



## ABSTRACT EXAMPLES

The following well written abstracts have been collated as a resource to assist authors with preparing a successful submission for the OTA 30<sup>th</sup> National Conference and Exhibition 2023. Abstract Examples are grouped by Method Type.

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## QUANTITATIVE RESEARCH

### THE FRIENDS PROJECT: A RANDOMISED CONTROLLED TRIAL OF A SOCIAL SKILLS PROGRAM TO IMPROVE SOCIAL FUNCTIONING IN ADOLESCENTS WITH ACQUIRED BRAIN INJURIES AND CEREBRAL PALSY

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**Introduction/Rationale:** Adolescents with brain injuries frequently experience social functioning problems which continue into adulthood.

**Objectives:** To compare efficacy of PEERS® (Program for the Education and Enrichment of Relational Skills) to usual care on social functioning.

**Methods/Approach:** Thirty-six adolescents (mean age 14 years, SD 1 year 8m; 18 females) with an acquired brain injury ( $\geq 12$  months post;  $n = 19$ ) or cerebral palsy ( $n = 17$ ) were randomly allocated to PEERS® (90 minutes/week for 14 weeks with concurrent parent group) or waitlist usual care control. The primary outcome, the Social Skills Improvement System Rating Scales (SSIS-RS), was completed separately by caregivers and adolescents. Secondary outcomes were Test of Adolescent Social Skills Knowledge-Revised (TASSK), Social Responsiveness Scale-2nd Edition (SRS2) and Quality of Socialization Questionnaire (QSQ). Between group outcomes at baseline and follow-ups were compared using linear mixed modelling and Poisson regression.

**Results/Practice Implications:** Groups were equivalent at baseline. There were no between group differences on the parent or student SSIS-RS (social skills or problem behaviour subscales) at follow-up. PEERS® compared to control group achieved significantly greater improvements on the TASSK between baseline and 14 weeks (estimated mean difference (EMD) 6.8, 95%CI 4.8, 8.8;  $p < .001$ ) which were maintained at 26 weeks (EMD 8.1, 95%CI 6.0, 10.2;  $p < .001$ ). Compared to control group, PEERS® led to a borderline significant increase in parent reported invited get-togethers at 26 weeks (IRR 4.0, 95%CI 1.0, 16.0;  $p = .05$ ).

**Conclusion:** This first RCT of PEERS® in adolescents with brain injuries showed that youth with brain injuries could learn and retain social knowledge and increase social participation.



## **EARLY THERAPY IN THE ACUTE GENERAL MEDICAL SETTING IMPROVES PATIENT AND HOSPITAL OUTCOMES**

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**Introduction:** Acute hospitals are constantly under pressure to increase throughput and reduce length of stay. Early interdisciplinary allied health input in the acute setting is thought to be a cost-effective strategy to meet these demands.

**Objectives:** To investigate the effectiveness of early therapy for acute general medical inpatients on patient and hospital outcomes.

**Method:** Patients admitted to the acute general medical wards were included if they had been identified as requiring rehabilitation in a sub-acute setting to enable discharge home. Participants in the intervention group received early therapy and discharge planning in the acute setting by a senior occupational therapist, physiotherapist and/or allied health assistant. A control group received usual care. Outcome measures included discharge destination, length of stay, the Functional Autonomy Measurement System (SMAF) score and modified Iowa Level of Assistance Scale (miLOA) score.

**Results:** Seventy-two participants ( $n = 30$  control;  $n = 42$  intervention) were included with no significant differences on admission for age, gender, level of frailty, mobility and functional autonomy. Patients in the intervention group had a median of 10 less days in hospital ( $p = .010$ ) and significantly fewer readmissions within 30 days of discharge ( $p = .012$ ) with 71% discharged directly home from the acute setting ( $p = .012$ ). Discharge function was significantly better for the intervention group with a median adjusted discharge SMAF score of 0 ( $p = .020$ ) and change of miLOA score of 9 points ( $p = .006$ ).

**Conclusion:** Early rehabilitation provided to patients on acute general medical units can reduce length of stay, prevent sub-acute admissions and improve functional autonomy and mobility.



