



Teaching information skills for evidence based practice in occupational therapy – what is effective?

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Introduction

In recent years there has been a growing interest by all allied health professionals to be skilled in clinical practices which are premised on valid evidence. This Hot topic focuses on the Occupational Therapy practice known as Evidence Based Occupational Therapy or EBOT, which aims to improve clinical effectiveness, cost effectiveness, information management, professional development and to provide quality knowledge to consumers (<http://www.med.monash.edu.au/healthservices/cce/>)

Although raw clinical data and information are available easily and speedily – particularly via world wide web files, the methodology of EBOT presupposes a strategic knowledge by the clinician of how to ask for and find the knowledge that is required to answer their clinical problem. The rigour of EBOT's appraisal and review process does not always easily fit in the requirements of the daily activities of those clinicians who would like, or are required to, support their decisions on transparent and well-founded evidence.

Individual information professionals or informationists trained in the art and science of search strategy formulation and searching, have developed roles for themselves in evidence-focussed clinical teams. This study looks at the value to an acute Occupational Therapy Department of an informationist's input to the staff over a 6 month period, in incorporating an evidence-based approach to their daily clinical activities. The study will be completed in December 2005.

Methodology

Two similarly-sized acute care Occupational Therapy hospital departments in Victoria were approached and agreed to take part in the study. A Department of acute Occupational Therapy from one state hospital (Hospital A) was chosen as the intervention group. Another Occupational Therapy hospital department (Hospital B) agreed to participate and was the control group.

The informationist met with both Heads of Department to talk about their perceptions of the use and incorporation of evidence in their staff's clinical load. Both heads were keen to encourage and extend EBOT activities for the staff under their supervision. The vehicle for the informationist's input was a monthly journal club meeting which had been initiated by Hospital A four months before the informationist's involvement. Over the 6 month period, other opportunities for input were also explored and taken up by the informationist.

The informationist surveyed all staff of both OT Departments about their role and current activities. They also were asked to fill in a short review of their problem solving clinical skills and about their knowledge of

three databases which are important sources of evidence in their discipline. No further contact was made with staff from Hospital B for 6 months.

All Hospital A staff were offered a choice of appropriate 1 ½ - 3 hours training sessions on information skills which were delivered at two different times in slightly different formats. The informationist was in email contact with all staff and within a 5 minute walk of the Department. Before each journal club (except for the initial one), the informationist met to assist with the two staff rostered to present at that journal club meeting. She attended all six journal club meetings – the fifth of which was a review of the statistics required for critical appraisal rather than a particular article to be appraised

Separate meetings were arranged to assist staff in planning a three week daily diary of clinical questions encountered on ward rounds. These clinical diaries were used to develop a Departmental mind map of different clinical scenarios which were open to evidence review and used to encourage an evidence-based outlook by the OT staff. This display is still in development.

After the close of the 6 month period, staff of Hospital A will be surveyed for their information skills in solving one of the mind-map scenarios. Staff of both hospitals will be asked to keep a diary of the strategies that they used to solve clinical problems and to report the strategies that they used to solve them. Heads of Department will be questioned about their opinion of evidence-based practice and uptake in their individual Departments over the six month period.

Data and knowledge

Throughout the period, regular literature scans were undertaken for current data and evidence fitting to the study topics. These searches included research on;

- teaching information skills
- information seeking behaviors by allied health professionals
- occupational therapist's information use
- information sources and evidence for OT
- the use and value of journal clubs
- implementing EBP in allied health areas
- Informationist activities and roles
- how to effect change in allied health clinical practice

Conclusions

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Issues arising

The greatest issue with the integrity of this study design lies in its small size and its case study characteristics. Although the attendances of an informationist are repeatable, it is difficult to measure for the

individual approach that one informationist may provide over another. Also, the control group could not be said to be truly blinded to the study as there was no way of knowing whether they communicated with their colleagues at Hospital A.