

Building research capacity within physiotherapy

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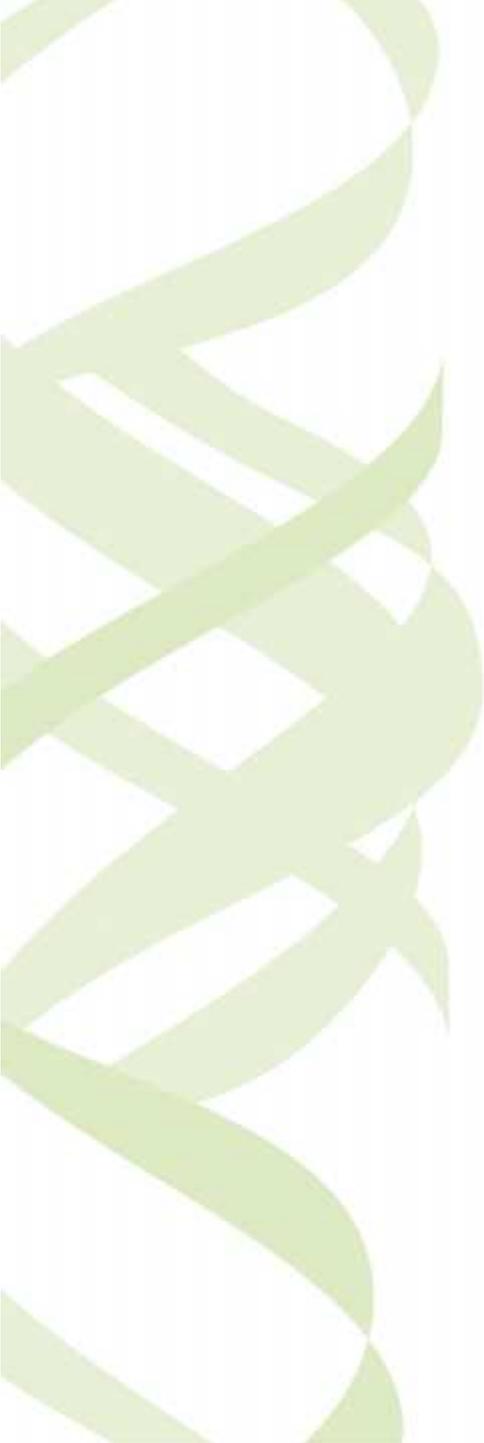
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BACKGROUND

- Research – important component of clinical practice of AH practitioners; difficult to undertake – limitations in time, resources, expertise.
- Building research capacity – workplace culture, leadership, workplace and career flexibility, funding, collaboration, individuals, communication.
- RAH Physiotherapy Department initiative:
 - commenced in 1995.
 - research co-ordinator role (12 hours/week).
 - aimed at fostering clinical research and building research capacity within the department.



AIM

- Review the achievements associated with this initiative to highlight its successes, difficulties and failures.



