Evidence Based Practice and Research Engagement From YOUR Perspective: Exploring SLT's Understanding and Use of Research and EBP in Routine Clinical Work in the UK

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Background

- **Increased awareness of EBP** in the field of SLT internationally (Spek et al, 2013).

- SLTs are **required to engage in EBP** (HCPC, 2014).

- Studies suggest research is **not accessed routinely** by SLTs to inform clinical practice (McCurtin & Roddam, 2012).

- SLTs have been reported to **experience barriers to EBP**: time, limited knowledge and skills, insufficient evidence in some clinical areas, individual perceptions, work context (Skeat & Roddam, 2010).

- Enabling EBP and research are **key priorities** for the RCSLT.

ROYAL COLLEGE OF
SPEECH & LANGUAGE
THERAPISTS

Aims

- To explore the **skills, knowledge and use** of EBP and research engagement in SLTs in the UK.

- To investigate the **relationship** between **clinical experience**, **education** and **confidence levels** in and **EBP/research engagement**.

- To explore participants' **perceptions of barriers and enablers** in implementing EBP and research engagement.

- To operationalise **concrete and graded steps** to facilitate progression and enhancement of EBP and research engagement in the profession.

Methods

Online questionnaire
(5 point Likert scale)
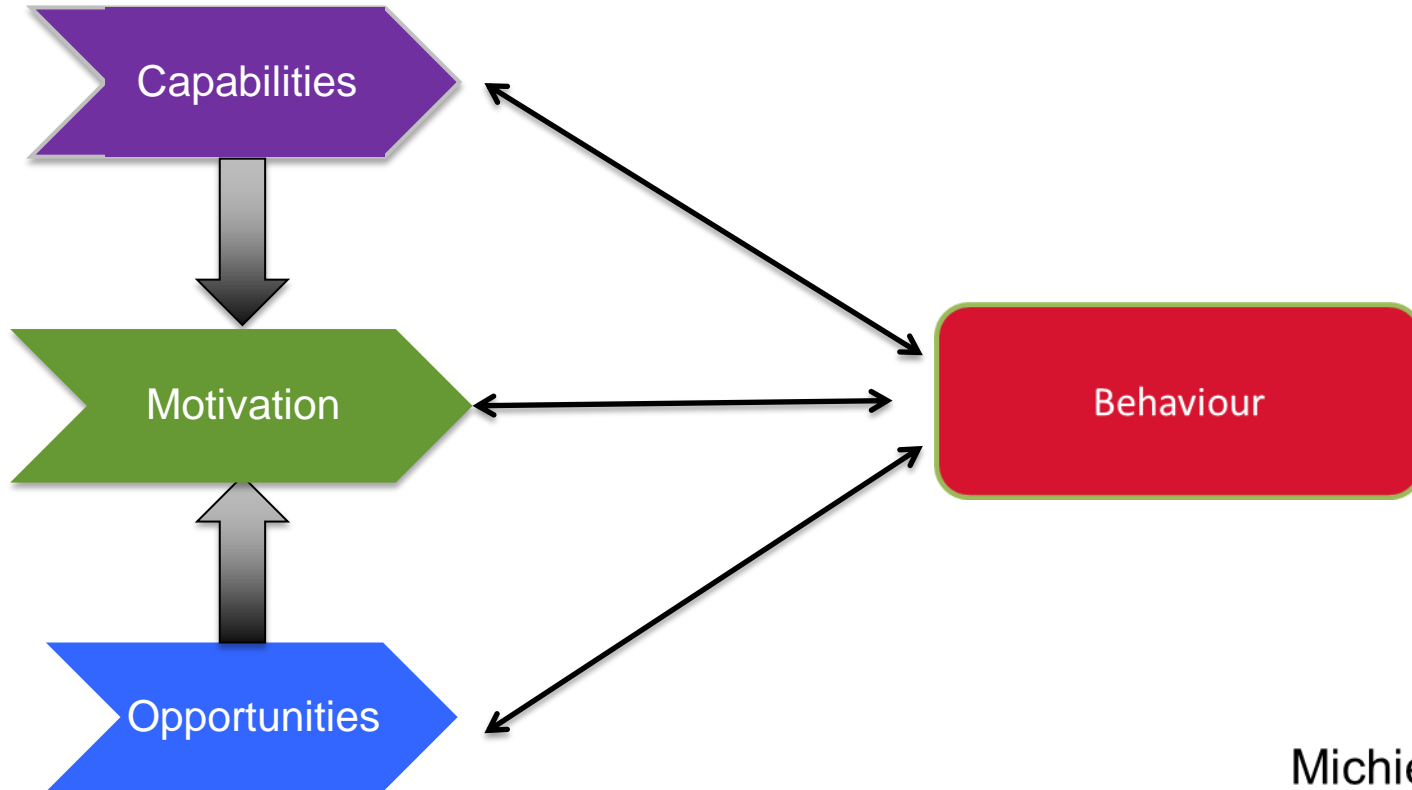
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Distributed to UK RCSLT members (14,003)

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7.4% responded (n=1035)

