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How to contextualise training on guideline-uptake

How to contextualise training on guideline-uptake for your setting

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Short running title: How to contextualise training on guideline-uptake

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Abstract

One knowledge translation method, of putting evidence into practice, is the use of clinical practice guidelines (CPG). The purpose of this brief report is to describe an 8-step process of “how to” contextualise a training programme to increase CPG-uptake for a targeted audience in a clearly defined setting. This process may assist implementation practitioners to fast-track the development of contextualised training to improve CPG-uptake.

Keywords

Clinical practice guidelines; Physiotherapy; Knowledge translation; Allied health; Contextualisation

Brief Report

Allied health usually comprises physiotherapy, occupational therapy, speech and language therapy, and clinical nutrition ¹. Research into knowledge translation (KT) in allied healthcare has lagged behind medicine, however KT intervention studies in allied healthcare generally report positive effects for behavioural change. They unfortunately have low methodological quality and rigour, and are influenced by outcome reporting bias and poorly described interventions ^{2–5}.

KT interventions need to be guided by a framework (such as the knowledge-to-action or Ottawa Model of Research use frameworks, Implementation of Change model, etc.) to

ensure a robust design and execution of the intervention ^{6,7}. For a successful KT intervention, KT strategies should address local issues and barriers that may hinder regular application of evidence-based practice ⁷. Local issues often relate to the service delivery elements rather than strength of the evidence (reported by WHO (2010) ⁸. Service delivery elements include Workforce, Comprehensiveness, Resources, Continuity, Coordination and Accountability. These elements need to be explored to ensure that each can contribute to rather than hinder the process of evidence implementation. Therefore contextualised, tailored KT strategies are needed to translate best-evidence approaches into local clinical practice ⁷. The aim of this brief report is to provide simple instructions regarding how to contextualise a training programme for the uptake of clinical practice guidelines (CPG) for a targeted audience in a clearly defined setting. How to source, critically appraise and understanding CPG recommendations for evidence-informed decision making are basic skills in CPG uptake that needed to be addressed as part of our research project. It is important to acknowledge that logistics for the implementation of specific CPG recommendations will have contextually relevant implementation issues.

We previously published research on the development and validation (content and utility validation) of a training programme targeted to physiotherapists to educate them on the use of CPG in daily practice ⁹. The development of the programme was underpinned by the five-step Implementation of Change model ¹⁰. Furthermore, it adhered to the template for intervention description and replication (TIDiER) checklist for implementation intervention

studies to ensure a robust and rigorous development process ¹¹. The TIDiER checklist is an extension of the CONSORT 2010 statement and included 12 items: *“brief name, why, what (materials), what (procedure), who provided, how, where, when and how much, tailoring, modifications, how well (planned), how well (actual)”* (p.1) ¹¹. The commonly occurring acute and subacute low back pain were used as examples of patient presentations where the use of CPGs may be effective. Low back pain is rated the fourth highest cause of disability-adjusted life years and has higher point and annual prevalence in Africa compared to the global prevalence ^{12,13}. This training programme was developed for a specific purpose, which was to write optimum content in a way that met the target audience’s needs. We believe that the content of the training programme is relevant to other healthcare professionals in other settings. However, different target audience groups will have specific needs and contextual factors influencing their participation in such a training programme. Therefore, we recommend that the following steps be taken in order to contextualise the training programme for the intended target audience. It is important to note that this is not a linear sequence, but rather an iterative process whereby the steps can occur in a different order to achieve the end goal of implementing a KT intervention.

1. Identify a condition that is relevant to your target audience. The search for current, quality CPGs addressing the identified condition. During our study, we used a condition, commonly treated by PT: acute and subacute low back pain. We searched for a CPG for this condition to be used as a vehicle to teach the PTs how to implement CPG

recommendations into daily practice. After completing a comprehensive online search, there was no contextualised CPG found for the South African population. However, we identified three current, high quality CPGs with which we developed a summary CPG document as a user-friendly document to use as part of the training programme ¹⁴. We previously concluded that PTs wanted a short summary CPG that is easy to reference and was not time-consuming to use ¹⁵. Whether you are adapting, adopting or contextualising an existing CPG, it should fit the purpose of providing a vehicle to show your audience where and how to source it and how to use the document to increase evidence-based practice behaviour ⁹.

