Advocacy for the Implementation of Clinical Discussions to Promote Best Practices

Thesis group: Jessica Azzam, Rushin Khatibi, Susanna Moon, Dana Wysolmierski
Thesis Advisor: Eileen Wang, MA, OTR/L
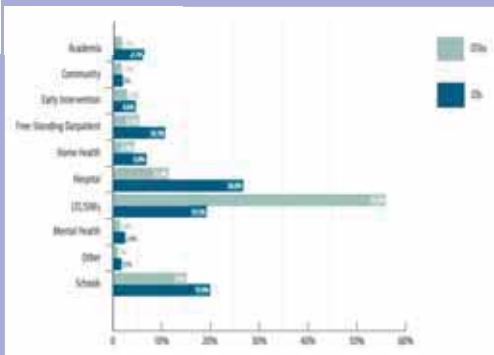Stanbridge University

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What you will learn today...

1. To identify barriers for clinical discussions.
2. To identify benefits of clinical discussions.
3. How to implement clinical discussions.
4. Share feedback via survey.

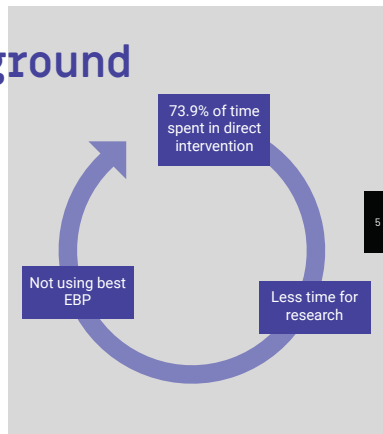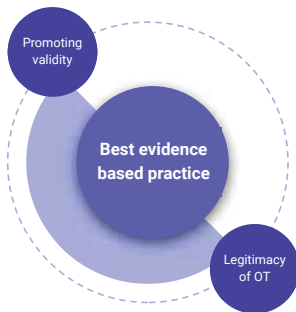
Introduction

- ~ 20% of OTs
- ~ 56% of OTAs

Introduction

- Practitioners need to address the changing needs of the geriatric population
 - Improving cost effectiveness
  - Quality of care

Background

- Promoting validity
- Best evidence based practice
- Legitimacy of OT

- 73.9% of time spent in direct intervention
- Not using best EBP
- Less time for research

Purpose

- Staying up-to-date with best EBP can *positively impact patient outcomes*
- *Increase* employee job satisfaction & patient outcomes without leading to moral injury
- ***Clinical discussions*** are a great way to increase opportunities for clinicians to use and apply EBP
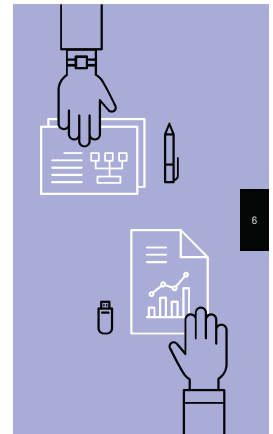
Clinical Discussions (def)

- Journal clubs, staff meetings, and online forums that aim to increase the use of EBP

State of Evidence:

Client Outcomes:

- Increase in client outcome success rate
- Increase in client satisfaction and quality of life
- Lead to more effective treatments, thus more satisfied clients

Employee Satisfaction:

- More satisfied staff leading to lower turnover rate,
- easier to attract new staff

Facility Reputation:

- Reputation for cutting-edge, quality care
- Ability to attract new clients

Fiscal Benefits:

- Could prevent costly mistakes
- increase reimbursements over time due to more referrals
- Influx of patients due to affiliations with hospitals can increase revenue

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>
> *"To successfully implement EBP, there needs to be a synergy operating that involves upper level administration, program leaders/supervisors, direct service workers, and related professionals within the agency."*
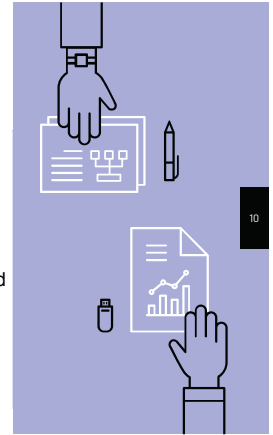> *(Rapp et al., 2010)*

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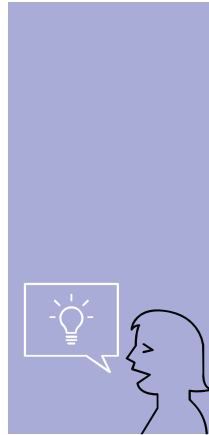
Overcoming Common Barriers

Barriers

Administration Support

Solutions

- Leads to higher intervention quality for best practice
- Patient satisfaction and functional outcomes
- Support for documentation and reimbursement

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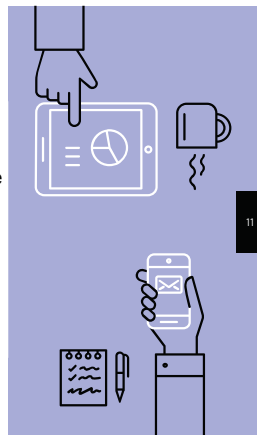## Overcoming Common Barriers continued

Barriers   **Solutions**

Time

- Suggest times that don't impose on existing work demands
- Prioritize clinical discussions

Possible session times include:

- During lunch breaks
- During staff meetings
- Continuing education sessions
- After work hours
- Online forums

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Overcoming Common Barriers Continued