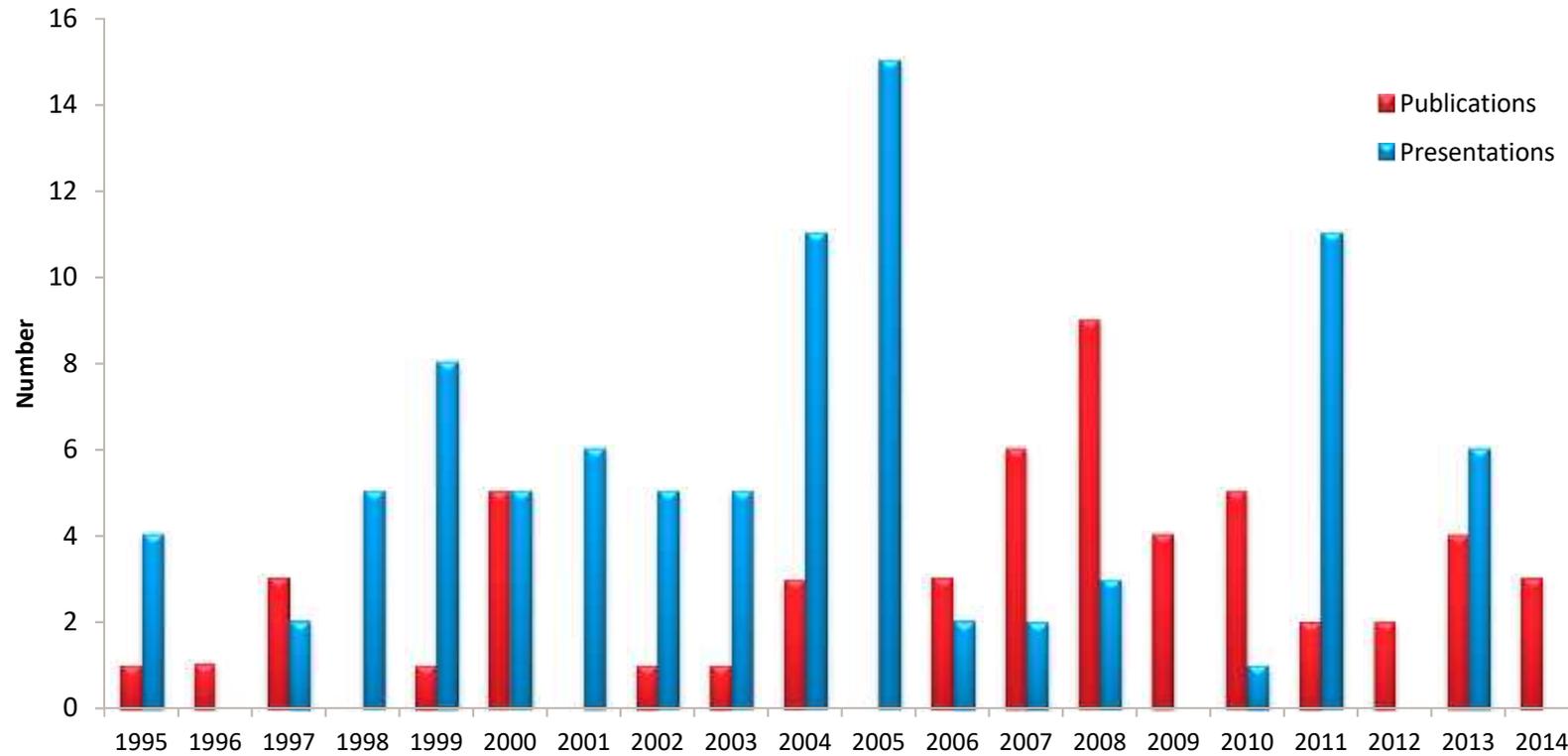
METHODS

- Retrospective descriptive review of research undertaken over a 20-year period (1995 to 2014 inclusive).
- Outcomes include:
 - major publications in peer-reviewed journals.
 - national/international conference presentations.
 - conversion rates to publication/presentation.
 - range of clinical areas.
 - clinical relevance.
 - number of staff involved.
 - collaboration.
 - grant applications.
- Data retrieved from yearly research reports.
- Successes, difficulties, failures highlighted.

