THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

CREATE CHANGE

2023 Postgraduate Research Conference

Contents

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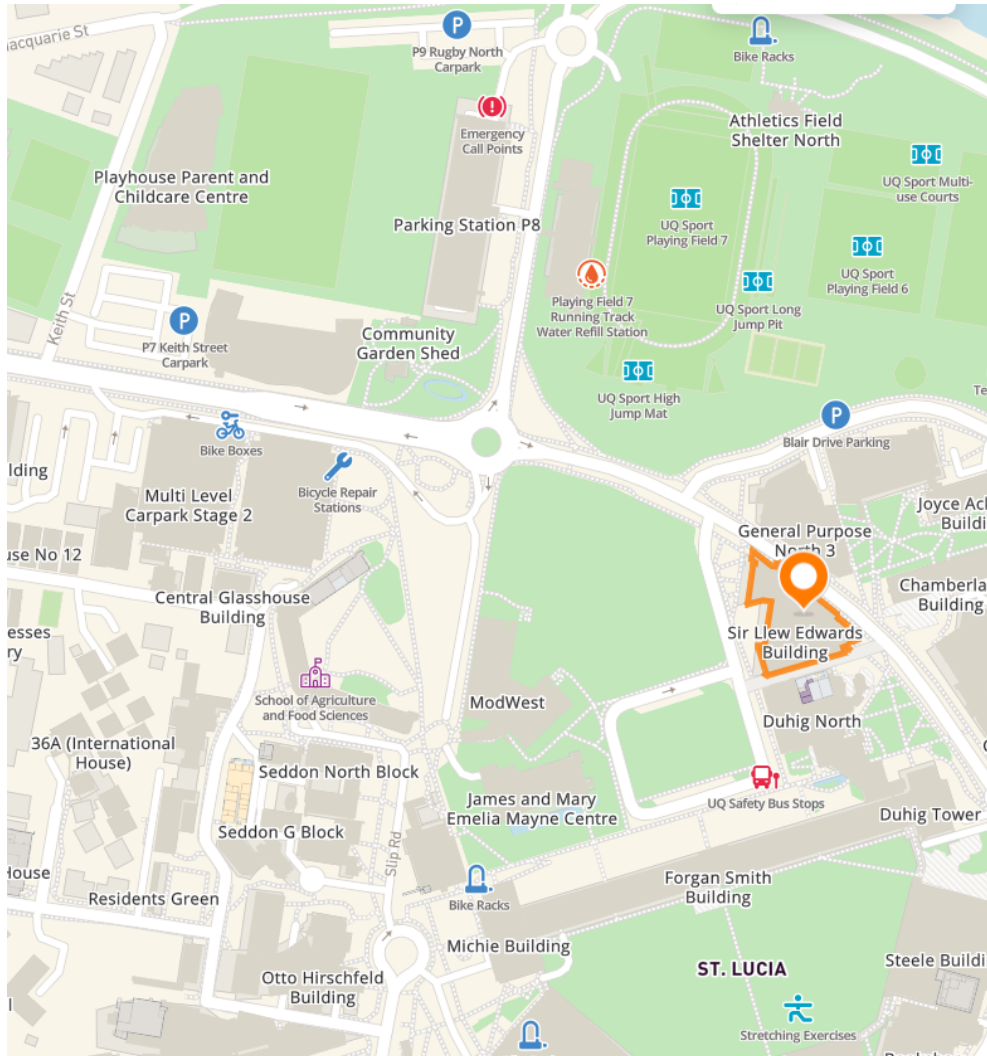Ms Pascale Nijssen

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The UQ Union Association of Postgraduate Students
The Early and Mid-Career Academics Committee

Conference Venue

Building 14 Sir Llew Edwards Building, Room 212, The University of Queensland, St Lucia, 4072

Link to the map: https://link.mazemap.com/tYF454io

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Parking

The nearest parking station for those with a staff permit is P11 Conifer Knoll Parking Station, 98D. There is also casual parking available at the UQ Centre (27A), located on Union Rd.
A link to the St Lucia Live Parking feed can be found here:
Live feed of St Lucia parking space availability - Campuses - University of Queensland (uq.edu.au)
Please also consider public transport or carpooling as options for the day.

Networking Event

The 2023 SHRS Research Conference and Early-Mid-Career Academic Committees invite you to join us for an informal get-together with wine and cheese following the SHRS Conference proceedings. This event is kindly sponsored by the Association of Postgraduate Students.

This will be a fantastic opportunity for students, early- and mid-career academics and the broader research community from different faculties, schools, healthcare and industry settings to come together and talk about anything and everything with the goal of fostering new ideas and opportunities.

- New research ideas?

- Collaborative/cross-collaborative opportunities?

- PhD opportunities?

This event aims to create a dynamic platform for current and future students to connect with and learn from mentors, and for EMCRs to connect with each other and potential HDR candidates in their respective research fields. The event will also provide information about upcoming support opportunities for early- and mid-career academics, and how you can take advantage of them.

Conference program

07.45	Sir Llew Edwards Building 212	**Registration**	
08.30 – 8.45		**Opening plenary: Professor Sandy Brauer** Acknowledgement of Country Conference Welcome	
		Keynote presentations	
8.45 – 9.15	Sir Llew Edwards Building 212	*Keynote speaker: Professor Stewart Trost*	*Questions for our keynote speakers?* *Enter them here: Q&A*
09.15 – 09.45		*Keynote speaker: Ms Jennifer Muller*	
09.45 – 10.15		*Keynote speaker: Dr Michelle King*	
10.15 – 10.45		**Expert panel discussion** *Professor Stewart Trost* *Jennifer Muller* *Dr Michelle King*	*Questions for our keynote speakers?* *Enter them here: Q&A*
10.45 – 11.10	**Morning tea**		
	Oral presentations: Paediatrics: Healthy start to life (Sir Llew Edwards Building Room 219)	**Oral presentations: Neurorehabilitation & Ageing** (Sir Llew Edwards Building Room 216)	**Oral presentations: Knowledge Translation & Impact** (Sir Llew Edwards Building Room 217)

11.10 – 11.16	Welcome to session	Welcome to session	Welcome to session
11.16 – 11.28	Telesimulation for teaching clinical skills in infant feeding: A randomised controlled trial *Jeanne Marshall*	Occupational therapy clinical practice in acquired brain injury in Chile: a scoping review *Sebastian Gallegos-Berrios*	Experiences of Temporary Feeding Tubes in Children: Parental Insights and Advice *Claire Reilly*
11.28 – 11.40	Exploring paediatric to adult hearing healthcare transition experiences of emerging adults who are deaf/hard of hearing: A study protocol *Jermy Pang*	Defining and conceptualising financial capability in adults with acquired cognitive impairment *Sarah Swan*	How are the support needs of people with a disability wanting to participate in physical activity assessed? A scoping review *Emily McDormand*
11.40 – 11.52	I can set MyGOALS! Developing an online tool for child-led goal setting using user-centred design *Aisling Ryan*	Every step is important: Stakeholder perspectives of clinically meaningful changes in aphasia recovery *Sally Zingleman*	Attitudes and perceptions towards mental health help-seeking behaviour and mental health services of international students from Asia: A systematic review *Shleshma Dhakal*
11.52 – 12.04	Participation experiences of young people with cerebral palsy *Jacinta Quartermaine*	Understanding Barriers and Enablers to Return to Driving from the Perspective of People with Aphasia Post-Stroke: A Qualitative Study Using the Theoretical Domains Framework *Helen Wallace*	Understanding therapeutic relationship in physical activity intervention: A national survey *Kate Gaukroger*
12.04 – 12.16	Establishing a priority setting partnership with consumers to identify practices which promote participation for children with a spinal disability *Jessica Thackeray*	Investigating semantic memory in presurgical anterior temporal lobe epilepsy patients *Lucy Gaspar*	Actors, Behaviours and Challenges: The ABC of Resilient Hearing and Vision healthcare systems for people in Aged Care Communities *Divya Anantharaman*
12.16 – 12.28	Activating parents in early childhood intervention: Implementation of a family-centred, relationally based program delivered to early childhood therapists at the Benevolent Society *Zoe Bidgood*	Exploring Subjective and Objective Outcome Measures for the Detection of Gynaecological Cancer-Related Lymphoedema *Caroline Jones*	Is a user-led design approach enough? Investigating the use and value of a clinician-led electronic medical record (EMR) enhancement for stroke *Samantha Robertson*
12.28 – 12.40	Sports Priorities and Objectives for Research & Translation of Youth with childhood-onset disability (the SPORTY project) *Afra Islam*	Identification of putative causal relationships between stroke and 1504 complex traits using large-scale phenome-wide screening *Tania Islam*	No presentation scheduled
12.40 – 13.25	**Lunch**		

