Scientific summary (Scientific report)

a. What were the main scientific objectives of the grant?

The **overarching aim** of this project is to *analyse and shift current clinical healthcare practice* to ultimately enhance the lives of individuals with LBP by improving healthcare practices. The proposed project is a key phase in a larger, multi-phase project across numerous sites. The current project involves a close collaboration with clinicians and consumers in one of the two key case study clinics that were selected as they routinely manage LBP. The current project **addresses the following aims**:

1. to investigate how the psychosocial+ aspects of care do/do not manifest in the clinical management of individuals with chronic LBP at one key clinical site;
2. to develop, implement and evaluate site-specific recommendations with clinicians and consumers; and
3. to develop and disseminate industry-wide principles for delivering effective LBP care.

b. What were the main scientific achievements of the grant? Your answer should be at least 200 words.

The project provided in depth exploration in how clinicians working in a multidisciplinary pain service could better attend to psychosocial+ aspects when providing care for individuals with LBP. Our project facilitated practical and feasible changes both in an individual as well as institutional level. On an individual level, clinicians developed strategies to be more aware of patients' psychological and physical comfort during consultations, as well as to make practices more collaborative by attending to power dimensions and interference of objects in the physical environment (such as computers, or seating layouts) and pre-determined assessment forms in building rapport with patients. At an institutional level, changes included increased time at team meetings to attend and discuss patients' broader circumstances that could impact on their pain, enhanced attention to discharge plans to provide patients with connections and support in the community, and there was a reworking of power dynamics within the team (towards greater equity). According to clinicians, the project also provided a useful process for the team to develop their interprofessional practice and reflect on their identity. Because of the collaborative nature of our study and close involvement with service's leaders, the recommendations are likely to have a long-term impact in the service. More broadly, recommendations and changes can help inform national and international multidisciplinary pain services in how to better attend to patients' psychosocial+ concerns. This will be achieved directly through future projects (pending funding) and indirectly through our numerous outputs (see below).

c. What problems, if any, did you encounter in achieving the project's objectives, and how did you address them?

Please see the overview at the beginning of this letter – the main problems were related to data collection in the context of COVID and are described above. An additional issue was the lack of resources allocated to having a paid clinician as a researcher for a few hours per week to assist with data collection schedule. This issue was highlighted by one of the clinicians at the end of our project, with no time available to early attend to this request. For this project the clinician took on extra load amongst their clinical and management duties without being provided with extra support. We will consider and address this issue in future projects' planning to ensure support for this type of role.

d. Have you disseminated, or plan to disseminate, the results of this research? Please tell us about:

- ***References for peer-reviewed papers that have been published (please provide pdf copies of papers if possible)***
- ***Papers that have been submitted and/or accepted for publication***
- ***Meetings/conferences at which you have presented this research, or are due to present it (please provide abstracts if possible)***
- **Any other ways in which you may have disseminated the research, including to the public and the media (please provide urls to relevant press releases or media articles)**

We have disseminated, and plan to disseminate, a number of traditional academic outputs (e.g., conference presentations and papers) as well as non-traditional outputs targeted at clinicians and people with lived experience of chronic pain. The completed outputs from this research are listed in more details below:

- International conference presentation with a multidisciplinary audience including clinicians, policy makers, and people with lived experience of chronic pain
    - Mescouto, K. (2021). Guest Speaker. How to enhance human aspects of care in practice: acting beyond the biopsychosocial model. 2nd Virtual Chronic Pain Management Summit. England, UK
- A short audio-recording targeted for patients about power (and how to reduce power imbalances)
    - Mescouto, K., Olson, R., Weier, M., Setchell, J. Let's talk about power in healthcare. https://soundcloud.com/karime-mescouto/lets-talk-about-power-in-healthcare [Audio].
- Actionable site-specific recommendations

In progress outputs include:

- Five research papers
    - Mescouto, K., Olson, R., Costa, N., Evans, K., Walsh, K., Jensen, N., Hodges, P., Lonergan, K., Weier, M, Setchell, J. (2021). "Engaging on a slightly more human level": a participatory qualitative study to enhance low back pain care in a multidisciplinary pain service. *Unpublished data (likely submission Aug 2021)*
    - Costa, N., Olson, R., Mescouto, K., Hodges, P. W., Dillon, M., Evans, K., Walsh, K., Jensen, N., Setchell, J. (2021). Uncertainty in low back pain care: insights from an ethnographic study with service users and clinicians. *Unpublished data (likely submission Aug 2021)*
    - Dudley, M., Setchell, J., Mescouto, K., & Olson, R. (2021). The role of the good pain patient: a critical evaluation of patients' self-presentations in a multidisciplinary pain clinic. *In progress (likely submission Oct 2021)*
    - Tan, M T., Mescouto, K., Setchell, J. (2021). Reciprocity in low back pain care and its role in power dynamics. *In progress (likely submission Nov 2021)*
    - Mescouto, K., Olson, R., Costa, N., Evans, K., Walsh, K., Jensen, N., Hodges, P., Lonergan, K., Weier, M, Setchell, J. (2021) Enhancing human aspects of low back pain care in a multidisciplinary pain service – A Realist Evaluation Framework. *In progress (likely submission Jan 2022)*
- Accepted abstracts in international and national conferences that will take place within the next 6 months.
    - Mescouto, K., Olson, R., Costa, N., Evans, K., Walsh, K., Jensen, N., Hodges, P., Lonergan, K., Weier, M, Setchell, J. "Engaging on a slightly more human level": a participatory qualitative study to enhance low back pain care in a multidisciplinary pain service. ISCHP Conference 2021 (International Society for Critical Health Psychology)
    - Costa, N., Olson, R., Mescouto, K., Hodges, P. W., Dillon, M., Evans, K., Walsh, K., Jensen, N., Setchell, J. (2021). Uncertainty in low back pain care: insights from an ethnographic study with service users and clinicians. APA Conference 2022 (Australian Physiotherapy Association)
- Animated video targeted at clinicians about power (and how to reduce power imbalances) - likely finalised by Dec 2021
- Infographic for clinicians and industry stakeholders *(likely completed Aug 2021)*

Outputs will be leveraged for future NHMRC project funding for a broader roll-out across multiple healthcare sites.