

**SECTION 5:
EVIDENCE
BASED
PRACTICE**

Evidence Based Practice

There are lots of debates about evidence-based practice, what it means, what it is and whether it matters.

There are lots of definitions of evidence-based practice.

'Evidence-Based Practice (EBP) requires that decisions about health care are based on the best available, current, valid and relevant evidence. These decisions should be made by those receiving care, informed by the tacit and explicit knowledge of those providing care, within the context of available resources'

CSP 2017

EBP requires bringing together clinical expertise, patient preferences and the best research



evidence, and each may vary in importance depending on the context. These are all equally important, one is not better than the others, and they should all be integrated into therapy.

Source: Dawes & Summeskill (2005) cited in Chartered Society of Physiotherapists (2017)

This means that evidence can include research findings, clinical opinions, patients' perspectives or service audits.

These debates are as relevant for those working overseas as for those working in the UK if not more so. Allied Health Professionals need to demonstrate a respect for thoughtful, critical and evidence based interventions by working in line with current thinking that is as

much as possible supported by research and international consensus, while still being aware of, and respectful of, local resources and practices.

Developing clinical expertise

There are many ways you can develop your clinical expertise, whether this is through:

- **using research (see below)**
- **attending training course and study days**
- **colleagues or social networks**
- **reflecting on your practice.**

This may be particularly important when working in a low-resourced setting as you may be working with conditions you are less familiar with or in environments that are different from those you are used to.

You can actively create evidence through your clinical practice, particularly if you are thorough about recording diagnosis, treatments, outcomes and reflections.

Knowledge is not something that you should wait to be discovered, rather try and play a role in forming a relevant body of knowledge.

- This means that undertaking a robust and thorough **service evaluation or audit**, for example, could act as a piece of evidence about the value of a particular set of interventions. These need to be appropriately and thoroughly documented, analysed, reported on and disseminated.
- **Case studies** are also a good opportunity for reflecting on your clinical practice, thinking through what has worked and what hasn't and why. They also provide a piece of evidence about the efficacy of clinical practice and can contribute to developing clinical expertise.
- **Colleagues and social networks** are also great sources of evidence and opportunities for developing clinical expertise
- **Using research in your practice.** Research that has already been conducted can also be used as a way of informing your practice whilst working overseas. This involves integrating research into clinical practice, which is sometimes termed knowledge transfer. Research is

sometimes criticised for being divorced from on the ground clinical work, but a good example of transferring research to practice is the use of **outcome measures**, such as the Berg Balance Scale, which have been developed in a research environment and now have widespread use in clinical practice. Strategies to help you use research in your practice include:

- Making an effort to access relevant research publications
- Critically analyse and summarize relevant research findings (there may be useful tools for each discipline to help you do this, for example the CSP recommends the Critical Appraisal Skills Programme (CASP). See: <http://www.csp.org.uk/professional-union/library/bibliographic-databases/critical-appraisal> for more details).
- Thinking about what you have learnt and how this may influence your practice
- Reflecting on any changes made to your practice based on the use of research finds
- Considering whether you can you forge any links with researchers and encourage them to translate their findings for clinical practice?
- Thinking about whether you could you develop some form of peer-support for reviewing evidence

This may be harder if you do not have Internet access whilst overseas so try and gather some materials in preparation for your trip. You may find that there are other sources of useful research connected to overseas working alongside your professional journals. Useful sources of research on disability, public health and working in low-resourced settings include:

Handicap International: <http://www.asksource.info/>

Physiotherapy journals: <http://www.csp.org.uk/professional-union/csp-publications/physiotherapy-journal-services>

Disability and Global South Journal: <https://dgsjournal.org>

One key resource of current evidence based practice in Occupational Therapy is available via the COT website: <https://www.cot.co.uk/occupational-therapy-evidence-fact-sheets>