	Oral presentations: Communication & Digital Health (Sir Llew Edwards Building Room 219)	Oral presentations: Professional Education (Sir Llew Edwards Building Room 216)	Oral presentations: Musculoskeletal: Movement in health (Sir Llew Edwards Building Room 217)
13.25 – 13.33	Welcome to session	Welcome to session	Welcome to session
13.33 – 13.45	Co-design of a unified, international aphasia awareness campaign *Claire Bennington*	Looking after ourselves while we look after children and families: Evaluating a wellbeing and resilience workshop for health practitioners working with children *Benz Halog*	Global Research on 24-Hour Movement Behaviors in Children and Adolescents: A Systematic Review *Mosharop Hossian*
13.45 – 13.57	What makes for successful conversation for couples where one person has aphasia? Development of a Patient Reported Outcome Measure *Annette Rotherham*	Exploring clinical educators' expectations and experiences of people handling skills and competencies of occupational therapy students *Hiu Man Chan*	Family Interventions to promote Healthy Screen Use in Adolescents aged 5-18 years: A Systematic Review and Meta-Analysis *Anjana Rajagopal*
13.57 – 14.09	An investigation of clinician satisfaction and perceptions of a training package for TeleCHAT: an intensive comprehensive aphasia program delivered via telerehabilitation *Shu En Lee*	Speech-language pathologists' perceptions of their clinical competence in managing stuttering: A systematic review with narrative synthesis *Emma Alegre*	How to foster equitable change in health services? Using critical reflexivity to challenge dominant discourses in low back pain care in Australia *Karime Mescouto*
14.09 – 14.21	Hearing health inequalities in Culturally and Linguistically Diverse (CALD) communities in Australia *Dumini de Silva*	What should all health professionals know about movement behaviour change? An international Delphi-based consensus statement *Tahlia Alsop*	Impairments and pain hypersensitivity with cervical musculoskeletal testing and relationships to active trigger points and tenderness scores in migraine and tension type headache: An updated systematic review and meta-analysis *Chalomjai Pensri*
14.21 – 14.33	Engagement between hearing Services providers and translation & interpreting (T&I) services *Mehwish Nisar*	Understanding learning experiences of students from culturally and linguistically diverse (CALD) backgrounds pursuing healthcare degrees: A scoping review *Rod Zhang*	No presentation scheduled
14.33 – 14.45	Adolescent Perspectives of Sharing Responsibility for the Management of Type 1 Diabetes in Secondary School *Lisa Gardener*	No presentation scheduled	No presentation scheduled
14.45 – 15.05	**Afternoon tea**		

		Early Career Researcher Rising Star Plenary
15.05 – 15.20	Sir Llew Edwards Room 212	Rising star: Ms Lisa Anemaat
15.20 – 15.35		Rising star: Dr Kirstine Shrubsole
15.35 – 16.00		**Award ceremony and closing address: Professor Paul Hodges**
16.00 – 17.30	**Wine and Cheese Networking Event.** *Kindly sponsored by the Association of Postgraduate Students*	

Keynote Speakers

Professor Stewart Trost

Professor Stewart Trost is a Professor in Paediatric Allied Health Research with a conjoint appointment with Children's Health Queensland Hospital and Health Service and the School of Human Movement and Nutrition Sciences at The University of Queensland. Prof Trost leads the Children's Physical Activity Research Group (CPARG) at the QLD Centre of Children's Health Research. His program of research seeks to enhance the health and quality of life of children, both typically developing and those with chronic and complex health conditions, by generating the knowledge needed to design and implement effective programs to promote habitual physical activity, enhance movement competence, and increase aerobic fitness. He is an internationally recognised research leader in the use of artificial intelligence and wearable sensors in the assessment of movement behaviours, community-based PA interventions, and client-centred therapeutic exercise programs for children and youth with chronic and complex health conditions.

Prof Trost has a career total of over 250 publications in high-quality peer-reviewed journals such as JAMA Pediatrics, Pediatrics, Medicine & Science in Sports & Exercise, and Journal of Pediatrics. He has won >$39M in grants, including CI on 15 NHMRC projects. He has published 8 articles with > 1000 citations, 37 articles with > 200 citations, and more than 75 articles with > 100 citations (career total 49,150 citations, 16,915 since 2018, FWCI = 3.54). Major current funding support as CIA includes: 2019-2023 AU$1M NHRMC: BREATH RCT in children with bronchiectasis and the 2020-2023 AU$1M MRFF First 2000 days: Healthy Conversations at Playgroup RCT. 2023-2026 MRFF Effective Treatments and Therapies Implementation and scale-up of a consumer co-designed physical activity promotion program for people with moderate-to-profound disabilities.

Jennifer Muller

Ms Jennifer Muller has a lived experience of stroke and has been a consumer advocate for stroke survivors on various state and national committees. She was the Non-Executive Director of the Stroke Foundation Board, representing the interests of Consumers, and Chair of the Consumer Council for nine years. During this period, she was a consumer member of the Commonwealth government expert committees on the National Action Plan for Heart and Stroke and the National Clinical Quality Registries. She also draws on her experience and knowledge of public health, health systems and strategic planning. She held the position of Adjunct Associate Professor, School of Public Health and Social Work, Faculty of Health, Queensland University of Technology for six years.

Currently Jennifer is the consumer member of the Surgical, Treatment and Rehabilitation Service (STARS) Research Advisory Committee and is actively involved in advocating for the engagement of consumers in research projects and is a participant in several ongoing projects.

Prior to her current role, Ms Muller was a Senior Executive in Queensland Health and led the development and implementation of the state-wide cancer screening services BreastScreen Queensland, the Cervical and Bowel Cancer Screening Programs including; establishing information systems, state level clinical quality registers and ensuring equitable access to services for people in rural and remote areas, Aboriginal and Torres Strait Islanders, people from diverse cultures and disadvantaged groups.

Ms Muller holds a Master of Environmental and Community Health from Griffith University, a Graduate Diploma of Health Education from Queensland University of Technology and a Diploma of Radiography (Diagnostic) from NSW University of Technology and is the recipient of an Australian Public Service Medal Honours Award and an Australia Day Achievement Medallion.

Dr Michelle King

Dr Michelle King is a sociologist, lawyer, and consumer advocate. Her research work focuses on decision-making, and how law works in practice for people with disabilities and other impairments to legal capacity. Michelle works as a Research Fellow at QARC on the Better Conversations about Care project. She researches communication, inclusion, and decision-making in aged care, and coordinates the lived experience and co-design elements of the project.

Michelle is also a health consumer and disability advocate. She has lived experience in complex disability as a parent and supporter of her 24-year-old daughter, Daelle, who has profound intellectual and multiple disabilities. Michelle serves in a range of roles as an advocate and consumer, including as co-chair of the Consumer Panel and member of the National Guidelines Leadership Group on Australia's *National Living Evidence Taskforce* (producing the national clinical guidelines for Covid-19 and Monkeypox), and as board chair of *Child Unlimited* (the national research alliance for children and young people with chronic illness and disability). She is a consumer member of Queensland Health's *Adolescent and Young Adult SubNetwork*; Metro North HHS's *Disability Service Plan Steering Committee*; Brisbane North PHN's *Consumer Advisory Committee*; and STARS Hospital's *Education and Research Consumer Group*.

As disability advocates, Daelle and Michelle have co-presented at national conferences; been invited to roundtables for the NDIS, the Disability Royal Commission; and the Queensland Public Advocate; and co-presented with Kurt Fearnley about Accessibility at a national *Facilities Management Network* event in 2022. This year, they were invited advocates at a Parliamentary session for young people with chronic ill health and disabilities in Canberra, and keynote speakers at the upcoming *ASID* national conference in November.

![The University of Queensland logo with "CREATE CHANGE" text]

Abstracts

Stream: Paediatrics: Healthy start to life

Jeanne Marshall

Telesimulation for teaching clinical skills in infant feeding: A randomised controlled trial

Authors: Jeanne Marshall[1,2], Madeline Raatz[1,3], Elizabeth Ward[2,4], Adriana Penman[2], Sally Clarke[1], Kelly Beak[1]

1. Speech Pathology Department, Queensland Children's Hospital, Children's Health Queensland Hospital and Health Service, Brisbane Australia
2. School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, Australia
3. Logan and Beaudesert Health Service, Metro South Hospital and Health Service, Brisbane, Australia
4. Centre for Functioning and Health Research (CFAHR), Metro South Hospital and Health Service, Brisbane, Australia

Introduction
Simulation is an education modality that enables practice of new skills in a supportive environment. Largely driven by the pandemic, simulation via telepractice, i.e., telesimulation, has emerged, but little is known about whether outcomes of telesimulation are comparable to those experienced in person.

