

World Federation of Occupational Therapists

WFOT

Bulletin

Occupational therapy practice around the globe

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Evidence-based Practice in Occupational Therapy: International Initiatives



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(United Kingdom)

Abstract

Evidence-based practice has had a major impact on all areas of health including occupational therapy. However this relatively new paradigm has presented both conceptual and practical challenges to the occupational therapy profession. In response to these difficulties, substantial efforts have been made to assist the implementation of evidence-based practice. There have been numerous professional initiatives designed to progress the uptake of research in practice during the last decade including educational programmes, continuing educational experiences, publications, specialised databases, syntheses of evidence, and international forums in evidence-based practice. This article highlights some these resources and initiatives undertaken by occupational therapists world-wide to facilitate evidence-based practice.

Keywords: research utilisation; research evidence

Development of Evidence-based Practice

It has been over a decade since the concept of evidence-based practice became prominent in the literature. As a relatively new paradigm evidence-based practice has had a major impact on clinical practice, education, health management, policy and purchasing (Gray, 1997). Its influence can be seen in many of the major health systems and government health strategies and policies around the world. For example, the integration of research in practice has been central to the strategic plan of the National Health and Medical Research Council of Australia (2000), the policies of the Agency for Health Research and Quality in the USA (2003), and the National Health Service of the UK (1997).

A complex interplay of social, political and economic factors stimulated the adoption of evidence-based practice. Against a backdrop of an escalating volume of research information and technologies, the 1980s and 1990s brought an increased demand for efficient use of resources and simultaneous improvements in the quality of health care (Trinder, 2000). This placed pressure on health care professionals to ensure that clinical practice was based on sound research evidence or 'doing the right

things right' (Gray, 1997). At the same time the introduction of the Internet allowed rapid sharing of research information across the globe, and significantly, opened the doors for consumers to access similar information as their health carers.

In the United Kingdom and Canada, two initiatives were underway that have had a momentous impact on the use of research within health care. The potential for systematic reviews as a means of synthesising the results of randomised controlled trials was progressed considerably with the development of the first Cochrane Centre in Oxford, and later the development of the Cochrane Collaboration in 1993. In Canada, the teaching of clinical epidemiology using a problem-based learning approach at McMaster University Medical School placed fresh emphasis on the integration of research and practice. The Evidence-based Medicine Working Group, formed in 1992, used the term 'evidence-based medicine' to describe a process which focused on 'the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients' (Sackett et al., 1996, p.71). The terms 'evidence-based practice' and 'evidence-based health care' are just some of the terminology adaptations that followed from 'evidence-based medicine' as its

influence spread to other areas of health care. Briefly, the Working Group proposed a set of skills that including 1) identifying information needs, 2) locating appropriate research literature that may address these needs, 3) appraising the methodological quality of the research and 4) determining the applicability of the research findings with respect to client's values and circumstances and the clinical context. Evidence-based medicine was presented as a process of synthesising clinical expertise, with the best research evidence available, and the values and preferences of clients (Sackett et al., 1996). The purpose of this paradigm was to highlight the role of research as a resource that could inform clinical decision-making and was emphasised as a means for augmenting but not replacing clinical judgment or experience (Haynes, Devereaux, & Guyatt, 2002).

Challenges of Evidence-based Practice for Occupational Therapy

As a relatively new paradigm, evidence-based practice has presented both conceptual and practical challenges to the occupational therapy profession. At the conceptual level, there have been discussion about different types of 'evidence' that inform practice. While randomised controlled trials have their place for providing evidence about treatment effectiveness, a favoured form of evidence within occupational therapy tends to be qualitative research as it provides rich understandings about client's experiences (Taylor 1997). Of primary importance is the need to match the type of evidence used with the types of question under consideration. It is therefore important to ask the question "evidence for what"? This question needs to be asked as occupational therapists worldwide advance theories and models about occupational therapy core knowledge. For instance, those who emphasise occupation-focused practice will want to examine evidence about the most effective ways of assessing occupations, and using occupations or activities as the basis for occupational therapy. Those who emphasise collaborative approaches, such as client-centred practice, will want to critically appraise the evidence around the impacts of clients being active participants in helping themselves with a professional, such as an occupational therapist, 'enabling' them to define meaningful goals and to shape services to deal

with the barriers that limit their participation in society.