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Qualitative and quantitative data collected
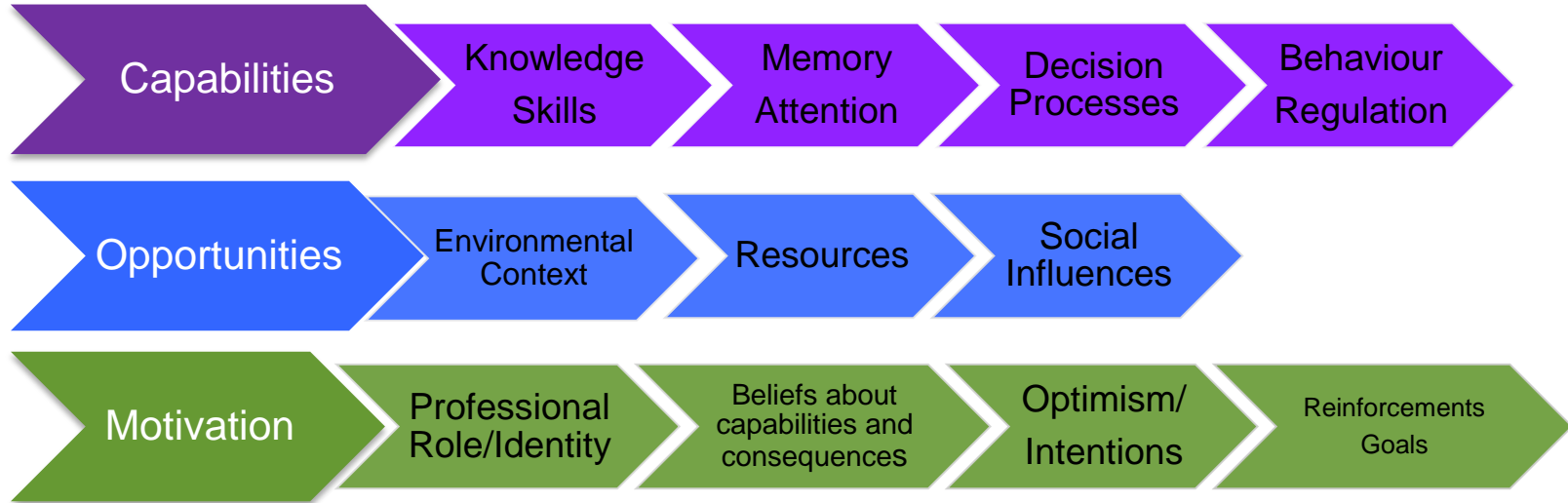
COM-B Model of Behaviour Change
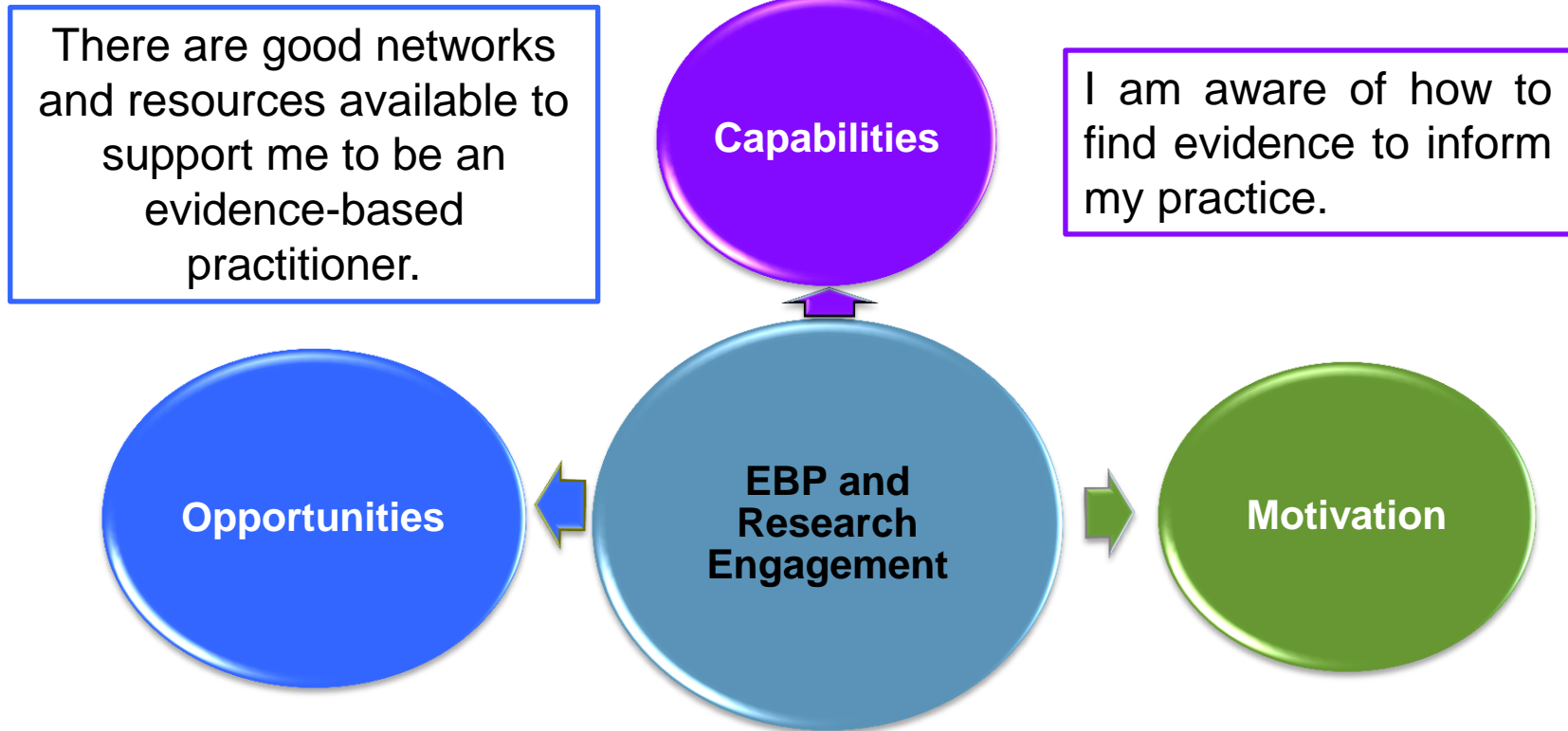

Michie et al (2011)

TDF Framework

- The Theoretical Domains Framework (Michie et al. 2005), consisting of 12 (subsequently 14) domains which cover the main factors influencing behaviour change and can help **identify and address potential enablers and barriers** in clinical practice (French et al., 2012)

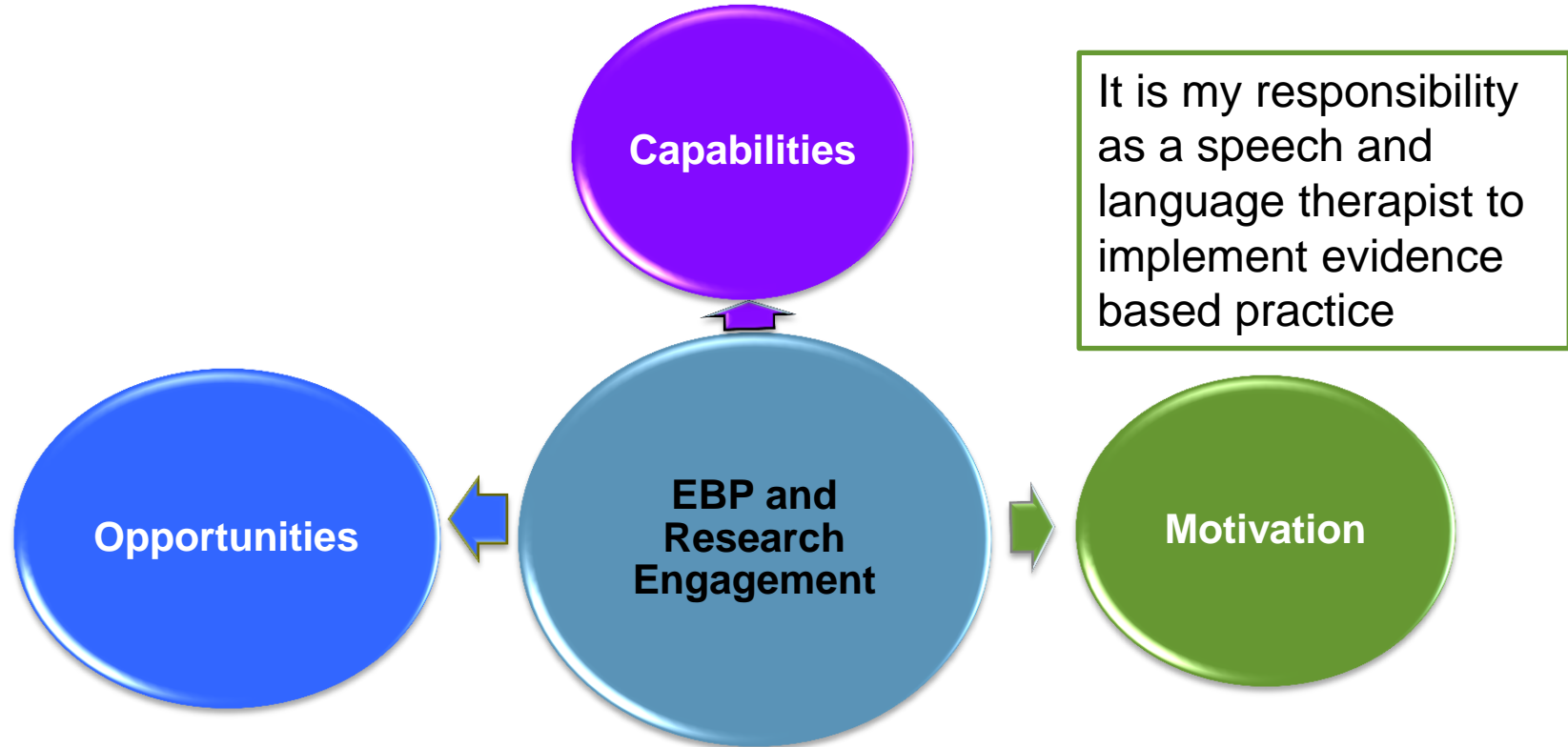- In devising our survey, we drew on some components of the TDF