Participants and methods
In this pragmatic randomised controlled trial, speech pathologists (SLPs) met eligibility criteria if they a) were qualified; b) had an interest in infant feeding; and c) could travel to the study location. Block randomisation matched participants with <6 months experience to those with >6 months experience (2:1 ratio). Participants completed measures regarding confidence/anxiety, clinical reasoning, and satisfaction pre-, post- and at 4-weeks post-simulation.

Results
Overall, 39 SLPs participated (in-person n=17; telesimulation n=22). There were no significant differences between the groups at baseline. Telesimulation participants demonstrated a significant improvement in clinical vignette scores across the three timepoints ($p<0.05$; effect size=0.12) whereas in-person participants did not. Although confidence to practice increased and anxiety decreased significantly over the course of the study ($p<0.01$; effect size=0.63), there were no significant differences between the two modalities with regards to these measures. Both groups demonstrated high levels of satisfaction.

Conclusion
Telesimulation learning outcomes were equal or superior to in-person simulation. Further exploration regarding interprofessional simulations, and skills transfer into direct patient care is now required.

Jermy Pang

Exploring paediatric to adult hearing healthcare transition experiences of emerging adults who are deaf/hard of hearing – A study protocol

Authors: Jermy Pang[1], Naomi Clarry[2], Elina Passant[2], David Allen[3,4], Nerina Scarinci[1]

1. School of Health and Rehabilitation Sciences, The University of Queensland
2. Lived Experience Expert, Consumer Advocate
3. Incept Labs
4. Department of Linguistics, Macquarie University

Introduction
Purposeful chronic paediatric to adult healthcare transition (HCT) is critical to attaining adult goals. Successful transition has been shown to impact on a range of outcomes, including education levels, vocational opportunities, and health status. Presently, there is little understanding of how deaf/hard of hearing (D/HH) emerging adults navigate this transition. In Australia, many young adults who are D/HH lose eligibility for government-funded hearing services once they turn 26 years old, which may exacerbate health inequities for this population. The aim of this study is to explore the lived experience of young D/HH adults who have or will have experience of paediatric to adult hearing HCT.

Participants and methods
D/HH emerging adults (16-30 years old) currently accessing hearing services via the Australian government-funded Hearing Services Program will be invited to participate. This study adopts a qualitative research methodology to capture insights, sentiments, and needs through participants' stories about hearing HCT experiences. Data collection will involve art-based and Indigenous yarning research methods, which are known to elevate participants' voices and promote engagement and safety.

Resulting transcripts will be transcribed verbatim, and thematically analysed following Braun & Clarke's thematic analysis approach.

Results
This presentation will present a protocol so no results will be presented.

Conclusion
The results of this study will inform clinical practice and policy design for D/HH young people.

Aisling Ryan

I can set MyGOALS! Developing an online tool for child-led goal setting using user-centred design.

Authors: Aisling Ryan (PHD candidate)[1], Associate Professor Leanne Johnston[1], Dr Peter Worthy[2], Associate Professor Laura Miller[3]

1. School of Health and Rehabilitation Sciences, The University of Queensland
2. School of Electrical Engineering and Computer Science, The University of Queensland
3. School of Allied Health, Australian Catholic University

Introduction

Goal setting is an essential component of delivering healthcare intervention, and there is evidence that children have the competence to identify achievable goals. Furthermore, the selection of personally meaningful goals can increase motivation and lead to improved therapeutic outcomes. In current practice children play a marginal role in goal setting when compared to their parents or therapists. Barriers to child-led goal setting have been cited as a lack of optimal procedures, tools, and strategies to support children to engage in goal setting and identify meaningful goals.

Purpose

The aim of this study is to use user-centred design principles to develop an online tool which is appropriate, accessible, practicable, and acceptable for child-led goal setting for therapy intervention.

Methods

The study design used a mixed-methods design. Purposive sampling techniques were used to recruit 1) Children aged 5≤15 years old and their caregivers 2) Paediatric allied health professionals. Participants are taking part in a series of technology co-design sessions to provide ideas and feedback which is supporting iterative tool development. Following development, the tool will be piloted with participants to evaluate clinical utility and user experience when used in goal setting. Qualitative analysis will be used to categorise, synthesise, and interpret data from co-design and pilot sessions.

Results

Seven children/caregiver dyads and eleven allied health professionals have taken part in two rounds of technology co-design. Input from participants in round one revealed key design considerations that have shaped the development of the user interface for the online goal setting tool, and further feedback has been sought in round two regarding tool design and function. Feedback from participants has indicated preliminary acceptability and usability of the tool. A final technology co-design round is due to be completed by November 2023.

Conclusions

Results have the potential to improve future goal setting and service delivery in paediatric healthcare for children with disabilities or delays as well as key considerations for designing technology that aims to engage children with disabilities in goal setting activities.

Jacinta Quartermaine

Participation Experiences of Young People with Cerebral Palsy

Authors: Jacinta R Quartermaine[1,2,3,4], Dr Tanya A Rose[1], Dr Megan L Auld[1,2,3,4], & A/Prof Leanne M Johnston[1,2]

1. The University of Queensland, School of Health and Rehabilitation Sciences, Brisbane, Australia.
2. Children's Motor Control Research Collaboration, Brisbane, Australia
3. Choice, Passion, Life, Queensland, Brisbane, Australia.
4. Queensland Cerebral Palsy Register, Brisbane, Australia.

Introduction
Young people with cerebral palsy (CP) participate less than their typically developing peers. The research in this thesis aimed to explore the participation experiences and influencing factors for young people with CP.

Methods and Results
First, a systematic review collected data from 27 articles utilising seven participation-focused measures used with young people with CP. Findings showed a need for stronger psychometric data to support using these measures, and few included studies (37%) involving the self-report of people with communication support needs (CSN). Next, a Delphi study obtained consensus between consumers and health professionals on the most important factors influencing the participation of young people with CP. Findings emphasised the importance of having diverse services available to support positive participation experiences and the need for further advocacy and education to increase acceptance. Finally, two qualitative descriptive studies utilised reflexive thematic analysis to explore the participation experiences of 15 young people with CP (aged 15 to 26 years) with a diverse range of motor abilities and CSN. The first qualitative study resulted in five themes that emphasised how participants describe the home environment as inclusive. In contrast, the final study had six themes highlighting how they perceive community-based participation as a balancing act between factors that help and hinder their experiences.

Conclusion and Relevance to Theme
Future research and intervention need to shift focus towards addressing the identified environmental factors. There is a shared responsibility across service providers, health professionals, organisations, and the general community to work with people who have lived experience and advocate for change by addressing the influencing factors identified in this research to improve the participation experiences of young people with CP.

Jessica Thackeray

Establishing a priority setting partnership with consumers to identify practices which promote participation for children with a spinal disability.

Authors: Jessica Thackeray[1], Dr Melanie Hoyle[1,2], Dr Sarah Reedman[3,4], Associate Professor Jodie Copley[1]

1. School of Health and Rehabilitation Sciences, The University of Queensland
2. UQ Healthy Living, The University of Queensland
3. Queensland Cerebral Palsy and Rehabilitation Research Centre, The University of Queensland
4. Cerebral Palsy Alliance, The University of Sydney

Introduction

Consumer engagement is integral to ensuring meaningful research findings and widespread change in healthcare. Priority setting partnerships (PSP's) are the gold-standard in co-designing research agendas for individuals with disability. PSP's have been used to identify care-seeking priorities when developing interdisciplinary intervention frameworks. This presentation describes the process of utilising a PSP to capture perspectives of stakeholders (i.e., children with a spinal disability (SD), their families and health professionals (HP's)) regarding practices (e.g., the way they interact, set goals, make decisions, and do activities) that promote participation for children with SD.

Participants and methods

This PSP includes three parts: 1) Three steering committee workshops using nominal group technique to identify practices which promote participation, 2) A survey inviting stakeholders to rate importance and expand on practices identified, 3) A follow-up workshop with the original steering committee to confirm the practice priorities.

Results

Priorities will be drawn from the quantitative ratings and the qualitative themes identified in the survey, to reach consensus on a list of practices to guide future research, including the development of an intervention framework.

Conclusion

A PSP offers a means to foster genuine engagement, steering research in alignment with stakeholder priorities. This methodology is being employed to collaborate with stakeholders, working towards the creation of an interdisciplinary framework. This aims to enhance the practices of health professionals working to promote participation of children with SD.

Zoe Bidgood

Activating parents in early childhood intervention: Implementation of a family-centred, relationally based program delivered to early childhood therapists at the Benevolent Society

Authors: Zoe Bidgood[1], Dr Jacqui Barfoot[1], Dr John Callanan[2], Eden Diggle[3]

1. School of Health and Rehabilitation Sciences, The University of Queensland
2. Psychology, School of Human Health and Social Sciences, Central Queensland University
3. The Benevolent Society, Brisbane Australia

Introduction
While early childhood practitioners acknowledge the value of a relationship-based approach, literature suggests that they lack the skills and confidence to implement it into practice. Reflective supervision is considered an important aspect of implementing key principles of a relationship-focused approach into practice.

