How to contextualise training on guideline-uptake for your setting

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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 implementalists 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 significant positive effects for behavioural change. They unfortunately have low methodological quality and rigor, and are influenced by outcome reporting bias and poorly described interventions[2–5].

For a successful KT intervention, KT strategies should address local issues and barriers that may hinder regular application of evidence-based practice [6]. Local issues often relate to the service delivery elements rather than strength of the evidence (reported by WHO (2010) [7]. Service delivery elements include Workforce, Comprehensiveness, Resources, Continuity, Coordination and Accountability. Therefore contextualised, tailored KT strategies are needed to translate best-evidence approaches into local clinical practice [6]. 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.

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[8]. The development of the programme was underpinned by the five-step Implementation of Change model [9]. 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[10]. 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) [10]. This training programme was developed for a specific purpose, which was to write optimum content in a way that met end-user-needs. We believe that the content of the training programme is relevant to other healthcare professionals in other settings. However, different end-user 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:

Clearly define the end-user group in terms of:

- What are their needs?
- 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.?
- Do they have an interest in CPG-uptake? Is the training important enough for them to *make time* to engage with the programme?

1. Determine the barriers to CPG-uptake of the end-user group. Research shows that most healthcare professionals have similar barriers to CPG-uptake [11,12]. However, it is the underlying reasons for the barriers that need to be determined to ensure that each barrier is carefully addressed during training[13,14]. It is only when actionable strategies to overcome barriers are put into place, that these barriers will be effectively addressed [8].
2. 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[15]. Furthermore, occupational therapists also learn through experiencing and reflecting on the situation and through hands-on experiences [15,16]. 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 [17]. This assisted us in determining which KT strategies would be appropriate to ensure optimum learning of PTs[17]. 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.
3. Search for existing training programmes that conform to the TIDiER recommendations, including whether the chosen training programme material is readily available [10]. Considering the previously described steps, will you be able to use the programme in its existing form, or can you 'unpick' the programme elements to address most of your target audience's needs?

- What will be the KT strategies that you will implement with your chosen end-user 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 [18]. Our published programme consisted of an online and one-day face-to-face training – this constituted the fixed component of the programme [8]. 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 [19].

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[19]. 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 [8].
2. Finally, determine whether your training program 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 [8,20]. 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.
3. When determining which outcome measures to use, the implementalists need to distinguish between

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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) [21,22]. 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 [8,23].

4. Ongoing training need to be considered to ensure continued professional behaviour change [13]. Ongoing training may include social media groups for support and further research evidence dissemination [24], activity behaviour diaries [18], audit and feedback and journal clubs[25].

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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