Mapping COM-B with Theoretical Domains Framework (TDF) domains

Capabilities	Knowledge Skills	Memory Attention	Decision Processes	Behaviour Regulation
Opportunities	Environmental Context	Resources	Social Influences	
Motivation	Professional Role/Identity	Beliefs about capabilities and consequences	Optimism/ Intentions	Reinforcements Goals

Mapping questions using the COM-B

There are good networks and resources available to support me to be an evidence-based practitioner.

Capabilities

I am aware of how to find evidence to inform my practice.

Opportunities

EBP and Research Engagement
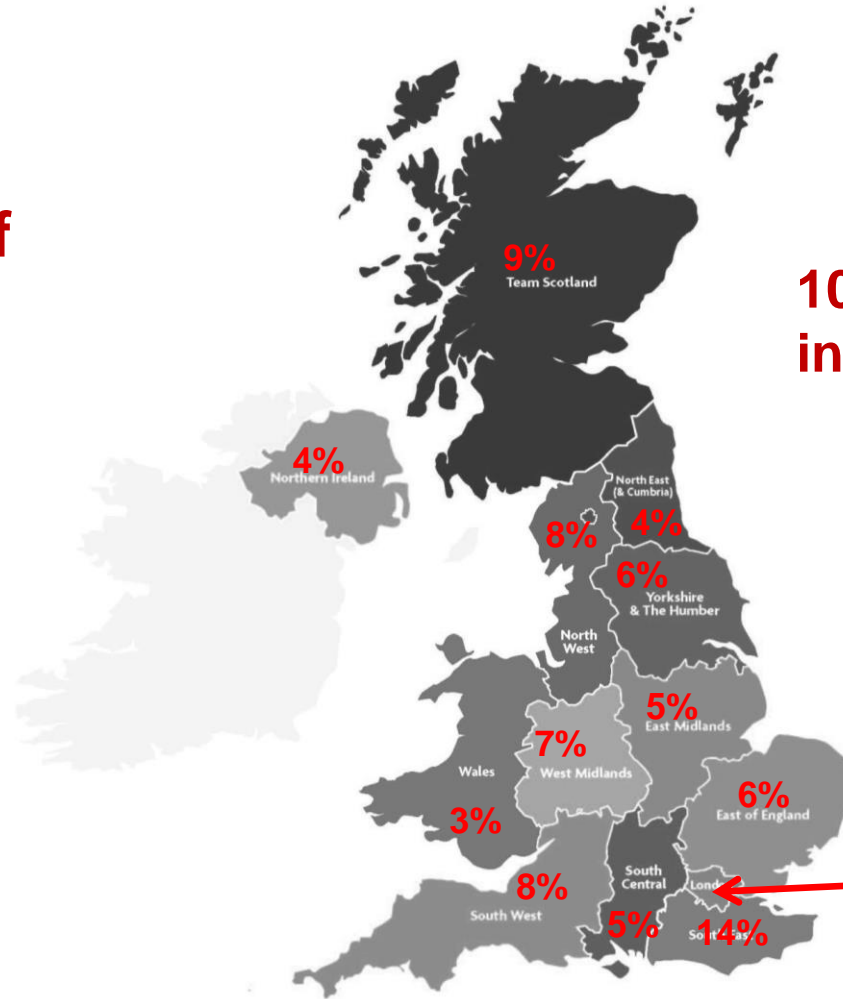
Motivation

(Michie et al, 2011; French et al, 2012)

Mapping questions using the COM-B

(Michie et al, 2011; French et al, 2012)

Demographics of Participants

1035 responses in total

9% Team Scotland

4% Northern Ireland

4% North East (& Cumbria)

