

Episode: 7**Title: Evidence Based Practice****Hosts: Mahek Bansal & Larissa Ferrari****Mahek Bansal**

Hi everyone. Welcome back to another episode of the New PossibilOTs podcast. We are so excited to have you back with us. Today we are talking about evidence-based practice. So Larissa and I thought that it would be great to talk about the practicalities in our day to day work as clinicians. I guess starting with what evidence-based practice is, why is it so important and then the considerations we have to make as clinicians to implement evidence based practice. So Larissa, we might just jump straight into it and maybe start with giving a brief explanation of what evidence based practice means.

Larissa Ferrari

Yes, I think like a good way to put it is that and it's very simple as well, is to say that evidence based practice comprises three main dimensions. Being the first one, external scientific evidence, the second one, the practitioner's experience and your training. And the third one, the client or family situation and values. So in other words, it's just to combine what has been published and proven to be the best practice for that specific condition or population and then to get trained if that requires any specific training, or just to find more information around by engaging in congress, clinical discussions, listening to podcasts and just having more experience around it. And then to consider what's the best approach for that family or client - like what are their preferences, does the approach align with the family values? Is there any issue or something that doesn't align very well? So just to have the combination of these three things to provide the best service to your client. Is there anything you'd like to add Mahek?

Mahek Bansal

No, I think that sums it up really well. I guess. yes, as you said, those three components is what makes up evidence based practice. But it's our role as well as clinicians to put those three pieces together.

Larissa Ferrari

And I guess it's easy to explain in that way, but it's not always possible to have these three components beautifully aligned as we're explaining. Sometimes we don't have enough evidence and I would say most of the time, especially if we consider that in the last ten years maybe is where we've got a huge amount of publishes in the areas that we work. So therefore there's a lot of new information coming and that still has been researched. So sometimes you can just not find the right evidence and that's up to us as well to use our clinical reasoning to find the best evidence we have, but also to add our knowledge and our clinical reasoning to apply to our specific situation.

Mahek Bansal

So I guess I want to also start off by saying that both Larissa and I feel very strongly about evidence-based practice, that we do agree it's really important. It is there to ensure we as clinicians are providing the highest quality of care. And we have a duty of care as therapists as well, that we need to abide by. So evidence based practice supports us to do that. So we can't understate the importance of evidence based practice. However, it can be hard and it can have its challenges. There are barriers. And so I think that it's important that we're aware

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of what those are so that we can navigate those well enough to continue to strive towards continuous evidence-based practice.

Larissa Ferrari

Totally agree, Mahek. And were actually having a discussion before about practice-based evidence or to have evidence informed practice. So it's just what all this means. Well, actually, we should start by giving a definition. Would you like to start with that one Mahek?

Mahek Bansal

Sure. So we've talked about evidence based practice. Practice based evidence is basically where you use your own practice and evaluate it or use it as research to assess the outcome. So, for example, if I'm doing an intervention with a specific population, and maybe I'm using an outcome measure to evaluate its outcomes, and I do it over time with lots of clients, I can use that information to assess the effectiveness of that intervention. And so I'm creating practice-based evidence. On the other hand, evidence-informed practice is as it says, I'm using evidence, so I'm using scientific research that's already published to inform my clinical decisions. However, the difference is that in evidence-informed practice, I don't have all three of those dimensions. So maybe I have the research and I have the information, my own clinical reasoning, but it doesn't match my client situation. So I'm informed that this evidence is out there, and this is what it says. But I'm unable to implement it because of my client situation. So I just don't have all three pieces to make it evidence based practice. Does that make sense Larissa?

Larissa Ferrari

Yes, it does. And I feel like that's now going back to what we were discussing before. That's why sometimes we have to be a little bit flexible, even though we do want to be evidence based most of the times, or as much as we can. But again, there's so much we can do. If there's not enough evidence, or if the evidence is there but it doesn't fit exactly to the specific client I'm seeing, then I just have to make the best that I can. But I guess as a therapist, I think we always have to be conscious that if you feel that you don't know everything, you don't have all the answers. If you have that humbleness and if you have the curiosity, I don't know everything, but I'm pretty sure I can dig deep and find more about this, then we are ensuring we are evidence based or evidence informed so that will provide us with more knowledge, but also to help us to offer to our client the best that we know that's available.