Discussions also continue about how evidence-based practice might fit with the process of occupational therapy practice. Occupational therapists around the world are developing various models and guidelines for the process of occupational therapy. In essence, the stages of evidence-based practice occur simultaneously with the stages of the process of practice. For example, the seven stages of the Canadian Occupational Performance Process Model (OPPM) could be linked to seven stages in seeking, systematically reviewing and using evidence. To illustrate, Stage 1 of the OPPM is to "Name, identify and prioritise occupational performance issues". An evidence-based occupational therapist might integrate evidence in this stage to "gather and review evidence of typical occupational performance issues" e.g., for the client population/group, from narratives of local experiences, or from national or international databases. Stage 5 of the OPPM is to "Implement plans through occupation": an evidence-based approach could be integrated to "use evidence of occupation as an action-based, participatory approach in implementing plans", e.g., systematically review literature, local cultural practices, and other evidence of the challenging and empowerment impacts of involving people as active agents and participants in DOING to help themselves individually or collectively, versus having things done to or for them. A useful professional development activity for occupational therapists could be to organise study groups or encourage dialogue to examine how stages of evidence-based practice could be integrated with their favourite process model.

On a practical level, integrating research into practice requires a considerable skill set that has implications for those responsible for training and for university curricula. Additionally, a limited research history and infrastructure in occupational therapy has meant that occupational therapy does not have a particularly persuasive evidence base when compared with other health care professions (Illott, 2004). However even the availability of clinically relevant research, and the skills to find and appraise it, do not guarantee transfer of evidence into practice. Factors such as limited time and resources, organisational support, and reservations about the relevance and applicability

of research evidence further complicate the picture (Haynes, 1993; Duboloz et al., 1999).

Addressing Barriers to Evidence-based Practice

Substantial progress has been made to address research utilisation within occupational therapy in the last decade. There have been a number of major professional initiatives designed to progress the uptake of research in practice including efforts to critique, synthesise, and provide access to research resources specific to occupational therapy. A wide array of educational programmes and continuing educational experiences have provided training in evidence-based practice, and international forums have been held to stimulate continued collaboration and effort internationally. Some of these resources and initiatives are highlighted here.

Publications

The increasing awareness of evidence-based practice within the occupational therapy profession has been most evident in the publication of a number of full editions of occupational therapy journals devoted to the topic since 1997. The content of these papers have ranged from papers describing the evidence-based practice process (Taylor, 1997) through to healthy debate about the fit of the evidence-based practice paradigm with occupational therapy (Egan, Dubouloz, von Zweck, & Vallerand, 1998), discussions about the nature of evidence (Taylor & Savin-Baden, 2001; Tickle-Degnen, 2000), detailed description of methods and resources (Bennett & Bennett, 2000; McCluskey & Cusick, 2002), positions statements and discussions about the importance of evidence based-practice to the profession (CAOT, ACOTUP, ACOTRO, 1999; Holm, 2000; Von Zweck, 1999). Ongoing effort has been made by the American Journal of Occupational Therapy in publishing an Evidence-Based Practice Forum, and more recently, the Australian Occupational Therapy Journal has provided a new section for Critically Appraised Papers. Furthermore, books, book chapters and workbook resources have been written on evidence-based practice specifically for the occupational therapy audience (Bennett, 2005; Law, 2002 ; Taylor, 2000; Mancini, in press).

Locating Research Evidence: OTseeker

Lack of time and skills to locate relevant evidence are commonly identified barriers to implementing

evidence-based practice (Bennett et al., 2003a; Curtin & Jaramazovic, 2001; Dysart & Tomlin, 2002; Humphris et al., 2000). In addition, the quality of articles varies enormously both in design and reporting, making it difficult for busy clinicians to quickly determine the validity and applicability of results. To address these difficulties, a freely accessible database called OTseeker (www.otseeker.com) was established (Bennett et al., 2003b).

OTseeker aims to increase access to research about the effectiveness of interventions relevant to occupational therapy and to support occupational therapy research. It contains over 3400 citations and abstracts of systematic reviews and critically appraised randomised controlled trials relevant to occupational therapy. Analysis of web statistics indicates that OTseeker has received over 250,000 visits and is used in over 50 countries including 'visits' from countries where occupational therapy is developing such as Vietnam, Estonia, Zimbabwe, Oman, Brazil, Guatemala and Cuba.

