

Report of the Professional Issue Forum on Clinical Practice Guidelines: Implications for Occupational Therapy

Vancouver, BC May 2005

Introduction:

The CAOT Professional Issue Forum on Clinical Practice Guidelines was held at the Hyatt Regency Hotel, Vancouver, BC on May 27, 2005 from 8:30-11:30 am. There were 83 participants including panelists, invited representatives of CAOT constituent and stakeholder groups, and other conference delegates. The Forum consisted of panel presentations, roundtable discussion and a summation of critical issues for inclusion in a CAOT position statement on Occupational Therapy and Clinical Practice Guidelines. Hilary Drummond facilitated the Professional Issue Forum.

Presenters:

Dr. Susan Rappolt PhD, OT Reg. (Ont.) Associate Professor, Department of Occupational Therapy and Graduate Department of Rehabilitation Science, University of Toronto.

Anita Gill, RRP, CCRC Insurance Corporation of British Columbia (ICBC), Manager, Injury Technical & Program Support.

Susan James B.Sc. (OT), OT Reg. (Ont.) Deputy Registrar, College of Occupational Therapists of Ontario.

Hilary Drummond, B.Sc., C.E.C. Creative Therapy Consultants, Oliver, BC.

Forum Objectives:

1. Provide CAOT members with knowledge of the current state of evidence-based practice (EBP) and clinical practice guidelines (CPGs).
2. Provide occupational therapists with a venue to discuss their needs for, and their concerns about, research evidence and clinical practice guidelines through consultation with occupational therapists and other stakeholders.
3. Develop a report and a CAOT Position Statement which can be used to inform the development of a Membership Survey regarding knowledge, attitudes, beliefs and skills in implementing clinical practice guidelines.

Panelist Presentations:

Dr. Susan Rappolt PhD, OT Reg. (Ont.)

Dr. Rappolt outlined clinical practice guidelines (CPG's) from an educational and research perspective. A CPG was defined as a systematically developed statement designed to assist clinician and patient decisions about appropriate health care for specific clinical circumstances (Field & Lohr, 1990). CPG's are a component of an evidence-based practice toolbox which is designed to assist the occupational therapy practitioner in integrating evidence into the clinical reasoning process (Tickel-Degnen, 2000). The toolbox also consists of expert opinion, research

papers, and systematic reviews. The function of CPG's for different stakeholders were reviewed and include: 1) promoting best possible clinical outcomes for clients, 2) guiding practice and facilitating access to evidence for therapists, 3) facilitating development of the knowledge repertoire for a profession, 4) providing justification for allocation of resources for payers, 5) determining the standard of care in conjunction with expert testimony, and 6) providing a common protocol for the study of treatment effectiveness in improving clinical outcomes. Dr. Rappolt also described the development and evaluation of CPG's. The experiences of a few national occupational therapy organizations with CPG's were also reviewed. The most widely accepted guidelines are those endorsed by a national professional association as these are perceived to be bias-free. CAOT's client-centred practice guidelines are an example of a world renowned CPG. In conclusion, Dr. Rappolt proposed that CPG's are living documents which need to be continually reviewed and updated.

Anita Gill, RRP, CCRC

Ms. Gill provided an insurer's perspective of CPG's. The Insurance Corporation of British Columbia (ICBC) does not direct treatment however expects that health professionals will make treatment decisions based on current evidence. For example, the recovery management and injury recovery programs at ICBC are based on the best research evidence available. The BC Whiplash Initiative, an educational program for physicians regarding the diagnosis, treatment & management of patients with whiplash associated disorders, is an example of the use of CPG's. Ms. Gill discussed the role of CPG's in a front line manager's administration of referrals for services, accountability, and performance expectations for clients with whiplash injuries. Ms. Gill's perspective also included the need to have objective information that can be defended in a court of law. ICBC is concerned with evidence-based practice including the best possible outcomes and benchmarks for quality and efficiency of services. Ms. Gill stressed the importance of identifying a profession's unique services and the impact of these services on the financial bottom-line.

Susan James B.Sc. (OT), OT Reg. (Ont.)