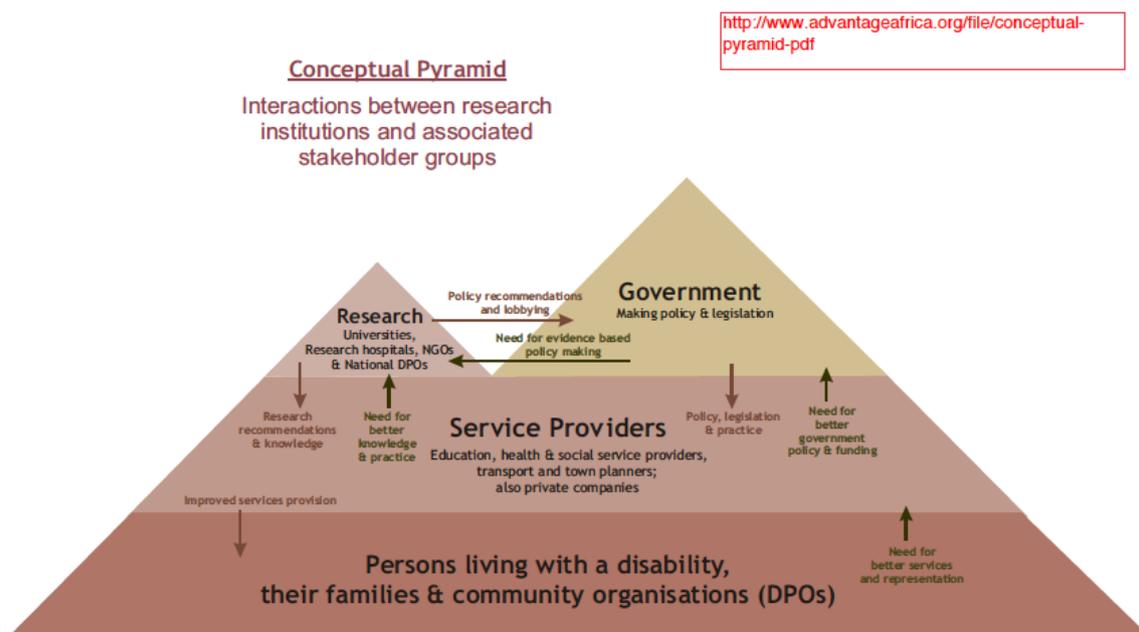
Valuing patients' preferences

Valuing patients' views, opinions and preferences is integral to the work of all therapists and is equally important when working in low-resourced settings. However the nature of health

systems in different contexts may place the patient in a role in which they are not normally used to being asked their opinions or viewpoints. Be prepared:

- Communicate with your patients in a way that encourages them to voice their perspectives, particularly if working through an interpreter.
- To work with patients over a more prolonged period of time to encourage them to build a relationship with you that nurtures them as an active partner in their therapy.
- To build in patients' opinions into your practice in more formal ways, for example through the use of service evaluations, patient feedback or patient and public participation forums. Again these would need to be appropriately and thoroughly documented, analysed, reported on and disseminated.

Best research evidence



Source: With many thanks to Advantage Africa

Doing Research

'If research is to fully reflect the experiences of disabled people, then disabled people should be involved from the outset in formulating research questions, developing methodology, interpreting results and drawing conclusions'

Farmer & Macleod 2011:6

Conducting research in the UK or overseas is usually a specialized endeavour that requires particular skills, knowledge and training. The basic approaches to research are usually covered through undergraduate curricula, and the majority of therapists have an understanding of different types of research, for example: literature reviews, qualitative and quantitative research.

Quantitative versus qualitative research

A significant difference between quantitative and qualitative research is the types of data that are generated and the overall approach to the research. For example qualitative research is often used to gain a richer understanding of a particular topic, through people's viewpoints and perspectives, whereas quantitative research may be used to generate numerical data, quantify attitudes and behaviours and consider causal connections. Research is important because it allows us to understand a situation in more depth to be able to develop appropriate policies and practices. Research such as an audit or monitoring and evaluation may help us to work out what is working well and what is not.

All research should be conducted with moral and ethical principles in mind and should be subjected to an ethical review process. This may include demonstrating how participants are protected from harm during research process, i.e. the process through which you will gather informed consent, what you will do with the data and how it will be published considering anonymity and confidentiality.

The process of doing research should however be subjected to greater ethical scrutiny than just the completion of the ethics form. This is particularly the case when working with people with disabilities and in low-resourced settings, and often brings to the fore questions about who has the power to decide what research is conducted and how it is done, as this quote shows:

'Research can dis-empower disabled people by placing knowledge in the hands of the researcher who interprets evidence and makes recommendations on their behalf'

Barnes 2003 cited by Farmer & Macleod 2011: 19

These concerns may be exacerbated when doing research with disabled people in low-resourced settings where there is greater potential for the researcher to leave and take away the knowledge gained from the research and the possibility of reproducing exploitative power relations between developed and developing countries (Grech & Goodley 2011).

