Exploring return of Evidence Based Practice behaviours to baseline at follow up among Clinical Instructors in Physiotherapy Education

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Background: A multifaceted and clinically integrated training program in EBP

- A non-randomized controlled study among clinical instructors (CIs)
- Intervention group (n=13) (training program in EBP)
- Control group (n=14) (no intervention)

Training program in EBP:
- Four half-day workshop sessions
- Five assignments
- Supervision
- Exam: oral presentation

http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0124332
Background: Behaviour change, only at post-intervention

<table>
<thead>
<tr>
<th></th>
<th>Pre-intervention</th>
<th>Post-intervention</th>
<th>Follow-up (6 months)</th>
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<tbody>
<tr>
<td><strong>Adapted Fresno Test (range 0 - 156)</strong></td>
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<tr>
<td>Intervention</td>
<td>43.4</td>
<td>80.5</td>
<td>69.4</td>
</tr>
<tr>
<td>Control</td>
<td>34.5</td>
<td>37.5</td>
<td>32.5</td>
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<tr>
<td>p-value, MD*</td>
<td>0.248</td>
<td>&lt;0.001</td>
<td>&lt;0.001, 37</td>
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<td><strong>EBP Beliefs Scale (range 16 - 80)</strong></td>
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<tr>
<td>Intervention</td>
<td>44.8</td>
<td>52.6</td>
<td>53.6</td>
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<tr>
<td>Control</td>
<td>43.6</td>
<td>44.7</td>
<td>45.4</td>
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<td>p-value, MD*</td>
<td>0.526</td>
<td>&lt;0.001</td>
<td>0.002, 8.1</td>
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<tr>
<td><strong>EBP Implementation Scale (range 0 - 60)</strong></td>
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<tr>
<td>Intervention</td>
<td>7.7</td>
<td>17.7</td>
<td>12.3</td>
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<tr>
<td>Control</td>
<td>8.9</td>
<td>7.0</td>
<td>10.5</td>
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<tr>
<td>p-value, MD*</td>
<td>0.570</td>
<td>&lt;0.001</td>
<td>0.574, 1.8</td>
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</table>

*MD: between groups; estimated mean difference between scores in the intervention and the control group

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Aim

• To explore *why* long term EBP behaviour change (measured by the EBP Implementation Scale) was not sustained among CIs who participated in the training program in EBP.

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Methods

• Participant satisfaction
• Focus group interviews
• EBP goals
Results: Participant satisfaction

Most satisfied with structure, content and supervision

![Bar chart showing participant satisfaction across different aspects.]

- Useful for work: Very good
- As expected: Very good
- Organisation: Very good
- Course material: Very good
- Setting: Very good
Results: From interviews

Why EBP not sustained

- Lack of skills
- Lack of time
- Low confidence
- Lack of tools
Results: From interviews

Continued using EBP

- Journal clubs
- In-service training
- Searched for evidence
- When supervising students
- Sharing with colleagues
Results: EBP goals

• 39 goals described – 20 achieved

• Related to EBP steps
• Related to the EBP process (all steps)
• Related to implementation
Discussion

• Multifaceted and clinically integrated\(^1\)
• Barriers identified\(^2\)
• Interpreting results from research evidence\(^3\)
• Training program: format, content, duration, frequency
• Contextual factors: leadership, facilitation, follow-up support\(^4\)

• Lack of an action plan for sustainability\(^5\)
  › Actions among leaders
  › Champions for change
  › Systems for continued implementation or monitoring

1. Young et al. (2014) Plos One
2. Scurlock-Evans et al. (2014) Physiotherapy
5. Straus et al. (2014, Ch. 3.6) Knowledge Translation in Health Care
Limitations, conclusions and questions for YOU!

- Lack of an action plan for sustainability
- Small sample size
- CIs continued using EBP
- CIs still need to improve their EBP competence
- Q: What is the optimal way of teaching EBP? (format, content, duration, frequency)

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