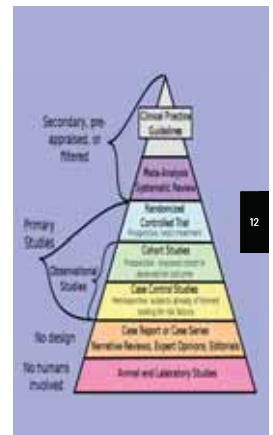**Barriers**   **Solutions**

Access to Evidence-Based Research

Resources:

- There are two pages that contain a list of resources at the end of this packet
- Check local and university libraries
- Ask about a department subscription to a key journal

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Overcoming Common Barriers continued

Barrier

Insufficient Research Skills

Solutions

Increase clinicians' skills and confidence by:

- Providing brief intro session, video, or packet
- Use existing resources like AOTA toolkit, PEP toolkit
- By familiarising with clinical discussions, one could increase confidence & skill to interpret, synthesize, & apply research

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Overcoming Common Barriers continued

Barriers

Clinician Participation

Solutions

Possible incentives:

- Make it required
- Food (site funded or rotate member preparation)
- CEUs
- Journal subscriptions or association memberships

Toolkit for implementing clinical discussions

Background information about the toolkit

- **Based off AOTA journal club toolkit**
- **Simplified and streamlined for SNF use**

Table of contents

- **Starting Clinical Discussions: Planning Worksheet**
- **Planning Clinical Discussions Sessions: Checklist**
- **Formatting your Clinical Discussions Group**
- **NBCOT Certification Renewal Activities Chart**
- **Selecting topics journals and articles based on evidence**

Conclusion

1. The possible barriers to implement clinical discussions and how we can overcome them
2. Identified the benefits of clinical discussions.
3. Provided resources for the creation of clinical discussion groups and access to quality research

Thank you for coming!

Any questions? Comments?

References

1. American Occupational Therapy Association. What is occupational therapy? [Internet] Available from: https://www.aota.org/ConferenceEvents/OTMonth/what-is-OT.aspx
2. Larsen RF, Ravnholt MM, Holge-Hazelton B. Establishing a course in how to facilitate journal clubs: Opportunities and barriers. Nordic J Nurs Res [Internet], 2015 [cited 2019 Sep 16];35(1):29-37. Available from: https://search.proquest.com/nahs/docview/1679171679/fulltext/58FC09A0FC024A6APQ/1?accountid=37862
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References Cont.

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5. Patelarou AE, Kyriakoulis KG, Stamou AA, Laliotis A, Sifaki-Pistolla D, Matalliotakis M, Prokopakis E, Patelarou, E. Approaches to teach evidence-based practice among health professionals: An overview of the existing evidence. Adv Med Educ Pract [Internet]. 2017 [cited 2019 Sep 16];8:455–464. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5508813/ DOI:10.2147/AMEP.S134475

6. Lin SH, Murphy SL, Robinson JC. Facilitating evidence-based practice: Process, strategies, and resources. Am J Occup Ther [Internet]. 2010 [cited 2019 sep 16];64(1):164-171. Available from: https://ajot.aota.org/article.aspx?articleid=1862647&resultClick=3 DOI.5014/ajot.64.1.164

References cont.

7. Juckett LA, Robinson ML. Implementing evidence-based interventions with community-dwelling older adults: A scoping review. Am J Occup Ther [Internet]. 2018 [cited 2019 Sep 16];72(4):1-9. Available from: https://ajot.aota.org/article.aspx?articleid=2680717&resultClick=3 DOI: 10.5014/ajot.2018.031583

8. Rogers AT, Bai G, Lavin RA, Anderson GF. Higher hospital spending on occupational therapy is associated with lower readmission rates. Med Care Res Rev [Internet]. 2017 [cited 2019 Sep 16];74(6):668–686. Available from: http://otaconline.org/application/files/6714/8 DOI:10.1177/1077558716666981

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References cont.

10. Sindelar JL, Ball SA. Cost evaluation of evidence-based treatments. Addic Scien & Clin Pract [Internet]. 2010 12 [cited 2019 Sep 16];5(2):44–51. Available from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3120119/pdf/ascp-05-2-44.pdf

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12. American Occupational Therapy Association [Internet]. AOTA Journal Club Toolkit; 2014 [cited 2019 Sep 16]. Available from: http://www.aota.org/-/media/corporate/files/secure/practice/journal-club-toolkit_1/journal%20club%20toolkit.pdf

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13. Deenadayalan Y, Grimmer-Somers K, Prior M, Kumar S. How to run an effective journal club: A systematic review. J Eval Clin Pract [Internet]. 2008 [cited 2019 Sep 16];14(5):898-911. Available from: https://www.ncbi.nlm.nih.gov/pubmed/19018924 DOI: 10.1111/j.1365-2753.2008.01050.x

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References cont.

