MUSCULOSKELETAL MATTERS

Keele University

Arthritis Research UK | primary care centre

Bulletin 7

HOW DO WE TRANSLATE EVIDENCE INTO PRACTICE?

A LOCAL EXAMPLE OF WHERE CLINICIANS AND RESEARCHERS SOLVE THE PROBLEM TOGETHER

Significant challenges exist when trying to integrate the best-quality evidence into daily clinical practice. However, lack of time, lack of skills to understand the literature and lack of resources are all cited as key barriers. Reducing these barriers would benefit patients and reduce the risk of harm (Grol and Grimshaw 2003, Dawes 2005).

In 2003, a group of local clinicians and researchers picked up the challenge of how to get evidence into musculoskeletal practice. The **Musculoskeletal Research Facilitation Group** was established. It is a multidisciplinary group which looks for the best evidence to inform and underpin clinical practice. Members include physiotherapists, occupational therapists, rheumatologists, nurses, podiatrists, clinical researchers, librarians and systematic reviewers.

Clinicians are encouraged to send in queries to the group that concern their clinical practice. This may relate to treatment, diagnosis, prognosis or could be about system or professional change e.g. the benefits of telephone triage. The literature is searched and the evidence appraised. The process culminates in developing recommendations for practice based on the best available evidence, which are disseminated through local networks and are housed on our website **www.keele.ac.uk/ebp/mrfgroup**

Here we describe two case studies. We hope we can inspire you to use the information we have produced to inform your practice, generate clinical questions, or even form your own group.

Case study 1: Shoulder exercises

A busy physiotherapist used shoulder stability exercises to treat patients with supraspinatus impingement syndrome. She found this to be a valuable approach but asked the group if there was any evidence to justify the treatment.

1. She raised the question and helped to refine it, given her working context.
2. The librarian found nine relevant published studies.
3. A sub-group appraised and generated a clinical recommendation.

- There was no evidence specific to this type of exercise (scapula stabilisation), but the literature did indicate positive outcomes for general shoulder exercises.
- **The group decided that this was an important area of practice, so they worked with their academic colleagues at the Arthritis Research UK Primary Care Centre, Keele University, to develop a randomised controlled trial to explore this intervention.**
- This was funded by the NIHR and the results are expected in 2014.

For more details on this topic go to: **www.keele.ac.uk/media/keeleuniversity/ri/primarycare/ebpmicro/catbank/shoulder.pdf**

"On occasion we have asked questions that have changed our practice within the acute hospital. This process has been reassuring and rewarding."

Case Study 2: Intra-articular joint injection

Nurses working on a busy day case unit noticed variation in what investigations clinicians required their patients to have prior to receiving an intra-articular joint injection. Some required urinalysis (to look for evidence of infection), others did not. This variation led to cancellations and delayed treatment for patients.

1. **They explained this clinical dilemma to the group.**
2. **The group refined the question and searched for good-quality evidence.**
   - They found no evidence to support the notion that routine urinalysis performed prior to intra-articular corticosteroid injection avoids exacerbation of an underlying urinary tract infection.
   - **Local policies have been amended to reduce variation in clinical practice which has reduced patient cancellations and delays.**

For more details on this topic go to: **www.keele.ac.uk/media/keeleuniversity/ri/primarycare/ebpmicro/catbank/IA_urinalysis.pdf**

Implementation lessons from case studies

These cases studies concerned clinically relevant issues, with clinicians engaged throughout the process and who gained skills in appraising the literature. Their expertise was utilised either to inform the design of the interventions package used in a research trial (co-production) or to jointly agree changes in clinical pathways using understandable language. They are now more likely to utilise the research finding as it is an area of interest and clinically relevant.

"Being involved in the group has been a very positive experience... Initially I felt daunted at being the only Occupational Therapist and felt that I had very little knowledge... my research knowledge and skills have grown."

"Joining the group was a career-changing event. It made me sit up and take note of what was going on around me, outside of my day-to-day work. It made me question my routine practice. It has demystified research for me."

- Have you a clinical question that needs answering?
- Are you interested in establishing a similar group?
- Do you want to share our experience of implementing research findings?
- Do you already run a similar group and want to get in touch?

Then please get in touch... we look forward to hearing from you. Please email: **kay.stevenson@uhns.nhs.uk** or **EBP@keele.ac.uk**

To find out more including details of other clinical questions considered by the group, please go to: **www.keele.ac.uk/ebp/mrfgroup**