

BECOMING RESEARCH ACTIVE STEP BY STEP

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As occupational therapists, we are strongly encouraged to use relevant and high quality evidence to inform our clinical practice. But determining what is high quality evidence and deciding how to implement it is not a straightforward process. Evidence may be high quality but not relevant to a particular workplace. The relative value of a randomised controlled trial and a qualitative study may be difficult to determine. Research outcome measures used in studies may not be relevant to a particular clinical setting. All these factors influence our ability to implement evidence into clinical practice.

A group of palliative care clinicians in the United Kingdom sought to address this in an innovative way (Miller, McCarthy, & Hudson, 2018). They are sourcing their own evidence to a) inform their clinical practice and b) to contribute to service evaluation. Lessons learned have implications for clinicians and health services everywhere as we grapple with how to implement evidence into practice. Together with a local university, these multidisciplinary clinicians from five different hospices formed a collaborative with a goal to become research active. Their approach was informed by a Hospice UK publication that suggested hospices could not afford to be research inactive (Payne, Preston, Turner, & Rolls, 2013). This report proposes a framework with the

following three tiers to support clinicians to become research active in several ways:

1. Raising clinician research awareness
2. Engagement in external research projects
3. Conducting your own research projects

Raising research awareness

When it comes to creating evidence and participating in clinical research, there will be varying levels of interest, confidence and skills. The first step is to proactively raise awareness about the type, scope and relevance of research that currently exists in your area. Can you apply any of this in your workplace? Consider including journal article reviews in staff meetings to explore this. A journal club can be a useful way to highlight new research findings, foster skills and interest in searching for and appraising publications, and improve confidence in presenting to a group. As palliative care can be offered by a multidisciplinary team, you can use a journal club to build skills and knowledge within a profession or to share and disseminate information across professions.

Rigorous service evaluation is expected at departmental and hospital levels and can form the foundation for future research projects. Starting out at this level and in a local environment may be more achievable for some who consider research daunting. palliAGED acknowledges the scope of research

opportunities in palliative care for older people and has published a list of research gaps (<https://www.palliaged.com.au/tabid/4345/Default.aspx>) which could incite discussion or a research project.

Engagement in external research projects

There are many ways clinicians can dip their toe into the research space. If you are not confident to engage in your own research, consider getting involved in research projects that others are running. This might be through participation in surveys or interviews that are posted on the OTA website under Practice Support. There may also be an opportunity to collect data for clinical trials run by others.

Engagement in an Australian Context

OTs in South Australia (Flinders Medical Centre) and Victoria (Peter MacCallum Cancer Centre) are working collaboratively on a research project with Flinders University and the Palliative Care Clinical Studies Collaborative (PaCCSC). Occupational therapists will collect data about routine OT interventions used to optimise independence in toileting. Researchers will conduct interviews with patients and carers about their priorities and needs around toileting. Findings from this study will inform development of a future exploratory pilot study and will also provide evidence that the OT departments can use to evaluate their clinical practice.

Conducting your own research

Postgraduate study is another option for those who are passionate about creating clinically relevant research. But what if this is not for you? This is where the UK hospice model comes in. Clinicians from five hospices identified a shared research and clinical interest which was to develop and evaluate a rehabilitative model of palliative care. They set about investigating this in a systematic way.

Firstly, the university helped the hospices conduct a literature review which raised staff awareness about quality existing research in the area. Clinicians in each hospice then conducted a service evaluation of existing outpatient exercise groups. No ethical approval was required for the project as it was deemed to be a service evaluation. However, the university provided guidance about how to conduct an evaluation that was guided by ethical principles. They also assisted with data analysis and the writing of the project report. Importantly, this scaffolding support from the university also supported a subsequent research proposal for which funding is currently being sought.

Useful tools

CareSearch provides easily accessible tools to help new researchers. Getting Started in Palliative Care Research (www.caresearch.com.au/caresearch/tabid/2631/Default.aspx) can help new researchers understand the research process and includes tips and resources. The CareSearch Research Studies Register of Australian research projects and studies in palliative care provides a means of sharing information, developing linkages, preventing duplication and promoting awareness of current research activities.

The CareSearch Team is interested to hear of research publications including projects in progress or completed and work done for Masters and PhD. Publication is not a requirement for inclusion. We invite researchers to complete the Research Studies Proforma so that the project appears on the Research Studies Register.

So, think laterally about implementing evidence by creating your own that is clinically relevant to your service. Consider partnering with your local university, approach them! Utilise information and tools that can support you to develop as a researcher. Share resources that are mutually beneficial for universities and health services, and ultimately, people receiving palliative care.

About the authors

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Susan trained as a physiotherapist in Adelaide and worked in regional Victoria, Canada and Hong Kong. She is now a researcher in palliative care. In 2016-2017, Susan coordinated the production of palliAGED, writing many of the topic pages in the Evidence and Practice Centre. Susan is currently leading the allied health component of the CareSearch and palliAGED Engagement Project (www.caresearch.com.au/EngagementProject).

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Deidre is an Occupational Therapist with a clinical background in acute, rehabilitation and palliative care. With thirteen years of clinical experience working in specialist inpatient palliative care, Deidre is a researcher and lecturer at Flinders University, Discipline of Palliative and Supportive Care and the inaugural chair of Australian Allied Health in Palliative Care (AAHPC). Deidre's research interests (www.flinders.edu.au/people/deidre.morgan) are around ways to optimise the performance capacity of people at the end of life and how to best support their occupational priorities. Deidre is an academic member of the Research Centre for Palliative Care, Death & Dying launched in May 2019.

References

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