Participants and methods
24 Early childhood practitioners at The Benevolent Society participated in six workshops about the *Parent Child Relationally Informed-Early Intervention* model paired with research behind a relationship-based approach. Participants also engaged in monthly group supervision to support clinical application.

A concurrent mixed methods repeated measures research design with three time points (pre-workshop, post-workshop and 6-months post-workshop) was used to evaluate the effectiveness of the workshop series and the reflective supervision. It was hypothesised that completing this workshop with the reflective supervision would increase participant's knowledge, skills, and confidence in providing a relationship-based approach.

Results
Descriptive statistics, t-tests and thematic statistical analyses were conducted. Significant changes ($p < 0.05$) were found pre-post training in participant's research knowledge, clinical application, and confidence. These improvements were maintained at follow up ($p < 0.05$). Qualitative analysis from the follow-up stage revealed four main themes: 1) the impact of implementing the approach, 2) the goal setting process, 3) challenges to the approach, 4) increased application of approach with reflective supervision.

Conclusion
This study was preliminary in exploring how to enable early childhood practitioners to implement a relationship-based approach. Implications for practitioners and families will be discussed.

Afra Islam

Sports Priorities and Objectives for Research & Translation of Youth with childhood-onset disability (the SPORTY project)

Authors: Miss Afra Islam[1], Mr Joseph Vida[2], Dr Chelsea Mobbs[2], Dr Georgina Clutterbuck[1]

1. School of Health And Rehabilitation Sciences, The University of Queensland, Brisbane, Australia
2. Little Seeds Allied Health, Toowoomba City, Australia

Introduction
Children and adolescents with disability are less likely to engage in leisure-time physical activity. While barriers and facilitators to participation have been investigated, current literature lacks first-hand perspectives of people with lived experience of childhood-onset disability. This study aimed to explore the leisure-time physical activity research and translation priorities from the perspective of youth and adults with childhood-onset disability.

Participants and methods
Eleven semi-structured interviews were conducted with individuals with childhood-onset disability and parents of children with disability. Participant experiences, as well as research and translation priorities were explored and identified. Thematic analysis was performed to identify key themes across all interviews.

Results
Three themes were emergent from the data: understanding effects of leisure-time physical activity on the individual; understanding environmental and contextual factors and; preparing, choosing, and sustaining participation in leisure-time physical activity/sport pathways.

Conclusion
Overall, findings produced research and translation priorities that expand on topics discussed in the literature and introduce novel concepts. Priorities established from the perspective of youth and adults with disability guides future research in supporting appropriate and meaningful translation activities.

Stream: Neurorehabilitation and Ageing

Sebastian Gallegos-Berrios

Occupational therapy clinical practice in acquired brain injury in Chile: a scoping review

Authors: Sebastian Gallegos-Berrios[1], Freyr Patterson[1], Jodie Copley[1] and Carolina Acuna[1]

1. School of Health and Rehabilitation Sciences, The University of Queensland

Introduction
Understanding current practice and the influence on practice is essential for the professions to develop and progress. However, there is little literature describing the assessment and approaches currently used among Chilean occupational therapists (OTs) with people with acquired brain injury (ABI).

Research question
What do we know from the literature about the current practice of Chilean OTs with adults with ABI?

Methods
The protocol for this review is based on the JBI Evidence Synthesis Manual (Tricco et al., 2016). A focused search of seven databases was conducted to identify related articles. Two reviewers performed all screening and data extraction independently. Articles were categorised according to key findings and a critical appraisal was performed.

Results
Thirteen studies met the inclusion criteria. Four were experimental, five observational, and the rest were reliability, review and unspecified studies. Interestingly, whilst most research was conducted in private settings, most of the Chilean population accesses public healthcare system (6). No studies described interventions based on an OT model and only one mentioned a theorical framework.

Conclusion:
The findings of this study will contribute to our understanding of current occupational therapy practice for people with ABI in Chile, and have highlighted gaps in the literature, such as what information OTs clinical decision-making in practice requires

Sarah Swan

Defining and conceptualising financial capability in adults with acquired cognitive impairment

Authors: Sarah Swan[1]; Freyr Patterson[1]; Terra Bredy[1] and Jennifer Fleming[1]

1. School of Health and Rehabilitation Sciences, The University of Queensland

Introduction
Variable and inconsistent terminology use has typified the literature regarding financial capability in adults with acquired cognitive impairment. Financial capacity, financial competence and financial management have been utilised somewhat interchangeably in both research and clinical practice. Objectives of this study are to explore definitions and conceptual frameworks of financial capability in relation to adults with acquired cognitive impairment to inform development of appropriate assessment and intervention strategies.

Methods
A qualitative evidence synthesis approach was utilised. Seven health related electronic databases were searched, with two qualified occupational therapists screening all papers. Included papers reported on conceptual frameworks related to financial capability in adults with acquired cognitive impairment due to acquired brain injury (ABI) or other neurological disability, including dementia. Data were then extracted for tabulation and thematic synthesis.

Results
Title and abstract screening was completed for 3792 papers, full-text review for 131 papers, with 19 papers included in the final analysis. Results confirmed inconsistency in terminology use and meaning, with conceptual frameworks more commonly originating in the psychology literature in relation to people with dementia. Themes found in the literature include the multi-dimensionality of financial capability, financial decision-making ability and exploitation risk for legal capacity/competence and the underlying neuropathological cause of declining financial capability. One framework, the 'Financial Management Activity Process' informed by qualitative occupational therapy research with ABI participants may provide useful guidance for clinical practice.

Conclusion
Further research with the inclusion of consumer lived experience is recommended to inform models of care for this complex area of practice.

Sally Zingleman

'Every step is important': Stakeholder perspectives of clinically meaningful changes in aphasia recovery.

Authors: Sally Zingelman[1,2,3], Dominique Cadilhac [3,4,5], Joosup Kim[4,5], Marissa Stone[1,2,3], Sam Harvey[1,2,3], Carolyn Unsworth[6], Robyn O'Halloran[3,7], Deborah Hersh[8,9], Kathryn Mainstone[1,2], Penelope Mainstone[1,2], & Sarah Wallace[1,2,3]

1. Queensland Aphasia Research Centre, School of Health and Rehabilitation Sciences, The University of Queensland
2. Surgical, Treatment and Rehabilitation Service Education and Research Alliance, The University of Queensland and Metro North Hospital and Health Service, Queensland
3. Centre for Research Excellence in Aphasia Recovery and Rehabilitation, La Trobe University, Victoria
4. Stroke and Ageing Research, Department of Medicine, School of Clinical Sciences at Monash Health, Monash University, Victoria
5. Stroke Division, The Florey Institute of Neuroscience and Mental Health, Victoria
6. University Institute of Health and Wellbeing, Federation University, Victoria
7. School of Allied Health, Human Services and Sport, La Trobe University, Victoria
8. Curtin School of Allied Health, Curtin University, Western Australia
9. Australian Aphasia Association

Introduction
'Was this treatment successful?' is a question often asked by speech pathologists and people with aphasia. In clinical practice, outcomes are used to measure change. However, there are no objective benchmarks to interpret patient-perceived treatment success on core aphasia outcomes. Minimal Important Change (MIC) provides objective feedback on individual treatment response. As a first step towards establishing MIC values, we explored the views of key stakeholders about clinically meaningful change.

Methods
Online focus group study. Five people with aphasia (5 >6 months post stroke; 5< 65 years; 2 moderate-severe aphasia; 2 females) and eight speech pathologists (4 working in hospitals, 4 in community) participated in focus groups. Qualitative data were transcribed, then analysed using reflexive thematic analysis.

Results
Experiences of change were highly individualised: key themes included observations of meaningful change when individualised goals are met (speech pathologists) and redefining identity through meaningful changes in social relationships and roles (participants with aphasia). Identified factors which may influence perception of change included aphasia severity, time post-stroke, social determinants of health and the functional impact of perceived changes.

Conclusion
These findings add to the growing body of research in aphasia outcome measurement. Understanding clinically meaningful changes in aphasia recovery has the potential to influence how outcome measurement scores are interpreted and has implications for clinical decision making.

Helen Wallace

Understanding Barriers and Enablers to Return to Driving from the Perspective of People with Aphasia Post-Stroke: A Qualitative Study Using the Theoretical Domains Framework

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Introduction

People with aphasia, caregivers and clinicians have identified return to driving as a top ten research priority. The role of language in driving is unknown, and no research has investigated the impact of aphasia on the journey to return to driving. We explored barriers and enablers from the perspectives of people with aphasia.