16. Austin J. A failed perioperative nursing journal club: Reflections on mistakes made, and lessons learned. J Periop Nurs [Internet]. 2016 [cited 2019 Sep 16];29(2):18-23. Available from: https://www.journal.acorn.org.au/jpn/vol29/iss2/1/ DOI: 10.26550/2209-1092.1003

17. Rapp CA, Etzel-Wise D, Marty D, Coffman M, Carlson L, Asher D, Callaghan J, Holter M. Barriers to evidence-based practice implementation: Results of a qualitative study. Community Ment Health J [Internet]. 2010 [cited 2019 Sep 16];46:112-118. Available from: https://www.academia.edu/6675948/Barriers_to_Evidence-Based_Practice_Implementation_Results_of_a_Qualitative_Study DOI: 10.10007/s10697-009-9238-z

18. Ravin C. Implementation of a journal club on adult learning and nursing professional development. J Contin Educ Nurs [Internet]. 2012 [cited 2019 Sep 16];43(10):451-455. Available from: https://search.proquest.com/nahs/docview/1095505885/36B065C46D6145F4PQ/2?accountid=37862 DOI:10.3928/00220124-20120702-16

Promoting Evidence-Based Practice through PEP Resource Guide

Susanna Moon, OTS
& Dana Wysolmierski, OTS
Thesis Advisor: Eileen Wang, MA, OTR/L

STANBRIDGE UNIVERSITY

Objectives Today

1. To identify barriers for clinical discussions.
2. To identify benefits of clinical discussions.
3. How to implement clinical discussions.
4. Share feedback

2

Background

▹ Current Climate
▹ Promoting OT Under PDPM
  ▪ AOTA Resources

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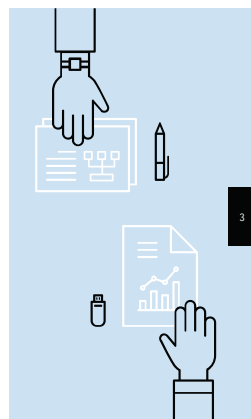
Current Climate

▹ Value not Volume
▹ PDPM updates

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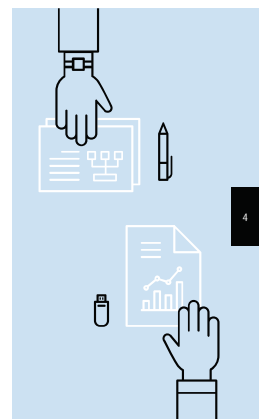
Promote the Value of OT

▹ AOTA Resources

https://www.aota.org/Practice/Manage/value/Skilled-Nursing-Facilities-Patient-Driven-Payment.aspx

https://www.aota.org/Publications-News/otp/Archive/2019/promoting-pdpm.aspx

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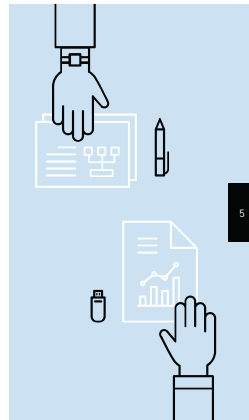
Introduction

In the Skilled Nursing Facility (SNF) Setting:
- ~ 20% of OTs
- ~ 56% of COTAs
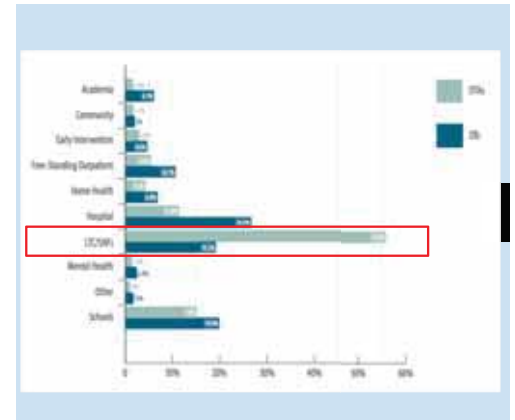
Introduction

- OT Practitioners
  - Experts in ADLs/IADLs
  - Improving Function
  - Lowering Readmission Rates
  - Improve Quality of Care
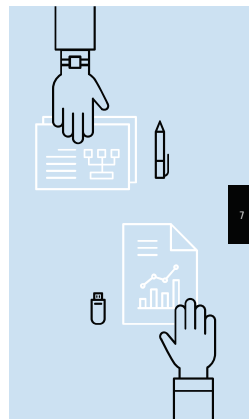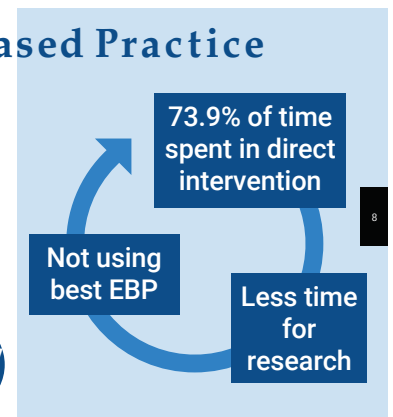
Evidence-Based Practice

Promoting validity

Best evidence based practice

Legitimacy of OT

73.9% of time spent in direct intervention

Not using best EBP

Less time for research

Purpose

- Staying up-to-date with best EBP can *positively impact patient outcomes*
- *Increase* employee job satisfaction & patient outcomes without leading to moral injury
- **Clinical discussions** are a great way to increase opportunities for clinicians to use and apply EBP

Clinical Discussions (def)

- Journal clubs, staff meetings, and online forums that aim to increase the use of EBP

State of Evidence:

Client Outcomes:
- Increase in client outcome success rate
- Increase in client satisfaction and quality of life due to more effective treatments

(Sindelar & Bar, 2010)

Employee Satisfaction:
- More satisfied staff leading to lower turnover rate
- Easier to attract new staff

Facility Reputation:
- Reputation for cutting-edge, quality care
- Ability to attract new clients

Fiscal Benefits:
- Could prevent costly mistakes
- Increase reimbursements over time due to more referrals because of the high quality patient care

Format of the PEP

Power of Evidence-based Practice (PEP) & Powerpoint
Resources to persuade SNF facilities to implement clinical discussions
With evidence-based research

PEP Toolkit

▹ Toolkit to help SNF implement clinical discussions

Key To Success!

