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Default Question Block



Survey on Priorities for Stroke Rehabilitation Implementation: Environmental scan to inform the International Stroke Recovery and Rehabilitation Working Group

You have been invited to complete this survey as you are a health professional working with people in stroke rehabilitation. This survey is designed to gather information about your perspectives on adult stroke rehabilitation practice (for people 18 years of age and over) in your local region, including research evidence to practice gaps and priorities for practice change. This information will be used as part of an international environmental scan of stroke rehabilitation implementation priorities and will inform recommendations of an international working group led by Professor Janice Eng (University of British Columbia, Canada) and Professor Marion Walker (University of Nottingham, UK). Please see

<https://strokerecovery.org.au/cre/stroke-recovery-and-rehabilitation-roundtable-advancing-the-field-of-stroke-research/>

for a full description of the International Stroke Recovery and Rehabilitation Roundtables.

We hope that this information will be useful in promoting practice change and inform policy directions and funding opportunities. Your responses will remain anonymous. We anticipate that the online survey will take 10-15 minutes of your time.

By completing this survey you have consented for us to use this anonymous data. You do not have to answer any questions you are not comfortable answering. If you would like to receive a summary of results, please provide your email at the end of the survey.

There is an online draw and we will provide a \$25 Amazon (or similar) gift card to ten randomly selected people who have completed the survey. If you would like to participate in the draw, please provide your email at the end of survey.

If you provide your email details, these will not be linked to any other data that you provide in the online survey. Data will be stored anonymously for 5 years on secure University of British Columbia servers.

Only the researchers (Drs. Janice Eng & Marie-Louise Bird) have access to the data collected from the

online survey. Participating in this online survey is voluntary and participants can withdraw at any time without penalty.

This research project has been approved by the University of British Columbia Office of Research Ethics. If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the University of British Columbia Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

Do you have clinical practice rehabilitation guidelines in your country?

- Yes (Please specify)
- No

If your country does not have clinical practice rehabilitation guidelines, are guidelines from another country commonly used?

- Yes (Please specify)
- No

What facilitates the use of guidelines in your local region?

What are the barriers to guideline use?

What other things that improve the uptake of Evidence Based Practice in your local region?

Evidence-based practice (EBP) is the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide health care decisions. Despite evidence to inform practice, we know that there are gaps where practice is slower to change to accept innovation or stop practices which are not supported by EBP. The questions below will help us identify the areas that you think we should be focusing on to prioritise implementation of quality evidence.

From your area of professional practice or any other clinical practice area list up to THREE (3) examples (for example, screening for dysphagia, improved interdisciplinary care or functional electrical stimulation) from your local region where a change in practice or services would make the **largest impact** on stroke recovery and rehabilitation. It can relate to the implementation of a new screening or assessment process or treatment intervention or other processes in the timeframe from acute, rehabilitation and community setting. As our focus is on recovery and rehabilitation, we are excluding interventions related to the acute medical management (eg, acute brain imaging, thrombectomy, intensive care medical management).

1. What change in practice would you like to see that would make the **largest impact** on stroke recovery and rehabilitation?

List your first example here.

Why this is a high priority?

- This problem is very common
- Improving this would made a big difference to a few people
- Improving this would make a moderate difference to a lot of people
- Improving this would make a big difference to a lot of people
- There is strong evidence for the solution to this problem
- The gap between practice and evidence is large

How feasible is this in your local region?

- Very feasible
- Moderately feasible
- Not very feasible

Please add any further comments here.

2. What change in practice would you like to see that would make the **largest impact** on stroke recovery and rehabilitation? **List your second example here.**

Why this is a high priority?

- This problem is very common
- Improving this would made a big difference to a few people
- Improving this would make a moderate difference to a lot of people
- Improving this would make a big difference to a lot of people
- There is strong evidence for the solution to this problem
- The gap between practice and evidence is large

How feasible is this in your local region?

- Very feasible
- Moderately feasible
- Not very feasible

Please add any further comments here.

3. What change in practice would you like to see that would make the **largest impact** on stroke recovery and rehabilitation? **List your third example here.**

Why this is a high priority?

- This problem is very common
- Improving this would made a big difference to a few people
- Improving this would make a moderate difference to a lot of people
- Improving this would make a big difference to a lot of people
- There is strong evidence for the solution to this problem

The gap between practice and evidence is large

How feasible is this in your local region?

- Very feasible
- Moderately feasible
- Not very feasible

Please add any further comments here

Block 1

What is your health profession?

How many years have you been practicing?

How many years have you been practicing with stroke clients?

What is the approximate number of stroke patients that you have treated in the last year?

What is your role?

- I mainly work as a clinician
- I mainly work as an academic
- other

What is the town or city and country where you mainly work?

Please indicate the settings that you work in most of the time:

- Inpatient acute stroke unit
- Inpatient general medical unit
- Inpatient general rehabilitation unit
- Inpatient stroke rehabilitation unit
- Inpatient other setting
- outpatient unit
- home - early supported discharge
- home - community stroke team
- Home - general community team
- community centre
- other

In your workplace, the majority of the stroke clients that you typically see are how many weeks post stroke:

- Less than one week
- Between one and four weeks
- Between four and twelve weeks
- Greater than twelve weeks
- other

If you would like to receive a summary of the results of the survey, please provide your email below

- Yes, I would like to receive a copy of the results summary
- No, I do not want to receive a copy of the results summary

If you would like to go into a draw to receive a C\$25 gift card, please provide your email below

- Yes, I would like to go into the draw for a gift card

No, I do not want to go into the draw for a C\$25 gift care

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