## QUALITATIVE RESEARCH

### THE FLORENCE PROJECT: CO-DESIGNING AN ECOSYSTEM OF TECHNOLOGIES TO SUPPORT COMMUNICATION, CONNECTION AND PARTICIPATION OF PEOPLE LIVING WITH DEMENTIA AND THEIR CARE PARTNERS

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**Introduction:** There is great hope for technology to support people living with dementia. However, there has been limited uptake and high abandonment of technology to date.

**Objective:** This study aimed to work with people living with dementia and their care partners to create technology focused upon communication and connection.

**Method:** A participatory design model was employed over 3 years. A series of qualitative and collaborative studies were undertaken, guided by a lived experience expert reference group of people living with dementia and their care partners together with a multidisciplinary research and development team. Consultation with reference group ( $n = 15$ ) members occurred from the beginning of the study and throughout.

**Results:** Qualitative interviews ( $n = 29$ ) described the difficulties with current technology and potential technology benefits. Collaborative activities designed to create and provide feedback on a range of prototype technologies indicated that the function, form and mental models of technologies need to differ for different people ( $n = 30$ ). A system surrounding a personalised bank of language, daily routines, relationships and key memories has been developed with reference group members and research participants. It sits within an ecosystem of connected home technologies that collect personalised information and apply this information in supporting specified activities and routines. The system, potential configurations, ethical and practical considerations will be described.

**Conclusion:** Useful, usable and ethical technology for people living with dementia and their care partners requires consideration of many aspects of design and use. Ways of personalising technology to enhance acceptability and helpfulness are suggested.



## **TO DIE, OR NOT TO DIE, THAT IS THE QUESTION: A DRAMATURGICAL ANALYSIS OF ROLE CHANGE AT END OF LIFE**

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**Introduction:** Dying roles serve important practical, relational and personal functions; however, little is known regarding role change and role relations at end of life. This is concerning because dying people, nowadays, often live with an awareness of their dying status for longer than was the case in historical times.

**Objectives:** To examine role change and role relations at end of life from the perspectives of dying persons, their caregivers and palliative care professionals.

**Method:** Data were gathered through semi-structured interviews with 13 dying persons, eight caregivers of dying persons and five palliative care professionals. Constructivist grounded theory methods were blended with the theoretical lenses of dramaturgy and narrative inquiry to examine dying roles within the contemporary drama of dying.

**Results:** We found that role transitions at end of life occur as an oscillating process, whereby dying persons periodically foreground and background their living and dying selfhoods. Although this process serves a protective function necessary to cope with a lengthy dying trajectory it can also result in role confusion and mismatch among dying persons and members of their social network, which can be distressing for all parties. Situations of role mismatch occur most frequently in the middle dramatic unit of the drama of dying, largely due to an over-reliance on historical social scripts associated with a shorter dying timeline.

**Conclusion:** Knowledge of the contemporary drama of dying will better equip occupational therapists to support dying persons and their caregivers with compassionate and responsive approaches to end-of-life care



## REVIEW PAPER

### THE CANADIAN OCCUPATIONAL PERFORMANCE MEASURE: A SYSTEMATIC REVIEW OF PSYCHOMETRIC PROPERTIES

**Ms Jessica Potts** , Dr Elysa Roberts, Dr Kylie Wales  
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**Introduction:** Quality assessment is a fundamental component to occupational therapy and can illustrate the value and role of occupational therapy to stakeholders. Ongoing appraisal of assessments like the Canadian Occupational Performance Measure is critical to ensure that current demands for relevant, client-centred, evidence-based and cost-effective therapy are met. Existing evidence regarding the psychometric properties of the COPM lacks consideration for its use across a variety of age groups.

**Objective:** To systematically review the psychometric properties of the COPM to assess occupational performance across the lifespan according to the Consensus-based Standards for the selection of health Measurement Instruments.

**Method:** MEDLINE, CINAHL, EMBASE databases were searched. Articles were included if at least one psychometric property defined by the COSMIN was assessed. Studies were excluded if a modified or translated version of the COPM was used.