"To successfully implement EBP, there needs to be a synergy operating that involves upper level administration, program leaders/supervisors, direct service workers, and related professionals within the agency."
(Rapp et al., 2010)

Overcoming Common Barriers

Barriers

Administration Support

Solutions

- Leads to higher intervention quality for best practice
- Patient satisfaction and functional outcomes
- Support for documentation and reimbursement

Overcoming Common Barriers

Barriers

Time

Solutions

- ○ Suggest times that don't impose on existing work demands
- ○ Prioritize clinical discussions

Possible session times include:
- ○ During lunch breaks
- ○ During staff meetings
- ○ Continuing education sessions
- ○ After work hours
- ○ Online forums

Overcoming Common Barriers

Barriers

Access to Evidence-Based Research

Solutions

Resources:
- There are two pages that contain a list of resources at the end of this packet
- Check local and university libraries
- Ask about a department subscription to a key journal

Overcoming Common Barriers

Barrier

Fear of Research

Solutions

Increase clinical' skills and confidence by:
- Providing brief intro session, video, or packet
- Use existing resources like AOTA toolkit, PEP toolkit
- By familiarising with clinical discussions, one could increase confidence & skill to interpret, synthesize, & apply research

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Overcoming Common Barriers

Barriers

Clinician Participation

Solutions

Possible incentives:
- Make it required
- Food (site funded or rotate member preparation)
- CEUs
- Journal subscriptions or association memberships

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Discussion:

- Are there any more barriers you can think of that we haven't covered?

- How can we overcome these barriers?

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Data Collection

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Survey

Results

Bar Graph Of Average of Results

Survey Response Averages

1. Do you feel like you have a better understanding what clinical discussions are?
2. Introduction to Clinical Discussions
3. Barriers of Clinical Discussions
4. Benefits of Clinical Discussions
5. Tips and Strategies for implementing clinical discussions
6. Resources for clinical discussions

Response Average

Questions

How helpful did the participants find the PEP & PowerPoint to promote Clinical Discussions?

No Reply
11.1%

Helpful
88.9%

Limitations

- Lack of high-level research on EBP focusing on clinicians in SNF
- Small sample size

Future applications

- Implementation of clinical discussions
- More in-service presentations
- Measuring results (eg. get a larger sample size; assess effectiveness)
- Adapt the PEP to other clinical settings

Toolkit for implementing clinical discussions

Background information about the toolkit

- Based off AOTA journal club toolkit
- Simplified and streamlined for SNF use

Table of contents

Starting Clinical Discussions - Planning Sheet

How?	**What kinds of format will the clinical discussion be?** (circle all that apply)
	Evidence-based Cased-based No preparation
	Methodological Internet based
	Will clinical discussions be mandatory? Yes No
	What kinds of incentives are provided? (circle all that apply)
	Food Access to journals Professional organization memberships
	CEUs Other: _____
	Are there resources clinical discussion group members have access to?
	Includes computers, internet, printing resources, AV equipment.
	Is publicity possible to announce clinical discussions to members?
	Email announcement Posters/Flyers

Planning Clinical Discussions Checklist: Session Organizer

❏ Announcement:

  ❏ Email

  ❏ Flyer

  ❏ Phone

  ❏ Website

❏ Distribute article

❏ Sign-in Sheet for documentation

Your Turn!

- Please go into a group of 2-3 and fill out how these forms would be used in your facility.

- Did you run into any obstacles using these form?
- How can we overcome these barriers?

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Conclusion

1. The possible *barriers* to implement clinical discussions and how we can overcome them
2. Identified the *benefits* of clinical discussions.
3. Provided *resources* for the creation of clinical discussion groups and access to quality research

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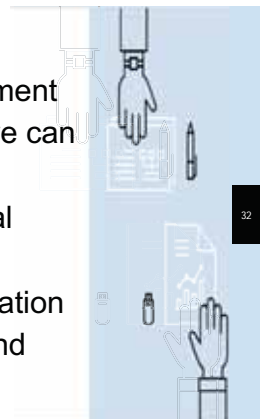
Thank you for your time!

Questions & Comments?

References

1. American Occupational Therapy Association. What is occupational therapy? [Internet] Available from: https://www.aota.org/ConferenceEvents/OTMonth/what-is-OT.aspx
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5. Patelarou AE, Kyriakoulis KG, Stamou AA, Laliotis A, Sifaki-Pistolla D, Matalliotakis M, Prokopakis E, Patelarou, E. Approaches to teach evidence-based practice among health professionals: An overview of the existing evidence. Adv Med Educ Pract [Internet]. 2017 [cited 2019 Sep 16];8:455–464. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5508813/ DOI:10.2147/AMEP.S134475

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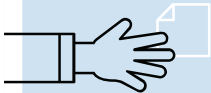

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7. Juckett LA, Robinson ML. Implementing evidence-based interventions with community-dwelling older adults: A scoping review. Am J Occup Ther [Internet]. 2018 [cited 2019 Sep 16];72(4):1-9. Available from: https://ajot.aota.org/article.aspx?articleid=2680717&resultClick=3 DOI: 10.5014/ajot.2018.031583

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10. Sindelar JL, Ball SA. Cost evaluation of evidence-based treatments. Addic Scien & Clin Pract [Internet]. 2010 12 [cited 2019 Sep 16];5(2):44–51. Available from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3120119/pdf/ascp-05-2-44.pdf

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References cont.

