Evidence Based Practice
Are you putting evidence into practice?

Challenges and Strategies

Dee Christie Dip COT, CMS, MA, MRCOT
Retired Occupational Therapist
NICE Fellow 2016-2019
Introduction

- Occupational Therapist - Neuro Rehabilitation and Social Care

- Established a new service in 1984 for WSCC becoming head Operations Independent Living. Retired September 2014

- Member of RCOT and WFOT

  - RCOT regional committees x5, RCOT Membership Board

  - RCOT Council 2004 - 2006

  - RCOT Chair of Council 2006 – 2009

- Presented nationally and internationally about EBP

- NICE Guideline Committee Chair 2015/8 and NICE Fellow 2016/9
Definition

‘EBP requires that decisions about health and social care are based on the best available, current, valid and relevant evidence. 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’

Bannigan & Birlesdon 2007
Professional and Political Drivers

Strategic Intentions 2018-2023

The Royal College of Occupational Therapists

Allied Health Professions into Action

Using Allied Health Professionals to transform health, care and wellbeing.
2016/17 - 2020/21
#AHPsintoAction

Social Care Green Paper

NICE National Institute for Health and Care Excellence

Improving health and social care through evidence-based guidance

hcpc health & care professions council

02/06/19
NICE Fellowship Project

Posed 4 questions

- Do you use NICE guidelines in your everyday practice? If yes, what is your experience?
- If no, what are the challenges?
- How could NICE guidelines be made more accessible to Allied Health Professionals?
- What is your overall approach to incorporating evidence into your practice?
Three Themes
Evidence Based Practice and Evidence Informed Practice

- Evidence based medicine is the conscientious, explicit and judicious use of best evidence in making decisions about the care of individual patients

- Evidence informed practice implies that there are many different levels of evidence needed and used to support decision making and that ‘some of our conventional wisdom and common sense can be used to achieve a more person centered approach’
Discussion

- What do you do to overcome barriers
- How does your organization facilitate EBP/ EIP
Strategies

- Create Time
- Find a buddy, role model, leader to support you
- Shadow an expert
- Use organisational processes and structures
- Collaborate
- Develop a culture of enquiry
- Use RCOT CF
10 Commandments

• Ensure there is a consensus statement for current practice
• Check that practice is in line with this
• Keep appraisal skills current
• Question custom and practice
• Question new ideas and expect evidence to be provided
• Avoid implementing novel ideas without evidence
• Take responsibility for education others
• Take responsibility for finding evidence
• Keep up to date within your specialism
• Remember to include users views and expertise alongside clinical evidence

Bannigan and Burleson, BJOT 2007
And any questions?
References

• Taylor M C 2007 Evidence Based Practice for Occupational Therapists 2007 Wiley Blackman 2nd Ed

• Trinder L, Reynolds S, Evidence Based Practice, A Critical Appraisal, Blackwell Science 2000

• Lipton D, Stephens D, Williams B, Scuslock-Lewis L 2014 Occupational Therapists Attitudes, Knowledge and Implementation of Evidence Based Practice - A systematic Review of Published Work British Journal Occupational Therapy 2014 V77 pp24-38

• Bannigan K, Birlesdon A 2007 Getting to Grips with Evidence Base - The Ten Commandments British Journal Occupational Therapy V70 pp345 – 348