Translating Knowledge into Practice: Why Is It So Hard and How Can Fieldwork Students Help?

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Background

Research to Practice Gap

- EBP expected aspect of clinical care
- According to literature, it can take 7-17 years
- Student reporting "disconnect"
- Concurrent EBP course

Knowledge Translation

Components needed to successfully translate knowledge into practice



Clinical – Academic Partnerships

Commitment to fieldwork educators to facilitate skills related to student supervision

Commitment to best practice

Barriers to Translating Knowledge

"The process is more than a matter of disseminating the information to practitioners and expecting immediate change in patient treatment" (Burke & Gitlin, 2012).

Barriers to Translating Knowledge

O Burke & Gitlin (2012) identified:

- Organizational buy-in
- Communication channels
- Practitioner values and beliefs related to EBP
- Dikers, Murphy, & Krellman (2012) identified:
 - Productivity standards
 - Lack of access to databases
 - Lack of confidence

Facilitators to Translating Knowledge

- Gain organizational support from administrators
- Gain support from colleagues & create a culture supporting EBP
- Utilize champions or partners from local universities to connect communication channels
- Utilize students to contribute to EBP in your setting mutual benefit
- Establish methods for gaining access to literature
- Increase confidence in using & applying evidence

TJU Study: Students as change agents

Study Background

- Student feedback
- Concurrent EBP course
- Research objective: potential of students to influence practice of fieldwork educators
- Investigators: Zapletal, Vesey, & Johnson

Study Methods

 Explore if and how OTs who train FWII students have modified their use of EBP as a result of having TJU FW students

- Survey Monkey survey
- Convenience sample of 120 who supervised students July 2016-March 2017
- 86 responded (71.6 % response rate)

Authors identified "true change in practice" and identified 5 themes

Academic-clinical partnerships and incorporation of DDDM (PrEMO)

Implementing new knowledge, techniques, treatment

Expanding use of EBP

Integrating new evaluations/assessments into setting

Heightened exposure to/appreciation of value if evidence

Academic-clinical partnerships and incorporation of DDDM (PrEMO)

- PrEMO partners and Data Driven Decision Making
- ".... changed how we document and the systems for data collection....

Implementing new knowledge, techniques, treatment

- Work routine "Work to include more evidence based practice in day to day strategies"
- Intervention "Increased use of mindfulness and executive functioning interventions based on the research"
- Intervention "Incorporating new ideas and programs to support the students: Zones of Regulation, specific interventions".
- Changes in specific techniques "Gave OT in-service on nerve glides and everyone is using them effectively"

Expanding use of EBP, becoming more evidence-based practitioners

- they used "research articles [to guide] practice interventions"
- "incorporated new techniques and ideas as well as learned from the research my student provided to me"
- expressed a change in feelings "about using evidence-based [treatment] and gathering information via [literature] searches"

Integrating new evaluations/assessments into setting

- "added new assessment techniques into repertoire"
- "We always listen and learn from our students, and may be getting a new standardized evaluation based on this experience."
- "Using a new evaluative tool or buying a new book to implement more outcome driven evaluation measures and/or implement a researched intervention."

Heightened exposure to/appreciation of value if evidence

- "Work to include more evidence based practice in day to day strategies."
- "I have changed some of my feelings about using evidence based tx. and gathering information via lit. searches."

Study Implications for Practice

Students can serve as change agents who:

- Bring relevant and meaningful evidence to their fieldwork sites
- Promote integration of new evidence into practice settings
- Model evidence-based practice for others
- Facilitate change in fieldwork educator behavior.

Whether new evidence-based practices are immediately implemented into the setting depends on multiple factors, including fieldwork educator willingness to change, administrative support, and broad applicability of the evidence

Strategies in the Literature

Ideas stimulated by Caracci, Shepherd, & Bradenburger-Shasby (2016).



A Hospital-Based Program to Foster Evidence-Based Practice Among Clinicians



An occupational therapist at The Children's Hospital of The King's Daughters used Rogers' Theory of Innovations to create a culture supporting evidence-based practice. and Sharon Brandenburger-Shasby here are many reasons why rehabilitation profession-Park, 8

Hope Caracci, Jayne Shepherd,

als, such as occupational therapists and occupational therapy assistants, should incorporate evidence into practice (e.g., better outcomes, payment requirements, ethical obligations); however, barriers can inhibit this process. Practitioners may face stringent productivity standards, lack access to databases, and lack confidence in their critical appraisal skills (Dikers, Murphy, & Krellman, 2012). When I, lead author Hope Caracci, an occupational therapist at The Children's Hospital of The King's Daughters (CHKD), learned that litera-

ture suggests a 17- to 20-year gap exists between evidence and its implementa-

tion into overall health care service deliv-

ery, Last out to bridge that gap (Clark, Park, & Burke, 2013; Lin, Murphy, & Robinson, 2010). To engage the CHKD therapy management team, I discussed the increased prevalence of occupational therapy literature addressing the topic (Clark et al., 2013; DeAngelis, DiMarco, & Toth-Cohen, 2013; Dikers et al., 2012; Lin et al., 2010), and subsequent conversations about the gap influenced the team to support an effort to enhance EBP in the rehabilitation department.

CHKD, in Norfolk, Virginia, consists of a main hospital and outpatient statellite clinics providing pediatric medical care, which includes occupational, speech, and physical therapy in inpatient acute care, inpatient rehabilitation, and 10 outpatient clinics. The management tram, composed of a director, clinical

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<u>Barrier:</u> Lack of Access to Evidence

Library privileges through local universities in exchange for working with fieldwork students

Student literature searches as part of their fieldwork experience

<u>Barrier</u> Lack of Time/ Demanding Productivity Standards

Journal Club

Mini Research Bites (post, email, social media)

Barrier Lack of Organizational Support

Student presentations on patient/client outcomes

Student presentations on evidence for specific populations, interventions, or assessments

<u>Barrier</u> Low Confidence/ Undervalued EBP

Training from students on how to appraise literature

Student modeling of EBP through completing case reports, presentations, incorporating evidence into practice, etc.

Group Discussion

How can you start incorporating these strategies into your organization?



References

Burke, J. P., & Gitlin, L. N. (2012). The Issue Is – How do we change practice when we have the evidence? American Journal of Occupational Therapy, 66, e85-e88. http://dx.doi.org/10.5014/ajot.2012.004432

Caracci, H., Shepherd, J., & Brandenburger-Shasby, S. (2016). Evidence-driven practitioners: A hospital-based program to foster evidence-based practice among clinicians. *OT Practice*, 21(7), 7-10.

Dikers, M. P., Murphy, S. L., & Krellman, J. (2012). Evidence-based practice for rehabilitation professionals: Concepts and controversies. Archives of Physical Medicine and Rehabilitation, 93, s164-s174.

Other Resources for Accessing Literature

- AOTA Evidence Exchange www.aota.org/evidenceexchange
- Google Scholar scholar.google.com
- National Guideline Clearing House www.guideline.gov
- Pub Med www.ncbi.nlm.nih.gov/pubmed