8% North West

6% Yorkshire & The Humber

5% East Midlands

7% West Midlands

Wales

3%

6% East of England

8% South West

5% South Central

14% South East

18% from London
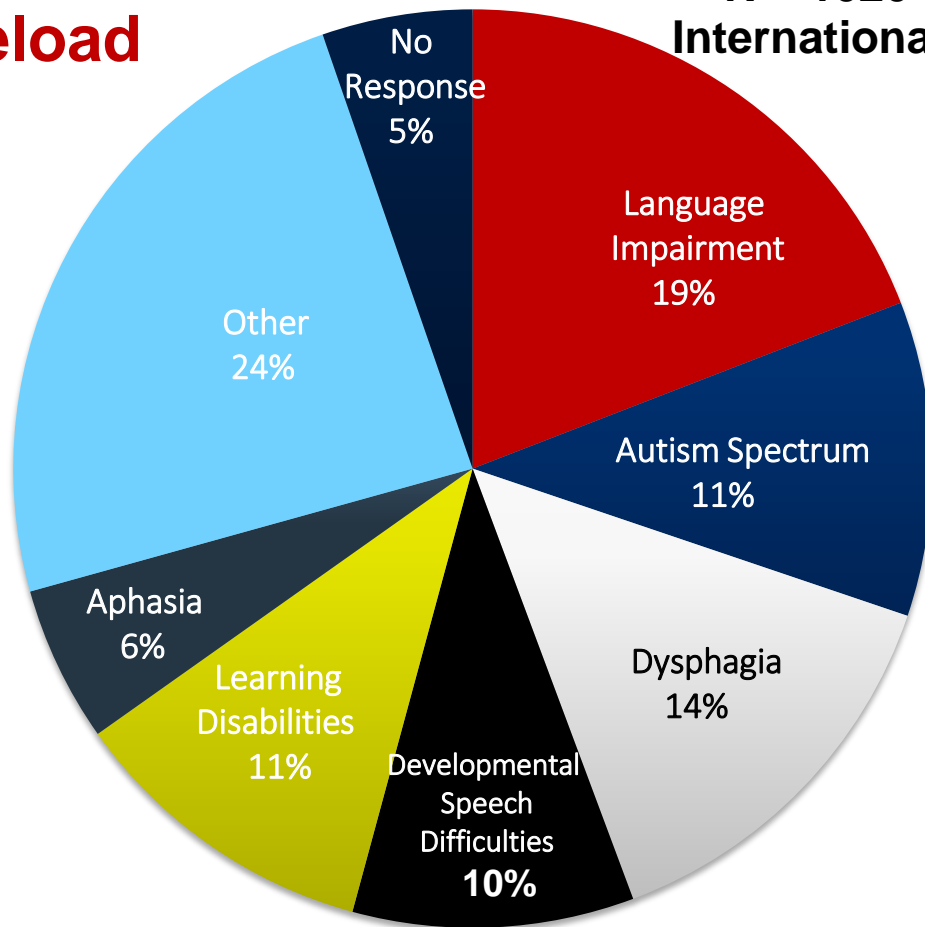
Results - EBP

37% report difficulty in accessing research evidence

95% report to have a good understanding of EBP

65% report to routinely using evidence to support practice

63% did not feel confident applying research to practice

OPPORTUNITIES

CAPABILITIES