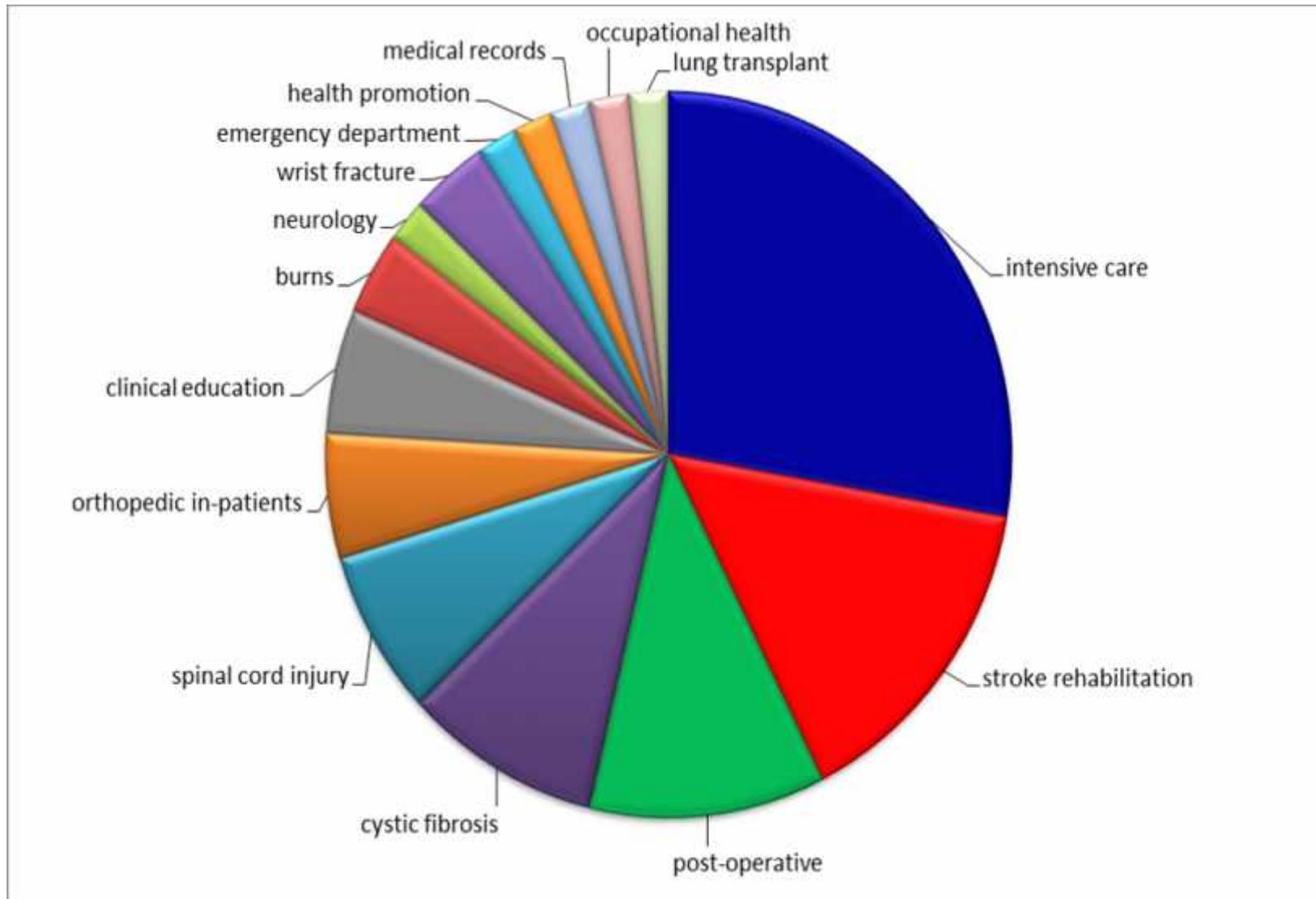
RESULTS

Successes

- 54 major publications and 91 presentations at a national/international level.
- Range of journals / conferences.



Clinical areas



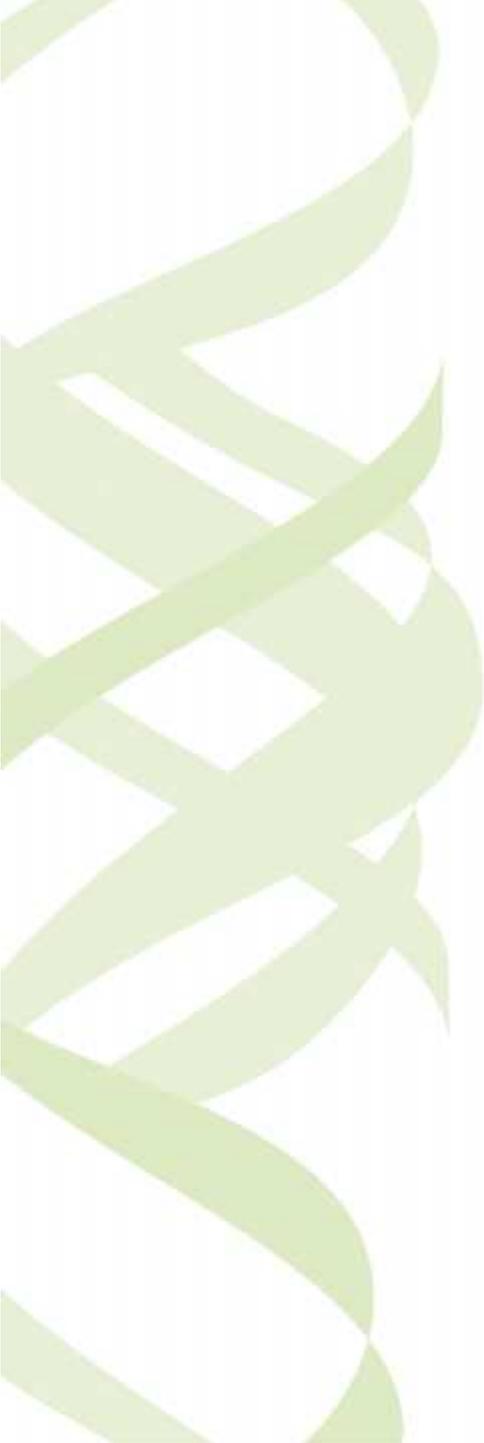
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- 42 clinical studies, 5 literature reviews.
 - 100% of completed research published/presented.
 - Patient-centred, clinically relevant, influenced practice:
 - bed exercises after hip arthroplasty.
 - safety aspects of mobilising critically ill patients.
 - circuit class therapy during stroke rehabilitation.
 - physical outcomes of patients with burn injuries.
 - physiotherapy interventions for patients with distal radius fracture.
 - Large number (~ 34) staff involved, varying levels of experience (new graduates to senior), 14 repeated involvement.