Participants and methods

Fifteen people with aphasia (67% male; < 65 years 73%) participated in semi-structured interviews (duration 75-150 minutes). Journey mapping was used to explore "touch points" relating to return to driving. Interviews were transcribed for speech and non-speech communication. A framework analysis was completed using the Theoretical Domains Framework.

Results

Participants described barriers and enablers across domains of: *Knowledge* (of return to driving processes, and of aphasia); *skills* (in accommodating communication needs); *social/professional role and identity* (professional identity and perceived role boundaries of clinicians); *belief about capabilities* (self-efficacy; others' perceptions) *beliefs about consequences* (concern aphasia may impact driving safety); *intentions* (requires determination); *goals* (must be a collaborative goal); *memory, attention and decision processes* (impact of cognitive difficulties); *environmental context and resources* (provision and accessibility of information); *social influences* (a support network is essential); *emotion* (the process can be overwhelming).

Conclusion

People with aphasia describe barriers and enablers to return to driving across multiple domains. Increased awareness is needed to facilitate people with aphasia to return to driving post-stroke and to support adjustment to driving cessation.

Lucy Gaspar

Investigating semantic memory in presurgical anterior temporal lobe epilepsy patients

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Abstract

Research has shown that semantic processing in temporal lobe epilepsy patients after anterior temporal lobe resection is impaired when more challenging assessment tasks are administered. There is a lack of research identifying semantic processing impairments in presurgical temporal lobe epilepsy patients compared to a younger group of controls. This poses challenges within a clinical setting as there are no norms that are reliable and meaningful for temporal lobe epilepsy patients. This prospective cross-sectional study comparing single cases, investigated the semantic performance of a healthy control group to three pre-surgical temporal lobe epilepsy patients. A group of 16 controls, age-matched to a clinical cohort of people with epilepsy, were assessed on a range of semantic and language tasks, previously shown to be sensitive to impairments in epilepsy. The assessment results of three temporal lobe epilepsy patients were then compared to this control data. Accuracy and reaction time were impaired in two of the three patients compared to the controls on several assessments. This study demonstrates that employing more challenging semantic tasks reveals subtle semantic impairments in presurgical temporal lobe epilepsy patients. Potential confounds such as age of onset, seizure frequency, presence of sclerosis, and medication use are discussed. This study demonstrates the need for routine in-depth assessment of language in this clinical population, with clinical implications for the role of speech pathologists within a neurosurgical planning team.

Caroline Jones

Exploring Subjective and Objective Outcome Measures for the Detection of Gynaecological Cancer-Related Lymphoedema

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Introduction

Lymphoedema after gynaecological cancer is an understudied condition. Gynaecological cancer-related lymphoedema (GCRL) can present in the lower limbs, the groin, and the abdomen. Despite numerous subjective and objective outcome measures for lymphoedema, there is no gold standard. While bioimpedance spectroscopy (BIS) is accepted as a reliable objective measurement technique it is not without flaws, especially when used in GCRL. There are also several self-reported outcome measures available including the Gynecologic Cancer Lymphedema Questionnaire (GCLQ) designed specifically for this demographic.

The aim of this study is to describe the characteristics of women post treatment for gynaecological cancer and the prevalence of lymphoedema using objective and subjective outcome measures.

Participants and methods

This study is a sub-study of a larger exercise-based randomised controlled trial. Women up to 5 years post treatment for gynaecological cancer completed the GCLQ and underwent bioimpedance spectroscopy using the SFB7 device upon recruitment into the study.

Results

Currently 153 GCLQ responses and 66 BIS measurements have been processed. Recruitment is still ongoing and due to finish at the end of September 2023, at which point the prevalence of lymphoedema will be able to calculated from each outcome measure.

Conclusion

It is expected that this study will bring more information about women who undergo treatment for gynaecological cancer, their characteristics as well as the prevalence of lymphoedema in this patient group.

Tania Islam

Identification of putative causal relationships between stroke and 1504 complex traits using large-scale phenome-wide screening

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Introduction
Stroke is the second leading cause of death and the third leading cause of long-term disability in the world. This study aimed to explore the novel putative causal genetic relationship of stroke with hundreds of complex traits by leveraging genetic data.

Methods
We used genome-wide association studies (GWAS) data and the latent causal variable method to identify potential causal relationships between stroke and 1,504 complex traits of the UK biobank.

Results
We found that 262 traits were genetically correlated with stroke risk at a false discovery rate (FDR <0.05). Of those correlated traits, 28 showed robust evidence of partial genetic causality (GCP) with stroke (|GCP|> 0.60; FDR < 0.05). Our results showed that some conditions, including atrial fibrillation, pulmonary embolism, cardiac arrhythmias, blood clots in the lung, platelet crit, self-reported deep venous thrombosis, weight gain after depression, and type 2 diabetes were inferred to increase stroke risk. On the other hand, greater levels of testosterone, apolipoprotein A, SHBG, and HDL cholesterol decrease the risk of stroke. Also, our results suggest that genetic susceptibility to stroke increases the risk of neck and chest pain and loose teeth.

Conclusion
Overall, our findings suggest that cardiovascular traits, blood clot related traits, and metabolic traits could have a causal role in increasing the risk of stroke, which could be used as novel testable hypotheses for future epidemiological studies.

Stream: Knowledge Translation and Impact

Claire Reilly

Experiences of Temporary Feeding Tubes in Children: Parental Insights and Advice

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Introduction
Temporary feeding tube may be necessary for children that cannot meet their nutrition requirements orally in the short term. The knowledge and practice of clinicians relating to the management of such tubes in children is variable. Research regarding parents' experiences, however, is limited and in its infancy.

Aim
To describe the experiences of parents of children with temporary feeding tubes, and their recommendations for other parents.

Participants and Methods
A 49-question survey, including 4-open ended questions, was sent to 494 parents of children admitted to an Australian tertiary/quaternary children's hospital who had temporary feeding tubes. Temporary feeding tubes were categorised as nasogastric, transpyloric, nasoduodenal or orogastric. Open-ended questions asked parents to recount: their experiences of managing their child's feeding tube, the support they received, and what advice they would give other parents in the same situation. Survey responses were analysed using inductive qualitative content analysis. Ethics approval was provided by the Children's Health Queensland Human Research Ethics Committee (HREC/18/QRCH/168).

Results
Forty-seven parents completed the survey. Analysis suggested inconsistent temporary tube feeding management, communication with parents varies, and parents want more support. Common recommendations offered by parents to other parents included: voice concerns, ask questions, understand what is happening, and ask for help.

Conclusion
The findings from this study indicate that parents would like more education, information and support throughout their child's temporary tube feeding journey.

Emily McDormand

How are the support needs of people with a disability wanting to participate in physical activity assessed? A scoping review

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Introduction
Engagement in regular physical activity (PA) is beneficial for people with disability, however, participation levels are consistently lower for both children and adults who experience disability. In order to facilitate PA participation, appropriate supports need to be implemented. Therefore, this aim of this review was to identify the current assessment tools used to determine the support needs of people with disability wanting to participate in physical activity.

Participants and Methods
A literature search was conducted across four databases and results were imported into the Covidence platform for eligibility screening by two independent reviewers. Articles needed to relate to people with disability and use an assessment tool or measure that supports participation or involvement in PA.

Results
Thirty-five articles met the inclusion criteria for this review. Eleven standardised assessment tools were identified which measured participation outcomes with relevance to PA participation. All of the identified assessment tools assessed PA within a more general assessment with items or domains relevant to PA. Several aspects of participation were measured including frequency, satisfaction, and quality.

Conclusion
This review suggests that a PA specific assessment tool would be valuable in measuring the support needs of people with disability. Further research is needed on participation-based outcomes for people with disability.

Shleshma Dhakal

Attitudes and perceptions towards mental health help-seeking behaviour and mental health services of international students from Asia: A systematic review

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Introduction:

Almost 80% of international students are expected to come from Asian countries by 2025. Asian international students report more difficult acculturation experiences, severe mental health issues and underutilization of metal health services compared to other international students. However, no systematic reviews have been published on the perceptions and attitudes of Asian international students towards mental health help seeking behaviours and mental health services. The aim of the following systematic review is to understand the attitudes and perceptions of Asian international students towards mental health help seeking behaviour and mental health services.

Method:

Six databases (Pubmed, APA PsyInfo, CINAHL, SCOPUS and ERIC) were searched. Quantitative and qualitative studies, published in English and from any year, which examined the attitudes and perceptions (negative or positive) of international students from Asia towards mental health help-seeking behaviour and mental health services and factors (cultural and/or religious beliefs, stigma, mental health literacy) which influence these attitudes and perceptions were included.