MOTIVATION

53% could count on their managers for support

Evidence Based Practice

94% felt applying research to practice would benefit their clients

Participation in research activities
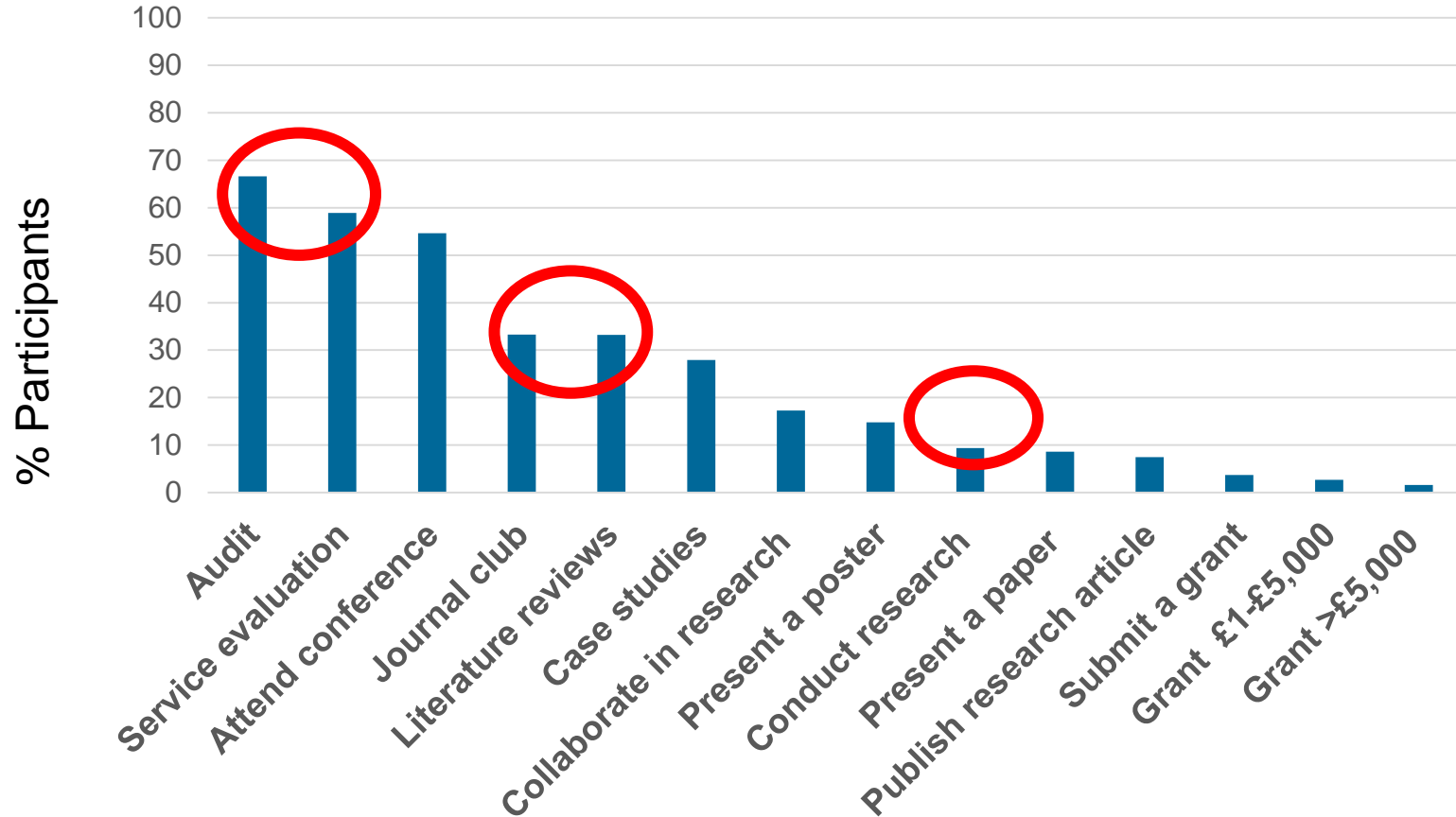
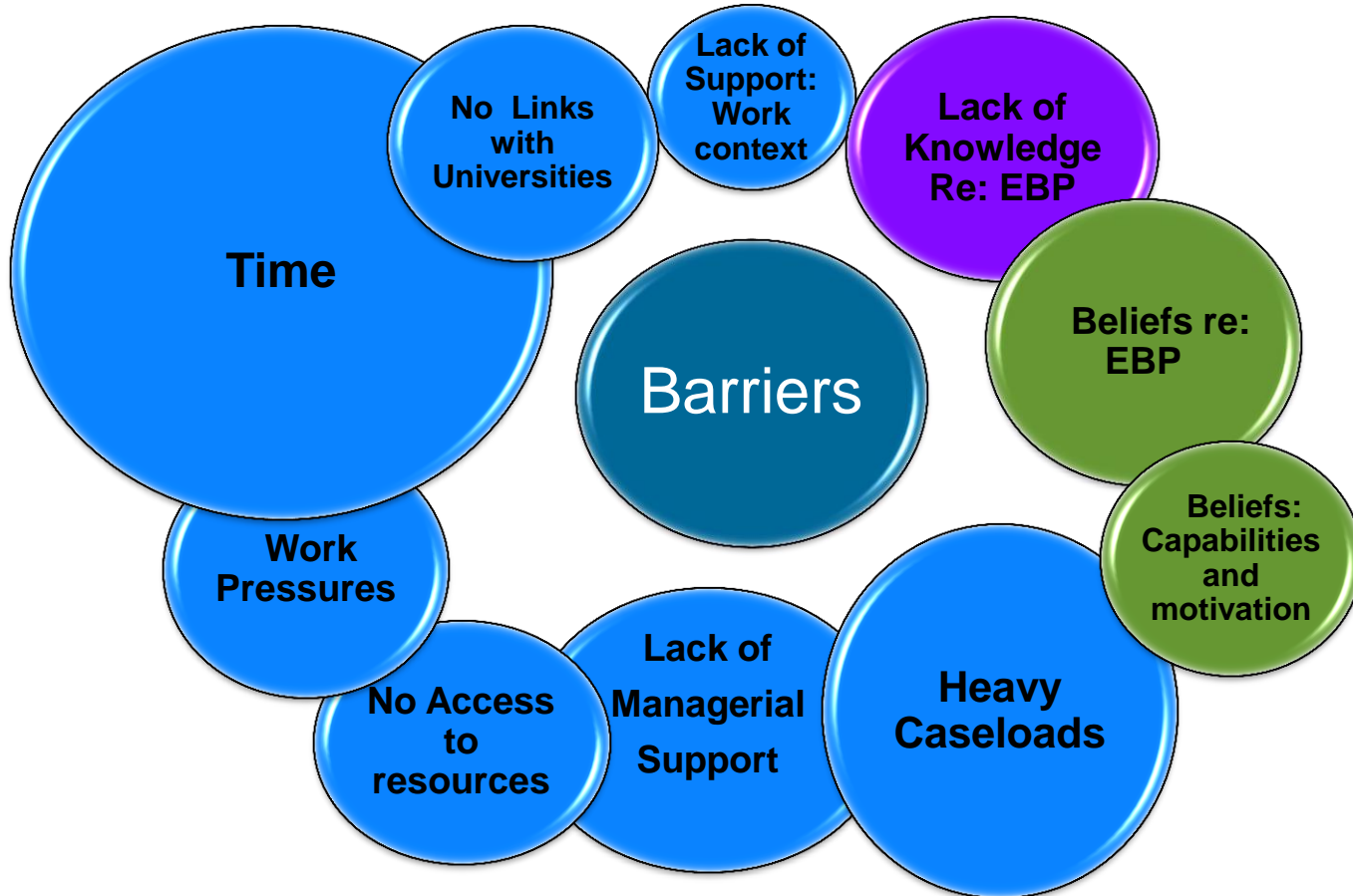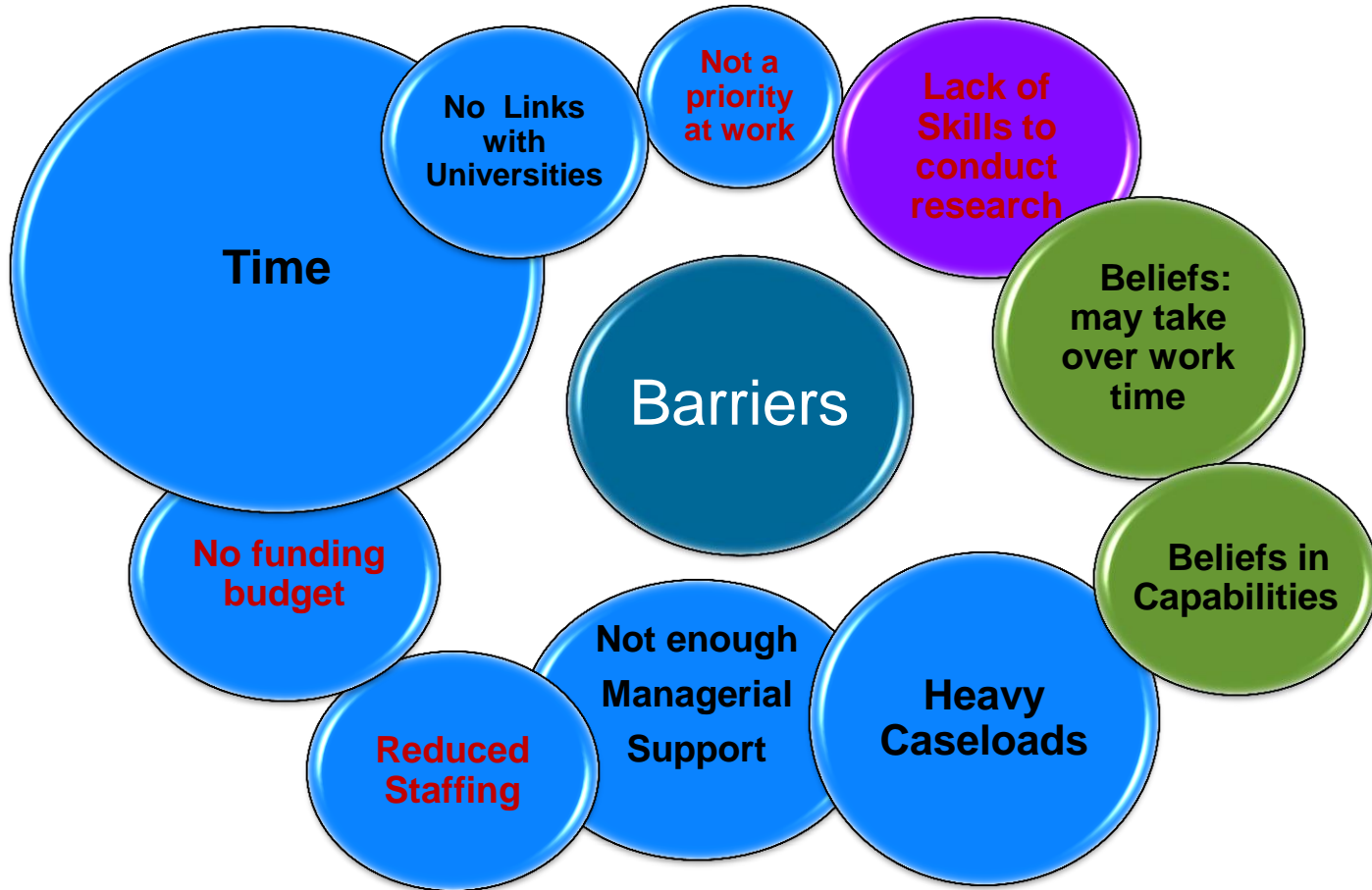# Associations between Years of Experience, Levels of Education, Confidence Levels in Research and EBP/RE (Capability, Opportunity and Motivation subscales)