Ms. James provided a regulator's perspective on CPG's. She discussed the role of regulation within the occupational therapy profession and the need to ensure that practitioners have the necessary qualifications and character to provide competent and trustworthy services. The language of regulation and the differences among laws, standards and guidelines were highlighted. Guidelines are a description of enhanced or best practice; they generally are not binding however are used to evaluate and recommend improvement. In contrast, standards are used to evaluate or judge practice; the extent to which they are binding varies. Standards are defined by the consensus of informed members of a profession regarding the observance of actions in a specific situation, with acceptable practice. It was recommended that the intended purpose of CPG's is clearly established in advance and stated in CPG documentation. Ms. James stated that guidelines will become the standard of practice when and if they are used by the majority of informed members of the profession.

Hilary Drummond B.Sc., C.E.C.

Ms. Drummond shared her perspective of owning and operating a private practice for the past twenty years and some of the challenges that have involved CPG's. Ms. Drummond also shared feedback she gained through discussions with a number of other occupational therapists

regarding CPG's which included the need for CPG's to be appropriate for entry level clinicians, concern about the ability to utilize CPG's in a variety of settings, the cost of developing CPG's and the need for language clarification amongst front line therapists. The general impression was that practicing clinicians want to be involved in the development and implementation of CPG's so that their views and experiences are taken into full account. It was felt that CPG's should be developed with a national scope and at the same time allow therapists to apply evidence to their own specific practices.

Roundtable Discussion:

Participants addressed the following questions in roundtables:

1. What are the advantages and limitations to implementing clinical practice guidelines in your practice?
2. How would clinical practice guidelines serve the interests of the occupational therapy profession?
3. What are the roles and responsibilities of individual practitioners and professional associations in the development, maintenance and implementation of clinical practice guidelines?
4. What are the roles and responsibilities of consumers and insurers in the development, maintenance and implementation of clinical practice guidelines?
5. How can educators and researchers assist occupational therapists to practice evidence-based occupational therapy?

Summary of Discussion:

The advantages of clinical practice guidelines include:

- Creates a framework to guide clinical practice.
- Provides a guide for mentoring and supporting therapists in achieving best practice.
- Assists occupational therapists who are moving into new areas of practice.
- Demonstrates the role and practice process of occupational therapists to payers.
- Provides a framework for resource management and provides a starting point for discussions with managers and payers for program planning and development.
- Serves as a basis for the development of research questions. Client outcomes following adherence to guidelines provide data for evaluating effectiveness of occupational therapy practice.
- Promotes consistency in clinical practice and equity in service provision.
- Supports occupational therapists' effective time management.
- Clarifies occupational therapy role for other health professions.
- Demonstrates client-centered approach to service provision.
- Provides a marketing tool to illustrate the need for occupational therapy services, and advance the public's understanding of occupational therapy.

Development of occupational therapy CPGs would demonstrate the profession's contribution to client care and enable the profession to contribute to interdisciplinary guidelines. Individual practitioners and professional associations have critical roles and responsibilities concerning clinical practice guidelines. Occupational therapists are responsible for their own learning and competency and therefore need to be aware of, and use client evidence and research evidence to guide practice. As well, occupational therapists' professional expertise can inform the

development of CPG's. Educators and researchers can assist occupational therapists to practice evidence-based occupational therapy by facilitating the development of CPG's in collaboration with associations and practitioners, by transferring research evidence into easily accessible formats for clinicians' use, and by developing effective and efficient strategies for knowledge dissemination that promote research evidence utilization in practice.

An integrated action plan for the development, maintenance and implementation of CPG's is required involving national and provincial occupational therapy professional associations, regulatory organizations, university occupational therapy educational programs and other stakeholders. Consumers have an important role in demanding evidence to support CPG's, asking questions regarding how CPG's are developed and maintained, and the quality assurance practices available to ensure timely and through CPG review. Insurers need to help fund the development of CPG's to assist in the best possible outcomes for client services. As well, insurers may require education about the use of CPG's and how to apply these to the clinical services they are using.

The cost of CPG development including research and clinical time needs to be considered. There is also a need for clear definitions of CPG's and how they differ from other professional guidelines and standards. Concern was raised regarding the potential of CPG's becoming prescriptive; limiting the scope of practice and use of professional expertise. CPG's need to be dynamic; shared among therapists and continually reviewed.

References

Field, M.J. & Lohr, K.N. (Eds.) Institute of Medicine. (1990). *Clinical practice guidelines: Directions for a new program*. Washington D.C.; National Academy Press.

Tickle-Degnen, L. (2000). Evidence-based Practice Forum: Gathering current research evidence to enhance clinical reasoning. *American Journal of Occupational Therapy*, 54(1), 102-105.