13. Deenadayalan Y, Grimmer-Somers K, Prior M, Kumar S. How to run an effective journal club: A systematic review. J Eval Clin Pract [Internet]. 2008 [cited 2019 Sep 16];14(5):898-911. Available from: https://www.ncbi.nlm.nih.gov/pubmed/19018924 DOI: 10.1111/j.1365-2753.2008.01050.x

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Power of Evidence-Based Practice (PEP) Toolkit

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Thesis advisor: Eileen Wang, MA, OTR/L

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Table of contents

Purpose & Goal

Purpose: The purpose of the Power of Evidence-Based Practice Toolkit is to guide occupational therapy practitioners in facilitating clinical discussions in skilled nursing facilities.

Goal: The goal of this toolkit is to provide an outline on the most conducive strategies to implement clinical discussions in skilled nursing facilities based on research.

Starting Clinical Discussions - Planning Sheet

Who?	**Administration/management members committed to supporting clinical discussions**
	_____
	Who will be the leader?
	_____
	Will the facilitator be rotating? (circle one)　　　　Yes　　No (If interdisciplinary, leader may rotate by each discipline) **If yes, how often?** _____
	Who are the invited members? Invited departments? _____ _____ _____
What?	Clinical discussions refers to different formats such as journal clubs, staff meetings, or online forums that aim to increase the use of evidence-based practice in skilled nursing facilities.
Where?	**Where will the clinical discussions take place?** On-site　　　　　　Off-site _____ 　　　　　　　　　　　　　Eg. libraries, available homes **Characteristics for conducive clinical discussions** ❏ Are all the members of the club able to see each other? ❏ Are distractions (visual and audible) to a minimum? ❏ Can the room be reserved to be in a consistent space? ❏ Is it a central location?
When?	**What time of the day will the clinical discussions take place?** (circle one) 　　Before work　　　　During work (meetings)　　　　During lunch 　　After work　　　　　Other: _____ **Start Time**: **How often will the clinical discussions take place?** (circle one) ____x a week　　　____x a month____x a quarter　　　____x a year
Why?	Please refer to the PEP for benefits of evidence-based practice.
How?	**What kinds of format will the clinical discussion be?** (circle all that apply)

	Evidence-based Cased-based No preparation
	
	                    Methodological Internet based
	
	Will clinical discussions be mandatory? Yes No
	What kinds of incentives are provided? (circle all that apply)
	   Food Access to journals Professional organization memberships
	
	        CEUs Other: _____
	
	Are there resources clinical discussion group members have access to?
	Includes computers, internet, printing resources, AV equipment.
	
	Is publicity possible to announce clinical discussions to members?
	Email announcement Posters/Flyers

Planning Clinical Discussions Checklist: Session Organizer

❏ Obtain approval for next clinical discussions date: _____

    ❏ Time: _____

    ❏ Location: _____

❏ Assign Discussion leader: _____

❏ Choose topic & article

    ❏ Cite the article:

    _____

    ❏ State its relevance to the participators

    ❏ State anticipated learning objectives to participators

❏ Announcement:

    ❏ Email

    ❏ Flyer

    ❏ Phone

    ❏ Website

❏ Distribute article

❏ Sign-in Sheet for documentation

Discussion leader: Guiding Questions

A well-equipped leader has all the tools to create a successful clinical discussion session for all those participating. The leader of the clinical discussion can follow the Power of Evidence-based Practice (PEP) handout and a check-list of questions to facilitate regular discussions. AOTA (2014) lists the following potential questions:

- What are the questions that the researchers were asking in the study?
- What methods would be appropriate for answering those questions?
- Who participated in the study?
  - What were the inclusion/exclusion criteria?
  - If there was a control group, how, if at all, did they differ from the experimental group?
- How do the participants compare to people we encounter in our setting?
  - What interventions did the researchers use?
  - How does this intervention compare with what we do in our setting?
- What statistical methods were used?
  - Are these methods appropriate for the study?
- What was the result of the interventions and methods used?
- How can we apply these findings to our setting?

Formatting Your Clinical Discussion Group
*Developed and adapted from AOTA Journal Club Toolkit

Question-Based	This format pertains to members distinguishing a clinical question. Once the question is posed, members can locate articles in relation to the topic and discuss the context of the question mentioned earlier.
Clinical Case-Based	Similar to the question-based format, the case-based looks into the current workload of the members in the group. By directly correlating the research to clinical cases that clients are experiencing, this format "makes clear the relevance of evidence in a given setting and has the potential to immediately affect therapy" (AOTA, 2014).
"On the Fly" Format	This format is for those who might see time as their most pertinent barrier. The "on the fly" format only requires the group leader to do the reading prior to the meeting. It is the leader's responsibility to disseminate the information to the group and facilitate a clinical discussion reviewing the methods and results of the article. The primary focus of this group format is to learn about the research article components and process as well as increase knowledge and confidence in reading research tools.
Web-Based	This format does not require in person meetings however is advised that face-to-face meetings are beneficial. Members in this format are required to review an article every month and write a short summary of the findings. On a selected date, members will submit their reviews to an emailing list for fellow members to read and utilize the data. If time allows, members could select the "best" summary and discuss in person or via email.

