Uptake of clinical practice guidelines by South African physiotherapists: insights and expectations

Presented by: Jessica Stander
Co-authors: Prof K Grimmer & Dr. Y Brink

jessicas@sun.ac.za

@JessicaStander

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Background

- Knowledge translation (KT) strategies
  - aim to improve research evidence uptake[1]
- Training programmes
  - may significantly improve evidence uptake by physiotherapists[2]
- Stander et al. (2018)[3]
  - Best practice training programmes

(1) Grimshaw et al. 2012 Knowledge translation of research findings. Implement Sci May 31;7:50-5908-7-50.
(2) Johnson MJ, May CR. 2015 Promoting professional behaviour change in healthcare: what interventions work, and why? A theory-led overview of systematic reviews. BMJ open;5(9):e008592.
(3) Stander et al. 2018 Training programmes to improve evidence uptake and utilisation by physiotherapists: a systematic scoping review BMC medical education 18(1) 14.

www.linkedin.com/in/jessica-stander

Aim

- Describe local context of CPG implementation, in terms of the needs and expectations of SA PTs

- Explore meaning in ‘lack of time’ barrier to CPG uptake

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Methods

- Exploratory, descriptive qualitative study
- Interpretative research paradigm
- Phenomenological approach
- Ethical clearance: (S17/05/100)
- Semi-structured interviews[4,5]
- Participants: South African PTs
- Qualitative quality criteria
- Researcher positioning

(4) Côté *et al.* (2009) 'Physiotherapists and Use of Low Back Pain Guidelines: A Qualitative Study of the Barriers and Facilitators', *Journal of Occupational Rehabilitation* 19(1), pp. 94–105.
(5) Hysong *et al.* (2006) 'Audit and feedback and clinical practice guideline adherence: making feedback actionable', *Implement Sci*, 1(9), pp. 3–5.

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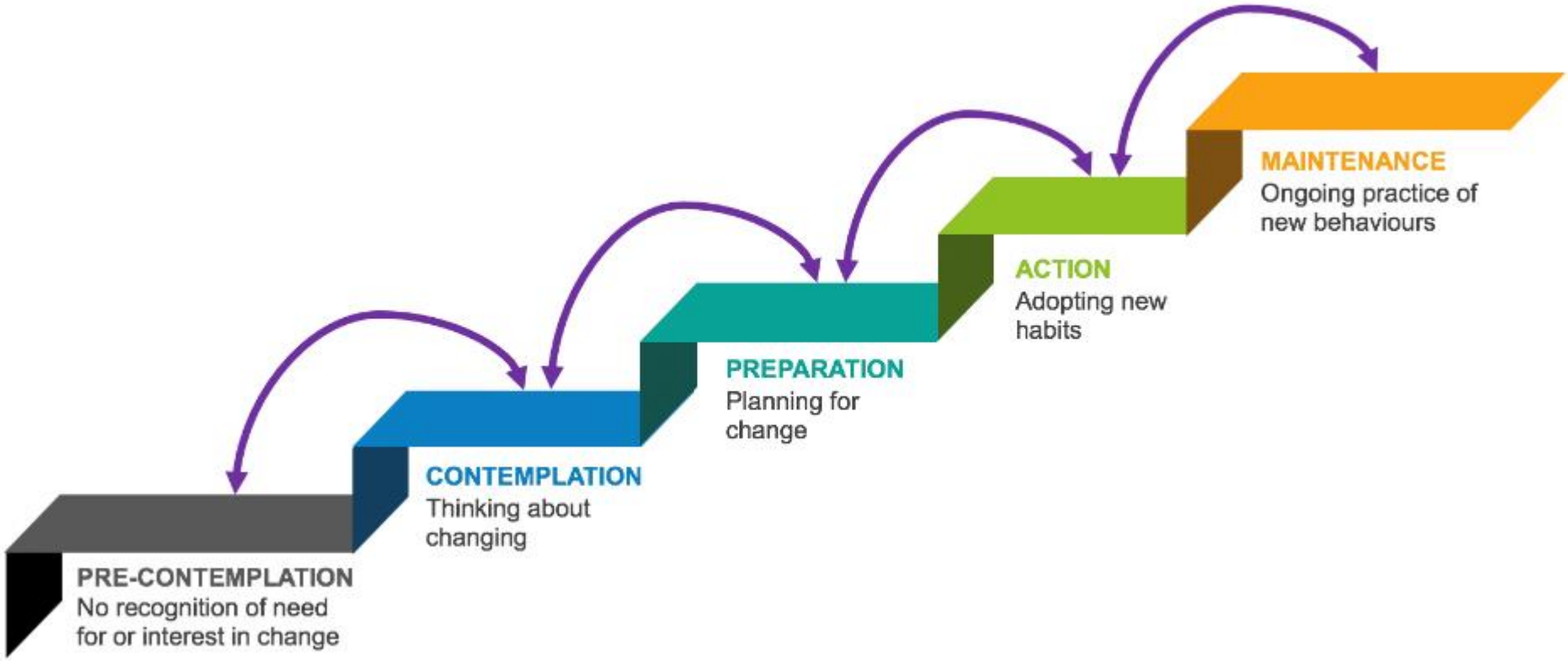
Data analysis & Findings