The contents of OTseeker and the Cochrane Rehabilitation and related Therapies Field database are regularly exchanged to minimise duplication of effort. An inclusive approach is taken when determining which systematic reviews and randomised controlled trials are included in OTseeker, in recognition of the broad roles that occupational therapists can adopt globally. Consequently, not all content in OTseeker may be considered definitively 'occupational therapy'. Rather, it is considered *relevant* to occupational therapy. It is hoped other research methodologies may be included in OTseeker in future, funding permitting. A resource section will be added to the website in 2006 and it is hoped that abstracts from non-English papers will also be included. More information about this resource can be found on the website (www.otseeker.com).

Syntheses of Evidence

Secondary resources that pre-appraise and synthesise research evidence can reduce the time it takes for clinicians to access and appraise individual research studies. There is an ever-expanding choice of synthesised research available through systematic reviews, evidence-based clinical guidelines, evidence-based reports, critically appraised papers, critically appraised topics and brief summaries of evidence.

Formats for disseminating synthesised research results need greater attention. After many years teaching evidence-based practice, Guyatt and his colleagues (2000) suggest it is unlikely that all clinicians will have the time or skills to locate and appraise original studies from 'scratch'. A survey of Australian occupational therapists reported that 95% of respondents agreed that they would find brief summaries of evidence useful and indicated that availability of such resources should be a priority for the profession (Bennett et al, 2003a).

It is estimated that there are over 800 systematic reviews of relevance to occupational therapists (Bennett et al., in press), with a number of them showing clear evidence for the effectiveness of the occupational therapy interventions. Some of these reviews have been carried out through the Cochrane Collaboration and have included reviews by occupational therapists from the UK, Canada, Australia, and the Netherlands (Deane et al., 2001; Egan et al., 2001; Stueljtens, 2003; Wallen & Gillies, 2000). Systematic reviews can be located through The Cochrane Database of Systematic Reviews, The Database of Abstracts of Reviews of Effects (DARE), OTseeker (www.otseeker.com), the Canadian Occupational Therapy Foundation's "Outcomes that Matter" Critical Reviews (http://www.cotfcanada.org/site_page.asp?pageID=705), and CanChild Centre for Childhood Disability Research (<http://www.fhs.mcmaster.ca/canchild/>).

A number of resources have been developed that provide synopses of occupational therapy evidence. Critically appraised topics (or CATs) are brief summaries of evidence from more than one research paper on a specific topic of interest, but are less rigorous than systematic reviews. Summaries and appraisal of single papers are commonly referred to as critically appraised papers (CAPs). A Critically Appraised Paper section was introduced in the Australian Occupational Therapy Journal in 2003 providing one-page summaries of important, clinically relevant research articles, both quantitative and qualitative in nature. Clinical commentaries are also provided that address methodological issues and the clinical relevance of the findings. Similar efforts have recently commenced in Canada with the publication of Critically Appraised Papers in 'Occupational Therapy Now'.

Recently a free web resource has been made

available called OTCATS (www.OTCATS.com). It provides critically appraised topics and papers that focus on occupational therapy interventions, downloadable in PDF format. While the earlier topics were completed by Australian occupational therapists participating in a year-long research project between 2002 and 2003 (McCluskey, 2004), a template is now available for anyone wishing to complete a CAT/CAP to add to this collection and instructions are provided on the website.

The American Occupational Therapy Association has funded a series of Evidence-Based Literature Review Projects (Lieberman & Scheer, 2002), and as a result has provided an Evidence Brief Series for members on the AOTA website (<http://www.aota.org/index.asp>). The Evidence Brief Series provides easy to read summaries of evidence and structures abstracts on topics including stroke, multiple sclerosis, Parkinson's disease, cerebral palsy, developmental delay in children, brain injury (adults), ADHD, chronic pain, school-based interventions, older adults and specific, stroke focused questions.

The task of appraising and synthesising research evidence for occupational therapy is a time consuming task that could be eased by sharing summaries that have already been developed on an international basis. Mechanisms for doing this are currently being considered.

Education

The number of programs offering some level of evidence-based practice training has markedly increased in recent years. This is as it should be, with skills in literature searching, critical appraisal, application and communication of research results now being important aspects of daily clinical work.