Identifying Best Evidence-Based Practice

Occupational therapists apply principles from evidence-based medicine to determine best relevant research articles to guide their interventions. The evidence-based medicine model is standardized and provides a ranking of levels of evidence (Level I-V) to categorize each article. Please see description of each level below:

1. Level I: Highest level of evidence. Includes: randomized controlled trials, systematic reviews, and meta-analysis. "In randomized controlled trials, the outcomes of an intervention are compared to the outcomes of a control group, and participation in either group is determined randomly. This design provides strength to the conclusion that the effect (dependent variable) was caused by the treatment (independent variable). A systematic review is a literature review of a research question that identifies, selects, appraises, and synthesizes all high quality research evidence relevant to that question. Meta-analyses are systematic reviews that use statistical techniques to combine the results of the eligible studies."

2. Level II: Includes cohort studies in which randomization does not determine treatment or control group assignment.

3. Level III: Research studies that do not utilize a control group.

4. Level IV: Studies include experimental case studies consisting of an independent variable that has been manipulated.

5. Level V: Lowest form of evidence. Practitioners provide a description of the method and outcomes for each participant through narrative reviews, consensus statements, and descriptive case reports.

American Occupational Therapy Association [AOTA]. (2014). AOTA journal club toolkit. Retrieved from https://www.aota.org/-/media/corporate/files/secure/practice/journal-club-toolkit_1/journal%20club%20toolkit.pdf

POWER OF EVIDENCE-BASED PRACTICE (PEP)

The facilitator's guide to implement clinical discussions.

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WHAT ARE CLINICAL DISCUSSIONS?

Occupational therapy practitioners (OTP), including licensed occupational therapists (OTs) and certified occupational therapy assistants (COTAs), train clients in restoring their functional independence (1). Staying up to date with best evidence-based practice (EBP) can positively impact the outcomes of their patients with the support from Directors of Rehab (DOR) and other facility administrators (2).

Clinical discussions are a great way to increase opportunities for OTPs to use and apply EBP in various healthcare settings such as skilled nursing facilities (SNFs). The term **clinical discussions** refers to journal clubs, staff meetings, and online forums that aim to increase the use of EBP. This handout will serve as a resource for DORs and administrators to facilitate the creation of clinical discussion groups showing their support to help increase practitioner satisfaction and increase patient outcomes.
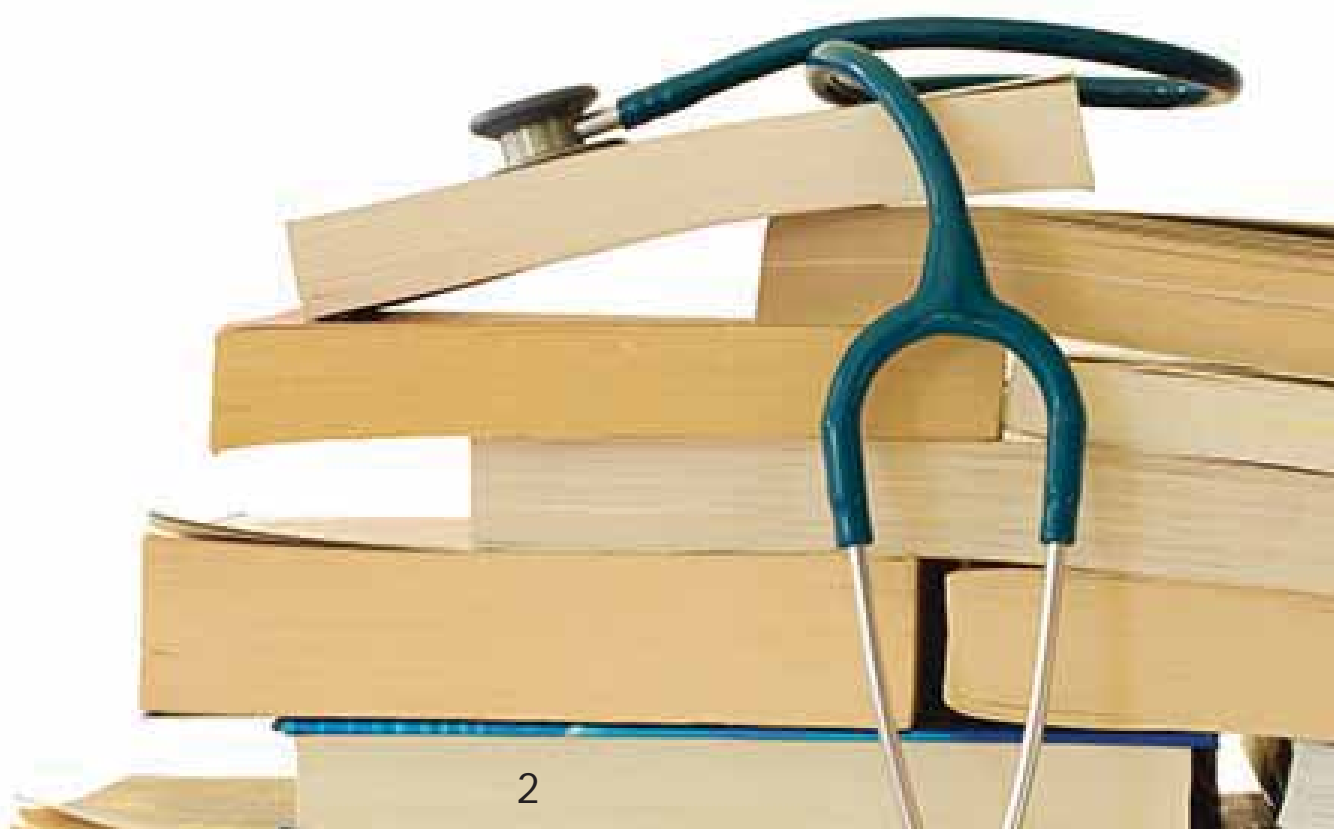
9 BENEFITS OF CLINICAL DISCUSSIONS