Results:

Of 2000 studies, 457 were removed as duplicates. The remaining 1534 studies were screened for title, abstract and full text, 31 studies were included in the review. Preliminary results suggest that adherence to Asian culture and stigma towards help seeking is associated with negative perception towards mental health help-seeking. Acculturation is associated with positive attitudes towards seeking mental health support.

Conclusion:

The findings from this review may contribute to help create strategies help reduce negative perceptions of mental health help-seeking and mental health services among students from Asian countries.

Kate Gaukroger

Understanding therapeutic relationship in physical activity intervention: A national survey

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Introduction

Physical inactivity is a leading risk factor for disease and mortality. As rates of physical activity continue to show minimal improvement, contemporary approaches to client engagement must be explored. This study explores the potential utility of attachment theory in physical activity interventions by asking (1) How do exercise professionals understand the therapeutic relationship within physical activity intervention? and (2) Are exercise professionals' own attachment orientations associated with their perception of therapeutic relationships?

Participants and methods

An online, anonymous questionnaire was distributed to exercise professionals (occupational therapists, physiotherapists, exercise physiologists, and exercise scientists) in Australia who deliver physical activity interventions.

Results

Exercise professionals understood the therapeutic relationship to be a working partnership affected by both client and clinician characteristics, as well as practice context. Exercise professionals' attachment avoidance was significantly negatively correlated with their perceived ability to develop positive therapeutic relationships. Exercise professionals' attachment anxiety was significantly negatively correlated with their perceived importance of the therapeutic relationship to client engagement and goal attainment.

Conclusion

Improved therapeutic relationships within physical activity interventions may improve rates of physical activity. The findings from this study highlight the potential for attachment theory to inform exercise professionals' development of positive therapeutic relationships in this practice area.

Divya Anantharaman

Actors, Behaviours and Challenges: The ABC of Resilient Hearing and Vision healthcare systems for people in Aged Care Communities

Authors: Divya Anantharaman[1], Carly Meyer[1], Sheela Kumaran[2], Lisa Keay[2], Piers Dawes[1]

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Introduction

Up to 90% of residents living in aged care communities (ACC) experience hearing and vision loss. These sensory impairments are often untreated due to difficulties in accessing clinical assistance and poor use of aids. Moreover, aged care is a complex-system, demanding comprehension of key actors, behaviours, and the factors that influence them for effective implementation of sensory care. Thus, we aim to explore the prevailing factors influencing the sensory care of residents.

Participants and methods

Using topic guides, in-depth interviews will be conducted with residents, informal carers, and aged care staff. Initially, inductive thematic analysis will be conducted and then the findings will be mapped to the COM-B framework. Finally, co-design workshops will be conducted to construct prototype participatory behaviour systems mapping.

Expected Outcome (Results)

Two maps will be constructed to represent the key actors and influencers of behaviours in the ACC system, and their interaction for (i)Recognition, Referral, and Receipt of sensory care for residents and (ii)Utilisation of sensory aids and effective communication strategies for residents. These maps will demonstrate the links between behaviours and influences on behaviours, to help identify strategic intervention points for system-level change.

Conclusion

The mapping will provide valuable insights into Actors, Behaviours and Challenges that revolve around providing hearing and vision services for residents in ACC.

Samantha Robertson

Is a user-led design approach enough? Investigating the use and value of a clinician-led electronic medical record (EMR) enhancement for stroke

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Introduction
Clinician-led Electronic Medical Record (EMR) design can enhance user acceptance, but it remains unclear if user involvement alone is sufficient to realize clinical care benefits. This study sought to determine the use and value of a clinician-led enhancement to the Queensland Health EMR regarding stroke and understand if its value was in alignment with its intended design. The enhancement includes a summary page for interprofessional collaboration and data collection forms for efficient data extraction.

Participants and methods
A mixed methods observational study was conducted across four hospital sites in Queensland. We conducted 15 semi-structured interviews with end-users from medical, nursing, allied health and digital health professions with analysis via inductive thematic techniques. Usage log data was extracted from the EMR to determine use of the enhancement.

Results
Site-1 had the highest relative use of the summary page with 66±22.5 uses for each stroke patient admission per month compared to site-2 (M=26.7±9.1), site-3 (M=34.3±12.3) and site-4 (M=47.0±16.6). Key themes of 'visibility' and providing a 'quick snapshot' of patient data were its main positive attributes. 'Functionality' was perceived as a negative aspect. Expected use of data collection forms was inconsistent across sites: site-1 (39%), site-2 (47%), site-3 (0%), site-4 (15%). Negative themes of 'inefficiency', poor 'functionality' and the 'trust' required in data entry practices were found.

Conclusion
Despite its user-led design, clinicians did not always use the stroke EMR enhancement in line with its intended design. Further understanding of how to integrate functionality and clinical workflows into EMR design is required.

Stream: Communication

Claire Bennington

Co-design of a unified, international aphasia awareness campaign

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Introduction
Low aphasia awareness is an international problem. Campaigns to date have lacked co-ordination across countries and organisations and people with lived experience have not been included in their design. The aim of this study is to co-design a unified, international aphasia awareness campaign to move the needle on aphasia awareness.

Participants and methods
An international co-design team has been assembled with people with lived experience of aphasia (people with aphasia and family members) who are paid for their time; aphasia clinicians and researchers; representatives from national and international aphasia, stroke, and rehabilitation organisations; and experts with media, marketing, health promotion and implementation science expertise; working together as equal team members. Co-designers span seven countries and four continents. A series of three to six online, iterative co-design workshops will run between August and October 2023. All project materials are designed to be aphasia-friendly and frequent breaks are offered during workshops to minimise fatigue.

Results
Workshops have commenced and will conclude by the end of October. The result will be a blueprint and strategy for a unified international aphasia awareness campaign.

Conclusion
The potential benefits of increased aphasia awareness include challenging misconceptions and stereotypes about aphasia and reducing communication barriers for people living with aphasia. Ultimately, it is hoped this will result in greater participation in daily life, increased support, and more funding for aphasia services and research.

Annette Rotherham

What makes for successful conversation for couples where one person has aphasia? Development of a Patient Reported Outcome Measure

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Introduction
Conversation therapies focus on the behaviours of a couple that help or hinder participation in conversations. It remains unclear how to best conceptualise "successful conversation" for people living with aphasia (PWA) and their primary conversation partners (PCP). There is also a lack of measures that provide quantifiable information on conversation success, especially from couples' perspective. Therefore, there is a need for a psychometrically robust outcome measure that gauges the couple's perspectives on the success of their conversation.

Methods
Preliminary items have been generated from (1) a scoping review of measures used in conversation with couples with and without aphasia and (2) a qualitative study using nominal group technique with PWA and PCPs. Items from existing measures and those generated by people with lived experience were analysed and compiled. Items were mapped against a model of everyday language by Doedens and Meteyard (2020) comprising three categories: interaction, multimodal communication, and common ground. A dyadic questionnaire is under development and validation using Patient-Reported Outcome Measure (PROM) development guidelines.

Results
The preliminary items for a PROM for dyadic conversation in aphasia will be presented.

Conclusion
The new PROM for a couple's conversation will allow dyadic conversation behaviours, strategies, and feelings to be measured from the perspective of both PWA and their PCPs. Future research will evaluate fully its psychometric properties.

Dumini de Silva

Hearing health inequalities in Culturally and Linguistically Diverse (CALD) communities in Australia: data from population-based studies.

Authors: Dumini de Silva[1], Mansoureh Nickbakht[1], Asaduzzaman Khan[1], Piers Dawes[1]

1. School of Health and Rehabilitation Sciences, The University of Queensland

Abstract

Research from the UK and the USA reports a higher prevalence of hearing loss, barriers in accessing hearing services and lower use of amplification devices among immigrants. In Australia, one in six persons experience hearing loss. However, there is no evidence on the hearing healthcare of half of the Australian population, which consists of Culturally and Linguistically Diverse (CALD) communities. This study aims to determine whether inequalities are present in self-reported HL and hearing aid use among the children and adults of CALD communities.

A nationally representative data from the Longitudinal Study of Australian Children and Australian Longitudinal Study on Women's Health will be used for the study. These datasets were selected considering the availability of affluent data linked to the outcome variables of the study. Persons belonging to CALD communities will be identified based on the minimum core set of variables specified by the Australian Bureau of Statistics. Incidence and prevalence estimates of hearing loss will be obtained with 95% confidence interval across waves. After identifying meaningful categories within the CALD group, Kaplan- Meier survival curves will be computed for the cumulative incidence of HL. A multivariate logistic regression model will be used to estimate overall and ethnic differences in trends of hearing loss and hearing aids.