**Results:** Seventeen articles were included at full-text review. A best evidence synthesis table reflects each measurement property based on data analysed through the COSMIN risk of bias checklist, Terwee's criteria for good measurement properties and the overall sample size utilising the adapted GRADE approach. Evidence was rated as 'strong', 'moderate', 'limited', 'conflicting' or 'unknown.'

**Conclusion:** Findings from this systematic review extends information on the psychometric properties of the Canadian Occupational Performance Measure. Occupational therapists can use this consolidated research to understand how to effectively use the measure in clinical practice. Evidence examined to date supports the COPM as a valid assessment of occupational performance.



## **A SYSTEMATIC REVIEW OF THE METHODS OF COMMUNICATION BETWEEN HOSPITAL ALLIED HEALTH AND PRIMARY CARE PRACTITIONERS AT TIME OF DISCHARGE**

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**Introduction:** Effective communication is essential for multidisciplinary collaboration between health-care settings, and yet it has not been systematically reviewed and synthesised. There is a particular gap in our understanding of the communication methods (how) and effectiveness between allied health professionals and primary care practitioners.

**Objectives:** The aim of this systematic review was to determine methods and effectiveness of communication between hospital-allied health professionals and primary care practitioners.

**Method:** Systematic review of quantitative and qualitative studies with narrative synthesis. Five electronic databases were searched up to January 2020. We included any types of outcomes reported in the studies but excluded papers only examining forms of communication between pharmacists and medical practitioners. Papers where health-care professionals worked only in mental health or substance abuse settings were also excluded. A narrative synthesis strategy was used to organise, summarise and present the data.

**Results:** 12,281 papers were screened for eligibility and 24 studies met the inclusion criteria. While none specifically investigated the methods and/or the effectiveness of communication between hospital allied health professionals and primary care practitioners, charting of the data suggested a reliance on care plans for communication of allied health recommendations at the time of discharge from hospital.

**Conclusion:** Communication is a cornerstone of collaborative care, yet the medical focus of discharge planning may not support multidisciplinary communication during transitions of care. There is an opportunity for occupational therapists to advocate for better communication with primary care practitioners to improve collaboration across health-care settings and facilitate continuity of integrated people-centred care.



## MIXED METHODS RESEARCH

### DEVELOPMENT OF THE STUDENT PRACTICE EVALUATION FORM - REVISED (SECOND EDITION): AN ACTION RESEARCH PROJECT

**Ms Anne-Maree Caine**<sup>1,2</sup>, Associate Professor Jodie Copley<sup>2</sup>, Dr Merrill Turpin<sup>2</sup>, Professor Jenny Fleming<sup>2</sup>, Mr Chris Herd<sup>2</sup>, Ms Wendy Hood<sup>2</sup>, Ms Teresa Quinlan<sup>2</sup>

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**Introduction:** The Student Practice Evaluation Form – Revised (SPEF-R) is used across Australia to assess occupational therapy students on block practice placements. With new Australian Occupational Therapy Competency Standards released in 2018 and the ongoing evolution of contemporary practice, revision of the tool was required.

**Objectives:** This study aimed to develop the SPEF-R2 and evaluate its utility and applicability for contemporary Australian occupational therapy practice.

**Method:** An action research approach was used and had two cycles. Cycle 1: mapping the SPEF-R to the new competencies, revising the tool, national survey of clinicians/university staff and students. Cycle 2: SPEF-R2 piloting, surveys and focus groups. Quantitative data were analysed descriptively and thematic analysis of qualitative data completed, resulting in the SPEF-R2.

**Results:** The first draft SPEF-R2 was reviewed by 213 clinicians/university staff and 63 students from across Australia and broad practice areas. Participants suggested that the SPEF-R2 aligned well with the new competencies, was more concise, and covered the breadth of knowledge and skills for contemporary practice. Twenty-three practice educators piloted the second draft SPEF-R2 and completed online surveys; nine educators participated in focus groups. 96% of survey participants found the SPEF-R2 easy to understand and 91% valued additions related to culturally responsive practice. Focus group participants were overwhelmingly positive: '[it] was so much easier'; 'it made me more confident in my decisions'.