Researchers working in both disability studies and low-income contexts have sometimes turned to **participatory research** in an effort to promote inclusive research that is driven by the participants. This is not without its own critiques, but proponents of participatory methods claim that they offer a form of research that is more driven by the participants, and often utilize more accessible tools such as mapping, drawing and ranking (e.g. Wickenden & Khembavi-Tam 2014).

There are also practical aspects to consider when undertaking research in a low-resourced setting. This may include language skills required and the use of interpreters, how you are going to get access to participants for the research, questions over whether or not to remunerate participants for taking part in your research, understanding cultural difference and maintaining your own health, safety and wellbeing whilst conducting the research.

Some examples of studies that relate to working in Low Resourced Countries:

1. One example focuses on a Training programme for parents of children with cerebral palsy, The Getting to Know Cerebral palsy programme, available to download from: <http://disabilitycentre.lshtm.ac.uk/getting-to-know-cerebral-palsy/>

The programme was recently evaluated using a standardized Quality of Life (QoL) questionnaire. This was found to be a practical and appropriate tool to look at the outcome of an intervention in a less resourced country. It considers the wider impact of disability.

<http://disabilitycentre.lshtm.ac.uk/files/2014/07/Ghanacountry-reportfinal.pdf>

- Key findings from the study indicate that the priorities to consider in less resourced countries may be different from those we might think about in better resourced countries.
- The dignity of caregivers increased as they saw that they and their child were valued.
- The level of malnutrition amongst children with CP was recognized as an important outcome measure.
- Assistive devices were valued however their usage was fraught with difficulties.
- This particular study found that children with CP were nearly 15 times more likely to die than children in the standard population of developing countries.

The above key findings highlight the different focus needed by AHPs working with children with cerebral palsy in less resourced countries

2. Barton C et al (2017) A Mixed Methodology Pilot To Evaluate The Impact Of Postural Support Via Appropriate Paper-Based Technology (APT), On The Participation And Quality Of Life Of Young Children With Cerebral Palsy In Kenya.

This pilot study focused on interventions for children with cerebral palsy in rural Kenya and looked at the perceived benefits of simple postural support, seating and standing devices made using the techniques of Alternative Paper Technology (APT). APT is a much cheaper and sustainable means of making postural equipment for children in low resourced settings. As an outcome measure the study used the Family Impact of Assistive Devices Technology Scale (FIATS -AS).

Other references include:

3. **Kirsten A Donald et al (2014) Pediatric Cerebral Palsy in Africa: A Systematic Review.** Seminars in Ped. Neurology
4. **Pediatric Cerebral Palsy in Africa: Where Are We? Donald KA, et al (2015)** Journal Child Neurology. 2015 Jul; 30(8):963-71.
5. American Academy of Cerebral Palsy and Developmental Medicine Update (2014). This is a comprehensive view of the evidence base for children with CP.
[www.uptaonline.org/resource/resmgr/.../AAPDM Update fall conf ped.pptx](http://www.uptaonline.org/resource/resmgr/.../AAPDM_Update_fall_conf_ped.pptx)
6. **Novak I. (2014) Evidence-Based Diagnosis, Health Care, and Rehabilitation for Children with CP.** *J Child Neurol* 29: 1141-1156
7. *Bridging the gap between applied disability research and the application of research findings to benefit persons with disabilities* (2015) Advantage Africa..
<http://www.advantageafrica.org/file/discussion-paper-on-the-gap-between-research-and-practice-pdf>
8. Leonard Cheshire Disability, 2013. Research toolkit for disabled people's organisations: How to undertake and use applied research. Leonard Cheshire Disability and Inclusive Development Centre. <https://www.leonardcheshire.org/about-us/publications/latest-publications-download/research-toolkit-for-disabled-people>



Key Messages:

- **Evidence based practice is just as important when working overseas.**
- **Evidence based practice is diverse, incorporating clinical expertise, patient values and preferences and research evidence.**
- **People with disabilities should be involved in deciding what research would be useful and in planning its implementation and dissemination.**
- **It is important that professionals engage in evidence based practice and actively seek out opportunities in their particular field and context.**