

iCAHE JC Critical Appraisal Summary

Journal Club Details

Journal Club location	Lyell McEwin Hospital
JC Facilitator	Rachelle Bassi
JC Discipline	Occupational Therapy

Question

In our setting, LMH, we used to have only 1 allied health assistant for both OT and PT department. Then we have our own AHA and we find it quite convenient. AHAs will help us with handing out Long handled aids, flyers and providing therapy program, etc. During our journal club today, we want to know how beneficial would it be to have AHA for OT in acute setting. Do other hospitals in Australia do any researches about it? We want evidence to back up our practice of using AHAs.

Review Question/PICO/PACO

P Allied Health Assistants

| NA

C NA

Q NA

Article/Paper

Stute M, Hurwood A, Hulcombe J, Kuipers P. Pilot implementation of allied health assistant roles within publicly funded health services in Queensland, Australia: results of a workplace audit. BMC health services research. 2014 Dec;14(1):258.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the DOHSA librarian.

Article Methodology: MIXED METHODS

[Click here](#) to access critical appraisal tool

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Ques No.	Yes	Can't Tell	No	Comments
1	✓			<p><i>Is there a clear qualitative and/or quantitative research question (or research objective)?</i></p> <p>To inform the future development of the allied health assistant workforce, a state-wide pilot project was implemented and audited</p>
2	✓			<p><i>Do the collected data allow answering (meeting) the research question (objective)? e.g., consider whether the follow-up period was long enough for the outcome to occur (concerning longitudinal studies or study components).</i></p> <p>New allied health assistant positions were implemented in numerous settings at three levels (trainee level, full (standard) scope and advanced scope level). Six months after implementation, 41 positions were audited, using a detailed on-site audit process, conducted by multiple audit teams</p> <p><i>Further quality appraisal may not be feasible when the answer is 'No' or 'Can't tell' to one or both questions.</i></p>
QUALITATIVE				
3	✓			<p><i>Do the data sources, e.g., participants, allow answering (meeting) the research question (objective)?</i></p> <p>Role descriptions</p> <ul style="list-style-type: none"> • Do the generic and contextualised role descriptions have transferability to a variety of worksites, disciplines, clinical areas and locations? • Do they promote consistency in the role and scope of practice through supporting development of task lists? • Are the key accountabilities clear, appropriate and do they differentiate roles at different levels? <p>Task lists</p> <ul style="list-style-type: none"> • Do the tasks align with the key accountabilities at each level? • Should additional tasks be added to the list? • Were all the tasks on the list being delegated to the assistant? If not, why? • Were there any tasks being delegated to the assistant that were not on the task list? What were they? • Did the task list describe the required level of supervision for each role? <p>Induction and training</p> <ul style="list-style-type: none"> • Was there a process in place to ensure that each allied health assistant was competent to perform their role? <p>Supervision and delegation</p> <ul style="list-style-type: none"> • Were the allied health assistant and the delegating allied health professionals aware of the assistant's scope of practice? • Were formal supervision arrangements in place? • Were all tasks that should have been delegated to the assistant being delegated? • Was the assistant working without appropriate supervision or performing tasks that should not have been delegated to them (due to skill deficiencies or client complexity for example)?

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4	✓			Does the process for analysing qualitative data allow answering (meeting) the research question (objective)?
5	✓			Is appropriate consideration given to how findings relate to the context, e.g., the setting, in which the data were collected?
6	✓			Is appropriate consideration given to how findings relate to researchers' influence, e.g., through their interactions with participants?
QUANTITATIVE				
7	✓			Does the sampling strategy allow answering the research question?
				At the end of the pilot trials, 41 positions were audited over a two-month period
8	✓			Is the sample representative of the population under study?
				AHAs were developed across 13 allied health professions, through a combination of focus groups, a Delphi survey, and the analysis of existing role descriptions. The majority of these role descriptions were generic in nature (in order to promote role consistency), however in the case of medical imaging, pharmacy and social work, they were contextualised to better fit the particular duties required of assistants in those settings. The current analysis aimed to evaluate the scope of practice of AHAs as documented in the generic and contextualised role descriptions across the three levels to which AHAs were appointed in Queensland, namely, trainee AHA, full (standard) scope AHA, and advanced level AHA.
9		✓		Are measurements appropriate (clear origin, or validity known, or standard instrument)?
				Quantitative measures were related to the calculation and composition of AHA's in QLD. Therefore, no outcome measures were utilized for quantitative measurements, but rather data was numerical for averages and percentages.
10	✓			Is there an acceptable response rate (60% or above)?
				41 positions were audited over a two-month period, with 10 positions not included in the audit due to staff turnover.
MIXED METHODS				

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11	✓		<p>Does the mixed methods research design allow answering (meeting) the research question (objective)?</p> <p>YES</p> <p>Does the integration of qualitative and quantitative data (or results) allow answering (meeting) the research question (objective)?*</p> <p>Yes, the numerical data (being percentages, etc) provides support for the qualitative investigation that was undertaken.</p>
12		✓	<p>Is appropriate consideration given to the limitations associated with this integration, e.g., the divergence of qualitative and quantitative data (or results) in a triangulation design?</p> <p>The data is utilised in support of one another, with quantitative data being used to assist with drawing meaning from the qualitative data. However, triangulation does not occur.</p>
iCAHE 'NEXT STEPS' QUESTIONS			
13	Journal Club to discuss		<p>Can the results be applied to the local population?</p> <p>CONTEXT ASSESSMENT (please refer to attached document)</p> <ul style="list-style-type: none"> – <i>Infrastructure</i> – <i>Available workforce</i> (? Need for substitute workforce?) – <i>Patient characteristics</i> – <i>Training and upskilling, accreditation, recognition</i> – <i>Ready access to information sources</i> – <i>Legislative, financial & systems support</i> – <i>Health service system, referral processes and decision-makers</i> – <i>Communication</i> – <i>Best ways of presenting information to different end-users</i> – <i>Availability of relevant equipment</i> – <i>Cultural acceptability of recommendations</i> – <i>Others</i>
14			Were all important outcomes considered?
15			Are the benefits worth the harms and costs?
16			What do the study findings mean to practice (i.e. clinical practice, systems or processes)?
17			<p>What are your next steps?</p> <p>ADOPT, CONTEXTUALISE, ADAPT</p> <p>And then (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.)</p>
18			What is required to implement these next steps?