**Conclusion:** This research engaged stakeholders in a process of change in response to evolving professional contexts. The Australian occupational therapy community considers the SPEF-R2 a timely, much-needed development.





## PRACTICE NOTE

### A PILOT PROJECT TO ENHANCE SUCCESSFUL ACCESS TO THE NATIONAL DISABILITY INSURANCE SCHEME FOR WESTERN AUSTRALIANS WITH PSYCHOSOCIAL DISABILITY

**Ms Helen Ayres , Ms Maria Michel**

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**Introduction:** A six month pilot project was delivered by the East Metro Health Service with funding from the Western Australian Primary Health Alliance under the Australian Government's Primary Health Network. The project was commissioned following unsuccessful attempts to access the NDIS by people with psychosocial disability receiving support services through Commonwealth funded Transition Support.

**Objectives:** To provide specialist support to referred participants with NDIS access requests, to build capacity in mental health teams for NDIS applications and to establish a successful service model that could be expanded to other health areas.

**Method:** Four Western Australian community mental health services and ten non-government support services were in scope for the project. Three experienced mental health clinicians were recruited, co-located within the mental health services and worked collaboratively with the treatment team and support providers to complete the access requests.

**Results:** Referral rate was lower than expected following the Covid-19 pandemic. Eighty access requests for participants with severe psycho-social disability were completed and a success rate of 95% access met decisions was achieved. Learnings in demonstrating permanence of disability, functional impact on daily activities and in NDIS processes were shared with colleagues in mental health services. Due to the success of the project, funding was extended until the end of the year and the scope broadened to include greater access for all consumers within community mental health services.

**Conclusion:** This innovative service model has enhanced successful transition to NDIS for mental health consumers with psycho-social disability.



## **A UNIQUE PARTNERSHIP - OCCUPATIONAL THERAPISTS AND VOLUNTEERS COLLABORATING ON AN INPATIENT REHABILITATION WARD**

### **Mrs Sharon Neale**

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**Introduction:** Occupational therapists consistently look for opportunities to enhance patient occupational engagement and wellbeing during inpatient rehabilitation admissions. Due to patient complexity, competing priorities and a focus on facilitating discharges, this has become increasingly challenging to achieve with existing resources. These challenges have motivated occupational therapists to look beyond their team for innovative solutions.

**Objective:** To partner with volunteers to enhance patient occupational engagement and wellbeing on an inpatient rehabilitation ward.

**Approach:** Occupational therapy established a relationship with the health service Volunteer and Community Partnership Manager via a local secondary school project. The success of an initial project evolved into an ongoing sustainable partnership with volunteers and local secondary schools. Innovative projects benefiting patient wellbeing and occupational engagement are identified by occupational therapy. Occupational therapy provides project management ensuring collaborative stakeholder engagement, consumer engagement and delivery of objectives.

**Results:** Since 2014, twelve projects that would have otherwise not been possible have been completed. Projects include the development of outdoor therapy spaces and a sustained weekly leisure group facilitated by two volunteers. Patient, volunteer and staff feedback has been overwhelmingly positive. Patient's value the opportunity to socialise with others and the sense of normality the outdoor environments provide.

**Conclusion:** Occupational therapy is well positioned as a profession to facilitate volunteer partnerships, due to our expertise in identifying strategies to enrich environments and patient's occupational engagement. The partnership continues to identify innovative projects, including efforts to expand volunteer led leisure groups across subacute services and the Introduction of virtual groups.



## OCCUPATIONAL THERAPY IN THE INTENSIVE CARE UNIT: SERVICE IMPLEMENTATION APPROACH

### **Adam Amato**<sup>1</sup>

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**Introduction:** The Intensive care unit (ICU) at (name de-identified) have traditionally not utilised Occupational therapy services. Occupational therapy was safely introduced to the intensive care unit with a focus on early rehabilitation, delirium management and increased minutes of activity per patient per day. The aim of these interventions is to improve occupational performance.