The study's findings would provide figures for hearing health and predictive factors of inequalities in people from CALD backgrounds. Addressing health inequalities, including hearing health, will contribute to attaining and maintaining sustainable developmental goals in health and wellbeing in the country.

Mehwish Nisar

Engagement between hearing Services providers and translation & interpreting (T&I) services

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Introduction:
Hearing loss affects nearly one in five Australians, leading to challenges in communication, reduced access to educational and employment opportunities, and limited social engagement. Despite the availability of effective interventions, individuals from culturally and linguistically diverse (CALD) communities are less likely to access these services. A recent review of hearing services recommended examining engagement with T&I services by audiologists/audiometrists. This study is designed to identify the barriers and facilitators faced by hearing services program providers, audiologists/audiometrists in working with T&I services for non-English-speaking patients.

Participants and Methods:
This research employs a co-design mixed-method methodology, encompassing surveys and semi-structured interviews with hearing services program providers, audiologists/audiometrists, and language service providers/spoken language interpreters.

Results:
We shall elucidate the research protocol and provide an overview of the study's current progress. The forthcoming results will encompass an examination of the involvement observed between audiologists/audiometrists and Translation and interpretation (T&I) services. Additionally, we will identify and analyse the main barriers and facilitators within the context of the study, aligning them with a theoretical health behavioural framework (the Capability Opportunity and Motivation model; COM-B).

Conclusion:
This research seeks to identify practical opportunities to foster greater engagement between hearing service providers and T&I services to support accessible hearing care for people from non-English speaking backgrounds.

Lisa Gardener

Adolescent Perspectives of Sharing Responsibility for the Management of Type 1 Diabetes in Secondary School

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Introduction
Most adolescents with Type 1 diabetes are not meeting metabolic targets that are associated with better health outcomes. Familial sharing of responsibility is associated with better outcomes, though the way adolescents share responsibility at school is poorly described. This project investigated the intent, practice and impact of adolescent responsibility sharing the management of Type 1 diabetes in secondary school.

Participants and Methods
A mixed-method, sequential explanatory approach used a cross sectional survey of adolescents (N=60) and their parents (N=55) followed by thematic analysis of semi-structured adolescent interviews (N=11).

Results
A pattern of school exclusion was identified. Team communications were fragmented and there was minimal involvement of health care practitioners or classroom teachers. Sharing of responsibility at school was influenced by the adolescents' need to manage risk, to be independent and obtain timely, practical assistance in the event of errant blood glucose readings.

Conclusion
Adolescents valued a responsive, interdependent approach to diabetes self-management at school though were underrepresented in school planning. Fragmented and risk focussed communications limited school participation. Structural barriers and perceptions of growing independence reduced adolescent responsibility sharing, limiting available support for developing diabetes self-management skills.

Stream: Digital Health

Shu En Lee

An investigation of clinician satisfaction and perceptions of a training package for TeleCHAT: an intensive comprehensive aphasia program delivered via telerehabilitation.

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Introduction
The delivery of an Intensive and Comprehensive Aphasia Program (ICAP) via telerehabilitation is complex due to its comprehensiveness and personalisation to individual needs of therapy and technology. Thus, training for SLPs in the delivery of TeleCHAT is necessary. This study aimed to evaluate SLP satisfaction towards the TeleCHAT training package and gather feedback on potential improvements.

Participants and methods
Three cohorts of SLPs (n=14) completed the TeleCHAT training package, which consisted of online modules and hands-on training. Participants completed a survey and observation checklist. Observation fieldnotes were gathered by a chief investigator. Quantitative and qualitative data were analysed using descriptive statistics and content analysis respectively.

Results
Participants self-rated as moderately to totally independent in the use of telerehabilitation technology post-training, with high levels of understanding, confidence and preparedness in delivering TeleCHAT. Content analysis revealed suggestions to improve (a) the content and (b) the structure and delivery of training. Data from each cohort informed improvements to training for the next cohort.

Conclusion
The training package was well received by participants. Multimodal learning approaches and specificity of the components of an ICAP were essential in building confidence in SLPs.

Stream: Musculoskeletal: Movement in Health

Mosharop Hossian

Global Research on 24-Hour Movement Behaviors in Children and Adolescents: A Systematic Review

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Background
Integrated 24-hour movement behaviors, encompassing the entirety of an individual's physical activity, sedentary time, and sleep within a day, play a crucial role in the health and development of children and adolescents. This review aims to provide an overview of global research on 24-hour movement behaviors in children and adolescents (6-18 years).

Methods:
A systematic search was conducted on articles published between January 2016 and May 2023 using PubMed, Scopus, and Web of Science databases. Movement behavior articles were categorized into several research themes based on their focus.

Results:
Of the initially identified 23,053 articles, this review included 142 articles, which spanned 30 countries, with two-thirds (67%) coming from six countries: Canada, China, the United States of America, Australia, Spain, and Brazil. Overall, 75% of the articles described prevalence or time trends, 60% investigated associations with well-being and health-related outcomes, and 23% examined correlates and determinants of 24-hour movement behaviors. Only six percent of the studies investigated associations with academic activities and four percent were interventional studies. Nineteen percent of the articles used compositional data analysis.

Conclusion:
The current evidence indicates that the vast majority of movement behavior research is contributed by a few countries. Additionally, there is a lack of interventional studies and limited research on the relationship between movement behaviors and academic activities. These findings underscore the necessity of expanding the geographical scope of movement behavior research, particularly interventional research, to better understand 24-hour movement behaviors and inform evidence-based strategies to enhance children and adolescents' well-being.

Anjana Rajagopal

Family Interventions to promote Healthy Screen Use in Adolescents aged 5-18 years: A Systematic Review and Meta-Analysis

Authors: Anjana Rajagopal[1], Mehwish Nisar[1], Elizabeth Edwards[2], Asaduzzaman Khan[1]

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2. School of Education, The University of Queensland

Introduction:
In today's digital age, where screen-based activities are ingrained in daily life, families play an instrumental role in guiding children towards responsible and balanced screen use. Hence, the objective of our review was to identify family interventions that promotes healthy screen habits among children aged 5-18 years.

Participants and Methods:
Eligible articles were searched across eight databases (PubMed, Cochrane Library, EMBASE, Web of Science, Scopus, PsycINFO, EBSCOhost and CINAHL), published from January 2000 to July 2023. To be eligible, the selected intervention must have integrated a family-focused component targeting any screen-based behaviours. Data were extracted for study characteristics (design, components, duration, setting), sample features (size, age) and intervention effects (estimates, results). A meta-analysis will be attempted to calculate pooled estimates.

Results:
Screening of 13,090 articles, led to identifying 55 eligible studies. Among them, 31 were randomized controlled trials (RCTs) and 15 were cluster-randomized controlled trials (cRCTs). All studies were multi-component and majority (75%) of them were conducted in High Income Countries. Detailed results will be presented at the conference.

Conclusion:
The findings will provide insights into how family interventions impact screen use management and contribute to the formulation of novel policies aimed at reducing detrimental effects of excessive screen use on children's health.

Karime Mescouto

How to foster equitable change in health services? Using critical reflexivity to challenge dominant discourses in low back pain care in Australia

Authors: Karime Mescouto[1], Rebecca Olson[2], Nathalia Costa[1,3], Kerrie Evans[4], Miriam Dillon[1], Kelly Walsh[5], Niamh Jensen[5], Paul Hodges[1], Kathryn Lonergan, Megan Weier[6], and Jenny Setchell[1]

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6. University of New South Wales

Introduction:
Justice and equity-focused practices in health services play a critical but overlooked role in low back pain (LBP) care. Critical reflexivity – the ability to examine and challenge power relations, and broader social issues embedded in everyday life – can be a useful tool to foster more socially just practices. This study sought to understand how clinicians construct LBP in relation to broader socio-cultural-political aspects of care and explore if those constructions changed when clinicians engaged in critically reflexive dialogues with researchers.

Participants and methods:
In this qualitative study, we conducted 22 critically reflexive dialogues with 29 clinicians from two health services in Australia – a private physiotherapy clinic and a public multidisciplinary pain clinic. We used critical discourse analysis methods.

Results:
Our analyses suggested that clinicians and services often constructed LBP care at an individual level, constraining consideration of justice-oriented practices. Through dialogues, discursive constructions of LBP care expanded to incorporate systems and health service workplace practices, fostering more equitable clinical and service practices. Practices included assisting patients in navigating health care systems, considering patients' socioeconomic circumstances when developing treatment plans, encouraging staff discussion of possible systemic changes to enhance justice, and fostering a more inclusive workplace culture. Although such expansions faced challenges, incorporating broader discourses enabled recommendations to address LBP care inequities.

Conclusions:
Critical reflexivity can be a tool to foster greater social justice within health services, by expanding constructions of LBP care beyond individuals and fostering discussion and actions towards more equitable workplace cultures, services and systems.