- A significant correlation between **years of experience** and **opportunity** subscale ($r_s = .261$, $p < .01$)

- Significant correlation between **level of education** and **capability** subscale ($r_s = .295$, $p < .01$) and **motivation** subscale ($r_s = .301$, $p < .01$)

- Significant correlations between **confidence** levels in **research** and **capability** subscale ($r_s = .552$, $p < 0.01$) and **motivation** subscale ($r_s = .557$, $p < .01$)

Barriers to EBP

Barriers to Research Engagement

Barriers

Time

No Links with Universities

Not a priority at work

Lack of Skills to conduct research

Beliefs: may take over work time

Beliefs in Capabilities

No funding budget

Reduced Staffing

Not enough Managerial Support

Heavy Caseloads

Opportunities for EBP

Opportunities in Research Engagement

Collaboration

Managerial support

Funding

Training Knowledge

Opportunities

Networking

Motivation: wish to contribute to evidence base

Work context

Access to research

Reducing time constraints
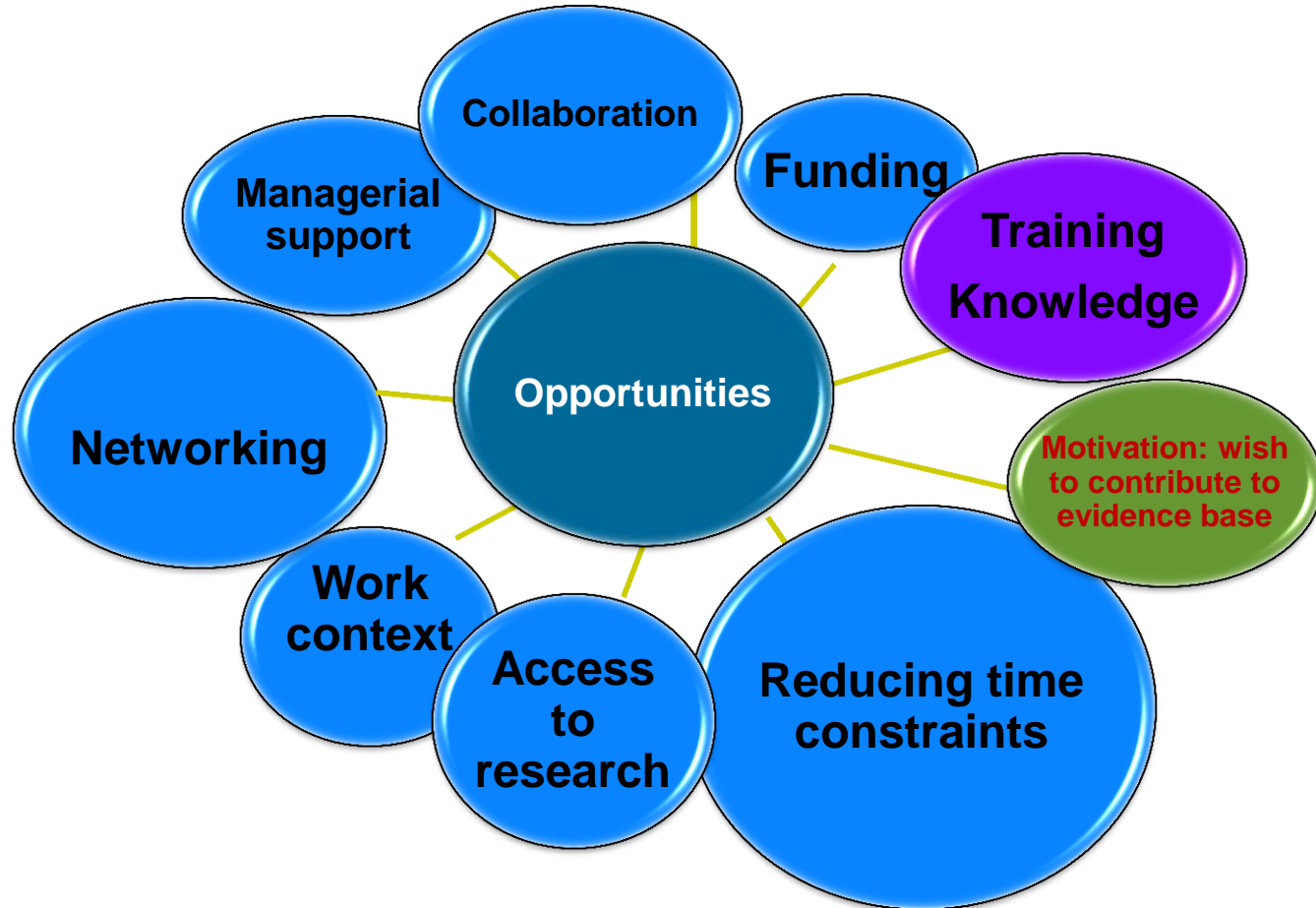
Facilitators for EBP
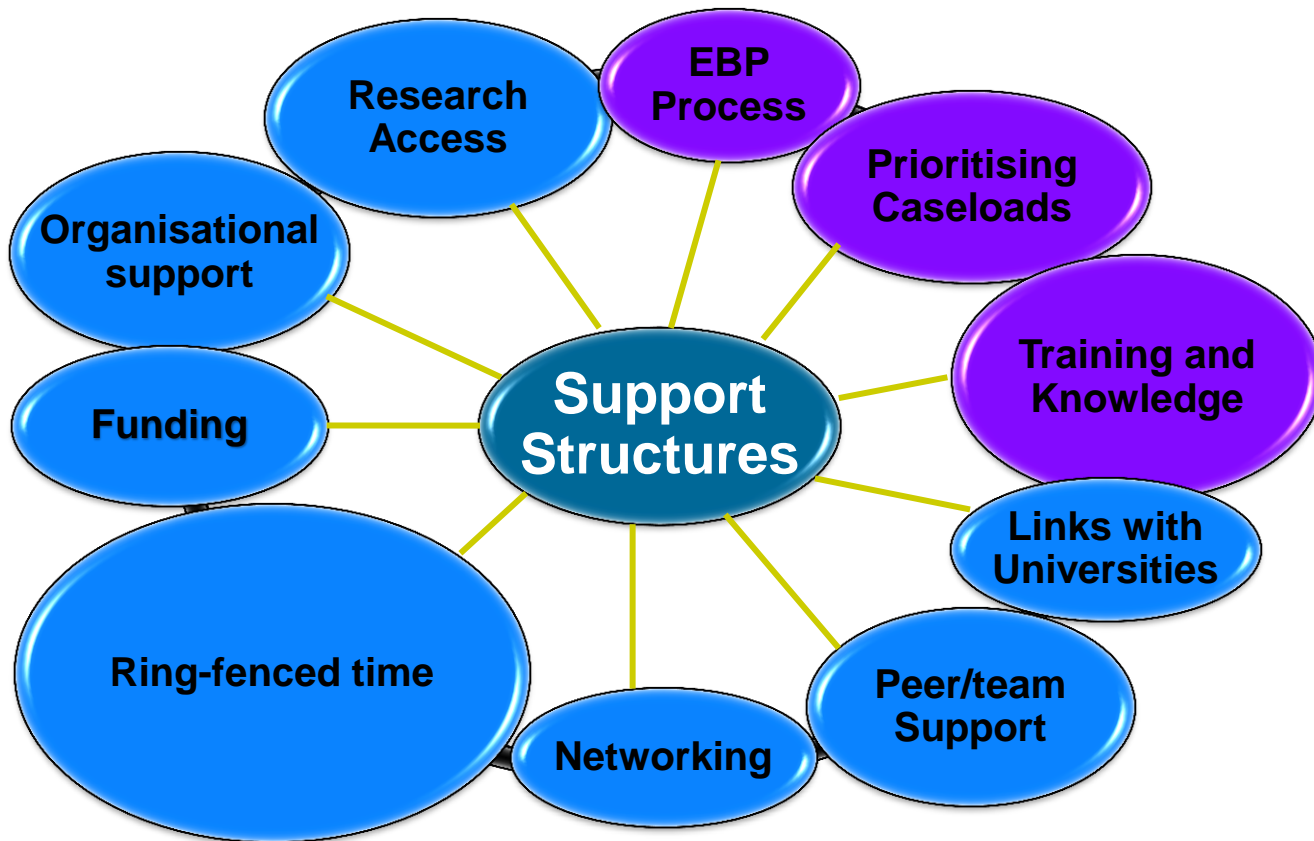
Facilitators for Research Engagement