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- Collaboration with other hospital departments (n = 5) and/or universities (n = 27).
 - 9 staff - research degrees (Honours = 5, Masters = 2, PhD = 2).
 - Supervision of 12 research degree students (Honours = 5, Masters = 3, PhD = 4).
 - 9 successful grant applications, ~ \$70,000.
 - Identified need for, and subsequent provision of, specific AH grants from within organisational grants.
 - National/international recognition.
 - Invitations as keynote speaker.
 - Invitations to review grant applications and journal submissions.
 - Increased staff awareness of clinical research and research evidence – clear rationale for our clinical services in a resource-constrained environment.
 - Expansion of role to AH-wide from 2015.



Difficulties

- Initial discontent amongst peers – viewed conversion of clinical time to research as a luxury.
- Slow recruitment rates to clinical trials, leading to focus on high-volume clinical areas.
- Resource issues, particularly recruiting staff to back-fill.
- Lack of engagement from non-physiotherapy staff.
- Lack of career structure for staff interested in research.
- Loss of staff (n = 5) to university positions.
- Over-reliance on KS to assist with research.



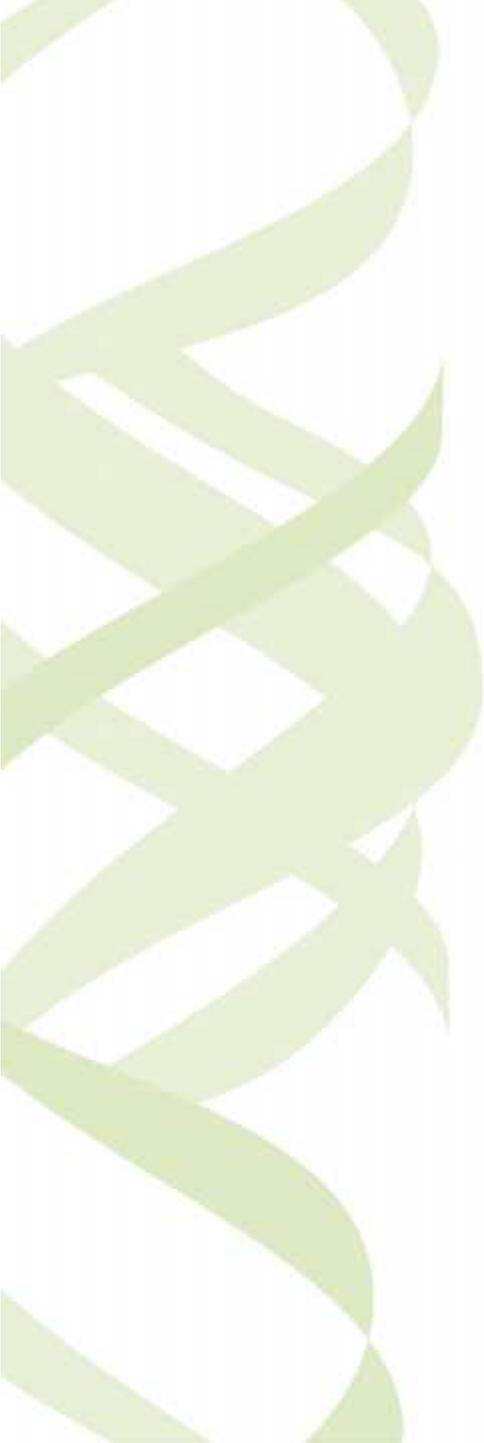
Failures

- Infrequent but included:
 - abandoned studies due to slow recruitment or personnel issues (n = 3).
 - inadvertent use of incorrect data sourced externally (n = 1).
 - joint appointment with university not pursued.



DISCUSSION

- Identifying a clinician with research interest/expertise and quarantining time to enable a research co-ordinating role successfully fostered research and built research capacity within a clinical AH department.
- Enabled numerous physiotherapy staff with no research expertise to successfully undertake research where this would otherwise have been impossible.



Lessons learnt

- Appoint the right person with the right attributes!
- Involve those with an interest in clinical research.
- Focus on high-volume areas.
- Ensure a clear link between research and clinical practice.
- Involve novice researchers in relatively simple research designs.
- Keep a record of research-related activities.



Limitations

- Retrospective design.
- Only directly applicable to RAH Physiotherapy Department.
- Personal involvement – bias.
- Focused on one method of building research capacity.
- Impact factor of journals.

Conclusions

- Appointing a research co-ordinator with quarantined research time was successful at fostering research and building research capacity within a clinical AH department.



Publication

Stiller K, Haensel N. An initiative to build research capacity within a physiotherapy department: hits and misses over a 20-year period. Internet Journal of Allied Health Sciences and Practice 2016;14(4),article 1.