peiris, C., **Heng, H.**, et al. (2026). Artificial intelligence adoption by allied health professionals: a scoping review. *European Journal of Physiotherapy*.
12. **Mynard, L.**, Fossey, E., Pepin, G. Farnworth, L. (2026). Occupational Formulation: A Scoping Review of Its Development and Use. *Occupational Therapy International*, 2026(1).
13. **Farrugia, E., Bailey, S., Semciw, A.I.** et al. (2026). Incidence of unplanned gastrostomy tube replacements and associated complications in people with motor neurone disease and other conditions: A retrospective audit of an Australian dietitian-led clinic. *Nutrition in Clinical Practice*.
14. **Leahy, E.**, Chipchase, L., Blackstock, F.C. (2026). A clinical mentoring framework for health professionals. *Advances in Health Sciences Education*, 31(3), 1003-1021.
15. Osborne, J.W.A., Azevedo, A.M., Menz, H.B., Whittaker, G.A., **Cotchett, M.** (2026). Intrinsic Foot Muscle Cross-Sectional Area on MRI in People With and Without Plantar Heel Pain: A Cross-Sectional Observational Study. *Journal of Foot and Ankle Research*, 19(3).
16. Johnson, E.R., Edvardsson, K., Hutton, J...**Jessup, R.L.** (2026). Family, Domestic and Sexual Violence Presentations to a Virtual Emergency Department: A Retrospective Cohort Study. *EMA - Emergency Medicine Australasia*, 38(4).
17. Lawrence, J., Boyd, J. H., Rosier, V., **Semciw, A.I., Jessup, R. L.**, et al. (2026). Implementation of a paediatric virtual emergency department: A descriptive analysis. *Journal of Paediatrics and Child Health*, 62(3), 381–388.

Allied Health publications to date

18. Mullen, N., Ashby, S., Beales, D... **Leahy, E.**, et al (2026). Prognosis in entry-level physiotherapy programs: An Australian and New Zealand framework for developing knowledge and skills for musculoskeletal practice. *Musculoskeletal Science and Practice*, 84.
19. Matt, A.-R., Kemp, J. L., Mosler, A. B., **Semciw, A.I.** et al. (2026). Defining the patient acceptable symptom state for the 12-item Hip Disability and Osteoarthritis Outcome Score one year after total hip arthroplasty for hip joint osteoarthritis. *Journal of Arthroplasty*.
20. King, M. G., Alousis, N., **Collins, T...** **Semciw, A.I.** (2026). Symptom trajectories of people with low back pain presenting to the emergency department: Insights from the BACK TrAC digital care pathway. *Journal of Emergency Nursing*.
21. Luo, S., Zheng, Z., Karimi, L., **Jessup, R. L.**, et al. (2026). Impact of long COVID on diverse Australian populations: A multi-site, longitudinal prospective cohort study protocol. *BMJ Open*, 16(5).
22. **Turnbull, R., Perera, D., Heng, H., Semciw, A.** (2026). Implementation of home-based HIIT in adults with cardiac disease: a systematic review using the RE-AIM framework. *European Journal of Physiotherapy*, 28(4), 313-325.
23. Hanff, D.F., Weir, A., Agricola, R... **Semciw, A.I.** et al. (2026). Prevalence and severity of pubic symphysis radiographic findings in male and female sub-elite football players with and without hip and/or groin pain. *Skeletal Radiology*.
24. Simsion, D.D., Jerney, A., **Morris, E.M.J.** (2026). Supporting people with borderline personality disorder: the impact of psychological factors on caregiver distress and wellbeing. *Clinical Psychologist*.
25. McKercher, J.P., Peiris, C.L., Thwaites, C. **Heng, H...** Morris, M.E. (2026). Standards for Hospital Falls Prevention and Management: An International Comparative Analysis. *Journal of Advanced Nursing*.
26. **Bramston, C., Cotchett, M., Francis, A. Jessup, R. L.** (2026). Provision and use of focused rigidity casts in the public health setting: a modified Delphi study. *Journal of Wound Care*, 35(7), 578-585.
27. Suppiah, S.D., Beauchamp, A., Malhotra, R... **Jessup, R. L.** (2026). Pharmacy-based interventions for patients with limited health literacy and chronic disease: A systematic review of intervention outcomes with a focus on co-design. *Research in Social and Administrative Pharmacy*,
28. **Dun, C.**, Dollman, G., Turville, M. (2026). Carer lived experience perspectives of supporting consumers of mental health services to drive motor vehicles safely. *Advances in Mental Health*.
29. Heerey, J., Smith, A., Agricola, R... **Semciw, A.I.** et al. (2026). Longitudinal cohort study of the association between labral pathology and cartilage loss in high-impact athletes: the FORCE study. *British Journal of Sports Medicine*.
30. Rayment, S.W., Batra, M., Menz, H.B... **Cotchett, M.** (2026). Associations between MRI features and pain in first metatarsophalangeal joint osteoarthritis. *Seminars in Arthritis and Rheumatism*, 80
31. Phillips, C.R., Menz, H.B., **Cotchett, M.**, et al. (2026). Understanding boot preferences, experiences and beliefs of footballers in Australia: a cross-sectional online survey. *Science and Medicine in Football*.
32. Luo, S., Zheng, Z., Karimi, L... **Jessup, R. L.**, et al. (2026). Between silence and solutions: a global guideline review of long COVID care and services in Australia. *BMC Health Services Research*, 26(1).
33. Richdale, A.L., De Maria, F.R., **Morris, E.M.J.** (2026). Sleep hygiene and sleep control mediate the relationship between cognitive fusion and insomnia severity. *British Journal of Clinical Psychology*.
34. Ball, R.C., Richdale, A.L., Lawson, L.P., **Morris, E.M.J.** (2026). Barriers to Mental Healthcare for Autistic and Non-Autistic Adults: An Investigation of Number, Severity and Type of Barriers Encountered. *Autism*, 30(7), 1687-1703.
35. **Cotchett, M.**, Morrissey, D. (2026). Physiotherapy management of plantar heel pain. *Journal of Physiotherapy*, 72(3),169-178.

Allied Health publications to date

36. Loo, C.Y., Morris, M.E., Francis-Coad, J... **Heng, H...** **Semciw, A...** et al. (2026). Engaging With Hospital Staff to Develop Implementation Strategies For Delivering a Patient Falls Prevention Education Program Using a World Café. *Western Journal of Nursing Research*, 48(8), 865-875.
37. Semendric, I., Munn, Z., Jenkins, T... **Farrugia, E., et al.** (2026). Issues in the clinical assessment and management of people living with motor neurone disease (MND): a survey of Australian healthcare professionals. *Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration*.
38. Doherty, C., Pepper, H., **Jessup, R.**, Hutton, J. (2026). Patient perspectives on telehealth access among people experiencing homelessness: a rapid review. *International Journal for Equity in Health*, 25(1).
39. **Silva, H.**, Zheng, T., Porter, J., et al. (2026). The Associations of Sucrase-Isomaltase Hypomorphic Variants With Long-Term Outcomes and Dietary Intake in an Australian Irritable Bowel Syndrome Population Educated on the FODMAP Diet: A Cross-Sectional and Retrospective Study. *United European Gastroenterology Journal*, 14(1).

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