Chalomjai Pensri

Impairments and pain hypersensitivity with cervical musculoskeletal testing and relationships to active trigger points and tenderness scores in migraine and tension type headache: An updated systematic review and meta-analysis

Authors: Chalomjai Pensri[1], Zhiqi Liang[1], Gwendolen Jull[1], Julia Treleaven[1], Lucy Thomas[1]

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Introduction

Neck pain is a frequent complaint in patients with migraine and tension type headache (TTH) and can be due to referred pain from the head, cervical musculoskeletal (MSK) disorder or pain sensitivity. To better understand neck pain in primary headache this study aimed to update evidence for cervical MSK impairments in migraine and TTH, determine reported pain hypersensitivity with cervical MSK testing and examine any relationships with active trigger points (TrPs) and tenderness scores.

Methods

Five electronic databases were searched for cervical MSK impairments in migraine and TTH from 2018 to August 2023. Pain hypersensitivity with testing, active TrPs and tenderness scores were assessed in publications from the current and previous review (48 publications before 2018).

Results

Twenty-two new publications were included, 55% were rated low risk of bias. Fifteen outcomes of cervical MSK impairments were assessed with low to moderate level of confidence in findings. Compared to controls, migraine and TTH had less cervical range of motion and muscle strength. Forty% of studies reported pain with cervical MSK testing, 8.6% reported TrPs and tenderness scores in relation to these findings and only 4.3% investigated relationships between cervical MSK tests active TrPs and tenderness scores.

Conclusions

This review identified neck impairments in in migraine and TTH. However, few studies reported pain with testing and relationships to tenderness scores or TrPs were not considered. To broaden understanding, the relationship between pain with testing, active TrPs, tenderness scores and cervical MSK impairments should be evaluated in further studies.

Stream: Professional Education

Benz Halog

Looking after ourselves while we look after children and families: Evaluating a wellbeing and resilience workshop for health practitioners working with children

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Introduction
Decreased well-being and resilience of the paediatric workforce impacts their provision of high-quality care. This study aimed to understand the acceptability and efficacy of a two-hour online workshop based on Acceptance and Commitment Therapy (ACT) principles in improving paediatric practitioner professional quality of life (PQOL) and work meaning (WM), to decrease burnout and associated symptoms of depression, anxiety, and stress (DAS).

Participants and Methods
Paediatric practitioners of all disciplines were recruited through convenience sampling. A concurrent multi-methods repeated-measures research design with two time-points was used to evaluate outcomes. The ProQOL, WAMI, CompACT, and DASS-21 measured clinician perspectives before and after workshop completion.

Results
All subscale scores for the ProQOL and DASS-21 significantly improved across both time points. There was also a significant change in the CompACT subscale of Openness to Experience, but no significant changes in any WAMI scores or CompACT Behavioural Awareness or Valued Action subscale scores.

Conclusion
It is important to enable practitioner well-being and resilience to facilitate meaningful engagement with children and families. This study showed that an accessible workshop based on ACT principles was acceptable and significantly improved paediatric practitioner PQOL, as well as burnout and symptoms of DAS, but that it did not significantly impact WM.

Hiu Man Chan

"Not Enough Touch": Practice Educators' Views on Occupational Therapy Students' People Handling Skills

Authors: Hiu Man Chan[1], Freyr Patterson[1], Melanie Hoyle[1]

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Introduction
Safe people handling practices are inherent components of patient care and a core competency for occupational therapists. Activities that involve moving patients can be high risk and are associated with work-related musculoskeletal disorders for clinicians and create safety concerns for patients. Currently, there is limited evidence to guide educators' teaching of these skills and competencies. This study aimed to explore practice educators' expectations and experiences of students' people handling skills. These perspectives could inform curriculum and improve support for students to meet clinical practice requirements.

Participants and methods
The study employed a qualitative methodology. Data was collected via focus groups and analysed inductively using content analysis. Nine occupational therapists with clinical education experience and whose clinical caseloads involved people handling participated in the study.

Findings
Data provided insights into their expectations of students' skills and competencies in relation to people handling at the beginning of placement, including theoretical foundations, student confidence, clinical skills, and awareness for safety. Their perceptions of students' skills and knowledge acquired on placement, students' strengths and challenges, factors that guided clinical supervision, and learning priorities related to people handling were also revealed.

Conclusion and relevance to theme
Findings of this study underscore the necessity for a heightened emphasis on biomechanics, increased hands-on practice opportunities, and a greater incorporation of the application of touch in OT education. These perspectives can inform content and delivery people handling curriculum in occupational therapy programs to support the development and application of these skills.

Emma Alegre

Speech-language pathologists' perceptions of their clinical competence in managing stuttering: A systematic review with narrative synthesis

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1. The University of Queensland
2. The University of Newcastle

Introduction
Stuttering can have a significant impact on quality of life across the lifespan. Speech language pathologists' (SLPs) perceived competence in managing stuttering plays a crucial role in the outcomes for people who stutter (PWS). This systematic review aimed to synthesise existing literature to describe SLPs' perceived competence in managing stuttering and factors influencing perceived competency.

Methods
A search of eight electronic databases resulted in fifteen included studies. Qualitative, quantitative, and mixed methodologies were included and a narrative synthesis was completed.

Results
SLPs' ratings of their own competence were low-average overall, lower in treatment than assessment, and higher in SLPs who saw PWS more frequently. Factors affecting perceived competence included education, number of PWS on their caseload, experience with stuttering, level of support to implement treatment, the practice context, knowledge of stuttering, association with PWS, the perceived complexity of stuttering, and previous treatment outcomes.

Conclusion
The results identified the need for comprehensive support for SLPs, access to ongoing education, practice contexts which enable delivery of evidence-based treatment and opportunities to gain more experience. Further research is required to understand the support needs of Australian SLPs and to guide interventions which to increase competence, thereby improving the quality of support for PWS.

Tahlia Alsop

What should all health professionals know about movement behaviour change? An international Delphi-based consensus statement

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5. Moving Medicine, Faculty of Sport and Exercise Medicine, United Kingdom
6. University of Applied Sciences Leiden, Faculty of Health, Netherlands

Introduction:
The World Health Organization has called for action to integrate physical activity promotion into healthcare settings. There is a lack of consensus on the competencies required by health professionals to deliver effective movement behaviour change support. The objective of this study was to establish key competencies relevant for all health professionals to support individuals to change their movement behaviours.

Participants and methods:
Consensus was obtained using a three-phase Delphi study. Participants with expertise in physical activity and sedentary behaviour were asked to report what knowledge, skills, and attributes they believed health professionals should possess in relation to movement behaviour change. Proposed competencies were developed and rated for importance. Participants were asked to indicate agreement for inclusion, with consensus defined as group level agreement of at least 80%.

Results:
Participants from 11 countries, working in academic (55%), clinical (30%), or combined academic/clinical (13%) roles reached consensus across three rounds (n=40, n=36, n=34, respectively) on 11 competencies. Participants agreed that health professionals should recognise, take ownership of, and practice interprofessional collaboration in supporting movement behaviour change; support positive culture around these behaviours; communicate using person-centred approaches that consider determinants, barriers, and facilitators of movement behaviours; explain the health impacts of these behaviours; and recognise how their own behaviour influences movement behaviour change support.

Conclusions:
Consensus on 11 competencies was achieved. These may serve as a catalyst for building a culture of advocacy for movement behaviour change across health disciplines.

Rod Zhang

Understanding learning experiences of students from culturally and linguistically diverse (CALD) backgrounds pursuing healthcare degrees: A scoping review

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1. School of Health and Rehabilitation Sciences, The University of Queensland

Introduction
Culturally and Linguistically Diverse (CALD) students in entry-level health professional programs bolster campus diversity and are a crucial component of the future healthcare workforce. They reportedly face a number of challenges in their higher education journey. However comprehensive reviews of their learning experiences across all healthcare disciplines are lacking. This scoping review aims to bridge this gap by mapping the current literature on the learning experiences of health professional students from CALD backgrounds.

Methods
This scoping review followed the five-step framework developed by Arksey and O'Malley. The review was conducted across databases including PubMed, Embase, CINAHL, and Scopus, and incorporated grey literature. Data were extracted independently by the first author and verified by the second author. Qualitative analysis methods were employed for data interpretation.

Result
Out of the eligible thirty-eight articles, data were organised into three primary themes: 1) Experience of Linguistic Challenges, 2) Experience of Adaptation to Local Cultures and Organisations, and 3) Experience of Support Mechanisms.

Conclusion:
This scoping review summarised a multifaceted picture of learning experiences of students from CALD backgrounds in entry-level healthcare education. The findings suggest there is a strong need for further research and curriculum development to enhance the learning experiences of students from CALD backgrounds.

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