

## CALL TO ARMS: OCCUPATIONAL THERAPISTS TAKING UP STRATEGIC LEADERSHIP POSITIONS

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Recommendations from the Target Zero report by Stephen Duckett on improving quality and safety following the Djerriwarrh Health Service Review, emphasised the need to have more clinicians on boards. On the Rochester & Elmore District Health Service Board, there are only 2 clinicians and we spend a lot of time educating accountants and business orientated people about the complexities of health. Many health boards struggle to attract clinicians. Currently in Victoria, health services boards need to have a minimum of 40% female directors, and at least one registered clinician, while young people are also encouraged to apply.

Why get on a board? It can enhance your CV, particularly if you are wanting to move into senior management. It increases your knowledge about health services and especially complex funding arrangements. It provides great CPD opportunities such as board director training. In addition, all Victorian health service board members receive a sitting fee so you are remunerated for your time and expertise.

There are also other leadership opportunities other than on boards. Health services have community advisory committees and also independent members on board committees such as the Quality of Care or

Clinical Governance Committees. Universities also seek members for their course advisory committees—including recent graduates! Government departments of health often have working parties for clinicians with specific expertise. There are now Regional Clinical Councils in Victoria and they really lack allied health professionals. Don't forget professional associations such as Occupational Therapy Australia who also have opportunities at various levels! There are opportunities coming up relating to leadership positions within Occupational Therapy Australia so please consider these.

## PALLIATIVE CARE: Finding evidence and clinical guidance you can trust and why it matters

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The National Palliative Care Strategy 2018 (Australian Government, 2019) highlights the importance of evidence and person-centredness as essential components of quality palliative care. This strategy advocates that people receiving and providing palliative care have access to trustworthy resources to help them make informed decisions about care.

The occupational therapy palliative care position statement recommends that

occupational therapists working across a range of settings have access to support and education that enables them to implement a palliative approach that is informed by best available evidence (Occupational Therapy Australia, 2015).

Occupational therapists make decisions relating to when and how to continue or modify care, and in the choice of advice and educational materials that they share with clients and families. Occupational therapists draw on the best

available research evidence along with clinical expertise, the patient's values and circumstances, and the clinical context. Clinical reasoning combines and synthesises all these elements.

Current best evidence is the foundation of effective, efficient and safe care (Dizon, Grimmer-Somers, & Kumar, 2012; Hoffmann, Bennett, & Del Mar, 2013), yet finding the best evidence can be time-consuming. CareSearch and palliAGED assist by enabling rapid access to palliative

care evidence and evidence summaries. CareSearch provides evidence-based palliative care information across the lifespan and across the health system. palliAGED provides this information for the aged care sector and replaces two Australian guidelines. These guidelines were the first ever world-wide to acknowledge, compile, and promote the availability and importance of evidence that could guide and support palliative care for older people.

The Allied Health section of CareSearch is specifically built for allied health professionals. The Clinical Evidence and Finding Evidence sections also provide information to inform provision of quality end-of-life care. Established PubMed searches on multiple pages provide access to relevant and up-to-date palliative care literature, including occupational therapy.

The CareSearch Systematic Review Collection collates current high-level reviews in an easy-to-find format on topics relevant to palliative care. More than 140 topics on clinical issues, health professionals, system and service issues, specific populations and disease groups, are available. The Clinical Evidence pages within CareSearch and palliAGED summarise the current best evidence to inform understanding of patient and system issues including advance care planning, symptom management, and carer support. Content is appraised for quality and relevance to the Australian setting.

CareSearch hosts evidence-based clinical resources relevant to palliative care allied health interventions. These include non-pharmacological management of symptoms such as breathlessness, pain, fatigue as well as a rehabilitative palliative care approach. The many high-quality evidence-informed resources include clinical web-based services, videos, factsheets and more. Rehabilitative palliative care is an approach that embeds assessment of function within the context of symptom management. Employing an interdisciplinary approach, a team works collaboratively with the person, their relatives and carers. They provide an active support system in which they seek to optimise the patient's function and help the patient and those around them work with the inevitable losses that accompany deteriorating health and approaching death.

Appraising evidence quality means evaluating the soundness of the design and methodology, reported outcomes, and the applicability or generalisability of findings. CareSearch and palliAGED page authors appraise the literature using validated appraisal tools. As sections are built or refreshed, clinical experts also review the content to ensure that it resonates with clinical practice in the Australian context. CareSearch and palliAGED websites make recommendations about the strength and clinical importance of the evidence. They also highlight areas of controversy and research gaps.

CareSearch and palliAGED provide simple access to peer-reviewed, clinically-relevant resources and research about palliative care, including occupational therapy practice. Take a look at how they help make the evidence evident.

### About the authors

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Susan trained as a physiotherapist in Adelaide. She coordinated the production of palliAGED, writing many of the topic pages in the Evidence and Practice Centres. Susan is currently leading the allied health component of the CareSearch and palliAGED Engagement Project ([www.caresearch.com.au/EngagementProject](http://www.caresearch.com.au/EngagementProject)).

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Deidre is an occupational therapist with thirteen years of clinical experience in specialist inpatient palliative care. Deidre's research investigates ways to optimise the performance capacity of people at the end of life and how to best support their occupational priorities ([www.flinders.edu.au/people/deidre.morgan](http://www.flinders.edu.au/people/deidre.morgan)).

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