1. Proven to be an effective continuing education teaching strategy for healthcare professionals (3)

2. Increased exposure to EBP leads to increased use of EBP (6,7,8)

3. Increased EBP leads to more skilled interventions (2)

4. Helps clinicians justify services for reimbursement (7)

5. Time and money spent to further educate OTs is likely to decrease readmission rates (9)

6. May increase productivity due to best and most efficient treatments, increase documentation skills, etc. (7)

7. Increase quality of care results in better financial performance (10)

8. Increases efficiency when helping patients achieve the highest level of health possible (12)

9. Additional benefits (11) include more satisfied clients, reputation for being cutting-edge, ability to attract new clients, more satisfied staff leading to lower turnover rate

OVERCOMING COMMON BARRIERS

Barrier	Solutions
Administration Support	To increase support, explain the potential benefits listed on page 1 • Elevate intervention quality (2,6,12) • Benefit documentation & reimbursement (7) • Benefits for clients (12) • Suggest times that don't impose on existing work demands (13)
Time	Possible session times include (13): • During lunch breaks • During staff meetings • Continuing education sessions • After work hours Preparation tips to decrease wasted time (14): • Distribute articles at least 1 week before meeting for members to read and evaluate • Meet regularly and consistently • Set appropriate length of time for meetings, 30-40 minutes for one article • Appoint 1 member to facilitate the meetings, come up with the schedule, logistics, etc. (2,15) • Rotate article selection responsibilities (13) • Determine long- and short-term goals of the group • Use the forms in the appendices

OVERCOMING COMMON BARRIERS

Barrier	Solutions
Access to Evidence-Based Research	Resources: • There are two pages that contain a list of resources at the end of this packet • Check local and university libraries (13) • Ask about a department subscription to a key journal (13)
Insufficient Research Skills	Increase clinicians' skills and confidence by: • Providing intro session, video, or packet (13) • Use existing resources like AOTA (13) • Familiarity will increase confidence & skill to interpret, synthesize, & apply research (2,15,16)
Clinician Participation	Possible incentives: • Make it required (13) • Food (site funded or rotate member preparation) • CEUs for licensure renewal • Journal memberships (13)

9 RESOURCES FOR CURRENT RESEARCH ARTICLES

1. **American Occupational Therapy Association (AOTA) membership**:
   - $225 per year or $18.75 per month for OTR/Ls
   - $131 per year or $10.92 per month for COTAs
   - Beneficial community for advocacy and research purposes
   - Offers continuing education at a 30% discount
   - Offers practice, education, and research information delivered through subscriptions to OT Practice magazine, OT Practice Online, American Journal of Occupational Therapy (AJOT), AJOT Online, the OT Practice Pulse, and AOTA Alerts e-newsletters.

2. **Occupational Therapy Association of California (OTAC)**
   - Or your state association for non-California residents
   - $25 annually for OTAC (may be different for other states)
   - Access to evidence briefs, easy networking and discounts to the Annual Conference and Annual Spring Symposium

3. **Wiley Online Library:**
   - Free
   - Australian Occupational Therapy Association (OTAUS)
   - Available journal articles from the Australian Occupational Therapy Journal
   - https://onlinelibrary.wiley.com

4. **The National Institutes of Health (NIH):**
   - Free
   - Library of electronic journals, e-books, and databases
   - Includes but is not limited to JAMA and PubMed
   - https://nihlibrary.nih.gov/agency/nih

9 RESOURCES FOR CURRENT RESEARCH ARTICLES

5. Google Scholar:
- Free
- Broad variety of scholarly sources including articles, theses, books, abstracts and court opinions, from academic publishers, professional societies, online repositories, universities and other web sites
- https://scholar.google.com

6. The UK's Centre for Reviews and Dissemination:
- Free
- Offers multiple databases including the National Health Service Economic Evaluation Database (NHS EED), and the Database of Abstracts of Reviews and Effectiveness (DARE)
- https://www.crd.york.ac.uk/CRDWeb/

7. OTSeeker:
- Free
- Database of abstracts of systematic reviews and randomized controlled trials related to OT
- http://www.otseeker.com/

8. Physiotherapy Evidence Database (PEDro)
- Free
- Over 44,000 randomized trials, systematic reviews and clinical practice guidelines in physiotherapy
- https://www.pedro.org.au/

9. Shirley Ryan Ability Lab Rehab measures database:
- Over 400 free measures
- Well-organized, user friendly, includes discussion groups
- https://www.sralab.org/rehabilitation-measures

REFERENCES

1. American Occupational Therapy Association. What is occupational therapy? [Internet] Available from: https://www.aota.org/ConferenceEvents/OTMonth/what-is-OT.aspx

2. Larsen RF, Ravnholt MM, Holge-Hazelton B. Establishing a course in how to facilitate journal clubs: Opportunities and barriers. Nordic J Nurs Res [Internet], 2015 [cited 2019 Sep 16];35(1):29-37. Available from: https://search.proquest.com/nahs/docview/1679171679/fulltext/58FC09A0FC024A6APQ/1?accountid=37862