“I don’t have time for evidence”

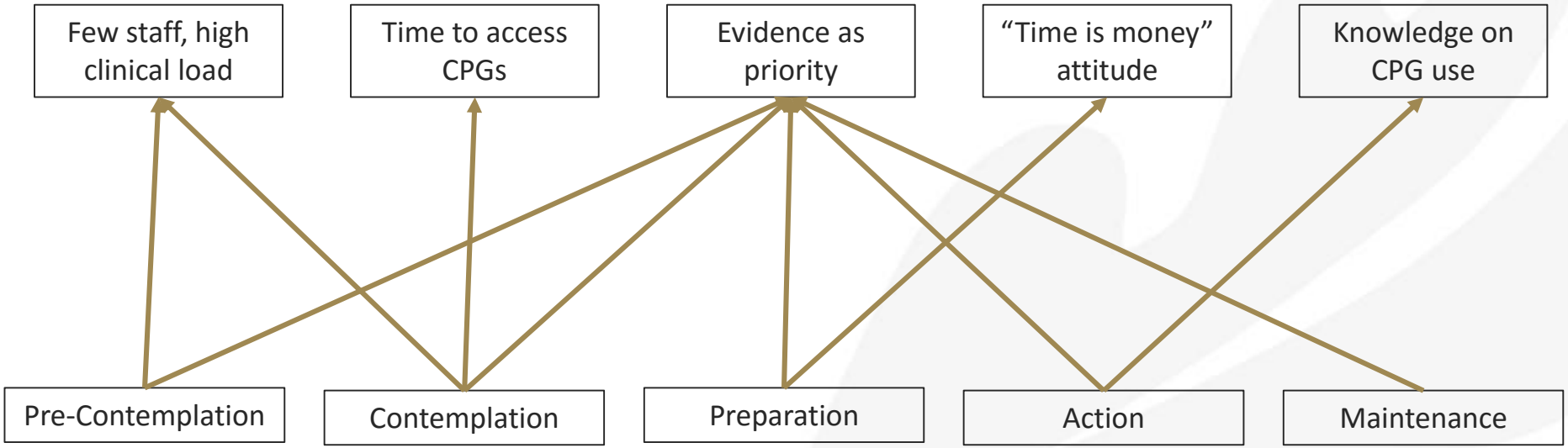
https://pixabay.com/en/time-time-management-stopwatch-3222267/

Transtheoretical model: Stages of Change

(Adapted with permission from J.O. Prochaska)



“I don’t have time for evidence”



Conclusion

- Pre-contemplation:

  “I don’t know what CPGs are and I don’t understand why I should engage with them”

  - Strategy: educate about CPGs

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Conclusion

- Contemplation:

  “I've heard of CPGs but it seems like so much work to engage with them, I am not convinced and I don't know where to start”

  - Strategy: educate about what a CPG is; how and where to find them, give some evidence of how CPG implementation has made significant changes in other practices; how adoption of a recommendation could prevent inefficiency and ineffective practice

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Conclusion

- Preparation:

  “I've heard of CPGs and I would like to start using them in practice. Where do I start?”

  - Strategy: educate on choosing CPGs; how to prioritise conditions seen in practice for application of CPGs

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Conclusion

- Action:

  "I have used CPGs a few times, but not sure if I am using them effectively. How do I optimise my use of CPGs?"

  - Strategy: understand strength of recommendations and how this links with making practice decisions; evidence-practice gaps; identifying strategies to put CPGs into own practice; use of outcome measures

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Conclusion

- Maintenance:

  "I am already putting CPGs into practice. What's next"

  - Strategy: become a change agent to put CPGs into practice on a broader scale; reflective practice; use of outcome measures; publication; speaking at meetings

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Where to now?

"I don't have much sympathy for the arguments that there isn't time. Change the narrative to not be something in addition to what you are already doing but it's part of your practice..." P02

- Meet them at their level of readiness
- Educational outreach activities
- Interactive, problem-solving

Dankie
Thank you
Enkosi

jessicas@sun.ac.za

@JessicaStander

www.linkedin.com/in/jessica-stander

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