Mahek Bansal

I think that, I wish that there was beautiful evidence about all the different intervention approaches with all the different populations of clients that I see. But the reality is that it's not, and it's never going to be because when research is conducted, it's conducted with a very strict structure. There are very specific inclusion criteria for the participants and the population that it's based on, the treatments or the intervention is administered in a very strict protocol. So it is very unlikely, if not impossible, for me to encounter a situation with a client that their client situation exactly matches the research and the way that the research was conducted. So it means that for me, it's my responsibility to build my clinical reasoning, my confidence with using appraising research to a level that I can match this situation, that I can find parts of evidence that match with my client or find parts of my client situation that match with evidence and put those pieces together.

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I think a big part of it that I have developed a lot is my confidence with research, with looking at research and being able to appraise it and understand its strengths and limitations. And I think that's really supported me to use evidence-based practice. When I read research, I can say, oh, I can quickly ascertain where are the strengths of this and how might it match my situation and where are the limitations of this and how do I need to use my clinical reasoning to bridge this gap? And I think that for people, for clinicians early in their career or who haven't had as much exposure to research, my one recommendation would definitely be to just get familiar with research papers and literatures of how they're structured, how are they set up. Otherwise, it can take hours to read every single word of a paper when you don't actually need to for the purpose that it serves.

Larissa Ferrari

That was great information, and I totally agree. Once you learn how to scan that very important information, that essential information that you find in research, in a paper, then that makes life much easier, and it also helps you with your critical thinking. So if it's published in a good journal, if the way it was conducted, it was good, it was appropriate, it was relevant, and what type of studies am I reading? Is this a review or is this a clinical trial? Just to understand that basic language around and understand what you're reading and what's the relevance of what you're reading to help you to guide your practice?

Mahek Bansal

Yes. And I think doing that sort of targets two major barriers. Firstly, clinician confidence, that's a big barrier to evidence-based practice, but also time. Because in day to day, I don't know about everyone else but I don't have time to sit and research every single treatment approach that I'm using or with every single population. But if we can become more efficient as well in the way that we're appraising research or finding research that answers our clinical questions, that can minimize that barrier as much as we can.

Larissa Ferrari

And I guess you've mentioned another thing very important. What is your clinical question? Sometimes we might get lost. Like if we want to check all the research published in relation to, for example, ASD, so the Autism Spectrum Disorder, well, especially nowadays you're going to find a lot of things. So what's your clinical question? What do you really want to know about that topic? The more refined is your clinical question, the more assertive you're going to be. And then if you could select the papers you want to read by giving this scan and searching for these main things, then you're probably going to use your time more effectively.

Mahek Bansal

So I guess we've started talking about barriers, Larissa. Is there anything else that you found in your experience that has come up that has made it challenging to implement evidence-based practice?

Larissa Ferrari

So, again, because I was trained in Brazil, I think a major barrier is that sometimes a good treatment option you want to get better at or you want to be trained at can be quite costly. So it can cost a lot of money, especially if they come from another country. So let's say you

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want to learn more about one specific treatment or one specific condition that requires an extra training. So to get that experience, you need some training or supervision and that can cost you a lot of money. So that's a big barrier and it is part of being evidence based for you to be using that treatment in a very specific way. Or sometimes you can find that research is going in a good way. You have some good information, but it's not definite, it's not well proven yet. So it's just they're just in the beginning of it and you ask yourself, is it appropriate to use that? And then you have to really use your clinical reasoning to make these decisions. And I guess sometimes what was said or was common sense before that it was not evidence based is now considered evidence based. And I think the most popular one to give as an example is the Sensory Integration approach, which I think when I graduated in 2009, a lot of people would say that was not evidence based in very big congress. Like doctors, paediatricians would say, no, that's not evidence based. It's not evidence based. Actually, by then only ABA was considered evidence based. And then nowadays, just to have people looking into all these researchers and checking that they were not well conducted and that now they're conducting better research and finding better results and it's now considered an evidence based practice.

Mahek Bansal

I think another barrier I can think of is the time that it takes to conduct research and how that impacts our ability to have research that matches the speed and pace of change in today's society. Even just something as simple as COVID, the pandemic, and the great impacts that it's had, great in the sense of really significant, but some of them negative impacts that it's had on things like child development or specific developmental delays and things like that, which we are starting to see clinically, the evidence of. But we don't have research or a solid amount of research yet to prove that or to have evidence for that. We see it in our day to day. And so we need to just be informed with our own clinical reasoning, informed with the evidence that already exists, and try and sort of fit it in with what we're seeing, because research takes time and there is a lot of research being conducted into it right now. But by the time that it comes out, we're going to have figured it out already.

