Changes in Knowledge and Confidence of Potential Clinical Practice Guideline Developers in Physical Therapy

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with help from

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Organic History of the Need for CPGS in PT

- American Physical Therapy Association (APTA) - promoting EBP in curricula
- California PTs – needed guidelines to support payment
- Joe Godges and James Irgang (PTs) - long term plan for the APTA Orthopedic Section to develop guidelines
  - Divided the body into parts and set up CPG groups
  - Currently have 8 CPGS published: Ankle Sprain, Adhesive Capsulitis, Neck Pain, Low Back Pain, Hip Osteoarthritis, Meniscal and Articular Cartilage Lesions, Knee Ligament Sprain, Achilles Tendinitis, Plantar Fascitis
- APTA Pediatric Section - Knowledge Translation Task Force (SLK - Chair) generated suggestions, including developing CPGs
  - First CPG team began meeting in 2010 (SLK - GDG leader)
  - 1st CPG published in 2013 on Congenital Muscular Torticollis.
  - SoP guidelines for developing CPGs published, 2013
APTA Initiatives

- Foster the use of evidence based practice
- Facilitate moving knowledge into practice
- Facilitate development of CPGS
  - Joe Godges and I - invited to develop a workshop for CPG teams.
  - July 2012 - 1st workshop with 12 teams from 11 Sections (n=30); 1 revision team
  - July 2013 - 2nd workshop with 12 Teams with representatives from 14 Sections (n=36)
Workshop Structure

• Teams of 2-3 members supported to attend
• 2.5 day program
  – Day 1 - Big picture of Section roles, capacity development
  – Day 2 - Nitty gritty of CPG development process
  – Day 3 - Publication and post publication processes
• Blueprint workbook
  – Lecture followed by discussion/consultation time within teams to identify plans and resources, or questions that need follow-up by Section leadership or other team members.
  – Teams documented plans and questions in their workbook
  – Submitted for continuing education credits
  – JG and SK provided post workshop suggestions for blueprint
Foci of the Presentation

- Measures of short term changes on 26 questions
  - Likert scales 1-5
  - Knowledge of CPG development steps
    - Have done this - Don’t know how
  - Confidence to execute the CPG development steps
    - Confident I can complete this step – Not confident I can complete this step
The Participants

• 2012
  • 30 Individuals
  • 11 APTA Sections
    – Acute Care
    – Cardiopulmonary
    – Federal
    – Geriatrics
    – Hand Rehabilitation
    – Home Health
    – Neurology
    – Oncology
    – Orthopedics
    – Pediatrics
    – Women’s Health

• 2013
  • 36 individuals
  • 14 APTA Sections
    – Acute Care
    – Aquatic
    – Cardiopulmonary
    – Electro/wound Management
    – Federal
    – Geriatrics
    – Hand Rehabilitation
    – Health Policy
    – Neurology
    – Oncology
    – Orthopedics
    – Research
    – Sports
    – Women’s Health
2012 Pre-Post Workshop Levels (n=29)
Possible range of total score 26-130

Pre
Knowledge
Response range 1.77 - 4.07
Average Total Score = 74.21 (SD=17)*

Post
Knowledge
Response Range 1.55 - 2.39
Average Total Score = 51.38 (SD=11)*

Pre
Confidence
Response range 1.97 – 3.45
Average Total Score = 71.93 (SD=19)*

Post
Confidence
Response range 1.52 – 2.32
Average Total Score = 49.10 (SD=14)*

Lower scores = higher ratings of knowledge and confidence,
•  p=.000
8 of 10 groups are developing a CPG or other guidance document.
2013 Pre-Post Workshop Levels (n=24)
Possible range of total score 26-130

Pre
Knowledge
Response range  2.24 - 4.18
Average Total Score = 85.12 (SD=18)*

Post
Knowledge
Response Range 1.87 - 2.80
Average Total Score = 60.37 (SD=13)*

Pre
Confidence
Response range  2.36 - 3.88
Average Total Score = 82.41 ( SD=20)*

Post
Confidence
Response range  1.91 - 2.63
Average Total Score =  58.20 (SD=20)*

Lower scores = higher ratings of knowledge and confidence,
* p=.000
Workshop Effectiveness

• Increased perceived knowledge & confidence for developing CPGs
  – Highest Baseline Skills Comfort
    • Searching
    • Critical appraisal and synthesis
  – Lowest Baseline Skills Comfort
    • Organizational strategies
    • Conflict of interest disclosures
    • Post publication tasks
    • Training younger CPG contributors

• Teams effectively grappled with:
  – Identifying resources
  – Defining or narrowing the scope of an intended CPG
  – Weighing organizational strategies

• Individual Section representatives
  – Determined broader planning issues and strategies for Section
  – Identified possible collaborating Sections
Our big “Aha”

Many Sections Move the Profession

1 APTA Section

Section Representatives

Individual PTs

1 GDG

1 CPG

Many patients

Many PTs

Other Clinicians
Future Plans

• February 2014 - meet with interested groups at professional annual meeting to:
  – Provide support
  – Answer questions specific to the phase of development for CPG teams
  – Meet with Section leadership about support and planning
    • Fiscal planning for GDG support, publication
    • Topic selection
    • Capacity building

• Grants to support CPG development
  – 5 Grants awarded in 2012-2013 (September + March)
  – 2 Grants submitted in 2013 (September) (Another call in March)

• Critical appraiser training

• Development of quantitative critical appraisal tools
  – Experimental interventions - pilot testing now
Questions and Comments?

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