Support Structures

- Research Access
- Research Process
- Keen interest in collecting data in specific clinical area
- Organisational support: working in HEI
- Training and Knowledge
- Funding
- Links with Universities
- Collaborating with other SLTs involved in research
- Networking
- Peer/team Support
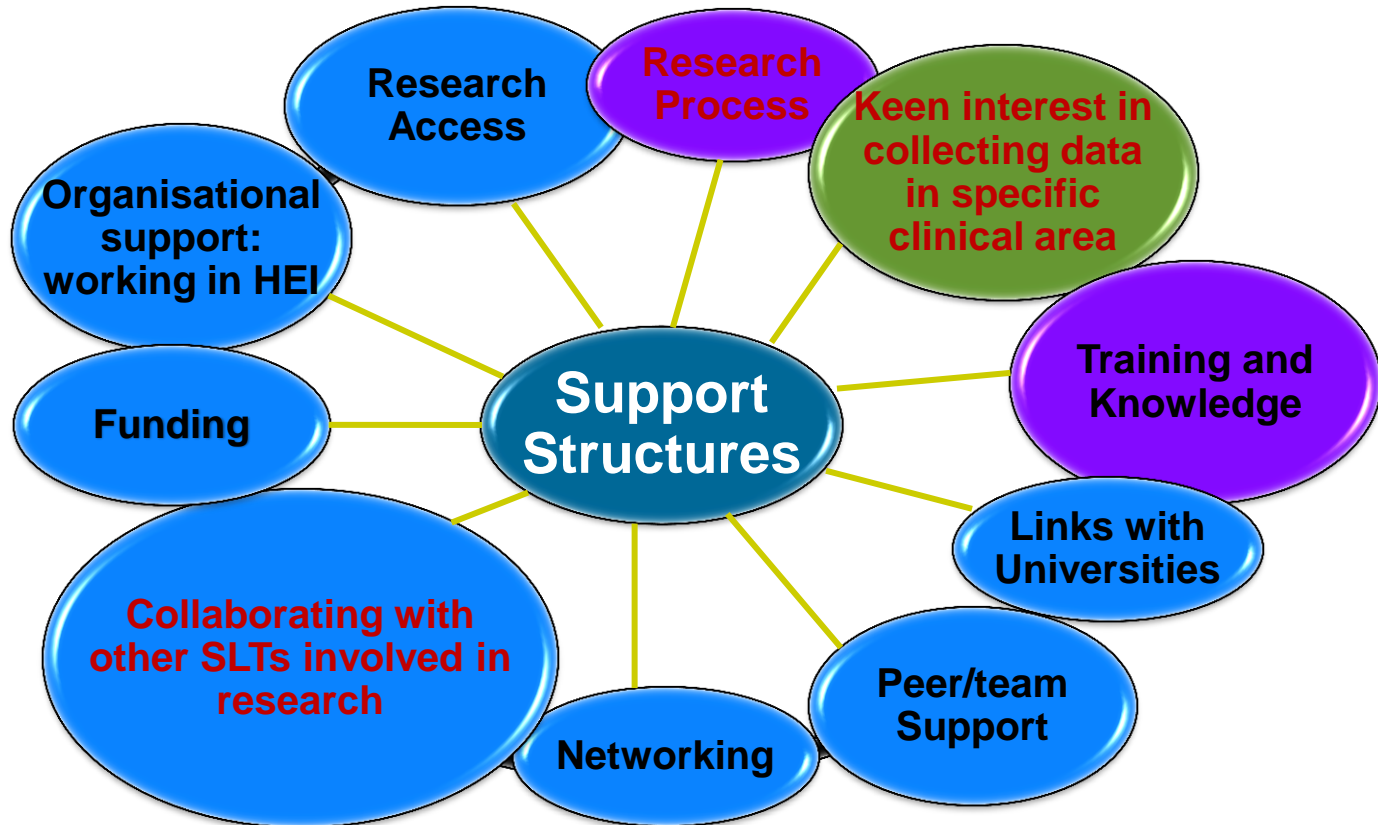
Summary

- **Mismatch** between **attitudes** and **understanding** of **EBP** and its **application** in work contexts

- 93% stated that **EBP** made them **better clinicians**

- 65% **use evidence** in clinical decision making

- 33% **undertake literature reviews**

- **Lack of opportunities** in implementing EBP and getting involved in research

The "evidence-based practice inventory": reliability and validity was demonstrated for a novel instrument to identify barriers and facilitators for Evidence Based Practice in health care

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Nanda van Rheenen[b], Yolanda van der Graaf[b], Geert J.M.G. van der Heijden[b],

Evidence-based practice inventory

Attitude

1. I feel that EBP is useless①②③④⑤⑥useful to improve my patients' outcomes.
2. I feel that EBP is an unimportant①②③④⑤⑥important feature of high-quality patient care.
3. I feel that EBP worsens①②③④⑤⑥improves the quality of my clinical decisions.
4. I feel that EBP disregards①②③④⑤⑥respects my clinical experience.
5. I feel that EBP disregards①②③④⑤⑥respects individual differences between my patients.
6. EBP makes me feel constrained①②③④⑤⑥autonomous in my clinical decisions.
7. EBP hinders①②③④⑤⑥helps me in making better clinical decisions.
8. I feel that clinical guidelines in my own discipline hinder①②③④⑤⑥help me in making decisions.

Subjective norm

9. My colleagues discourage①②③④⑤⑥encourage me to apply EBP principles in my clinical decisions.

10. In my department, we pay no①②③④⑤⑥a lot of attention to applying EBP principles in our clinical decisions.

11. Managers in my department hinder①②③④⑤⑥support me to apply EBP principles in my clinical decisions.

12. My colleagues and I rarely①②③④⑤⑥frequently discuss and challenge how we make our clinical decisions.

13. My colleagues and I rarely①②③④⑤⑥frequently discuss research evidence from literature.

*Clinicians whom I respect most are opponents①②③④⑤⑥advocates of EBP.

*Clinicians whom I respect most rarely①②③④⑤⑥frequently use research evidence to account for their clinical decisions.

Perceived behavioral control

14. I feel that I am incapable①②③④⑤⑥capable of applying EBP principles in my clinical decisions.

15. I feel that I am incapable①②③④⑤⑥capable of translating my information needs into relevant and feasible clinical questions.

15. I feel that I am incapable①②③④⑤⑥capable of translating my information needs into relevant and feasible clinical questions.
16. I feel that I am incapable①②③④⑤⑥capable of searching for research evidence in literature.
17. I feel that I am incapable①②③④⑤⑥capable of critically appraising research evidence from literature.
18. I feel that I am incapable①②③④⑤⑥capable of translating research evidence to the care of my individual patients.
19. I feel incapable①②③④⑤⑥capable of regularly keeping up with latest research evidence from literature.
Decision making
20. I give low①②③④⑤⑥high priority to a thorough understanding of the background of the answers to my clinical questions.
21. I dislike①②③④⑤⑥like using numbers, tables, and other quantitative information for supporting my clinical decisions.

22. When making clinical decisions, I prefer to use my intuition and experience①②③④⑤⑥facts and arguments.

Intention and behavior

23. I rarely①②③④⑤⑥frequently use research evidence to support my clinical decisions.

*When research evidence does not support my trusted clinical routines, I feel uncomfortable①②③④⑤⑥comfortable to change them.