Larissa Ferrari

We're living, we're working, we're developing, we're growing. So things are happening. And I totally agree. That is another great big barrier. And sometimes some researchers will be checking the results and the life of a person, and that will take years. So let's say if I'm assessing, like COVID, as you said, if I'm checking its impacts on development, they'll be probably published in what, 10,12 years? Because we're just still checking the impacts of it.

Mahek Bansal

So, Larissa, we've talked a lot about why evidence based practice is so important, but also the barriers of evidence based practice. So what do we do then? How do we continue to implement evidence based practice, knowing that it can be tricky and there are challenges?

Larissa Ferrari

I guess we already mentioned one, which is try to get more familiar with how to read papers and how to select papers, how to get the best out of it without having to go through all the pages and every single word. But I guess all the ways is to somehow engage with the community of occupational therapists if you are an OT, or with your professional class, or for example, to participate in clinical discussions, in group studies, or if you are sole practitioner

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or a new grad, if you could seek for supervision from someone who has more experience in the area, you want to improve just to give that support. And I guess also to attend congress or symposiums or places where this research is presented in a very brief way so it can give you a little bit of information and you can check what's going on in the academic world that could help you in your practice.

Any other tips Mahek?

Mahek Bansal

Yeah, I think there's also a responsibility on more senior therapists to communicate the evidence as well. Of course, with their experience, they've had more time, more exposure to the evidence base. And so when we are having our clinical conversations, it's important that we also communicate the information that we're getting when it is from evidence. So that if we're supervising new grads or we're having these conversations, people are understanding the source of our information and the information they're getting then is adding to their own knowledge of the evidence base. Does that make sense Larissa?

Larissa Ferrari

Well, what I can understand from what you're saying is that, for example, as a senior OT, it's my responsibility to communicate clearly if that approach or if that area we are discussing is evidence based, or if we do not have yet a lot of evidence, but this is a common sense among therapists, or this is something that you in your practice observed as a good resource to provide you good outcomes and things like that. But to have that responsibility of informing other the therapists what is what.

Mahek Bansal

I think so because I also think I'm not going to have the time to look into the evidence as well of every single thing. But if you've looked into the evidence of some of it and you share that with me, that's adding to my knowledge and evidence base and I can do the vice versa too. So we can support each other in also being aware of the evidence when new evidence is coming out or when there's been changes to evidence and things like that. We are all connected to the OT community in different ways and so the different sources of information we're getting, we can share that, also, events and things. I know, of course, we're in Australia and so our National Association Occupational Therapy of Australia has a lot of events. They have access to journals and literature that can support us being evidence based. So wherever you are, I'd suggest checking in with your National Association because it is also their responsibility to support OTs to work towards evidence based practice as well.

Larissa Ferrari

And I guess the last thing I would say is to be really critical with information you access and to be really informed in a sense of... I see a lot of people saying a lot of things about different approaches, and it's great that we have that community like you have now social media helping us a lot to connect. But then when we are listening to podcasts or reading posts on Facebook, Instagram and things like that, just to be really critical, to analyse what type of information this is. Is this a personal opinion? Is this evidence based? Just dig in deep and be critical. Don't trust everything you read because everyone can post everything

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nowadays on the Internet. Just sort of be critical and check the evidence. Talk to your colleagues and be as informed as possible.

Mahek Bansal

Sounds good. So I think we had an awesome discussion, Larissa and hopefully just planted some seeds for thought. And like a lot of things we discuss, again, evidence-based practice is something that even if you feel really confident and experienced with, research is something we need to continue reflecting on. As we talked about, research keeps changing, evidence keeps changing. We need to keep reflecting and keep checking in with ourselves. So I'm glad that we could bring this discussion and continue that conversation for everyone. But we would love to hear from you. If you have any suggestions or strategies of how you implement evidence based practice or overcome some of these barriers, then please, we would love to hear and we would love to share them with our community of OTs and whoever else is listening. And we are excited to connect with you again in our next episode.

Thank you everyone.

Mahek Bansal and Larissa Ferrari

Bye.