2. Clearly define the target audience group in terms of:
 - What are their needs in terms of user-friendly documents for the management of different conditions, access to different sources and ease of use ¹⁶?
 - What is their working environment: do they have internet access; ability to take time off work to do the training; restrictions on their ability to practice autonomously; high workload; etc.¹⁵?
 - Do they have an interest in CPG-uptake? Is the training important enough for them to *make time* to engage with the programme ¹⁷?
3. Determine the barriers to CPG-uptake of the target audience group. Research shows that most healthcare professionals have similar barriers to CPG-uptake ^{18,19}. However, it

is the underlying reasons for the barriers that need to be determined to ensure that each barrier is carefully addressed during training ^{15,17}. It is only when actionable strategies to overcome barriers are put into place, that these barriers will be effectively addressed ⁹. Multi-faceted KT strategies usually containing at least one educational component (educational meetings and/or educational outreach) have been found to be effective to overcome barriers to EBP uptake ^{2,3,20}.

4. What is the preferred learning style of the target audience? Specific healthcare professionals have specific learning styles, for instance nurses seem to learn by gathering and organising information and through experiencing then reflecting on the situation ²¹. Furthermore, occupational therapists also learn through experiencing and reflecting on the situation and through hands-on experiences ^{21,22}. It is important to design teaching programs using strategies that appropriately address different learning styles. We have previously reported on the preferred learning style of physiotherapists being active participants in the learning activity that is underpinned with a strong theoretical basis ²³. This assisted us in determining which KT strategies would be appropriate to ensure optimum learning of PTs ²³. Our programme included an online component with the theoretical concepts of CPGs with a face-to-face workshop to practice the implementation of the CPG ⁹. Determining the preferred learning style of the target audience, and tailoring training to it, will assist in increasing the chances of successful implementation of CPG-uptake.

5. Search for existing training programmes that conform to the TIDiER recommendations, including whether the chosen training programme material is readily available ¹¹.

Considering the previously described steps, will you be able to use the programme in its existing form, or can you 'unpick' and define each of the programme elements to address most of your target audience's needs ²⁴?

- What will be the KT strategies that you will implement with your chosen target audience group?
- Are you travelling to the group?
- What is the length of the training, content presentation? Will there be online versus face-to-face sessions or both?

When determining the elements of potentially-relevant training programme, start by identifying which components are fixed and which are variable ²⁵. Our published programme consisted of an online and one-day face-to-face training – this constituted the fixed component of the programme ⁹. The variable component consisted of email support, a social media group with regular interaction for a 2-month period post-training, and the use of a 2-page printed summary CPG for daily referral ¹⁴.

6. Finally, determine whether your training programme is feasible for your audience regarding cost, acceptability of the programme content, likelihood that practice behaviour will change, and value placed on the time spent completing the programme

^{9,26}. This may be achieved by piloting the programme on a small group of your proposed target audience. Once the training programme is piloted, the programme can be finalised for the full target audience. For our feasibility study, evaluation took place pre-, post-intervention and after a 3-month follow-up period. Behaviour change seemed to be consistent with post-intervention improvements. However, some of the participants regressed and one commented that “old habits die hard” ⁹.

7. When determining which outcome measures to use, the implementation practitioner needs to distinguish between implementation effectiveness and outcomes (i.e. “*the effects of deliberate and purposive actions to implement new treatments, practices, and services*” (p.65)) from treatment effectiveness and service outcomes (quality criteria of healthcare: efficiency, safety, effectiveness, equity, patient-centredness, timeliness) ^{27,28}. As with most KT intervention studies, ensure that you evaluate the programme for a change in knowledge, skill and practice behaviour of the participants ²⁻⁴. Furthermore, using mixed methods designs may assist in understanding the participants’ perspective on the training and how it influences their practice in addition to implementation effectiveness ^{9,29}. We developed outcome measures to assist in determining whether there were behaviour change and self-perceived improvements in knowledge and skills in using CPGs ⁹.

8. Ongoing training need to be considered to ensure continued professional behaviour change ¹⁵. Ongoing training may include social media groups for support and further research evidence dissemination ³⁰, activity behaviour diaries ²⁵, audit and feedback and journal clubs ³¹. Furthermore, the identification of change champions/ agents within large organisations or through previous participation in KT activities, may assist in continued efforts to promote and disseminate CPGs within their networks and continue with behaviour change in CPG utilisation ^{17,32}.

List of abbreviations

CPGs:	Clinical practice guidelines
CONSORT:	Consolidated Standards of Reporting Trials
KT:	Knowledge translation
PT:	Physiotherapy/ Physiotherapists
TIDIER:	Template for intervention description and replication
WHO:	World Health Organization

Declarations

Conflict of interest

The authors have no conflicts of interest to declare.

Authors' contributions

JS, YB, KG collaborated on the planning and conceptualisation of the study. JS performed the data collection. JS, YB and KG analysed the data. All authors read and approved the final manuscript.

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