**Objectives:** To safely implement and evaluate a protocol for Occupational Therapy services in the ICU.

**Method:** To establish an implementation and evaluation protocol, the following methods were utilised:

- Literature review.
- Consultation with other OT ICU services and experts in the field.
- Establish core competencies, education and orientation requirements.
- Establishment of referral indicators, outcome measure and role exploration.
- Evaluation plan and data collection methods established.

**Results:** The implementation protocol and evaluation plan were successfully developed and OT services have commenced in the ICU. The role of OT in the ICU is being monitored through outcome measures as per the evaluation plan.

**Conclusion:** Occupational Therapy in the intensive care unit has been demonstrated to be safe with education and risk minimisation strategies and has promising signs of being effective. Patients who received these interventions had the opportunity to work on functional goals whilst in the ICU. Patients were triaged at an earlier stage and referred for early rehabilitation via Occupational therapists and Allied health assistants when they were admitted to the wards, this lead to more streamlined referrals and earlier intervention



## OTHER

### **“YOU WON’T FIND THIS IN ANY TEXTBOOK” : EMBEDDING THE LISTENING TO VOICES LEARNING RESOURCE INTO OCCUPATIONAL THERAPY PROGRAMS**

**Dr Tracey Parnell** , **Associate Professor Michael Curtin**  
*Charles Sturt University, Albury, Australia*

**Introduction:** Academics are frequently presented with resources to facilitate occupational therapy students’ education and must make decisions regarding their use, including where to embed the content and how to scaffold and assess learning. The Listening to Voices (L2V) resource, foregrounding lived experiences of consumers of mental health services, was co-designed and co-produced by consumers, health workers, creative artists and academics. This resource equips educators with a strengths-based and respectful approach to develop students’ understanding of mental health issues.

**Learning Objectives:** Upon completion of this workshop participants will:

- be familiar with the L2V resource;
- embed the resource into learning activities that develop practice knowledge, skills and attitudes;
- develop an approach to reviewing and implementing resources;
- appreciate lived experience as an educative tool.

**Educational Methods:** Participants will work in small groups to actively, practically and collaboratively share, plan and explore ways to realistically embed the L2V resource within occupational therapy programs to meaningfully engage students in learning about mental health issues.

**Relevance to Occupational Therapy Knowledge and Practice:** The ever-changing landscape of health and disability practice requires students to be equipped with the capability to work with people experiencing mental health issues. This competence can be achieved by accessing and embedding high-quality resources, such as the L2V resource, into programs. Effective use of the L2V resource can positively involve students in contemporary conversations about mental health and provide them with the opportunity to engage with the consumer voice; thereby preparing them for respectful, collaborative, strengths-based and person-centred practice.



## **BEST PRACTICE CONSUMER PARTNERSHIPS IN RESEARCH: A CO-PRODUCED PRACTICE NOTE**

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**Rationale:** Partnering with consumers in occupational therapy research is a philosophical necessity and may enhance research accountability, applicability and translation.

**Objectives:** This co-produced presentation will provide real world recommendations based on a successful and ongoing research partnership between a PhD student, two academics and two consumers.

**Approach:** Since November 2019, we have collaborated on two literature reviews and a qualitative study. An additional study will have commenced before this presentation. Novel approaches have included learning and development tailored to our diverse needs; consumer-led email naming of qualitative themes; socially distanced qualitative content analysis on large paper print outs; and consumer-led development of a 'guide to research lingo'. Several consumer engagement frameworks have guided our work, and these will be discussed.

**Practice Implications:** We will share our learnings and recommendations for authentic research partnerships based on our reflections and research results. We have enacted the following best practice consumer engagement in research principles: role clarity; communication and meeting processes; learning and development needs; budgeting and compensation; and progressive evaluation and sustainability. Benefits of our partnership have included significant co-learning; enjoyment; enhanced research accountability to health service users; and valuable consumer perspectives during research preparation, execution and translation. Challenges have included difficulty in recruitment and retention of consumers from a range of sociocultural backgrounds; logistics for meetings; providing for individual learning needs; ethical approval delays; and the time required for everyone to participate meaningfully.

**Conclusion:** Our practice note will showcase how occupational therapists can demonstrate our core values through consumer research partnerships.