24. I prefer to use my own experience①②③④⑤⑥research evidence for making my clinical decisions.

25. I tend to ask colleagues①②③④⑤⑥search the literature to find answers to my clinical questions.

26. I rarely①②③④⑤⑥frequently seek out available research evidence to answer my daily clinical question.

Core components of EBP as defined by Dollaghan (2007)

Evidence sources for your client group - Autism

Nice Guideline: Autism spectrum disorder in under 19s: Support and Management (2013) (CG170)https://www.nice.org.uk/guidance/cg170
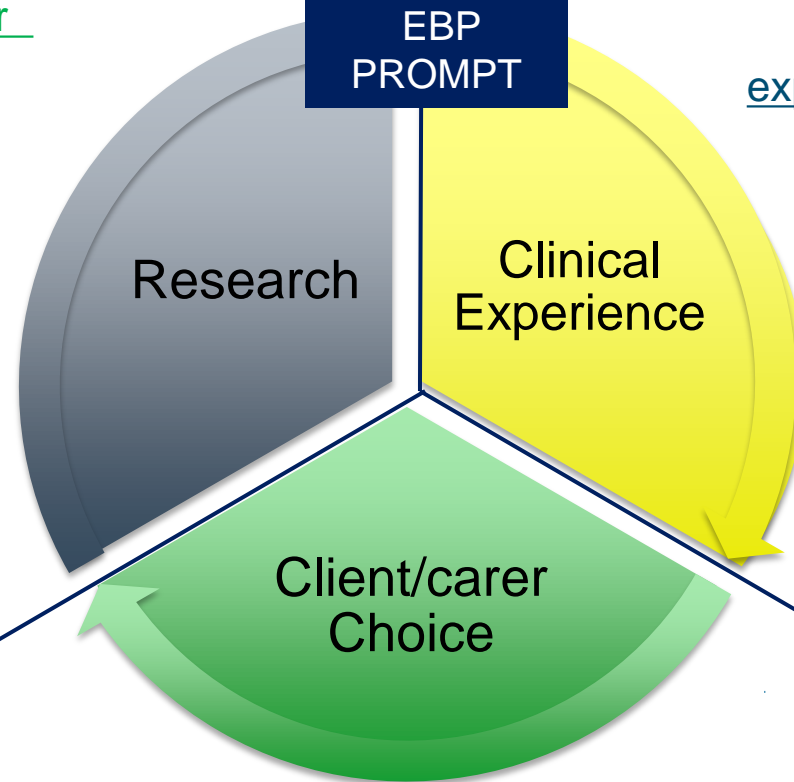Long Term follow-up of RCT: Pickles et al (2016) PACT
http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31229-6.pdf
Systematic Review: Fletcher et al (2014) Re: interventions based on TOM
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008785.pub2/full

EBP PROMPT

Research

Clinical Experience

Client/carer Choice

Clinical knowledge and experience with your client group

- This worked well before and I know how to do it
- Is there evidence for it?
- Use RCSLT Clinical Decision Making Tool
- Consider how to measure change/which variables to control during intervention
- Gain information from your CEN or HUB.

Critical Appraisal Skills Programme

Giving your clients information and choice

- Talk through the options/Prepare information sheets
- Trusted websites/organisations (ICAN/Afasic/Mencap/NAS)
  http://www.talkingpoint.org.uk/ https://www.afasic.org.uk/ http://www.autism.org.uk
- Gathering links/You Tube/Bowen and Snow (2017)

Action Plan

Facilitate Evidence Based Practice

SLTs are ALL Research Consumers

Enablers
Ring fenced time
Funding
Training and knowledge
Research process
Peer/team support
Networking
Research access
Organisational support
Prioritising caseloads

SLTs are Research aware/active

Improve EBP/Build research skills and research engagement
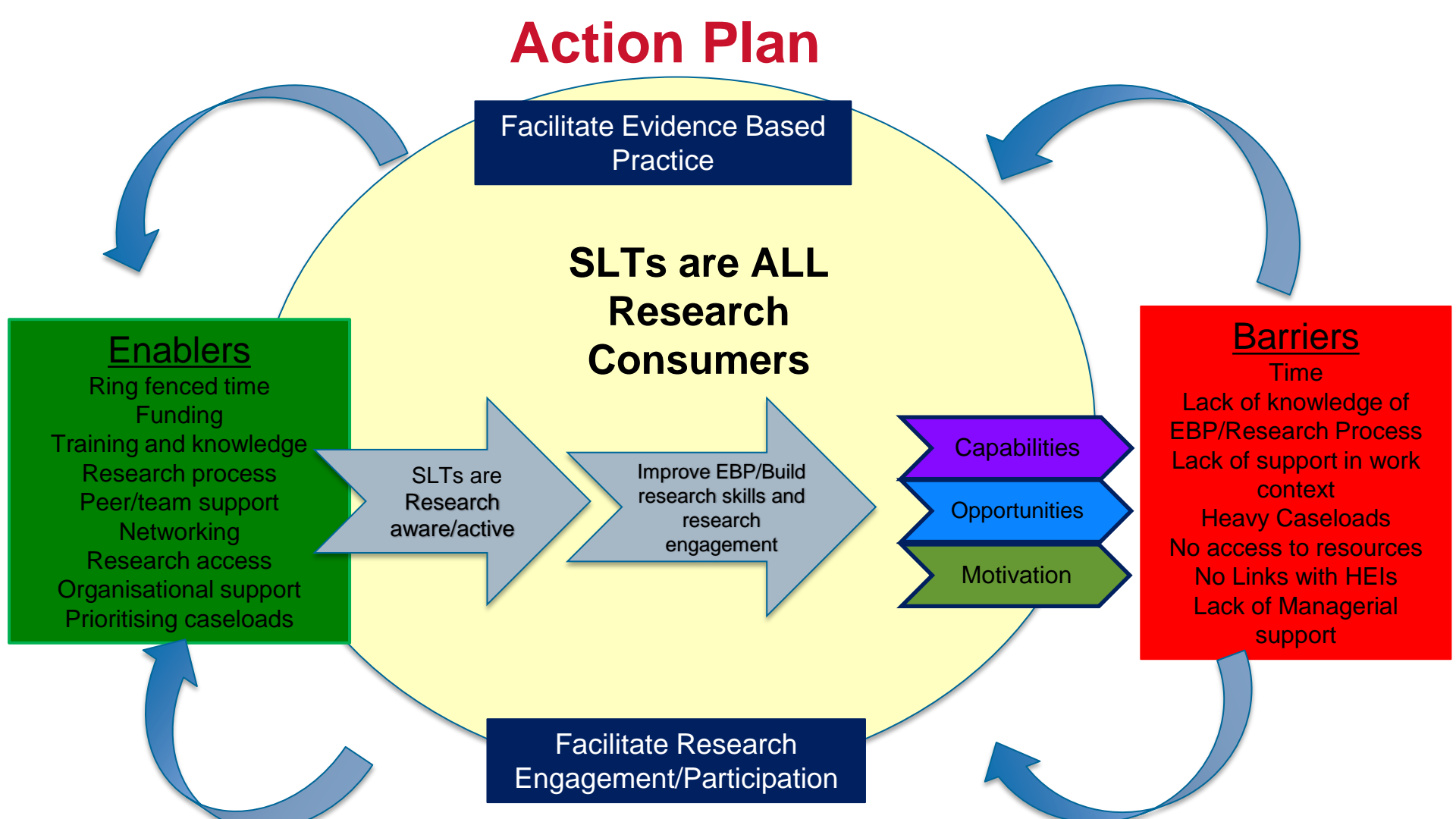
Capabilities

Opportunities

Motivation

Barriers
Time
Lack of knowledge of EBP/Research Process
Lack of support in work context
Heavy Caseloads
No access to resources
No Links with HEIs
Lack of Managerial support

Facilitate Research Engagement/Participation

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❑ To RCSLT members for completing the survey

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❑ To YOU all for listening

❑ This research forms part of the MSc dissertations of Sai Bangera and Josephine Wallinger from City, University London

Thanks!

We are happy to answer questions, or please do get in touch:

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