Educating occupational therapists about the use of research evidence is occurring worldwide. Numerous undergraduate and postgraduate courses on evidence-based practice are offered within the USA, Australia, Canada and the UK. In Canada for instance, all educational programs have evidence-based practice as a key component of their curricula, ranging from having a specific evidence-base practice course and project to weaving evidence-base practice concepts throughout the entire curriculum. Canada's Accreditation standards for entry-level occupational therapy programs include a standard focused on research knowledge and evidence-based practice.

Many other countries offer evidence-based practice either throughout their curriculum or as a component of other courses. For example, the Hebrew University in Israel is planning the integration of evidence-based practice skills horizontally across all occupational therapy courses, clinical practice areas, and field assignments. The University of Cape Town in South Africa has a module on evidence-based appraisal skills as part of the research methods course and students have the option of completing a systematic review instead of a mini-dissertation. This option is also available to students at Coventry University (UK), where students then present their findings at a conference, to encourage dissemination and sharing of evidence, which is often neglected. In Brazil, the Occupational Therapy Department from the Federal University of Minas Gerais State (UFMG) aims to familiarise students and clinicians with research and scientific evidence by including evidence-based courses and assignments throughout its' undergraduate program and the specialisation course offered to occupational therapists, as well as in the graduate program in rehabilitation sciences.

Despite the importance of skill training having been recognised, many clinicians will still not access, appraise and research themselves, choosing instead to rely on the views of others. Gabbay & le May, (2004) suggest that education should be targeted at those likely to be opinion leaders (including educators), and that dissemination of new research findings be targeted at sources that practitioners *do* use rather than the ones they 'should' use. Role modelling the use of research evidence is therefore important and educators require skills in evidence-based practice just as much as students (Del Mar, Glasziou, & Mayer, 2004). To this end a 'train-the-trainer' workshop will be offered at the WFOT Congress in 2006 for educators and faculty. It aims to provide participants with information about pre-requisite skills, knowledge and resources required when introducing evidence-based practice into a curriculum, and potential barriers to 'up-skilling' faculty. Participants will also share ideas about how to teach and assess evidence-based practice skills.

International Forums

Collaborative efforts on an international scale are important for facilitating evidence-based practice. Two international meetings have taken place to

strategise about the future development and integration of evidence based practice in occupational therapy.

These were the International Symposium on Evidence Based Practice held in Brisbane 2001 (Evidence Based Occupational Therapy-University of Queensland Group, 2001), and the International Conference on Evidence-Based Occupational Therapy (organised by AOTA/AOTF) in Potomac, Maryland, (AOTF, 2004). Several key priorities arose from these meetings, including the development and expansion of resources such as OTseeker, Critically Appraised Topics, and a common web-portal of evidence-based practice resources; the importance of agreeing on standardised terminology for occupational therapy research, databases and indexing; the sharing of educational resources for evidence-based practice; the development of core competencies for evidence-based practice within occupational therapy curricula; and the need for strategic research. The importance of international collaboration to reduce duplication of effort, the involvement of consumers, and awareness of cultural and language differences were also highlighted (AOTF, 2004).

One of the specific outcomes from these discussions is currently taking shape. A web-portal of evidence-based practice resources is now under development with support from CAOT and will be available on the WFOT website as free access early in 2006. It will contain resources for evidence-based practice education, literature searching, critical appraisal, implementation of evidence-based practice, and links to many other useful websites. A further outcome from the 2004 conference was the establishment of an International Advisory Group on Evidence-Based Practice for WFOT which will have the task of advising WFOT on issues of relevance to evidence-based practice. To date members of this group have worked on development of a guideline for evidence-based practice competency standards, provided consultation to WFOT regarding evidence-based practice implications of a World Health Organisation health workforce capacity document, and contributed to this paper.

Conclusion

In reviewing some of the initiatives designed to support evidence-based practice it is clear that evidence-

based practice in occupational therapy has come a long way since the concept was first introduced. While there is yet much that can be done to facilitate the ease with which occupational therapists can implement evidence-based practice, the ultimate goal is for evidence-based practice to be so commonplace a process that the phrase is no longer so prominent. Instead it will become just what we do as part of daily practice. Or, as Dr. Joan Rogers envisages, that “an evidence based approach to practice will become an activity of daily living” (Baum, 2005).

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