3. Lachance C. Nursing Journal Clubs: A Literature Review on the Effective Teaching Strategy for Continuing Education and Evidence-Based Practice. J Cont Educ Nurs [Internet]. 2014 [cited 2019 Sep 16];45(12):559-565. Available from: https://search.proquest.com/docview/1630032277?accountid=37862 DOI: 10.3928/00220124-20141120-01

4. Patelarou AE, Kyriakoulis KG, Stamou AA, Laliotis A, Sifaki-Pistolla D, Matalliotakis M, Prokopakis E, Patelarou, E. Approaches to teach evidence-based practice among health professionals: An overview of the existing evidence. Adv Med Educ Pract [Internet]. 2017 [cited 2019 Sep 16];8:455–464. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5508813/ DOI:10.2147/AMEP.S134475

5. Lin SH, Murphy SL, Robinson JC. Facilitating evidence-based practice: Process, strategies, and resources. Am J Occup Ther [Internet]. 2010 [cited 2019 sep 16];64(1):164-171. Available from: https://ajot.aota.org/article.aspx?articleid=1862647&resultClick=3 DOI.5014/ajot.64.1.164

6. Juckett LA, Robinson ML. Implementing evidence-based interventions with community-dwelling older adults: A scoping review. Am J Occup Ther [Internet]. 2018 [cited 2019 Sep 16];72(4):1-9. Available from: https://ajot.aota.org/article.aspx?articleid=2680717&resultClick=3 DOI: 10.5014/ajot.2018.031583

7. Rogers AT, Bai G, Lavin RA, Anderson GF. Higher hospital spending on occupational therapy is associated with lower readmission rates. Med Care Res Rev [Internet]. 2017 [cited 2019 Sep 16];74(6):668–686. Available from: http://otaconline.org/application/files/6714/8 DOI:10.1177/1077558716666981

8. Dong GN. Performing well in financial management and quality of care: Evidence from hospital process measures for treatment of cardiovascular disease. BMC Health Serv Res [Internet]. 2015 [cited 2019 Sep 16];15(45). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4345031/ DOI:10.1186/s12913-015-0690-x

REFERENCES

9. Sindelar JL, Ball SA. Cost evaluation of evidence-based treatments. Addic Scien & Clin Pract [Internet]. 2010 12 [cited 2019 Sep 16];5(2):44–51. Available from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3120119/pdf/ascp-05-2-44.pdf

10. Thomas A, Law M. Research utilization and evidence-based practice in occupational therapy: A scoping study. Am J Occup Ther [Internet]. 2013 [cited 2019 Sep 16];67(4): 55–65. Available from: https://www.researchgate.net/publication/241691629_Research_Utilization_and_Evidence-Based_Practice_in_Occupational_Therapy_A_Scoping_Study DOI:10.5014/ajot.2013.00639

11. American Occupational Therapy Association [Internet]. AOTA Journal Club Toolkit; 2014 [cited 2019 Sep 16]. Available from: http://www.aota.org/-/media/corporate/files/secure/practice/journal-club-toolkit_1/journal%20club%20toolkit.pdf

12. Deenadayalan Y, Grimmer-Somers K, Prior M, Kumar S. How to run an effective journal club: A systematic review. J Eval Clin Pract [Internet]. 2008 [cited 2019 Sep 16];14(5):898-911. Available from: https://www.ncbi.nlm.nih.gov/pubmed/19018924 DOI: 10.1111/j.1365-2753.2008.01050.x

13. Athanasakis E. Nurses' research behavior and barriers to research utilization into clinical nursing practice: A closer look. Interna J Caring Scien [Internet]. 2013 04 [cited 2019 Sep 16];6(1):16-28. Available from: https://search.proquest.com/nahs/docview/1348599974?accountid=37862

14. Mattila L, Rekola L, Koponen L, Eriksson E. Journal club intervention in promoting evidence-based nursing: Perceptions of nursing students. Nurs Educ Pract [Internet]. 2013 [cited 2019 Sep 16];13(5): 423-428. Available from: https://search.proquest.com/nahs/docview/1418151390/833D1016B8D340A7PQ/1?accountid=37862 DOI: 10.1016/j.nepr.2013.01.010

15. Austin J. A failed perioperative nursing journal club: Reflections on mistakes made, and lessons learned. J Periop Nurs [Internet]. 2016 [cited 2019 Sep 16];29(2):18-23. Available from: https://www.journal.acorn.org.au/jpn/vol29/iss2/1/ DOI: 10.26550/2209-1092.1003

16. Rapp CA, Etzel-Wise D, Marty D, Coffman M, Carlson L, Asher D, Callaghan J, Holter M. Barriers to evidence-based practice implementation: Results of a qualitative study. Community Ment Health J [Internet]. 2010 [cited 2019 Sep 16];46:112-118. Available from: https://www.academia.edu/6675948/Barriers_to_Evidence-Based_Practice_Implementation_Results_of_a_Qualitative_Study DOI: 10.10007/s10697-009-9238-z

17. Ravin C. Implementation of a journal club on adult learning and nursing professional development. J Contin Educ Nurs [Internet]. 2012 [cited 2019 Sep 16];43(10):451-455. Available from: https://search.proquest.com/nahs/docview/1095505885/36B065C46D6145F4PQ/2?accountid=37862 DOI:10.3928/00220124-20120702-16